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| **PROJECT PROPOSAL**  | IFRC-English logo |

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| **DOCUMENT INFORMATION** |
|  Individual responsible: Nikolay Nagorny at 12.01.2012 |

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| **INTERVENTION INFORMATION** |
| **Implementing Secretariat body and host National Society/ies:**  | **Geographical coverage** | **Type of intervention** (sector/area): |
| **Country representation for Belarus and Ukraine, National Societies of Belarus, Ukraine and Russian Federation** | **Seven regions in Belarus, Ukraine and Russian Federation** | **Areas affected by Chernobyl disaster in 1986** |
| **Expected start date:** | **Expected duration:** | **Number of people to be reached:** |
| **Ongoing project started in 1990** | **Till 2016** | **600,000** |
| **Project Manager:** | **Project Code:** | **Budget:** |
| **Nikolay Nagorny** | **P67505** | **522,500 for 2012** |
| **Partner National Societies**  |
| **Japanese RC, Austrian RC, Icelandic RC** |
| **Other partner organisations**  |
| **DFID, Ministries of Health in Belarus, Ukraine and Russian Federation** |

## Executive Summary

In 2011 the international community commemorated the 25th anniversary of the Chernobyl accident, the world’s worst civilian nuclear accident. The direct effects of the disaster included extensive relocation of people, contaminated agricultural land and loss of economic stability, while there are and long-term direct and indirect threats to physical and mental health in current and possibly future generations. Some seven million people now live on land polluted, to a greater or lesser extent, by radiation. Feelings of fear and confusion as well as lack of physical and emotional well-being are still commonplace and have been called “radiophobia” by the United Nations.

Taking into account the limited capacity of the primary health care system in rural areas, the International Federation of Red Cross and Red Crescent Societies (IFRC) together with the national Red Cross societies of Belarus, Ukraine, and Russia continues implementing the long-term Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP). The programme - implemented since 1990 – has been focusing in recent years on screening the thyroid glands of people who were born or aged under 40 in 1986. The services are rendered by seven mobile diagnostic laboratories (MDLs), three of which are situated in the Brest, Gomel and Mogilev regions of Belarus, two in the Rovno, Zhitomir and Volyn regions of Ukraine and one in the Bryansk region of the Russian Federation. CHARP also provides breast screening, psychosocial support and distributes multivitamins to children living in the affected areas.

Monitoring is done on an ongoing the National Societies and the Federation representation, in accordance with all Federation standards. Over the past few years CHARP has been evaluated by international and local experts and has received favourable reviews. In their reports the experts also gave valuable recommendations on improving programme performance. The next evaluation of CHARP is planned for 2013.

 CHARP is an international project being implemented by the Federation and the National Societies of Belarus, Ukraine and Russia. Operating as a single entity it has a centralized management system coordinated by the International Chernobyl Coordination Committee (ICCC), composed of the Presidents of the Ukrainian and Russian Red Cross societies, the Secretary General of the Belarusian Red Cross, and the head of the Federation representation. The main task of the ICCC is to develop and approve programme strategies whilst day-to-day management of CHARP at the country level is conducted by programme managers in the three national societies. At a regional level, chairpersons of regional Red Cross committees run the programme where the mobile diagnostic laboratories are based, in conjunction with local authorities and specialized medical dispensaries. To successfully carry out the abovementioned activities the Red Cross National Societies have well-trained and equipped mobile diagnostic laboratory teams carrying out diagnosis and treatment of the affected population in remote rural areas of the seven highly-affected regions of Belarus, Ukraine and Russia.

## Background

### Context



On 26 April 1986, the world witnessed the worst accident in the history of the civil nuclear industry, when a nuclear reactor at the Chernobyl power plant exploded in the north of Ukraine close to the Ukrainian-Belarusian-Russian Federation border, spewing tons of cancer-causing isotopes around the world and contaminating vast areas in Belarus, Ukraine and the Russian Federation. Radioactive pollution in these countries still lies on an area three times bigger than the Netherlands. Thousands of people are believed to have died since then from the disaster's effects and the United Nations estimates that at present nearly five million people continue to live in the contaminated areas.

The three worst-affected countries by the Chernobyl accident – Republic of Belarus, Russian Federation and Ukraine – were formed when the former Soviet Union collapsed in 1991. In all three, transition to the market economy and political reforms were followed by severe economic crises. This resulted in high inflation rates and spiralling unemployment leading to an increasing number of people living below the official poverty line. The Chernobyl nuclear accident exacerbated the adverse economic situation in these countries largely due to the cost of the clean-up and radiation monitoring, the resettlement programme and welfare payments. Three most affected countries remain experiencing burden of unexampled socio-economic, medico-biological and ecological consequences. All these years the governments of the affected countries were forced to take urgent measures to overcome the humanitarian effects of the catastrophe, such as allocating a significant part of their budgets to the problem despite major economic hardships. The life expectancy in the three countries has declined since the accident.

The project will be implemented in seven regions affected by Chernobyl disaster: Brest, Gomel and Mogilev regions of Belarus; Rovno, Zhitomir and Volyn regions of Ukraine; and Bryansk region of the Russian Federation.

### Initial assessment

The international conference "Twenty-Five Years after the Chernobyl Accident: Safety for the Future" was held in Kiev from 20-22 April 2011. Prominent leaders of the international community participating in this big event included UN Secretary General Ban Ki-moon, leaders of IAEA, WHO, World Bank, IFRC and other international agencies including the USG of the International Federation. The leading local and international experts reconfirmed at this forum that the unprecedented release of radioactive iodine from the Chernobyl reactor led to a dramatic increase in the incidence of thyroid tumors. There is also a discernable increase in malignant breast tumors in women, of lungs, as well as of bladder, stomach and kidneys among all groups of affected people. Increases in brain tumors, and tumors in other organs have been recorded among children. The growth of oncological and non-tumor illnesses among all categories of diseases, especially cancers due to radiation are expected to increase in the future. Even the most conservative prognoses have concluded that hundreds of thousands of additional cancers of all organs and systems will emerge in all categories of survivors.

The seven above mentioned regions where CHARP is implemented are also facing serious economic, social and other problems. After the Chernobyl disaster happened thousands of young people including medical workers, teachers and other specialists left those areas. Governments could not invest sufficiently in local infrastructure, and in many remote villages there are no basic medical services. People living in such villages feel they have been left on their own among the radiation.

During its implementation CHARP passed through certain modifications according to assessments of needs that were the greatest at each period. In 1990 the programme started environmental monitoring which further developed into measuring the contamination of food and massive education campaign of how to prevent contamination of the body through the intake of the contaminated food. Since 1992, mobile diagnostics laboratories (MDL) started medical examinations of people affected by Chernobyl disaster which on later stages was focused on thyroid screening as the thyroid gland cancer began to be a prevailing problem. Along with this CHARP provided psychosocial support, distributed milk powder and multivitamins to children living in radiation contaminated areas. The breakdown of programme activities is illustrated in the below table.

 **Table 1. Activities provided by CHARP in 1990-2011**

|  |  |  |  |
| --- | --- | --- | --- |
| **N** | **Service provided** | **Period** | **Number of assisted** |
| 1. | Measurements of background radiation and surface contamination of objects  | 1990-1993 | 561,000 |
| 2. | Measurements of locally produced food-staff for radiation contamination | 1990-1993 | 139,000 |
| 3. | Examination of people for internal irradiation/health checks | 1992-1997 | 401,000 |
| 4. | Distribution of information materials (brochures) on protection from radiation | 1994-2011 | 210,000 |
| 5. | Distribution of milk powder to children living in contaminated areas | 1994-1999 | 378,000 |
| 6. | Distribution of multivitamins to childrenliving in contaminated areas | 1994-2011 | 721,000 |
| 7. | Providing Levothyroxine and other drugs  | 1998-1999 | 31,000 |
| 8. | Direct psychosocial support | 1997-2011 | 190,000 |
| 9. | Thyroid gland screening | 1997-2011 | 1,605,000 |
|  |  **TOTAL** |  | **4,236,000** |

After 21 years of programming, CHARP specialists have accumulated unique practical expertise in providing quality and cost-effective services to the most vulnerable population. From the beginning, the programme has contributed towards a better understanding of how to: support the affected population; establish ways of early detection of serious disease; improve quality of living; and provide necessary psychological support. It has also highlighted the important role of the Red Cross and Red Crescent in the preparedness for and response to technological disasters. This expertise is available to others, if ever needed, through the International Federation and national societies engaged in Chernobyl. The topicality of this programme remains high and therefore international support is needed for further continuation of this intervention.

### Situation analysis

The three National Societies involved in the implementation of CHARP receive support from the International Federation’s zone office in Budapest and the country representation for Belarus and Ukraine. These structures provide expertise, methodological support and advice, and ensure communication between the National Societies and the Federation secretariat. The International Federation also provides coordination support to the societies and assists them in meeting donor reporting requirements.

The day-to-day management of CHARP at country level is conducted by the programme managers of the three National Societies. At regional level, chairpersons of regional Red Cross committees run the programme in conjunction with local authorities and specialized medical dispensaries, where the mobile diagnostic laboratories are based.

The management and implementation structure of CHARP is composed of:

* 35 personnel in seven Red Cross mobile diagnostic laboratories carrying out day-to-day medical screening and rendering psychosocial support in the field
* seven regional Red Cross chairpersons
* three National Society programme managers
* one Federation CHARP coordinator dealing with the overall programme management

In addition, 300 Red Cross visiting nurses provide psychosocial assistance in the six Chernobyl affected regions of Belarus, Ukraine and Russia.

The role of the International Federation is focused on the coordination of technical support, as well as support in planning, financial management, monitoring, international representation and advocacy. The International Federation’s CHARP programme coordinator, who carries out overall management, is based in Kiev.

### Problem analysis

It is scientifically acknowledged and recognized by WHO that development of thyroid pathology and subsequent thyroid cancer development among the population affected by Chernobyl disaster is caused by irradiation with radioactive iodine-131. Short-life iodine isotopes got into the body via food (especially milk) and through breathing. Radioactive iodine-131 presents a particular hazard because after being absorbed by the body it accumulates in the thyroid gland.

Due to the high temperatures in the destroyed reactor, iodine-131 spread all over the territory. One of the main conclusions of leading experts is that the unparalleled fall-out of radioactive iodine caused a dramatic increase in the incidence of thyroid oncology pathologies. According to some estimates there are now over 6,000 reported cases among exposed children and teenagers, while among exposed adults the incidence of thyroid cancer is at present 5-7 times higher than among the rest of the population.

Some medical experts consider that – despite a slight drop - the incidence of thyroid cancer caused by the Chernobyl disaster might not have peaked yet and in the years to come many additional cases of this cancer may be detected. Many of them make this conclusion on the basis of the fact that among people having survived the atomic bombs in Japan, risk of thyroid cancer development manifested itself highest in persons having undergone irradiation at the age under the age of 10. The highest grade of risk has been noted 15-29 years after irradiation. But even after 40 years the risk remains increased.

Another problem is psychosocial stress caused by the disaster. Hundreds of thousands of people still live in an informational limbo, not knowing if the radiation they were exposed to in 1986 and the following years has triggered any cancers in their bodies. Pregnant women, or those planning families, worry about the health of their future children. Additionally, the growth of breast cancer and other breast pathologies caused concern (although experts do not so far link it with direct influence of radiation).

### Analysis of solutions (development and selection of objectives)

The long-term health consequences of the disaster continue to be studied. At present the only pathology that can be attributed to the accident’s radiation exposure is a large increase in thyroid cancer amongst individuals who were children at the time of disaster. This conclusion was confirmed in United Nations study, "Chernobyl’s Legacy: Health, Environmental and Socio-Economic Impacts", released in September 2005. This report calls for focused screening for detection of cancer and other thyroid gland pathologies in those people, especially children, who were exposed to radioactive iodine just after the disaster. The report also calls to inform better the population, especially in remote rural areas; to promote healthy lifestyles; to deliver information on ways of reducing internal and external radiation exposure and addressing the main causes of diseases; and to relieve psychosocial stress.

Data collected by the MDLs operating within CHARP also illustrate the poor state of health of the population in the contaminated areas. An increase of thyroid cancer, especially in persons who were children at the time of the disaster is one of most topical problems and the main concern of Chernobyl-related activities carried out by Red Cross. The number of detected by RC MDLs thyroid cancer cases is seen from the following chart.

Chart 1.

The MDLs started focused thyroid gland screening in 1997 and since then 1,605,000 people have been examined. Some 206,740 patients with detected thyroid pathologies have been referred for in-depth examinations and treatment and 2,288 operations have been performed. All patients detected with thyroid pathologies benefit from constant monitoring by Red Cross laboratory doctors.

It is important also to provide the affected population with psychosocial support. A quick, painless examination can allay these fears and encourage those living in or near contaminated regions to improve their lifestyles - the depression engendered by the fear of cancer has been shown to increase unhealthy activities- particularly smoking and alcohol abuse, but also drug abuse and unsafe sexual practices.

Furthermore, another concern for MDL doctors is conducting breast screening. The practice showed that those women who had been diagnosed with thyroid nodular pathologies could also develop breast pathologies. While conducting breast screening women should be taught how to self examine. Moreover the MDL teams provide the HIV and AIDS preventive activities though this disease is not directly linked with the health consequences of the Chernobyl disaster. This is because working in rural areas and screening about 105,000 people annually the MDL teams could give people important information on HIV. It is a significant support to help the National Societies implement HIV projects as well as warning on the dangers of unsafe sexual practices and drug abuse which have been observed in the contaminated areas.

Implementing the Chernobyl programme, the Red Cross Societies take into consideration the interests of every group, social status and gender equity. For instance though the priority group for the screening is those who were aged 0-40 at the time of the disaster, the Red Cross MDL doctors never refuse people who want to be examined and who do not belong to this priority group.

In providing psychosocial assistance, the MDL teams, Red Cross workers and volunteers take into account the specifics of some individuals and groups for instance pregnant women living in radiation polluted areas who worry about the health of their future children. In addition elderly people living alone are also provided with psychosocial support within CHARP.

### Target population and their participation

The target population is comprised of individuals living in the seven regions affected by the Chernobyl disaster (about 5 million in total). At present the incidence of thyroid cancer and other illnesses caused by radiation is still high. Therefore medical screening in remote affected areas will remain a main component of CHARP strategy. In addition CHARP will continue to provide psychosocial assistance to the affected population and to distribute of multivitamins to children living in contaminated areas

It is planned that about 190,000 people annually will be directly reached by CHARP interventions, that is some 380,000 people in total during the period of 2012-2013 including:

* Medical screening – 210,000 people (all these people will pass through thyroid screening and counselling/ testing on HIV; 35,000 women out of them will be screened for breast cancer);
* Distribution of multivitamins – 70,000 children.

In addition about 70,000 people will be targeted with psychosocial support. The official statistics and experience show that there are more women than men living in the contaminated areas. Therefore the direct beneficiaries will be 60 per cent female and 40 per cent male.

### Coordination

In the implementation of CHARP the International Federation’s representation and the National Societies cooperate closely with the ministries of health, radiological centres, dispensaries and many leading experts in each country. Memoranda on cooperation in the implementation of the CHARP programme in Belarus and Ukraine have been signed between the Red Cross Societies and the ministries of health of these countries, providing a legal basis for all CHARP activities.

The agreements signed between the Red Cross regional committees and the local medical institutions (partners) aims to regulate patient care. First, from CHARP field screening and diagnostics; second, treatment in clinics and specialized government dispensaries in the three countries; and third, post-treatment monitoring provided by the Red Cross MDL teams.

In all countries the regional Red Cross branches together with the authorities are covering part of the running costs such as the rent of Red Cross offices, fuel or vehicle maintenance. However the financial involvement of the National Society has its limits. Without international support, the National Societies do not have sufficient capacity to cope with all the problems caused by the Chernobyl disaster.

The International Federation is an active member and participant of the UN Inter-Agency Task-Force on Chernobyl-related activities. In particular the Federation took active part in developing the UN Action Plan on Chernobyl for the third decade after the disaster. This plan was mandated by a General Assembly resolution adopted in November 2007 at the 62nd session of UNGA and proclaiming 2006-2016 the *Decade of Recovery and Sustainable Development of areas affected by Chernobyl*. The Red Cross priority activities outlined in this strategic document include medical assistance in remote locations (thyroid cancer screening, breast screening, counselling/ testing for HIV), psychosocial support to the affected population, consolidation and dissemination of experience and expertise in responding to technological disasters, and the gradual integration of activities into the overall health systems of the affected countries.

## Summary of the project design (logical framework)

| **OBJECTIVES** | **INDICATORS** | **MEANS OF VERIFICATION** | **ASSUMPTIONS** |
| --- | --- | --- | --- |
| **Goal:** The health of people affected by Chernobyl disaster is improved  | * Reduction in the number of deaths and diseases linked with the disaster
 | * Analysis of statistical data on consequences of Chernobyl disaster
 | * Relevant and verifiable data exists
 |
| **Outcome:** Effective medical, social and psychological assistance is provided to targeted individuals in the seven regions affected by the Chernobyl nuclear disaster. | * 105,000 people were checked by MDLs. Patients with detected pathologies referred for further in-depth examination or treatment
* 35,000 people have received PSS help
* 35,000 children have received multivitamins
 | * Impact and reports from NSs and IFRC
* Federation and NS monitoring
* List of vitamins distribution
 | * Reliable funding is not secured
 |
| **Output 1:** Medical screening is provided to 105,000 people by seven mobile diagnostics laboratories in the target group of individuals who were 40 years old or younger at the time of the accident and are living in contaminated areas. | * The planned

 number of checks has been reached.* Most of patients referred for further examinations attended the medical institutions.
* There were no death cases among the patients due to timely detection
 | * Reports from MDLs and NSs
* Federation and

 NS monitoring* Official statistics and feedback from medical institutions
 | * Difficulties in reaching target group members in remote areas
 |
| **Output 2:** Stress and anxiety linked to radiation is reduced for 35,000 people through psychosocial support. | * PSS supported people showed more optimism
 | * Survey beneficiary feedback
* Reports from NS
 | * Local NSs accept PSS service a bid cautiously because it is a new trend in their work
* Understanding of the needs of the most vulnerable within the communities
 |
| **Output 3:** Immunity is improved for 35,000 children living in highlycontaminated areas through winter supplies of multivitamins containing the C, D and B groupswith iron, folic acid and stable iodine. | * Immune system in children strengthened
* Rate of illness among children diminished
 | * Reports from NS
* Monitoring, reports from medical and children institutions
 | * Technical difficulties in delivery of reagents and vitamins purchased abroad due to local specific customs and other regulations

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### Assumptions *(risks)*.

Despite the clear indicators showing a dramatic increase in thyroid cancer and other pathologies, donor interest for this unique Red Cross programme has steadily declined mainly due to the fact that the disaster had happened many years ago. If the negative funding situation that is currently forecast does not radically improve, there is a serious danger that the inhabitants of the contaminated areas will be left alone to face the radiation-induced health effects of Chernobyl among which thyroid cancer is the most merciless killer. The lack of cancer-detection capacities in these regions will have a disastrous affect on the communities.

### Activities and costs

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVITIES YEAR ONE | J | F | M | A | M | J | J | A | S | O | N | D | CHF |
| Outcome : Effective medical, social and psychological assistance is provided to targeted individuals in the seven regions affected by the Chernobyl nuclear | 522500 |
| Output 1.1. Medical screening is provided to 105,000 people by seven mobile diagnostics laboratories in the target group of individuals who were 40 years old or younger at the time of the accident and are living in contaminated areas.  | 462500 |
| 1. sign Operational Contract between IFRC and NSs of Belarus, Ukraine and RF
 | x |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. sign agreements between NSs and Mo Hs on co-operation and sharing responsibilities in CHARP implementation
 | x |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. together with medical authorities select that the priority target groups for screening i.e. individuals who were between 0-40 at the time of the accident and living in contaminated areas
 | x |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. replace old and not functioning equipment in the Red Cross MDLs
 |  |  | x | x |  |  |  |  |  |  |  |  |  |
| 1. organise an advanced training for doctors of MDLs on screening techniques
 |  |  |  |  |  | x |  |  |  |  |  |  |  |
| Output 1.2. Stress and anxiety linked to radiation is reduced for 35,000 people through psychosocial support  | 10000 |
| 1. carry out psychosocial activities at the affected sites, creating self-help groups in communities among RC workers and activists.
 | x | x | x | x | x | x | x | x | x | x | x | x |  |
| 1. hold PSS refreshment workshop for MDL workers
 |  |  |  | x |  |  |  |  |  |  |  |  |  |
| Output 1.3. Immunity is improved for 35,000 children living in highlycontaminated areas through winter supplies of multivitamins containing the C, D and B groups with iron, folic acid and stable iodine  | 50000 |
| 1. NSs purchase multivitamins and supply to Regional RC Committees of seven pilot regions in Belarus, Ukraine and RF
 | x |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Regional RCC provide distribution of multivitamins to children
 |  | x | x | x |  |  |  |  |  |  |  |  |  |

## Monitoring and Evaluation

Monitoring is seen as an important part of project implementation. For providing these activities IFRC coordinator and national project managers will conduct regular trips to the field in order to monitor and assess the progress of the project and its challenges. Furthermore, experts from medical institutions which are partners of Red Cross will be included into these trips for assessing medical aspects of screening.

It is planned that next evaluation of the project will be carried out in 2013 aiming to review project implementation, its achievements and weaknesses. The evaluation team will give recommendations on further project development, its possible modifying and providing reliable sustainability.

Within PSS component questionnaires for beneficiaries will be produced and distributed through Red Cross branches. Information from the questionnaires completed by beneficiaries will be analysed and used to assess the outcome of providing psychosocial support to victims of Chernobyl disaster.

## Capacity building and sustainability

To date, the Red Cross Chernobyl programme is one of the most important areas of work for the three National Societies. This is a priority programme not only in terms of service delivery, but also in terms of building capacities. CHARP has revived a number of the Red Cross branches and increased their visibility. Numerous workshops and training courses have been organized by the Federation representation for Red Cross workers on the most up-to-date techniques used by specialists of the programme and on providing psychosocial support. Computers and other office equipment were supplied within the programme to the National Societies’ headquarters and regional Red Cross committees to improve their operational capacity. This structure (infrastructure), staff and volunteers will continue to be used to assist vulnerable people when the grants end.

As mentioned above it is projected that the CHARP programme will be needed at least throughout the third decade after Chernobyl, i.e. till 2016. In order to provide sustainability the CHARP strategy envisages handing over more programme responsibilities to the Red Cross Societies and gradually integrating its activities into the respective healthcare systems. The three NSs remain committed to work towards linking with local governments and mobilizing additional resources and in order to better meet the needs of the most vulnerable. IFRC will also support them in its humanitarian diplomacy efforts and help the National Societies in local fundraising.

## Budget (CHF)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  **Budget 2011**  |  **Budget 2012**  |  **Total 2011-2012**  |
|  **STAFF BUDGET**  |
|  **Unit cost**  |  **Title**  |  **Total**  |  **Total**  |  **Total**  |
| 22,740 | International Staff | 22,740 | 22,740 | 44,970 |
| 24,887 | National Staff (3 persons) | 74,660 | 88,485 | 163,145 |
| 5,098 | National Society Staff (48 persons) | 244,680 | 244,680 | 489,360 |
|  | **TOTAL staff budget** | **342,080** | **355,905** | **697,985** |
|  |  |  |  |  |
|  **NON-STAFF BUDGET**  |
|  **OUTCOME 1**  | Effective medical, social and psychological assistance is provided to targeted individuals in the seven regions affected by the Chernobyl nuclear disaster. |
|  **Output 1.1**  | Medical screening is provided to 105,000 people by seven mobile diagnostics laboratories in the target group of individuals who were 40 years old or younger at the time of the accident and are living in contaminated areas. | 135382 | 118,595 | 256,375 |
|  **Output 1.2**  | Stress and anxiety linked to radiation is reduced for 35,000 people through psychosocial support. | 9,000 | 9,000 | 18,000 |
| **Output 1.3**  | Immunity is improved for 35,000 children living in highlycontaminated areas through winter supplies of multivitamins containing the C, D and B groupswith iron, folic acid and stable iodine. | 24,500 | 37,800 | 61,800 |
| **MONITORING AND EVALUATION** |
| Monitoring | IFRC and NS monitoring | 1200 | 1200 | 2400 |
| Mid-Term and/or Final Evaluation | Not planned for this period  |  |  |  |
|  | **TOTAL BUDGET** | **512,162** | **522,500** | **1,034,662** |

## Appendices

1. Detailed log-frame
2. Project budget for 2012 in Excel