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Emergency Plan of Action Operation Six months Update

Sierra Leone: Mudslide

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRSL007	GLIDE n° MS-2017-000109-SLE
EPoA update n° 2; date of 5/4/2018	Timeframe covered by this update: 18 months
Operation start date: August 2017	Operation timeframe: 18 months and end date February 2019
Operation manager: Sahal ABDI, Operations Manager, IFRC overall responsible for overall responsible for compliance, monitoring and reporting of the operation	National Society contact: Constant Kargbo, Secretary General, Sierra Leone Red Cross Society (SLRCS)
Overall operation budget: CHF 4,631,088	If Emergency Appeal/ One International Appeal operation, DREF amount initially allocated: CHF 271,032
<p>N° of people being assisted: In total, the project expects to deliver assistance and support to some 26,000 people (6,000 directly and 20,000 indirectly) for a total of 18 months. With the shift in focus of the planned activities from shelter to disaster risk reduction and community resilience, the operation has been extended from 10 to 18 months. More specifically, the revised plan will focus on the following: livelihoods, health, water, sanitation and hygiene, disaster risk reduction/community resilience, and National Society capacity strengthening and institutional preparedness. 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. Click here for details available in the Emergency Plan of Action (EPoA)</p>	
<p>Red Cross Red Crescent Movement partners currently actively involved in the operation: The operation coordinates with movement partners in country, IFRC, SLRCS, British Red Cross, Finish Red Cross. The operation has calendar first Monday of every month as coordination meeting for internal update and review.</p>	
<p>Other partner organizations actively involved in the operation: The SLRCS in collaboration with ONS, government ministries of health, water and agriculture forest and food security among other non-governmental partners including CRS, care international UNICEF and UNDP and WFP and Save the Children, Concern worldwide, Oxfam who either stakeholders in WASH or DRR.</p>	

Summary of major revisions made to emergency plan of action:

The Emergency Appeal was launched on 15th August 2017 immediately aftermath the catastrophic mudslides which killed more than 300 people and left an estimated 2,000 people homeless. The operation kicked off with initial CHF 270,000 through DREF which was eventually turned into Emergency Appeal. A revision of Emergency Appeal was done in December 2017. The revision was necessitated after the government changed its rehabilitation strategy stating that proposed settlement sites were undersigned for affected people. Thus, the revision had to take place to adjust original operational plan to the changing context. The revision includes provision of unconditional cash grant to address shelter and other associated needs for target people to integrate in new setting. The overall appeal budget remains unchanged with reallocation and scale up in WASH and DRR and reconsidered early recovery cash transfer as alternative to the shelter interventions. The logical consequence of having DRR component added for sustainable impact against existing and potential disaster risk was the extension of the operation timeframe 10 months to 18 months.

As of March 2018, the funding coverage of the Emergency Appeal is 82% which is likely to increase over the course of implementation. The overall implementation of the operation is on track and it reached 2% expenditure during the reporting period.

A. SITUATION ANALYSIS

Description of the disaster

In the early hours of 14th August 2017, torrential rains caused parts of Mount Sugar Loaf, a range of hills surrounding Freetown, to slide into the Regent Village vicinity. This led to heavy loss of life and property at the epicenter and downstream at Juba, Lumley, Kaningo/Kamayama axis.

According to the Public Health National Emergency center, 413 bodies were conveyed to the central morgue between 14-15 August. Of these, only six bodies were identified by family members. Upon request from the family members, two bodies were handed over to the families. The rest of the bodies were buried at Waterloo cemetery. The search and rescue continued and to date the number of bodies that were confirmed by the Office of the National Security (ONS) has increased to 502. The ONS has classified 600 more as missing.

It has caused destructions to habitats, at least 1,245 houses and over 300 houses were destroyed and partially damaged respectively. According to ONS's latest information, the mudslides rendered 11,816 people displaced of which over 7,000 are sheltered in temporary camps in Freetown.

Response teams, led by the Sierra Leone Armed Forces and SLRCS volunteers, conducted evacuation, search, rescue, removed dead bodies and provided medical care to the injured. The role of the Red Cross has been well recognized in the media. Reuters, AFP, ABC, CNN, BBC (various), EFE, DPA, CTV (Canada) recognized the SLRCS as the first respondent with communities and government armed force units deployed to support the search and rescue efforts.

The biggest damage was on the shelter; houses were demolished by the floods with no salvage value. It was demolished or in habitably partially damaged. Moreover, the livelihoods are completely disrupted. According to primary ONS assessment 52% of the populations was living on small trade whereas 18% relied on physical labour skilled or non-skilled and 6 % were in in formal transport including motor cyclists with 7% formally salaried.

The government established IDP camps in Freetown. Tents for shelter and other basic facilities such as water, sanitation, health have been provided. Food is provided by WFP in a wet ration of three meals a day. Red cross is doing hygiene promotion and psychosocial support with ambulance referral service on daily basis to the camp population.

The locations affected around Freetown of Juba, Regent, Matome, Bambaira Culvert, Kamayama, Jahkingdom Kaningo and Dwazark are densely populated settlements. The site of the mudslide on the hill at Regent, the settlement was a squatter on restricted risk area. On the foot of the same hill a permanent stream was interfered by the mudslide changing course and increasing its volume acerbating the effect in terms of scope of coverage and destruction. Indeed, an equal proportion of death and destruction was inflicted by the increased water volume and change of course of the natural water way. In most of the affected places there are pockets which are squatters in unplanned, risky and undesignated settlement according to the government.

Down the valley the populations that were flooded and destroyed comprised of poor population that already lived in a deplorable condition of housing, hygiene and sanitation in a slum structured crowded settlements. Apart from the over 11,000 directly affected, over 20,000 more are in risk in the cross section of the affected villages

Apparently, the human effects on the fragile and risky hilly, valley and drainage topography in competition for settlement is daring. The hills are deforested, and the water ways are squeezed with fragile banks and with multiple break points which make it susceptible to flood with the heavy rains and any other slight changes.

Moreover, the poor living conditions of the populations at risk, exposes them to other environmental hazards including disease outbreaks. The water sources especially their traditional wells are damaged and or contaminated and the sanitation situation is wanting, open defecation and using rivers and flowing water bodies as disposal agents is a glaring disaster.

Apart from emergency interventions of the current disaster, increasing the level of information and preparedness capacity of the affected communities is desirable for mitigation of apparent potential hazards.

B. Summary of current response

- **Overview of Host National Society**

IFRC is supporting the national society in key technical programme areas and is also contributing to strengthening the organizational capacity of SLRCS. SLRCS also has support from other PNS including the British, Swedish, Finnish, and Kenyan Red Cross and from ICRC.

During the early response phase of mudslide disaster, the country team was supported well by various technical and management layers from both the IFRC Regional Office for Africa and HQs at Geneva. The head of DCPRR, IFRC Africa Region travelled to Sierra Leone within the first week of disaster to provide necessary technical support to the country team. A Joint Task Force (JTF) (consisting of Freetown, Nairobi and Geneva technical management) was established and updates and challenges on the response operations were shared daily during the first two weeks of disaster. This, however, was reduced to weekly events from the third week of response operations.

The Director of IFRC Africa Region visited Sierra Leone during the second week of disaster to support the Red Cross operations. A key element of this support was to ensure that the Red Cross proposal of shelter, DRR and livelihoods support to the beneficiaries is not only socialized with the government established coordination body, but also recognized to provide humanitarian and recovery services to the affected population. In pursuit of these objectives, the Director had a meeting with the Vice President of Sierra Leone, had a series of meetings with the ONS and UN Country team members.

The mission of Regional Director followed by a meeting of IFRC SG with the Foreign Minister of Sierra Leone in New York on the sidelines of UN General Assembly. The focus of this meeting was once again explaining the niche of Red cross and ensuring that the government provides an enabling environment to the Red Cross interventions.

- **Action already taken by the National Society to respond to the disaster**

A joint Movement team consisting of the SLRC, IFRC and British Red Cross was mobilized and deployed to the disaster sites for a rapid assessment of the situation.

FACT deployed in the field has conducted needs assessment.

The strategies include search and rescue / recovery, first aid services, ambulance services, psychosocial support, emergency shelter assistance, water, sanitation and hygiene support to affected people. Shelter and associated non-

food items include the provision of emergency shelter materials, beds, clothing, kitchen sets, which will be provided to people living in temporary evacuation centres to prevent from further deterioration of their health and safety. At the recovery phase, 600 families whose houses have been fully destroyed are being provided with unconditional cash grant for transitional or core shelter materials and associated non-food items. The WASH activities include distribution of drinking water, provision of sanitation facilities and hygiene promotion for affected people to protect from potential water/vector borne diseases. The national society development activities include training of volunteers on health, water, sanitation and hygiene services in emergencies.



Photo: Cash distribution to affected people

In response to emergency, SLRCS has carried out the following activities:

- SLRCS closely coordinated with the local authorities in assessing the situation and mapping the needs.
- Volunteers from the western Area Branch were involved in raising awareness of the population, monitoring of and collecting information on the situation, conducting preliminary assessments and in the relief distribution.
- training of volunteers on health, water, sanitation and hygiene services in emergencies;
- Twenty fifty First-Aid Kits have been procured and Distributed through the SLRCS;
- A total of 4,616 people has received psychosocial support (through individual, group and children care sessions); 1,229 (25%) men; 1,475 (30%) women and 2,212 (45%) were children. About 103 people were referred to more specialised care and support with Mental Health Nurses and professional psychologists;
- two stand-by ambulances are stationed at the 2 major camps of Juba and old school to provide quick referral of severe patients for medical care at the national referral hospital;
- thirty PSS volunteers underwent refresher training in Psychological First Aid skills (PFA) that to sport disaster affected survivors;
- training of national 20 Trainers of Trainers (ToT) in Psychosocial support in emergencies is completed.
- PSS training manuals from PS Centre (Denmark) have been supplied;
- Refresher training of 20 volunteers on CBHFA is completed,
- Refresher training for SDB/IPC for has been conducted for 20 volunteers;
- Incentives were provided to volunteers for SDB/IPC.

Overview of non-RCRC actors in country

The government has deployed the Ministry of Defense and Ministry of Health and Sanitation personnel on the mudslide and floods sites to conduct search and rescue activities and medical care. With the support of SLRCS, the government has been providing ambulance services for transportation of dead bodies and wounded persons to hospitals. The response is structured into thematic clusters of shelter, health and psychosocial, water and sanitation, food and NFIs. The camp management, coordination and administration are carried out by the ONS.

C. Coordination and partnerships

This revised Emergency Appeal has been designed in wider consultation with in-country Movement partners, in particular the British Red Cross. Following the emergency response phase, a multi-sector team was deployed comprising the SLRCS, the IFRC and the British Red Cross. Surge assets in shelter, WASH, PSS, Communication, Cash Transfer Programming (CTP) and Community Engagement and Accountability (CEA) were also deployed from various partner National Societies (PNSs), IFRC's Africa region and headquarters to provide technical support to the operation.

Since the onset of the disaster, the SLRCS and IFRC have been working closely with the Ministry of Health and other relevant actors in search, rescue and safe evacuation, WASH and health care activities. At the recovery phase, the SLRCS and IFRC have been taking part in a coordinated response plan. The multi-agency coordination forum referred to as the Silver command meets regularly. The SLRCS and WFP collaborate in registering people for food assistance. The SLRCS and IFRC have also been exploring areas of co-operation in waste management, green engineering and environment protection activities.

D. Needs analysis and scenario planning

Needs analysis

The initial focus of response efforts was directed towards search and rescue, including evacuation. Injured people were transported to hospitals and support was provided to the government in dead body management. In addition, 7,000 people including women and children of the affected population were transferred to safe holding locations in several tented camps. Humanitarian efforts are now geared towards supporting the remaining displaced population in camps and plans for the transition and reintegration of people back to their everyday lives through the provision of livelihood and basic needs, water, sanitation and hygiene, health (community-based health and psychosocial support), and disaster risk reduction/community resilience.

For more sustainable longer-term solutions there is a need to support 20,000 vulnerable people to reduce potential risks evident within the affected locations in Freetown. This means addressing the lack of knowledge and awareness of the prevailing and potential hazards in their localities ranging from floods, mudslides and public health-related risks, and increasing the community preparedness organisation and skills.

The operation was initially designed to focus on emergency response and more specifically support in resettlement from the camps through provisions of semi-permanent emergency shelters. However, this strategy was challenged by unforeseen policy limitations from the government. Most of the directly affected population are poor squatters residing in undesignated land within city pockets. The government classified the settlement sites as risky and would not allow any permanent presence and / or any intent to live in the original villages classified as undesignated places. The government opted for relocation to a site designated 'six-miles' on the condition that all shelter support was to be permanent/ concrete housing as it was already constructing public housing units as a means to decongest the city and to provide dwellings for the houseless. Compliance to the conditions at the six-miles site was an immediate challenge. The communities whose livelihood and social networks were vested in the city settlements hesitated or resisted, and the Red Cross was limited by resources and mandate in the government redirection policy. Given this limited humanitarian space, the emergency operation re-strategized to work with the directly affected communities in Juba, Regent Culvert, Kamayama, Kaningo and Dwazark to undertake risk reduction / community resilience approaches to deal with basic humanitarian imperative needs to reduce vulnerability and increase their awareness and skills to mitigate potential environmental hazards and strengthen their resilience.

Risk Assessment

A significant percentage of affected communities in Freetown comprise of residence with poor economic means that live in squatter and weak constructed houses. These residential areas are situated on collapsible soils increasing risk of hazards from flooding. Collapsible soils appear to be strong and stable in their natural (dry) state, but rapidly consolidate under wetting. This can yield disastrous consequences for structures unwittingly built on deposits. As these structures and communities are located on hillsides and coastlines, the integrity of the buildings is further challenged by poor drainage systems, ineffective waste management and lack of town planning. The indiscriminate depletion of the forest cover for settlement and other economic reasons occasioned by intense rainfall increase vulnerability of those communities to landslides and flooding. Consistently, in the last two years, these hillside and coastal communities have had incidents of mudslide, flooding and windstorm with fatalities, injuries and forced displacements. However, government efforts to evacuate or relocate these communities have proved unsuccessful. For instance, after 16 September 2015 landslide and flooding incidents, affected communities were relocated to 'Mile 6' on the outskirts of Freetown but by November 2015, those relocated returned and began new settlements in the same localities. This suggests weakness on the part of the Lands and Environment Ministry and law enforcement agencies to ensure appropriate government's actions are adhered to and sustained. The severity of the recent mudslide and flooding in Freetown reawakens the necessity for action to prevent or mitigate a reoccurrence of similar disaster. The scale and impact of the disaster could be attributed to limited knowledge of disaster risk reduction strategies and resilient capacities by affected population. Without adequate emergency response to the current crisis, there is an increased

likelihood of opportunistic disasters from possible outbreak of water-borne diseases such as cholera, typhoid etc. Therefore, this requires collective effort from the Disaster Management Department of the Office of National Security (ONS), emergency management and aid agencies.

Response analysis

Community Engagement and Accountability

The operation focus has changed to disaster risk reduction or community resilience which ideally should be community led. Therefore, success of DRR or community resilience largely depend on up to what the extent of communities are involved in identification of needs, prioritization, implementation plan to fit their own context.

SLRCS building on its experience such as in radio programs, community theatre and mobile cinema – for health promotion, will undertake community engagement and accountability activities. They will use already developed community awareness tool i.e. two short animations on malaria prevention that would really support the safe and appropriate use of nets after a distribution. At the National Society's level, communications material (flyers, posters, spots) from former activities have been identified and ready to be used for sensitization around the disease outbreak and disaster risk.

For communities to voice their needs, priorities and feedback and complaints, a system for two-way communication will be established. In every pockets/cluster, community self-help groups consisting of men, women, children, elderly and person with disability to represent their views and concerns, will be developed. These groups will meet regularly to review implementation progress, relevance of planned activities and inform changes to be made in planning. Under the operation, 100 Red Cross volunteers and members of community self-help group will be trained in community engagement skill.

Health and psychosocial support

SLRCS was among the first responders and was in the provision of first aid and casualty and dead body management. Transportation of injured people to health facilities was undertaken. Given that this is the malaria season, there is the high big potential of an outbreak of vector borne diseases. Community awareness and education for behaviour change will be done through radio programs in the local language, animation and video documentation shows from best practices.

In addition, affected individuals and communities will be provided with psychosocial support at the assigned relocation sites. Due attention will be given to the trauma suffered by bereaved people, particularly as some bodies were buried without being identified or have never been recovered. The management of deceased victims of the disaster has had a profound impact on the mental health of some bereaved families. The location of many affected people in camps facilitates the cascading of psychosocial support handy for survivors. Volunteers will be deployed routinely to the camps to ensure that the psychological well-being of the population is maintained. A standby ambulance providing a link to mental health facilities will be included in the package of support.

PSS activities will be extended to the affected communities after the closure of camps, through community based psychosocial support interventions. These interventions will enhance social cohesion and reintegration of survivors and affected people at community level, to break-down fears, misconceptions and rumours. They will enhance resources for individual and social protection, through traditional community and family support systems. Given that over 40% of the survivors and affected people are below the age of 19 years, special attention will be given to affected children returning to schools, to enhance their psychosocial resilience. School teachers will be supported to gain basic skills in dealing with grief and other stress reactions in children, through psychological first aid training for teachers.

Staff and volunteers have been continuously engaged in providing psychological support and first aid since the onset of the disaster. Volunteers experienced highly traumatic events, and many were engaged in dead body management. Volunteer have listened to the traumatic stories of survivors and bereaved persons. Due attention will therefore be given to staff and volunteers on managing their own stress and caring for one another. To ensure quality planning and implementation of the psychosocial support activities, a PSS FACT team member was deployed to provide support to the national society PSS team.

Water, hygiene promotion and sanitation

Access to safe water supplies and appropriate sanitation and hygiene facilities, are urgent requirements of an affected community following a disaster such as a mudslide and flooding. Without these, the affected population are left vulnerable to potential health risks. The mudslide and flash flood affected areas are mainly urban and pre-urban areas, with a huge number of informal settlements. The existing water supply system in the affected areas is either an extension of the city water supply network or based on ground water extraction by dug wells or boreholes, which have been seriously affected by the mudslide. Almost the entire pipe network covering the areas and all the boreholes and

dug-wells, have been destroyed or have been contaminated by the mudslide and floods. The restoration of the water supply network, or rehabilitation of other drinking water sources, would be almost impossible in a short timescale. This could lead to a serious safe drinking water crisis in the affected area. Many of the streams and rivers run through slum settlements which use them for open defecation. Use of treated mosquito nets in combination of other health promotion interventions, will significantly reduce the risk of vector borne diseases.

In the camps and affected communities, the Household Water Treatment and Safe Storage (HWTSS) method using Water Purification Tablets (WPT) and sedimentation and chlorination chemicals, would provide a safe, reliable and easy option for the affected population to access safe drinking water. A number of volunteers will be trained on water quality monitoring, to monitor the different parameters of the drinking water quality. This will reduce the risk of consumption of unsafe water. Distribution of jerry cans and buckets will assist the affected communities to safely store drinking water at household level. Distribution of the WPT and jerry cans will be undertaken in conjunction with other NFI distribution. Instruction on the use of WPT will be conducted mainly at the distribution points.

Assessments have shown that water and sanitation has been inadequate in terms of access, as well as quality. The disaster had an enormous effect on this service area, including contamination of wells, breakdown of supply infrastructure, as well as the loss of sustainable sources. This indicates high levels of vulnerability and exposure to health-related emergencies in most of the affected locations, which are likely to be the destination of most of the population in the IDP camps, especially poorer families. The WASH program will improve the water and hygiene conditions in the affected locations to mitigate the risk of potential environmental hazards. In addition, to reduce the risk of water and sanitation-related diseases, the distribution of 200L household water tanks for rain harvesting, the construction of bore-holes with submersible pumps driven by solar power and the rehabilitation of wells, will provide sustainable access to safe drinking water and prevent outbreaks of disease

Hygiene promotion was found to be one of the activities with the least coverage, during the rapid assessment. Given that most of the surface water bodies are assumed to be contaminated, it is necessary to sensitize the whole population about the potential risk of using untreated surface water, to avoid any possible risk of water-borne diseases. Mass awareness raising campaigns will be conducted through distribution of IEC materials and community radio sessions and mobile cinemas. Distribution of hygiene kits will ensure adequate access to hygiene products. While hygiene kits will be distributed only to the directly affected population, the awareness campaign will target the population living in the same catchment area. Wide range of methods will be employed to reach out to target communities including mobile cinemas, community drama and local radio talks as well as awareness campaigns through public address

The project will provide low cost durable and sustainable solutions that build the capacity of the community. The WASH interventions will focus on community education and awareness, provision of household hygiene equipment, conserving the environment through mass clean-up campaigns, as well as protecting existing water sources and developing new sources where access is limited. Waste disposal in streams and drainage canals causes stagnation and promotes vector breeding in crowded settlements. The operation will open-up have blocked drainages in worst affected locations of culvert. Participatory approach where communities will be engaged for cash for work to do micro activities including waste management, control and drain stagnant waters and build protection for formal drainages in their villages which are now posing as health hazard than mitigation facilities because of blockages and other misuse. The cash modalities will be advised by CTP experts and will be synergised with other cash interventions of the operation. The operation will educate and create extensive awareness for affected communities in sustaining the common environment for the well-being of all.

Livelihoods and basic needs support

The Government of Sierra Leone has given a deadline of 15 November 2017 to close all the IDP camps for the flood and mudslide affected people. However, the government has committed to continue the provision of basic services to the IDPs until they exit the camps. Therefore, the Red Cross support will complement government and other partners' efforts to support the on-going basic needs of the IDPs and facilitate a smooth exit and resettlement of the IDPs from the camps. Shelter remains the most immediate basic need. The IDP have been sheltered in shared tents. The provision of shelter for people leaving the camps remains a major concern. The RC proposed use of a transitional, wooden structure, but this was rejected by the government. The government's focus has been on relocation of the displaced households to a location around six miles from Freetown, where houses are to be constructed for resettlement. These houses will have to be purchased by individuals through a mortgage process. This is a long term strategic plan which may not be envisaged in an emergency response approach.

Food vouchers or in-kind supply: The Red Cross will support the transition and reintegration of the IDPs through the provision of food vouchers or distribution of stock food. The reintegration humanitarian support for IDP has been designed to include provision of food as part of the start-up package. SLRCS will support complimentary provision food for 750 households. The case load data is established through the registration pillar of the emergency multiagency coordination forum referred to us the silver command.

The communities will be mobilized, informed and involved. The criteria, package, time frame will be clearly informed, and feedback path way will be also established. Consultative meeting call back mechanism among others will be utilized.

NFI and hygiene kits compliments: The population leaving the camps and other IDPs will have to re-establish their lives, given that many of them lost their homes and their livelihoods. As part of the reintegration package SLRCS will compliment to support 750 HH of the displaced population from the camps and with host communities with NFI and hygiene kits as they transition to re-establish themselves to ordinary life. Criteria of targeting is similar to above as for the food package and is the same compliment package.

Adequate community engagement will be carried out through organized sessions to elaborate on the target criteria, consignment specifications and mechanism of delivery including time schedules. Field teams will work with community leadership structures in distribution planning and feedback and complain reception and management.

Unconditional cash transfer: The coordination forum of the emergency earmarked unconditional early recovery cash for the displaced population as a package for early recovery as they integrate with their communities to ordinary life. This cash tranche is multipurpose depending on household need for rent, education, health and other social needs etc. The government is a key partner in this intervention. SLRCS will provide equivalent package for 750HH caseload of the IDP population as part of the camp exit and early recovery transition cash transfer. Special consideration and priority will be given and not limited to, women headed households, people with disabilities, older people and survivors.

Livelihood cash transfer: One of the of the major effects of the mudslides was disruption and or destruction of livelihoods and livelihoods networks and resources. Thorough the cash-based intervention, the operation will support 10 groups with start-up cash for micro entrepreneurial livelihoods as a part of the recovery intervention. Prior to the intervention, feasibility will be carried out to advise market dynamics and viability of community choices. These groups will require to register with their Ministry of Social service and have a concept of business plan.

Adequate community engagement and accountability mechanism will be carried out through organized sessions to elaborate on the target criteria, consignment specifications and mechanism of delivery including time schedules. Field teams will work with community leadership structures in distribution planning and feedback and complain reception and management.

Disaster Risk Reduction

This aspect of the operation will focus on support to enhance the resilience of affected communities. Risk mapping with communities, sensitization on potential hazards in their immediate environment and strengthening early warning systems, will be included in this component.

Communities will be supported to enhancing their skills and knowledge on different emergencies and to strengthen their preparedness and response capacity. SLRCS will use the advantage of its mandate and expertise to equip community volunteers with skills as first respondents and where applicable, as agents to cascade information and skills in their localities. Innovative and relevant community engagement approaches will be utilized through organized consultation forums and meetings as well awareness approaches through community radios and mobile cinemas will be used to reach out and pass across key information and knowledge.

Integrated micro-projects that provide durable solutions and reduce vulnerability, will be developed in the target communities. Each project will be developed through community participation and will be informed by a vulnerability and capacity assessment (VCA). These projects could include flood control, conserving water sources, etc. The aim is to support sustainable community initiatives with durable solution, in terms of building community resilience and reducing risks.

E. OPERATIONAL STRATEGY

Proposed strategy

Overall objective

The government and its development partners, including the Red Cross are aware of the risk of an outbreak of disease, especially cholera. This is due to contamination of water sources in and around the epicentre and further downstream. There is generally low sanitation coverage in all the affected areas. In crowded vulnerable slum communities close to rivers and the sea, open defecation is commonly practiced or flushing latrines into the river. This situation poses a high public health risk to the population.

Proposed strategy

This operation is expected to be implemented over 18 months. The proposed operational strategy aims at reaching out to the people affected and providing basic needs. The total number of people targeted is 6,000, which has been calculated based on the number of people in the affected areas as well as the capacity of the National Society to respond.

SLRCS is the first respondent, compliment to the government and will coordinate and synergize with other partners in the provision of humanitarian assistance to disaster survivors and affected communities.

The Red cross engagement with target communities will be participatory and diversity responsive. The interventions will be aligned with government priorities as well as IFRC global strategy 2020. The community's self-management structures, knowledge and value system will be accommodated to ensure do no harm engagement and inculcate inclusivity and sustainable ownership of process, delivery and effect in the implementation of the operation activities. SPHERE standards, IFRC minimum standard commitment to gender and diversity in emergency programming, etc. will guide the operation to address typical needs of people.


SLRCS will ensure that communities are kept informed of relief activities, including selection and distribution processes. This includes creating awareness through social mobilization, providing information on the criteria for targeting and entitlements and establishing complaints and feedback mechanisms to ensure transparency, efficiency and effectiveness in all RC humanitarian interventions.

Red cross intervention will be organised into three gradual facets. The initial phase consisted of emergency lifesaving response activities, which will focus on search and rescue, casualty management, first aid, psychosocial support, referral and evacuation and population movement. The second phase is supporting the population in the IDP camps through the provision of basic needs including NFI, food, psychosocial support, health and WASH. The third phase will support integration of the IDPs back into communities, early recovery and build capacities to reduce vulnerability to potential hazards in their ordinary live. The RC intervention will focus on the following strategy outcomes: SLRCS institutional capacity support will be mainstreamed in all the strategic outcomes to increase the national society preparedness for emergencies:


- Health and psychosocial support (all phases).
- Water, hygiene and sanitation (all phases).
- Livelihoods and support to basic needs (phases 2 and 3)
- Disaster risk reduction/community resilience (phase 3).
- National society capacity development/institutional preparedness.

F. DETAILED OPERATIONAL PLAN

This Appeal Focuses on 4 major areas: health; WASH; disaster risk reduction and livelihoods and basic needs. These lines of action respond to the humanitarian needs of the most vulnerable populations and have sufficient flexibility to allow adjustment and adaptability to the changing context. All four major areas will be implemented in the project target communities. Below shows consolidated data since the beginning of the operation (August 2017 to date) and are based on the four lines of action from the revised appeal.

	<h3>Disaster Risk Reduction</h3> <p>People reached: 26,000 Male: 11,700 Female: 14,300</p>	
Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster.		
Indicators:	Target	Actual
# of countries with national and local disaster risk reduction Strategies	1	0
Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.		
Indicators:	Target	Actual
# of community contingency plans in place.	6	0
# of community early warning systems established or improved	6	0

and linked with local or national meteorological systems		
# people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks	6,000	0
Outcome 2: Communities in disaster and crisis affected areas adopt climate risk informed and environmentally responsible values and practices		
Indicators:	Target	Actual
# of NS supporting communities to develop longer term risk reduction plans that address long-term adaptation needs and unexpected climate related risks	1	0
Output 2.2: Community awareness raising programmes on climate changing risks and environmentally responsible practices are conducted in target communities		
Indicators:	Target	Actual
# of people reached by climate change mitigation and environmental sustainability awareness raising campaigns	6,000	0
Progress towards outcomes		
<p>Need analysis: No additional need analysis has been conducted covering health</p> <p>Population to be assisted: to date, none of the activities permitted to reach direct beneficiaries.</p> <p>Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster.</p> <p>Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.</p> <ul style="list-style-type: none"> • Procure and pre-positioning first aid kits - done • Procurement of mega phone and batteries – done • Form Community Managed Disaster Risk Reduction (CMDRR) Groups – ongoing • Procure light search and rescue kits- ongoing • Procure and provide personal protective equipment to CMDRR Groups and SLRCS staff and Volunteers - ongoing • Mobile search lights with generator - ongoing <p>Outcome 2: Communities in disaster and crisis affected areas adopt climate risk informed and environmentally responsible values and practices.</p> <p>Output 2.2: Community awareness raising programmes on climate changing risks and environmentally responsible practices are conducted in target communities.</p> <ul style="list-style-type: none"> • Procure and provide 20,000 seedlings for tree planting-ongoing • Procure and provide 300 tools for tree planting exercise to targeted communities-ongoing • Procure and provide 20,000 polythene bags for tree planting-ongoing 		

 <p>Livelihoods and basic needs People reached: 5010 Male: x Female: x</p>		
Outcome 1: Communities, especially in the affected areas, restore and strengthen their livelihoods		
Indicators:	Target	Actual
# of people targeted/reached (Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods)	5,010	5,010
Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities		
Indicators:	Target	Actual
# of people reached with food assistance or cash for basic needs	750	750
Progress towards outcomes		
<p>Need analysis: No additional need analysis has been conducted covering health</p> <p>Population to be assisted: To date, none of the activities permitted to reach direct beneficiaries.</p>		

Output 1.1: Support disaster victims to integrate with host communities

The livelihood activities were implemented in the initial phases of the emergency to provide immediate support to the displaced populations in the IDP camps and to support disaster affected population to integrate back into the communities.

- Food vouchers were provided to some 750 households to cater for up to 3 months ration per household.

Output 1.2: Sustained basic need services and transitional support for IDPs in camps

- To sustain the basic needs services and the transitional support for IDPs in camps, NFI kits consisting of household kits (Kitchen set, Blanket, Water containers, Sanitary materials...) were distributed to 495 affected IDP households
- 750 IDP Households are provided with unconditional/multipurpose cash grants of 300CHF each to address their immediate basic needs,



Health

People reached: 6000

Male: 2700

Female: 3300

Outcome 1: The immediate risks to the health of affected populations are reduced.

Indicators:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	6,000	0

Output 1.1: Community-based disease prevention and health promotion is provided to the target population.

Indicators:	Target	Actual
# of people reached with community-based disease prevention and health promotion programming	6,000	4,812
# of people reached by psychosocial support	6,000	4,916

Health Output 1.2: Psychosocial support provided to the target population

# of people reached by psychosocial support	6,000	4,616
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Progress towards outcomes

Needs analysis: No additional need analysis has been conducted covering health
Population to be assisted: About 1,000 households (5,000 people from the affected communities of Regent, Juba, Kaningo, Kamayama, Dwazark, and Culvert) are being reached through health promotion messages, disease surveillance and psychosocial support

Outcome 1.1 Community-based disease prevention and health promotion is being provided to the target population through the following activities:

- Twenty volunteers have been trained on Community Based Health and First Aid (CBHFA)
- Refresher training for Safe and Dignified Burial (SDB) volunteers
- Health promotion activities have been provided at household levels
- A total of 3,000 packages of Information Education communication (IEC) materials on surveillance and disease prevention were printed and distributed
- Community mobilisation, awareness and education on proper use nets using local radio and public address through organized sessions and video shows targeting 50,000 people
- Oral Rehydration Salts (ORS) have been Procured and pre-positioned

Outcome 1.2 Psychosocial support (PSS) is being provided to the target population through the following activities:

- A two (2) day refresher training has been conducted for 30 volunteers on psychological First Aid and community based psychosocial support for disaster affected persons;

- A five (5) day training of 20 National TOT volunteers has been conducted on psychosocial support in emergencies;
- PSS training manuals have been procured from PS centre Denmark to support the training activities.
- Twenty-four PSS volunteers are deployed to provide Psychological First Aid, one to one and group PSS talks with survivors and other distressed persons in IDP camps and host communities.
- A total of 4,916 people has received psychosocial support (through individual, group and children care sessions); 1,229 (25%) men, 1,475 (30%) women and 2,212 (45%) were children. Some 103 people were referred to more specialised care and support with Mental Health Nurses and professional psychologists.
- Three PSS support meetings were held with volunteers involved in the response to help them process and manage their own stress. These included 10 SDB volunteers.
- Provided technical training to 30 staff on one children care centre (Don Bosco) in basic PFA skills to help them care and support for the survivors within their care centre. Similar coaching session was providing to the staff of Ministry of social welfare and other agencies in Juba and Old skill IDP camps.
- Registration of direct beneficiaries to be targeted by the programme in the recovery phase is on- going
- Two stand-by ambulances are stationed at the 2 major camps of Juba and old school to provide quick referral of severe patients for medical care at the national referral hospital.



Water, sanitation and hygiene

People reached: 6000

Male: 2,700

Female: 3,300

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities.

Indicators:	Target	Actual
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# of people targeted/reached (Immediate reduction in risk of waterborne and water related diseases in targeted communities.)	6,000	4,614
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Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities.

Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population.

Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.

Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods, are provided to the target population

Indicators:	Target	Actual
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# of people targeted/reached (Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities)	6,000	4812
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# of people provided with safe water (according to WHO standards)	6,000	0
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% of target population with access to an improved water source	6,000	0
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% of constructed sanitation facilities maintained by target population	30	0
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# of people with access to an improved sanitation facility	6,000	0
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# households reached with key messages to promote personal and community hygiene	1,000	876
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# of volunteers involved in hygiene promotion activities	40	40
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# of households provided with a set of essential hygiene items	1,000	914
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Progress towards outcomes

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Needs analysis: additional need analysis is being planned for the month of April update and refine the targeting of the WASH activities for the affected populations.

Population to be assisted: needs of 1,000 families (6,000 people) affected by the floods in 3 affected areas of Freetown (Culvert, Juba and Regent), are being met through the provision of safe drinking water, sanitation and hygiene items to address the Immediate reduction in risk of waterborne and water related diseases in targeted communities under the following outcome and activities:

Outcome 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

- Activities towards the continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities are ongoing.
- The training of 6 community focal points on carrying out WASH assessments was conducted at the end of March with the engagement of an expert to conduct the baseline KAP survey is in progress.
- To ensure a coordinated approach in Wash activities, coordination mechanisms have been initiated with other WASH actors including the MoWR, MoH, UNICEF, Freetown WASH Consortium (FWC) made of up OXFAM, Concern international

Outcome 1.2 Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

- Activities towards the improving the daily access to safe, adequate water of good quality for the target population are in progress. Distribution of 108,000 Aqua tabs tablets has been carried out, a second distribution of 75,000 tablets is in progress.
- Forty SLRCS volunteers were trained in Household Water Treatment and Safe Storage (HWTSS). In addition 30 Volunteers were trained on water quality testing using pool testers. The contract for the drilling of 6 boreholes is has been finalised, the contractor is mobilising for the drill activities and has already started the Geophysical surveys in the six target locations in Juba, Kamayama and Kanningo.

Outcome 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population.

- One hundred clean up kits have been distributed to the to support the communities in Culvert to carry out household cluster level clean-up activities intended to improve the storm water drainage systems within the community.
- Designs for locally-adopted institutional latrines is in progress with consultations with the Ministry of Water Resources to identify institutions including schools, hospitals, health centres etc. in need of the new latrines and/or rehabilitation of existing ones.
- A total of 4,200 mosquito nets have been distributed to communities in Juba, culvert, Kanningo, Dwarzak, Regent and Kamayama.

Outcome 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.

- Additionally, 40 SLRCS volunteers were trained in hygiene promotion in collaboration with MoH.
- Eight hundred Information Education and Communication (IEC) materials on hygiene promotion for the mass awareness campaign were produced in collaboration with the Ministry of Health

Outcome 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

- Seven hundred sixty-nine mudslide affected families have been issued with Hygiene Kits (1 per family) and jerrycans to support early recovery efforts of the mudslide affected families

Challenges experienced by the NS

The roll out and continuation of some of the activities have experienced delays that are attributable to, the protracted electioneering periods in Sierra Leone, in addition, unexpected heavy rains of 2017 lasted for an extended period into the months of October and early November, thereby impeding the implementation of the planned activities. Finally changes due to Government policies lead to the revision of the project Emergency Plan of Action (EPoA) which in turn the affected the commencement date of various activities.

Strategies for Implementation

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of insured volunteers		0
# of trained NDRT members		0
#. of NS branches provided with technical support and equipment in disaster preparedness		3

Outcome S2.1: Effective and coordinated international disaster response is ensured

<i>Ratio of people reached by the IFRC disaster response operations to the people affected by these emergencies</i>		
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Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

<i>ratio of people reached by the IFRC disaster response operations to the people affected by these emergencies</i>		
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Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

<i>% of evaluation which are followed up by a management response</i>	0	100%
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Progress towards outcomes

D. BUDGET

Interim financial report annexed

For further information, specifically related to this operation please contact:

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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For IFRC Resource Mobilization and Pledges support:

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For In-Kind donations and Mobilization table support: IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries): IFRC Africa Regional Office: Fiona Gatere, PMER Coordinator, email: fiona.gatere@ifrc.org, phone: +254 780 771 139

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.

Disaster Response Financial Report

MDRSL007 - Sierra Leone - Flood and Landslides

Timeframe: 15 Aug 17 to 17 Mar 19

Appeal Launch Date: 17 Aug 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/8-2018/2	Programme	MDRSL007
Budget Timeframe	*	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		4,631,088				4,631,088	
B. Opening Balance							
Income							
Cash contributions							
<i>American Red Cross</i>		153,670				153,670	
<i>British Red Cross</i>		191,596				191,596	
<i>China Red Cross, Hong Kong branch</i>		24,923				24,923	
<i>China Red Cross, Macau Branch</i>		376				376	
<i>Estonia Government</i>		34,119				34,119	
<i>European Commission - DG ECHO</i>		343,937				343,937	
<i>Finnish Red Cross</i>		171,117				171,117	
<i>Government of Malta</i>		29,174				29,174	
<i>Icelandic Red Cross</i>		100,000				100,000	
<i>Italian Government Bilateral Emergency Fund</i>		284,392				284,392	
<i>Italian Red Cross</i>		29,184				29,184	
<i>Japanese Red Cross Society</i>		87,968				87,968	
<i>Lithuania Government</i>		11,480				11,480	
<i>Luxembourg Red Cross</i>		57,044				57,044	
<i>Norwegian Red Cross (from Norwegian Government*)</i>		566,841				566,841	
<i>OPEC Fund For International Development-OFID</i>		197,420				197,420	
<i>Republic of Korea Government</i>		289,803				289,803	
<i>Spanish Government</i>		69,692				69,692	
<i>Spanish Red Cross</i>		22,872				22,872	
<i>Spanish Red Cross (from Spanish Government*)</i>		3,508				3,508	
<i>Swiss Government</i>		200,000				200,000	
<i>Swiss Red Cross</i>		200,000				200,000	
<i>Taiwan Red Cross Organisation</i>		10,013				10,013	
<i>Thai Government</i>		55,040				55,040	
<i>The Canadian Red Cross Society (from Canadian Government*)</i>		22,590				22,590	
<i>The Netherlands Red Cross</i>		31,840				31,840	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>		569,550				569,550	
<i>The Republic of Korea National Red Cross (from Republic of Korea - Private Donors*)</i>		719				719	
<i>United States Government - USAID</i>		93,603				93,603	
<i>United States - Private Donors</i>		4,083				4,083	
<i>VERF/WHO Voluntary Emergency Relief</i>		1,500				1,500	
C1. Cash contributions		3,858,054				3,858,054	
Inkind Personnel							
<i>Other</i>		0				0	
C3. Inkind Personnel		0				0	
C. Total Income = SUM(C1..C4)		3,858,054				3,858,054	
D. Total Funding = B +C		3,858,054				3,858,054	

* Funding source data based on information provided by the donor

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II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		3,858,054				3,858,054	
E. Expenditure		-908,766				-908,766	
F. Closing Balance = (B + C + E)		2,949,288				2,949,288	

Disaster Response Financial Report

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Split by funding source	Y	Project	*
Subsector:	*		

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			4,631,088			4,631,088		
Relief items, Construction, Supplies								
Shelter - Relief			34,103			34,103	-34,103	
Shelter - Transitional			1,080			1,080	-1,080	
Construction Materials			8,567			8,567	-8,567	
Clothing & Textiles	210,000		39,148			39,148	170,852	
Food	225,000		60,455			60,455	164,545	
Seeds & Plants	70,000						70,000	
Water, Sanitation & Hygiene	730,000		144,545			144,545	585,455	
Medical & First Aid	87,500						87,500	
Teaching Materials	40,000						40,000	
Utensils & Tools	39,500		34,791			34,791	4,709	
Other Supplies & Services	134,500						134,500	
Cash Disbursement	237,681		221,106			221,106	16,575	
Total Relief items, Construction, Sup	1,774,181		543,796			543,796	1,230,385	
Land, vehicles & equipment								
Computers & Telecom	1,290						1,290	
Office & Household Equipment	5,000		999			999	4,001	
Total Land, vehicles & equipment	6,290		999			999	5,291	
Logistics, Transport & Storage								
Storage	96,760		38,095			38,095	58,665	
Distribution & Monitoring	2,000		2,829			2,829	-829	
Transport & Vehicles Costs	54,000		29,271			29,271	24,729	
Logistics Services			10,625			10,625	-10,625	
Total Logistics, Transport & Storage	152,760		80,820			80,820	71,940	
Personnel								
International Staff	1,098,000		61,652			61,652	1,036,348	
National Staff	96,000		2,321			2,321	93,679	
National Society Staff	36,800		2,061			2,061	34,740	
Volunteers	142,525		27,380			27,380	115,145	
Total Personnel	1,373,325		93,414			93,414	1,279,911	
Consultants & Professional Fees								
Consultants	30,000						30,000	
Professional Fees	20,000		123			123	19,877	
Total Consultants & Professional Fees	50,000		123			123	49,877	
Workshops & Training								
Workshops & Training	321,939		9,467			9,467	312,472	
Total Workshops & Training	321,939		9,467			9,467	312,472	
General Expenditure								
Travel	34,830		38,941			38,941	-4,111	
Information & Public Relations	37,500		17,376			17,376	20,124	
Office Costs	39,800		574			574	39,226	
Communications	38,000		270			270	37,730	
Financial Charges	36,000		16,712			16,712	19,288	
Other General Expenses	276,516		5,622			5,622	270,895	
Shared Office and Services Costs	207,298		12,670			12,670	194,628	
Total General Expenditure	669,944		92,165			92,165	577,779	
Operational Provisions								

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Budget Timeframe	*	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			4,631,088			4,631,088		
Operational Provisions			26,389			26,389	-26,389	
Total Operational Provisions			26,389			26,389	-26,389	
Indirect Costs								
Programme & Services Support Recov	282,649		55,066			55,066	227,582	
Total Indirect Costs	282,649		55,066			55,066	227,582	
Pledge Specific Costs								
Pledge Earmarking Fee			5,428			5,428	-5,428	
Pledge Reporting Fees			1,100			1,100	-1,100	
Total Pledge Specific Costs			6,528			6,528	-6,528	
TOTAL EXPENDITURE (D)	4,631,088		908,766			908,766	3,722,322	
VARIANCE (C - D)			3,722,322			3,722,322		

Disaster Response Financial Report**MDRSL007 - Sierra Leone - Flood and Landslides**

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Budget Timeframe	*	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	4,631,088		3,858,054	3,858,054	908,766	2,949,288	
Subtotal BL2	4,631,088		3,858,054	3,858,054	908,766	2,949,288	
GRAND TOTAL	4,631,088		3,858,054	3,858,054	908,766	2,949,288	