

## Emergency Plan of Action Final Report

### Haiti: Chikungunya outbreak

<b>DREF operation no. MDRHT011</b>	<b>Glide no. <a href="#">EP-2014-000082-HTI</a></b>
<b>Date of Issue:</b> 30 July 2016	<b>Date of disaster:</b> Slow onset
<b>Operation start date:</b> 2 July 2014	<b>Operation end date:</b> 1 November 2014. The operation was extended by one month.
<b>Host National Society:</b> Haiti Red Cross Society (HRCS)	<b>Operation budget:</b> 248,887 Swiss francs (CHF)
<b>Number of people affected:</b> 39,343 cases reported	<b>Number of people assisted:</b> 20,304 people, out of an original target of 25,000.
<b>No. Movement partners involved in the operation:</b> The HRCS worked with the International Federation of Red Cross and Red Crescent Societies (IFRC), the American and the Japanese Red Cross Societies.	
<b>N° of other partner organizations involved in the operation:</b> Population Services International and Zanmi LaSante. Coordination also took place with governmental authorities including: Ministry of Public Health and Population, Ministry of Environment and the National Water and Sanitation Directorate (DINEPA).	

The Haiti Red Cross Society's Health Department reached 20,304 people (81 per cent of the overall target) in sensitization, prevention and vector control activities in order to reduce the widespread cases of chikungunya.

In order to complete actions, the DREF operation was extended for one additional month, which pushed the operation end date back to 1 November 2014.

The operation's biggest achievements were: 20,304 people with information about chikungunya to decrease the myths and taboos around this disease, and 3,235 were beneficiaries of the Radio Croix Rouge and communication activities. In addition, 22 activities of sanitation to decrease the breeding sites in the target communities were conducted.

The biggest challenge that the National Society had to face in the development of the DREF operation was to respond in a timely manner during the emergency response, which required a lot of elements such as available staff and volunteers, logistics, administrative and financial procedures and the coordination of them in order to reach communities in time to decrease their vulnerability facing the emergency.

Some lessons learned for the National Society, the IFRC staff that participated, the Movement partners actively involved and other partner organizations were: the importance of time in an emergency response, and the importance of involving all of the sectors in an emergency response. More lessons learned are detailed under each programmatic component of the operation. See section C. Detailed operational plan.

The IFRC and the Haiti Red Cross Society express their gratitude to the Canadian Red Cross Society and the Canadian government, the Netherlands Red Cross and the Spanish Agency for International Development Cooperation (AECID) for replenishing up to 44 per cent of the DREF allocation made for this operation.

The major donors and partners of the DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross Society and government, the Danish Red Cross and government, the European Commission's Humanitarian Aid and Civil Protection department (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom's Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. On behalf of the National Society, the IFRC would like to thank everyone for their generous contributions.

Click [here](#) to view the final financial report

## A. Situation analysis

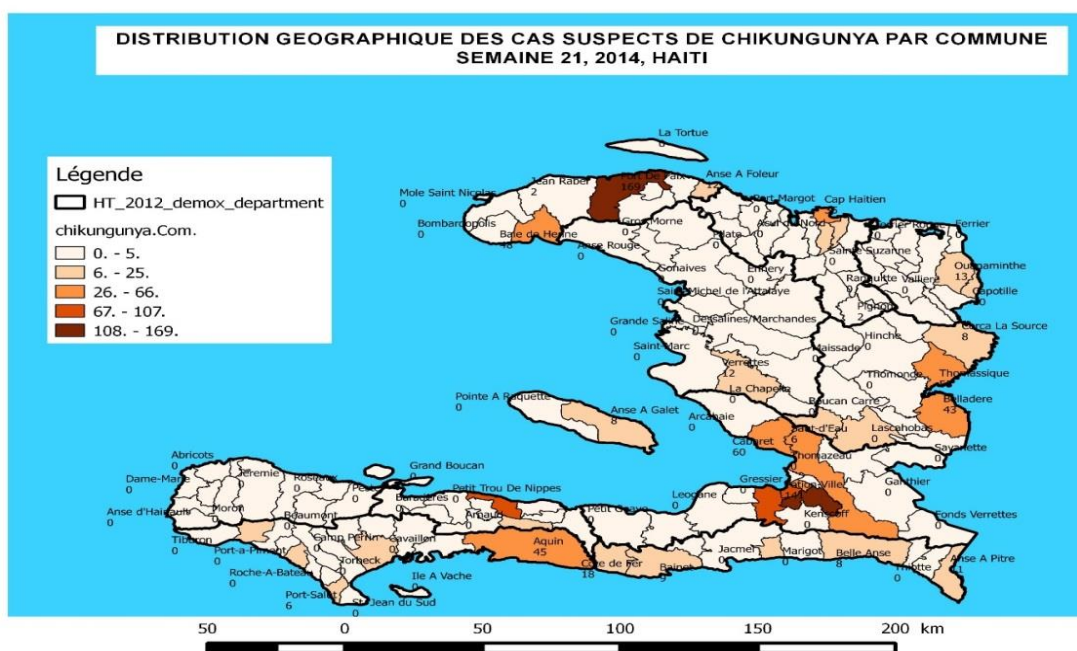
### Description of the disaster

According to the Pan American Health Organization (PAHO), the chikungunya virus first surfaced in Saint-Martin<sup>1</sup> in December 2013 before quickly spreading to other Caribbean islands. In May, it reached Haiti and in July it reached the Dominican Republic (today, this is the country with the most chikungunya cases with over 486,306). By the end of the project on 1 November 2014, the total number of suspected cases in 38 countries and territories in the Americas had risen to 780,206<sup>2</sup>.

The main mosquito vector for the chikungunya virus is the *Aedes aegypti*. This virus, known since the 1950s, has caused epidemics in Asia, Africa and countries and territories that border the Indian Ocean. The virus causes fever and severe joint pain, muscle pain, headache, nausea, fatigue and rashes.

Due to a shared mosquito vector, chikungunya co-circulates with the dengue virus. While they both have similar clinical manifestations, chikungunya has a much lower fatality rate than dengue; most of the 153 people who have been reported deceased had chronic health conditions. The name chikungunya means “bent over” and refers to the inability of patients to stand erect due to the pain. Although it is rarely fatal, chikungunya can cause joint pain that can last for months or even years, especially in older adults.

According to PAHO, symptoms resolve in 1 to 3 weeks in the majority of patients. However, some patients might have recurrences of rheumatologic symptoms in the months following acute illness, and some patients report persistent joint pain for months to years. Neurological, emotional and dermatologic sequelae (the after effect of a disease) are also possible consequences of the disease<sup>3</sup>. The persistence of the illness affect the wellbeing of



**Figure 1: Suspected chikungunya cases by commune. Source: Haitian Ministry of Public Health and Population**

<sup>1</sup> Saint-Martin is roughly 150 miles west of Port-au-Prince, and just west of Cayes, right on the southernmost point of Haiti.

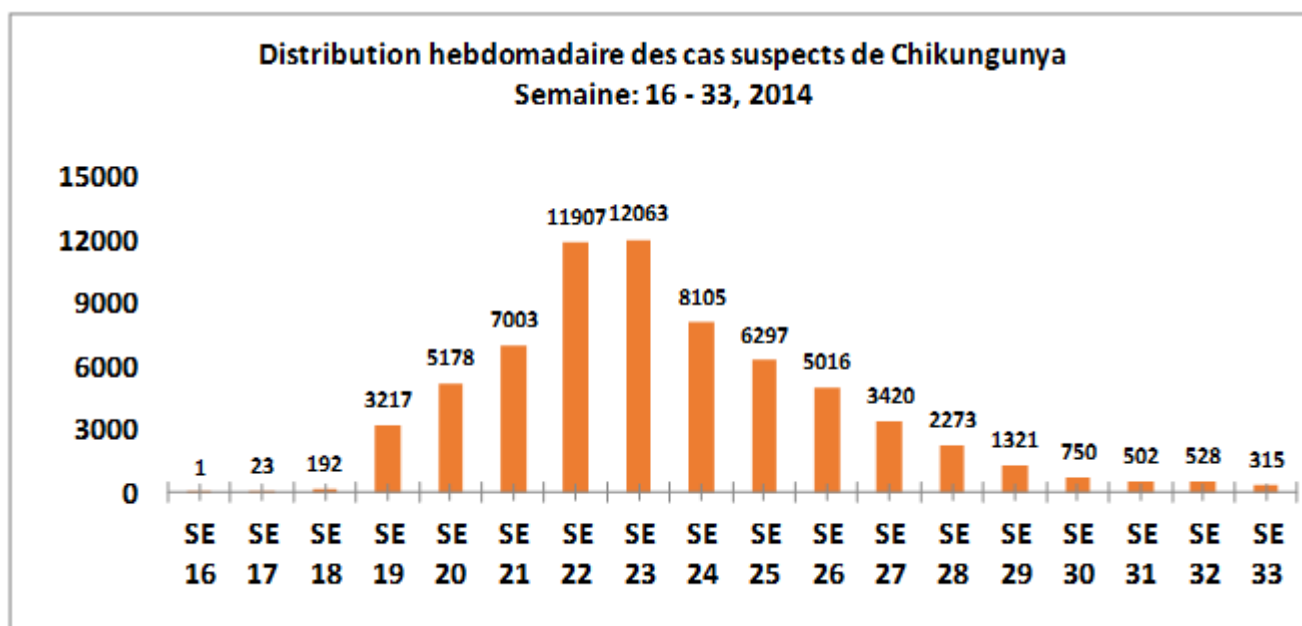
<sup>2</sup> [http://www.paho.org/hq/index.php?option=com\\_topics&view=readall&cid=5932&Itemid=40931&lang=en](http://www.paho.org/hq/index.php?option=com_topics&view=readall&cid=5932&Itemid=40931&lang=en)

<sup>3</sup> [http://www.paho.org/hq/index.php?option=com\\_topics&view=readall&cid=5511&Itemid=40931&lang=en](http://www.paho.org/hq/index.php?option=com_topics&view=readall&cid=5511&Itemid=40931&lang=en)

the sufferers, the families, and it also has a direct effect on the socioeconomic situation within the affected communities.

The number of suspected cases for the Epidemiological Week 33 (10 to 16 August 2014) was 68,111. The number of cases was 39,343 when this DREF operation was launched, which means the number of cases increased by 42 per cent in just three months (28,768 more cases).

The epidemiological weeks in 2014 that presented the largest number of cases were the 22<sup>nd</sup> and the 23<sup>rd</sup>. From those weeks forward, there was a considerable decrease in the number of cases. For example, during epidemiological week number 23, the number of cases was 12,063, while there were only 315 cases in epidemiological week 33.



**Figure 2: Weekly distribution of suspected cases of chikungunya. Epidemiological weeks 16-33, 2014.**

The National Society coordinated with the Ministry of Public Health and Population (Ministère de la Santé Publique et de la Population - MSPP). In May, when the increase in the number of cases was particularly alarming (EW 22, 23 and 24), the MSPP conducted an assessment and shared it with the Haiti Red Cross Society. The HRCS was asked to support the government in the West, Southeast and North-west departments. The volunteers in these branches supported the Ministry of Health on the operation and, visited their communities in order to identify the main needs to diminish the spread of the virus. Through this activities and the government's assessment, the project was proposed.

## Summary of response

### Overview of Host National Society

In order to support a request from the MSPP, the HRCS developed this plan of action focusing on three main areas: direct support to the MSPP, epidemiological surveillance and enhancing communication through awareness campaigns linked to the epidemic of chikungunya and vector control.

The core activities of the HRCS include community health, epidemic control for volunteers (EVC), emergency health, HIV and AIDS prevention, disaster management, violence prevention, blood safety and transfusion, and the dissemination of the Fundamental Principles.

The HRCS has more than 4,000 volunteers trained in community-based health and first aid (CBHFA), 1,712 trained in ECV, 6,159 trained in disaster management and 400 trained in psychosocial support. The HRCS relied on this large pool of trained volunteers to respond to the chikungunya outbreak.

The HRCS previously requested DREF support following hurricanes Hannah, Gustav and Ike in 2008, which adversely affected Gonaives and large swaths of the West department and Artibonite. Additionally, there was another DREF request for emergency operations in the town of Jeremie (the southern region of Haiti) following the passage of Hurricane Sandy in 2012.

The HRCS has also been at the centre of cholera prevention activities with the support of the IFRC and Red Cross Movement partners since the outbreak in October 2010. These previous experiences with health emergencies allowed the National Society to respond rapidly and appropriately, and they enabled it to intervene in the chikungunya emergency. Since the HRCS is part of the Ministry of Health's prevention and response strategy as an auxiliary to the government, it was part of the discussion with MSPP on how to respond to the chikungunya outbreak, and it was also part of PAHO/WHO coordination mechanism on both cholera and chikungunya.

Through this DREF operation, the Haitian Red Cross trained 183 volunteers from the branches in the targeted departments. Three training sessions on chikungunya were carried out: one was conducted in the North-West department, which included the participation of the volunteers from Port de Paix, Saint Louis du Nord and Anse au Foleur; a second training session was held in Port-au-Prince with the volunteers from the West department (Cabaret, Carrefour, Croix de Buquet and Delmas); the third training session was in Jacmel with the volunteers from the South-East (Marigot, Belle Anse and Anse a Pitre) department.

The training objectives were to:

- improve the knowledge of the volunteers in the definition, transmission and the prevention of chikungunya
- strengthen the techniques and messages that volunteers use to inform their communities
- strengthen volunteers and staff' capacities in surveillance and notification to local authorities about suspected cases.



**Photo 1: Training session on chikungunya for local coordinators already trained in the Vector Control Strategy, 21 August 2014**

The Haiti Red Cross Society is well recognized in the country, the volunteers are well trained and they have a lot of experience in epidemics response. This DREF supported the National Society on the strengthening of its activities and the raising of its visibility in the communities that it serves.

### **Overview of Red Cross Red Crescent Movement in country**

The Haiti Red Cross Society received support from a number of Red Cross and Red Crescent partners in the country. The National Society was also heavily involved in the appeal operation for cholera at the same time of the DREF, in which eight Partner National Societies (PNSs) were implementing cholera-related projects in Haiti. In addition, the IFRC supported and coordinated with the National Society to better respond to this emergency and ensure that all the identified needs were met. On health matters, the American Red Cross and the Japanese Red Cross Society were very supportive of the Host National Society.

The IFRC maintained constant communication with the Haiti Red Cross Society through the Haiti country delegation and with the Americas regional office in Panama through the Haiti support unit and the Pan-American Disaster Response Unit (PADRU).

The IFRC facilitated coordination within the Movement and with external partners, including government authorities, United Nations (UN) agencies, international and national non-governmental organizations.

The Haiti Red Cross Society was in contact with the IFRC, and PADRU shared materials, such as prevention messages produced by the Red Cross National Societies in the Caribbean about chikungunya; PADRU also shared materials and technical documents including the steps that could be taken to respond to this epidemic.

The PADRU health in emergencies officer was deployed for one month to Haiti to support the activities in the field, in coordination with the National Society's focal point. The officer was deployed to Haiti again in late October to support the National Society at a meeting to identify the challenges of the volunteers and the lessons learned during the operation.

### Overview of non-RCRC actors in country

At the national level, the Haiti Red Cross Society worked closely with the MSPP in the response to epidemics and supported its actions, when possible, to reach the most vulnerable people at the community level. In addition, Movement partners in country ensured good collaboration with the government and the international humanitarian actors, including the UN system in country, when responding to a request from the MSPP. The HRCS is part of the MSPP coordination mechanism, and it also takes part in the wider in-country discussion with PAHO/WHO. In addition, other actors like PSI and Zanmi La Sante assisted in the chikungunya emergency work. Population Services International provided long-lasting insecticide treated [mosquito] nets (LLITNs) to MSPP, which distributed them to the beneficiaries. PAHO/WHO supported the MSPP for the coordination meetings with partners.

The German government, through the German Red Cross, supported the HRCS with 50,000 euros to assist the National Society in its expansion of the activities proposed in this DREF operation, with the objective of diminishing the spread of chikungunya in the South and Grand'Anse departments. This support allowed the HRCS to train volunteers, who conducted home visits and a sensitization campaign and distributed materials.

### Needs analysis and scenario planning

The HRCS worked in collaboration with the MSPP on the identification of areas of intervention. The Ministry of Health specifically requested the HRCS to intervene in the three departments at risk or where other organizations were not implementing actions. These departments were the West, North-West and South-East and the communes selected were:

**West:** Carrefour, Delmas, PY Cabaret.

**North-West:** Port de paix, Anse a Foleur et St Louis du Nord

**South-East:** Belle Anse, Anse a Pitres, Marigot.

The number of cases in these departments was according to the latest update:

**Table 1: Distribution of suspected chikungunya cases by department for Epidemiological Week 33, 2014 (EW 33)**

DEPARTMENTS	Cases	%
ARTIBONITE	4,615	7%
CENTRE	8,133	12%
GRAND'ANSE	1,823	2%
NIPPES	2,365	3%
NORTH	5,429	8%
NORTH-EAST	2,520	4%
NORTH-WEST	2,132	3%
WEST	31,800	47%
SOUTH	7,242	11%
SOUTH-EAST	2,052	3%
<b>TOTAL</b>	<b>68,111</b>	<b>100%</b>

**Source: Haitian Ministry of Public Health and Population**

There were 39,343 chikungunya cases in Haiti when this DREF was launched in July 2014. Although it was estimated that the caseload would reach 150,000 in August 2014, the total amount of cases according to the final update received before the writing of this report was 68,111. There was no staff affected to the chikungunya response either in HRCS or MSPP that explained why the data collection was not done regularly.

The major risks that made the communities susceptible to the spread of the: the hygiene behaviours of the people, inadequate waste disposal, breeding sites, lack of knowledge the disease because chikungunya was new to the Americas and myths and taboos related to the lack of knowledge about the disease .

In order to respond to these needs, the strategy had three main parts: promotion and prevention activities (to diminish the lack of knowledge and misinformation), water and sanitation activities (to diminish the breeding sites) and communication with communities (to strengthen the good habits and the knowledge of the disease).

An activity was done on 27 October, with the coordinators in charge of the project in each one of the departments where the DREF was developed. This meeting had the objective of identifying the lessons learned and the challenges faced during the execution of the plan of action. All the coordinators agreed that the communities greatly appreciated each one of the activities, and they also said that all the activities were well suited to the diminution of the spread of the disease. The participants also said that a three to four-month operation would not be enough to stem the problem of epidemics in Haiti because it requires changing people's mind and this takes time.

### **Risk Analysis**

In general, humanitarian interventions in Haiti do not encounter major risks due to security or access. The elections for a part of the Senate and for the municipal bodies that was planned for 26 October 2014 were both held up because of the misunderstandings between the opposition and the executive power. However, this situation did not affect the DREF's activities.

In order to mitigate the risks associated with the elections, which ultimately were not held, the National Society relied on its volunteers who were well-known and accepted in the communities where they worked. Also, since the HRCS is well recognized by both the government and the community for its work and its neutrality, making it possible to work during times of civil unrest, no security issues were reported.

## **B. Operational strategy and plan**

The president of the Haiti Red Cross Society received a letter from the Minister of Health on 29 May 2014 requesting the support of the National Society. In order to meet the request of the MSPP, the HRCS strengthened its response system to epidemics, including chikungunya, by mobilizing its network of volunteers trained in epidemic control, whose activities included epidemiological surveillance, prevention activities and vector control.

### **Overall Objective**

The overall objective was to reduce the spread of chikungunya in the most vulnerable communities by reaching 25,000 people in the West, South-West and South-East departments.

The number of cases of chikungunya in the departments that were targeted by the DREF began decreasing prior to the start of the operation, which was consistent with the normal evolution of an epidemic in an endemic curve.

### **Proposed strategy**

The operation developed by the National Society to meet the immediate needs of the communities included actions in two main sectors:

- 1. Water and sanitation:** Sanitation campaigns and treatment of the breeding sites were done with the aim of decreasing the spread of the chikungunya vector in the target communities.
- 2. Health:** Two objectives were achieved in health: The first one was **prevention**, which involved informing the population about the disease, its consequences and prevention measures; the second objective involves **surveillance and notification** of cases through campaigns and other activities implemented by the HRCS volunteers.

Also, in order to strengthen the promotion and prevention activities, important actions were supported by the Communication sector, which were press releases, publications on the Red Cross's website, Short Message Service (SMS) messages and interactive voice response (IVR) pre-recording messages on chikungunya with Digicel. One of the most impactful activities was a radio programme developed with the Haiti Red Cross Society's Radio Channel: "Radio Croix Rouge".

All of the activities were developed by the volunteers in a coordinated way, and they worked as a team. When the volunteers went to each community, they developed prevention and promotion activities in the health and care sector, and vector control activities in the water, sanitation and hygiene promotion sector to ensure the integration of all of the sectors.

The strategies developed to solicit feedback from the beneficiaries on the project's activities were the following:

- a. A meeting was held with the volunteers in charge of coordinate the activities in the different departments, to determine if the activities were appropriate to the situation.
- b. In the Radio Croix Rouge, the HRCS asked the audience questions about their knowledge of chikungunya and if they had knowledge about the disease, where they obtained it from. Fifteen people participated calling to the radio program, and all of them had the right information about what chikungunya is, its symptoms and how can it be prevented; eighty per cent of them received this information from the Haiti Red Cross Society through the three radio programmes developed by the Radio Croix Rouge.

In order to provide elements that facilitated the sustainability of the activities and that strengthened the target communities' capacities, the HRCS strengthened its response system to epidemics, including its information on chikungunya in its network of volunteers trained in epidemic control. The National Society's volunteers were part of the government's surveillance mechanism throughout the operation to ensure that the continuous monitoring and assessment of the situation.

## **Operational support services**

### **Human resources (HR)**

The DREF supported the activities implemented by the volunteers, including administrative support, as well as a National Society coordinator in charge of monitoring the activities in the field. The DREF was under the authority of the health department, and it was coordinated by the emergency health assistant at the national level and supported at the branch level by the regional presidents and by the branch coordinators.

The PADRU emergency health officer managed the DREF operation and monitored its implementation in the field.

In August 2014, the health director of the National Society, who was programmes and projects director, and the health in emergencies officer from PADRU-IFRC were in Haiti coordinating activities and visiting the field (Port au Paix, in the North-West department) to ensure that the implementation was a coordinated and effective response to the communities' needs.

In the final week of October, PADRU's health in emergencies officer went back to Haiti to support the HRCS staff member coordinating the DREF in a meeting with all of the branch coordinators who were supporting the operation. The meeting's objective was to share the lessons learned, the challenges and the achievements from the operation. Additionally, with the support of the IFRC's Communications Unit, the health in emergencies officer and the HRSC member coordinating the DREF participated in the radio programme to gauge the public's knowledge on chikungunya. Some other meetings were also held to verify the project's status at the end of the activities.

### **Logistics and supply chain**

Logistics was done by the HRCS with the aim of strengthening its capacity to respond effectively to the outbreak. The IFRC logistics unit in Haiti offered its assistance with some activities as needed. However, the HRCS conducted all of the activities related to procurements. The IFRC office in Haiti provided other support, such as vehicles for going to the field to conduct the activities and the communications assistance to accomplish this operation's objectives.

## **Communications**

The Haiti Red Cross Society mobilized various media channels to support public awareness and education regarding chikungunya. The IFRC's communications office in Haiti supported each one of the activities that was conducted, and it worked as a team with the HRCS to strengthen the quality of each activity. These included:

- Two publications on the Haiti Red Cross Society's website (see Health and Care objective for links).
- Four radio shows on the "Radio Croix Rouge" were done; one of them to do a survey on the increase in the community's knowledge of chikungunya.
- A total of **1,816,929** SMS prevention messages to the population were sent nationwide in July 2014 with a message about chikungunya prevention in the context of the HRCS chikungunya DREF operation. It was not possible to keep sending messages during the operation's other months of the project because the agreement with Digicel was under review and the project did not have extra funding to support this service.
- A total of 3,235 calls were received from June until November to the IVR pre-recorded messages on chikungunya.

Other actions that were supported by the communications unit were:

- Publication of MSPP's press releases on the HRCS's webpage to help disseminate information.

There were other actions included in the plan of action, but they could not be developed because:

- Publication of the appeal in the local daily: In this case, the messages were disseminated through social networks, there was not additional funding in the budget and this type of publications in the local newspaper required additional funding.
- The same happened with sending press releases to local media houses and securing the participation of HRCS health experts on TV and radio shows in order to raise awareness; there were no costs associated with this activity in the DREF.
- The activity of sound truck broadcasting messages in the metropolitan area and the other departments could not be done because this tool was still being adapted for messaging use during the time of the project.

## **Security**

The president of the National Society was responsible for the safety of the staff and volunteers while they implemented the plan of action. In order to mitigate any risk, the National Society relied on its volunteers, who were well-known and accepted in the communities where they worked. Also, the project was aided by the widespread recognition of the HRCS by both the government and the community for its work and its neutrality.

As mentioned before, although there was concern about elections season in October, the election did not end up taking place.

## **Planning, monitoring, evaluation, & reporting (PMER)**

The HRCS, with support from the IFRC, was responsible for the planning, monitoring, evaluation, reporting and accountability function of this operation; its role was to ensure timely and accurate information for vertical and horizontal accountability.

The IFRC (IFRC ARO and Haiti Office) jointly developed the following:

- A monitoring and evaluation plan defining all of the indicators, their purpose and the audience for all of the collected data, which allowed for the verification of how the information from the different activities was going to be collected. This information was referred to in the Operations Update no. 1 report and in this final report as well.
- An M&E plan to monitor project implementation and the corresponding results was also done; however, it was not used. The monitoring done by the ARO's PADRU officer was through emails and the reports. Moreover, the lesson learned about this tool and the Monitoring and Evaluation Plan and the Satisfaction Survey was that they were useful tools, but they should have been ready before the project started. In addition, the volunteers, and coordinators needed to be trained on these tools and it was important to identify which tools were necessary and choose and define all them that were going to be implemented.

The HRCS and the IFRC developed:

- A lessons learned meeting was held on 26 October 2014 in Port-au-Prince, Haiti. The main objective of this meeting was the presentation from each department coordinator of the achievements, challenges and lessons learned during the implementation of the activities.

## Administration and Finance

Transfers were made on the basis of the provisions in the letter of agreement, which was signed by the National Society and the IFRC for the implementation of the project.

The IFRC, through the finance department, provided the necessary operational support for the review, validation of budgets, bank transfers and technical assistance to the National Society, as well as on procedures for the justification of expenditures, review and validation of invoices on operational progress.

The first transfer was sent in the middle of July, and the procurement process began in the second week of August, which caused delays in the arrival of the necessary materials and their distribution to the affected departments.

## C. DETAILED OPERATIONAL PLAN

### Quality programming/Areas common to all sectors

OBJECTIVES
<b>Outcome 1: Continuous and detailed assessment to design and implement the operation</b>
<b>Output 1.1:</b> Initial needs assessment updated following consultation with beneficiaries.
<b>Achievement of the Outcome</b>
<b>Result 1.1 Initial needs assessment updated following consultation with beneficiaries.</b>  The needs assessment was developed after the direct request from the Ministry of Health to support the communities in the North-West, South-East and West department, on the identification of their needs.  With the aim of diminishing the spread of chikungunya cases in these communities, the National Society developed a multi-sectorial plan of action in coordination with different sectors and entities such as the MSPP and the Ministry of Environment and the National Water and Sanitation Directorate (DINEPA).
<b>Achievements of Activities</b>
<b>Activity 1.1.a Conduct a rapid emergency assessment by branches</b>  A rapid emergency assessment was done for some of the volunteers or coordinator in the branches, and they sent their report to the National Society's headquarters. A plan of action was developed with these evaluations and with the information obtained from the Ministry of Health. The main needs identified were: lack of information and myths about chikungunya disease, numerous breeding sites present in the communities, the lack of surveillance and guidance for people with symptoms of chikungunya in the communities and the lack of mosquito nets and cleaning materials.
<b>Activity 1.1.b Develop a multi-sectorial action plan</b>  Due to the request of support by the MSPP, a plan of action was drafted, which included interventions in the areas of health, water, sanitation, and communication technology, with the objective of diminishing the number of cases in the target population through preventative actions, promotion, vector control and epidemiological surveillance.
<b>Activity 1.1.c Conduct a beneficiary satisfaction survey</b>  Although initially a beneficiary satisfaction survey was planned, the National Society, with support from the Haiti country office, developed an abridged version of a Knowledge, Attitudes and Practices (KAP) survey. An schedule was drafted. However, the National Society reported this activity was not completed due to limited time.
<b>Activity 1.1.d Monitoring visits by the IFRC Secretariat</b>  In August, the IFRC's health in emergencies officer, in coordination with the HRSC's health director, monitored and supported the development of DREF actions in order to provide technical support to the actions and

guidance on processes and procedures.

In October, another visit was made in the final week of the project to in order to finalize the activities. During this visit, a meeting was held with the different project coordinators in the three departments covered by the DREF operation. Also, this visit helped identify the evolution of communication, the end line survey development, and administrative issues.

During the entire process, support was provided by Skype and telephone.

## **Challenges**

*Challenges developing the multi-sectorial action plan and how the HRCS dealt with them:*

- The time was a challenge, although the emergency began in May 2014 and as it is not a rapid onset disaster, the writing of the DREF lasted for more than a month, and it was not sent to Geneva for approval until the end of June it. During this time, a significant number of chikungunya cases could have been prevented through this DREF's activities.
- The planning of the budget: A number of different activities were proposed in the communication sector, but none of them were included in the budget, which limited the HRCS's accomplishments in this sector. Another budget-related challenge was the amount defined to support the volunteers' work and logistics in the field, which it turned out was insufficient to reach the most remote communities in many cases.

*Challenges of the monitoring visits:*

- Coordinating the meetings with the HRCS's different sectors and monitoring visits in the field was a challenge. Although the information about the IFRC's visit was sent on time.
- The formats on which to present the information were provided to the HRCS volunteers; however, the information was presented in a different way for some of them in the meeting to identify the final results.

## **Lessons Learned**

*Lessons learned the multi-sectorial action plan and how they could be followed up on:*

- Time is precious in an emergency response; as result, it was determined that is important to have a focal point from the HRCS with sufficient time and support from the National Society to design a plan of action with the support of the IFRC's focal point. Moreover, if the person in charge has to deal with a lot of different task, the time will be enough and the effectiveness of the response will suffer as a result.
- It is vital to have a map of the logistics needs and situation of the country for each National Society to plan accordingly for a response. It is also critical for the IFRC know the operational costs for each country and to ask to logistics the support for this, and the same applies for procurements. Lastly, the work must be coordinated from the beginning.

*Lessons learned of the satisfaction survey and how it would be followed up*

- The evaluative measures must be ready from the beginning of the project, and the volunteers and staff must be trained in the way they are going to assess and monitor the achievements of the actions that they are going to conduct.

*Lessons learned of the visits of monitoring and how it would be followed up*

- Before every visit to the field, a complete work plan with the activities, the schedule, and the expected results must be shared with the different people involved in the response. The strategic activities and meetings with the different sectors and the field monitoring and are key to monitoring and supporting effectively the execution of a DREF operation.
- The tools or format to present the results also must be ready before starting the actions, and all of the people involved in the response operation must be trained in their use and this training must be reinforced continuously by the coordinators in charge of the volunteers.

## Water, Sanitation and Hygiene Promotion

The main objective of the activities in water, sanitation and hygiene promotion was to reduce the *Aedes aegypti* mosquito's breeding grounds.

**Needs analysis:** There was intermittent rainfall during the operation, which left pools of water that were active breeding grounds for mosquitos. The rains were followed by days of intense heat, which made the environment more conducive to breeding. Therefore, awareness sessions were done in communities to help them to understand that exposed water pools are breeding grounds for larvae to develop and spread the infection.

Although the communities had learned about the importance of cleaning their spaces to prevent vector-borne diseases similar to chikungunya through various projects and activities, the process of changing people's minds and behaviours takes time, and this operation reinforced the messages and allowed for the performance of activities to reduce the number of breeding sites.

During the operation, it was determined that many communities in Haiti lack hygienic conditions and that one of the main problems was that people did not actively participate in cleaning activities and waste management; in order to change these behaviours, the DREF had activities that sensitized communities and volunteers who lived in target communities on the importance of maintaining good hygiene practices.

**Population to be assisted:** The Ministry of Health identified three departments and requested that the HRCS intervene in these areas. These departments were the West, North West and South East, where the National Society reached 20,304 people (81 per cent of the overall target for this objective) through a mass communication/promotion and awareness campaign.

### OBJECTIVES

**Outcome 2: Reduce the risk of chikungunya contamination by using adequate sanitation in the target communities**

**Output 2.1:** Haitian population has benefited from vector control activities

### Achievements

#### Result 2.1 The Haitian population has benefited from vector control activities

A total of 20,304 people were reached by the HRCS's branches through vector control activities, including hygiene campaigns.

#### Activity 2.1.a Cleaning campaigns are conducted with environmentally friendly products and techniques

In total 20,304 people were reached through cleaning campaigns Sanitation kits were procured (including sprayers, brooms, racks and personal protection equipment) to support cleaning campaigns in target communities. Fifteen volunteers (five per department) received biosecurity equipment and the necessary material to conduct all the activities.

The number of beneficiaries and cleaning campaigns were the following:

Department	Branch	No. Beneficiaries	No. of Cleaning Campaigns
NORTH-WEST	Port-de-Paix	3,292	
	St Louis du Nord	2,745	
	Anse A Foleur	8,289	
<b>Subtotal North-West department</b>		<b>14,326</b>	
WEST	Delmas	2,029	13
	Carrefour	2,134	-
	Cabaret	-	-
<b>Subtotal West department</b>		<b>4,163</b>	<b>13</b>
SOUTH-EAST	Marigot	891	4
	Belle Anse	374	2

	Anse a Pitre	550	3
<b>Subtotal South-East department</b>		<b>1,815</b>	<b>9</b>
<b>Total beneficiaries of the cleaning campaigns.</b>		<b>20,304</b>	<b>22</b>

There was a cleaning campaign for the target communities, and on 29 August, there was a national campaign led by the Ministry of Health and the Haiti Red Cross Society to support the development of the different activities within the community and the branches. The target communities in this operation benefited from the national campaign. Additionally, the branches in these departments conducted sensitization and sanitation activities.



The General Director of the Ministry of Health meeting with the HRCS's head of health on 26 August 2014 to promote the National Cleaning Campaign. Source: HRCS



Cleaning campaign by HRCS volunteers. Source: HRCS

The volunteers that worked on this specific activity had been previously trained and brooms, sprays, personal protective items were procured through the DREF.

#### Activity 2.1.b Treatment of the breeding sites with bio-larvicides in targeted communities:

This activity not accomplished within the framework of the DREF operation's timeframe and scope.

#### Challenges

- Delays in the arrival of the materials needed to conduct the activities in the field.
- It was challenging to involve the community in the actions, and in some communities, the volunteers were the only ones conducting the cleaning actions; consequently, garnering community support for the HRCS's community interventions must be one of the National Society's main objectives.
- The hygiene material was not sufficient in some communities.
- The administrative delay, mostly for the emergency phase of the project, was a major challenge.

#### Lessons learned

- The sustainability of actions depends on a community's involvement in them from the beginning of a project to the end. The cleaning campaigns could be led by Red Cross volunteers, but the actions must be done by community members.

## Health and Care

**Needs analysis:** The identified needs that this sector planned to meet were the following:



	St Louis du Nord	15
	Anse A Foleur	11
<b>Total volunteers North-West department</b>		<b>71</b>
WEST	Delmas	30
	Carrefour	22
	Cabaret	9
<b>Total volunteers West department</b>		<b>61</b>
SOUTH-EAST	Marigot	31
	Belle Anse	12
	Anse a Pitre	8
<b>Total volunteers South-East department</b>		<b>51</b>
<b>Total volunteers trained in chikungunya</b>		<b>183</b>

### 3.1b Sensitization campaigns on chikungunya provided by volunteers and CBHFA facilitators to communities identified by the MSPP to be at risk (door to door)

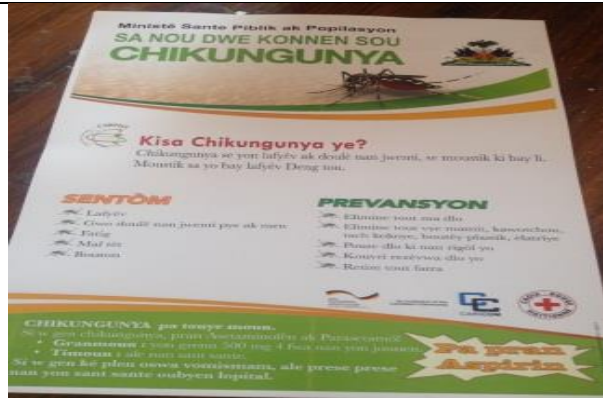
In total, 2,622 people were reached through home visits in the targeted communities. The number of people visited with prevention and promotion messages chikungunya by department and community were the following:

Department	Commune	No. of beneficiaries
NORTH-WEST	Port-de-Paix	13
	St Louis du Nord	357
	Anse A Foleur	852
<b>Subtotal North-West department</b>		<b>1,222</b>
WEST	Delmas	200
	Carrefour	300
	Cabaret	150
<b>Subtotal West department</b>		<b>650</b>
SOUTH-EAST	Marigot	250
	Belle Anse	150
	Anse a Pitre	350
<b>Subtotal South-East department</b>		<b>750</b>
<b>Total beneficiaries of the door-to-door visits</b>		<b>2,622</b>

The biggest achievement in this activity was to decrease the myths and taboos that the community had about chikungunya. Also, the HRCS's door-to-door visits in the affected communities reinforced the communities' trust in the HRCS.

### 3.1c Production and printing of information, education and communications (IEC) materials.

The DREF operation covered the cost of 35,000 flyers and 4,500 posters were printed and delivered to the branches in order to develop the sensitization activities during the home visits and mass events.



Sample of a campaign poster. Source: HRCS

The number of flyers and printed material provided by each department was :

Department	No. of flyers/posters
NORTH-WEST	2,250
WEST	10,400
SOUTH-EAST	10,000
<b>TOTAL</b>	<b>22,650</b>

### 3.1d Impregnated mosquito nets distributed to targeted populations (two per family)

This activity was not accomplished in the framework of this DREF operation.

### 3.1e Sensitization campaigns on chikungunya provided by volunteers and CBHFA facilitators to populations attending events.

A total of 20,304 were sensitized during mass events in their communities through the use of megaphones.

In 29 August, volunteers joined with the National Hygiene Campaign developed by the Ministry of Health to conduct sensitization campaigns.

The number of community members that benefited was the following:

Department	Branch	No. of beneficiaries	No. of mass events
NORTH-WEST	Port-de-Paix	3,292	2
	St Louis du Nord	2,745	1
	Anse A Foleur	8,289	3
<b>Subtotal North-West department</b>		<b>14,326</b>	<b>6</b>
OUEST	Delmas	2,029	2
	Carrefour	2,134	2
	Cabaret	-	-
<b>Subtotal West department</b>		<b>4,163</b>	<b>4</b>
SOUTH-EAST	Marigot	891	1
	Belle Anse	374	1
	Anse a Pitre	550	1

<b>Subtotal South-West department</b>	<b>1,815</b>	<b>3</b>
<b>Total beneficiaries of the door-to-door visits</b>	<b>20,304</b>	<b>13</b>

### 3.1f Conduct an epidemic control campaign through radio shows, SMS, sound trucks, social media, and other community activities

#### SMS:

In total, 1,816,929 SMS messages about chikungunya prevention were sent nationwide in July 2014.

#### Interactive Voice Response (IVR) activity:

A new pre-recorded message on chikungunya was taped in June. In that same month, the number of cases of chikungunya in Haiti rose to its highest total, and the lack of knowledge about this disease generated fear, myths and taboos within the communities, which was especially apparent when the message on chikungunya produced 1,703 calls to the IVR activity hotline.

The calls to the chikungunya hotline decreased considerably over time, from a peak of 1,703 in June to 46 calls in November. There are several assumptions that can be made. Firstly, we can assume that callers felt sufficiently well informed and no longer needed to call this hotline. Perhaps, the population felt that the threat of chikungunya had decreased and no longer needed this information or, the calls were just regressing to the mean. Below are the figures for calls to “Telefon Kwa Wouj”:

<b>IVR Messages</b>	
June	1,703
July	829
August	520
September	71
October	66
November	46
<b>TOTAL</b>	<b>3,235</b>

#### Radyo Kwa Wouj radio programmes (live on Wednesdays and rebroadcasted on Sundays):

A total of four radio shows that dealt with chikungunya were broadcast on the following dates:

- 4 June, Chikungunya
- 18 June, Chikungunya & Dengue,
- 8 October, Chikungunya
- 29 October: A survey on was conducted to ascertain the listening audience’s knowledge of the disease and the source of their information.

#### Web links to articles published on chikungunya:

##### The Haiti Red Cross Society’s website:

FRENCH: <http://www.croixrouge.ht/2014/07/07/la-croix-rouge-haitienne-joue-son-role-dauxiliaire-dans-la-lutte-contre-le-chikungunya/>

FRENCH: <http://www.croixrouge.ht/2014/10/15/la-croix-rouge-haitienne-poursuit-sa-campagne-de-prevention-du-chikungunya/>

##### The IFRC’s website:

FRENCH: <http://www.ifrc.org/fr/nouvelles/nouvelles/americas/haiti/la-croix-rouge-haitienne-joue-son-role-dauxiliaire-dans-la-lutte-contre-le-chikungunya/>

ENGLISH: <http://www.ifrc.org/en/news-and-media/news-stories/americas/haiti/red-cross-working-with-haitis-ministry-of-public-health-to-stop-the-spread-of-chikungunya-virus-66281/>

SPANISH: <http://www.ifrc.org/es/noticias/noticias/americas/haiti/la-cruz-roja-haitiana-y-el-ministerio-de-salud-publica-de-haiti--trabajan-juntos-para-detener-la-propagacion-del-virus-del-chikungunya/>

### **3.2a Maintain epidemic surveillance with official information.**

There was constant dialogue and monitoring with the HRCS. The HRCS was represented by its programmes and projects director, who had direct access to the weekly reports compiled by the MSPP on the evolution of chikungunya.

### **3.2b Carry out epidemic surveillance with official information (governmental/others) and local community-based information.**

The Haiti Red Cross Society's volunteers led the surveillance and the monitoring of cases and symptoms in their communities. The information gathered from the volunteers' surveillance and monitoring efforts was then given to the branches. No suspected cases in the target communities of this DREF operation were identified.

### **3.2c Train community leaders in surveillance of symptoms and notification of the local authorities.**

Since the HRCS volunteers took the lead in the surveillance and the notification of cases in their communities, one of the objectives was to strengthen their role and knowledge of the actions that must be implemented and the network they must take into account during the implementation of the actions; this objective was been achieved. The volunteers were also trained in ECV. HRCS volunteers were trained as leaders in surveillance and notification in their communities.

### **3.2d Coordination meeting with leaders and the authorities to support the monitoring activities and reporting line**

At the central level, the National Society participated in meetings with the authorities to support, coordinate and report on the activities being carried out to prevent the further spread of the chikungunya virus in Haiti.

In the branches, the National Society had several meetings to coordinate the activities that were being conducted in the field.

## **Challenges**

### **Challenges in the Community-based disease prevention and health promotion provided to target populations.**

- Door-to door sensitization campaigns:

The volunteers' training was delayed, and it could only be done on the weekends; if their training had begun the moment the DREF was approved and the procurements were done in the project's first and second week then, more activities could have been done and more cases could have been prevented and identified as a result.

The transport for volunteers must be taken into account during the planning process and in the budget, especially for more remote communities.

Local monitoring also needs to be supported by the budget. Coordinators need to go to the communities in order to see the volunteers in action; however, the HRSC only had funding for the national and IFRC monitoring.

### **Challenges in the activities related with epidemic surveillance and notification measures are carried out.**

- Surveillance of the epidemic with official information: The last update in the number of Chikungunya cases was done until the epidemiological week 33 (EW33), which means that there was no official updated information to understand the behavior of the epidemic in the communities from August 2014 onwards; as a result, the necessary information for determining the impact of the HRCS's intervention in the affected communities was unavailable.
- It was challenging to involve community members the HRCS's intervention.

- Holding a sufficient number of coordination meetings with leaders and the authorities to support monitoring challenges.
- Time was an enormous challenge to accomplish this activity. Unfortunately, by the time that the volunteers had the training and the materials to work, a number of communities already had cases of chikungunya in their communities. However, the volunteers training enabled them to identify future cases of the disease and for the affected person to receive treatment in a timelier manner.

## **Lessons learned**

### **Lessons learned in the Community-based disease prevention and health promotion provided to target populations.**

Since epidemics were not a new issue in Haiti at the time of the DREF, the National Society already had a lot of experience working with communities in this area; as a result, this capacity was an advantage in the case of chikungunya and the only thing that the National Society's staff and volunteers needed to be trained in was the specific information related to the disease, which meant that less funding and less work were needed than if the IFRC and HRCS had had to start from scratch.

- Sensitization campaigns door to door and in mass events:

The Red Cross volunteers identified, trained and involved vulnerable groups with special needs in their communities, to support the promotion and prevention activities; for example, they trained women living with HIV, schoolchildren, teenagers, religious groups in the various promotion and prevention activities. This was one of the biggest lessons learned for the Haiti Red Cross Society volunteers, and it provided tremendous support to their work with the target communities.

Time is always a challenge in epidemic interventions; the volunteers requested more of it because changing minds and behaviours requires time, and the only way to decrease epidemics is by changing people's minds. Since this DREF was an emergency project, HRCS staff and volunteers could sensitize people on what needed to be done to stem the outbreak. However, the work of talking to people about prevention and promotion in the communities needed to continue. In order to do this, the volunteers were encouraged to share the prevention messages with their own communities.

In order to identify if communities increased their knowledge of the disease their level of knowledge needed to be compared to how it was before the intervention and how it was after. In order to accomplish this, a Knowledge, Attitude and Practices (KAP) survey before and after the activities must be conducted; however, there was only a survey after the operation had concluded for this DREF.

Although peer education was not a specific methodology utilized by this project, HRCS volunteers decided to do it nonetheless, prompting them to train the children and teenagers in schools, and these children positively impacted their communities through their pairs training. Consequently, this type of training should be incorporated into future projects.

- Communication activities to do epidemic control campaign:

One of the most important lessons from this DREF was the importance of involving communication staff and volunteers in the HRCS's community work.

### **Lessons learned in the activities related with epidemic surveillance and notification measures are carried out.**

It is very important to involve community members in the monitoring of diseases such as chikungunya in their own communities. The Haiti Red Cross Society had many volunteers that were well trained in epidemics, who also acted as leaders in their own communities, which was a considerable strength.

### **Other lessons learned:**

There are institutional procedures to carry out any procurement. All the personal involved in a project should know and apply the proper procedures. Increased training is required in the future for HRCS staff.

## D. THE BUDGET

Please see [Annex 1](#) for the final financial report against the budget.

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### Contact information

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[Click here](#)

1. Final financial report [below](#)
  2. Click [here](#) to return to the title page
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### How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

[www.ifrc.org](http://www.ifrc.org)

**Saving lives, changing minds.**



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Disaster Response Financial Report

### MDRHT011 - Haiti - Outbreak Chikungunya

Timeframe: 02 Jul 14 to 01 Nov 14

Appeal Launch Date: 02 Jul 14

Final Report

#### Selected Parameters

Reporting Timeframe	2014/7-2016/7	Programme	MDRHT011
Budget Timeframe	2014/7-2014/11	Budget	*
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
<b>A. Budget</b>							
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		248,887				248,887	
<b>C4. Other Income</b>		<b>248,887</b>				<b>248,887</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>248,887</b>				<b>248,887</b>	
<b>D. Total Funding = B + C</b>		<b>248,887</b>				<b>248,887</b>	

\* Funding source data based on information provided by the donor

## 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>B. Opening Balance</b>							
<b>C. Income</b>		248,887				248,887	
<b>E. Expenditure</b>		-201,765				-201,765	
<b>F. Closing Balance = (B + C + E)</b>		47,122				47,122	

## Disaster Response Financial Report

## MDRHT011 - Haiti - Outbreak Chikungunya

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Final Report

## Selected Parameters

Reporting Timeframe	2014/7-2016/7	Programme	MDRHT011
Budget Timeframe	2014/7-2014/11	Budget	*
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	
<b>BUDGET (C)</b>								
<b>Relief items, Construction, Supplies</b>								
Clothing & Textiles			65,783			65,783	-65,783	
Water, Sanitation & Hygiene			61,130			61,130	-61,130	
Teaching Materials			337			337	-337	
<b>Total Relief items, Construction, Sup</b>			<b>127,250</b>			<b>127,250</b>	<b>-127,250</b>	
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring			8,458			8,458	-8,458	
Transport & Vehicles Costs			3,539			3,539	-3,539	
<b>Total Logistics, Transport &amp; Storage</b>			<b>11,997</b>			<b>11,997</b>	<b>-11,997</b>	
<b>Personnel</b>								
International Staff			11,627			11,627	-11,627	
National Society Staff			9,403			9,403	-9,403	
<b>Total Personnel</b>			<b>21,030</b>			<b>21,030</b>	<b>-21,030</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training			10,978			10,978	-10,978	
<b>Total Workshops &amp; Training</b>			<b>10,978</b>			<b>10,978</b>	<b>-10,978</b>	
<b>General Expenditure</b>								
Travel			6,550			6,550	-6,550	
Information & Public Relations			18,857			18,857	-18,857	
Office Costs			1,486			1,486	-1,486	
Communications			2,077			2,077	-2,077	
Financial Charges			-10,775			-10,775	10,775	
<b>Total General Expenditure</b>			<b>18,196</b>			<b>18,196</b>	<b>-18,196</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove			12,314			12,314	-12,314	
<b>Total Indirect Costs</b>			<b>12,314</b>			<b>12,314</b>	<b>-12,314</b>	
<b>TOTAL EXPENDITURE (D)</b>			<b>201,765</b>			<b>201,765</b>	<b>-201,765</b>	
<b>VARIANCE (C - D)</b>			<b>-201,765</b>			<b>-201,765</b>		

**Disaster Response Financial Report****MDRHT011 - Haiti - Outbreak Chikungunya**

Timeframe: 02 Jul 14 to 01 Nov 14

Appeal Launch Date: 02 Jul 14

Final Report

**Selected Parameters**

Reporting Timeframe	2014/7-2016/7	Programme	MDRHT011
Budget Timeframe	2014/7-2014/11	Budget	*
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
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response			248,887	248,887	201,765	47,122	
Subtotal BL2			248,887	248,887	201,765	47,122	
<b>GRAND TOTAL</b>			<b>248,887</b>	<b>248,887</b>	<b>201,765</b>	<b>47,122</b>	