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DREF Final Report

Togo: Ebola Virus Disease Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n° MDRTG005
Date of issue:	Date of disaster: NA
Operation start date: 25 August 2014	Expected timeframe: Three months
Overall operation budget: CHF 49,530	
Number of people affected: Communities in the districts from the 6 regions Centrale, Kara, Maritime, Lomé Commune, Plateaux and. Savannah)	Number of people assisted: 3,831,117
Host National Society presence (n° of volunteers, staff, branches) : 90 volunteers in six branches	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC	
Other partner organizations actively involved in the operation: Ministry of Health, United Nations Children's Fund, World Health Organization	

A. Situation analysis

Description of the disaster

As of 27 February 2015, the outbreak of Ebola Virus Disease (EVD) in Guinea, which spread to Liberia, Mali, Nigeria, Senegal and Sierra Leone, has so far lead to 23,694 cases and 9,589 deaths.

In Togo, the risks presented by the epidemic are because of its location and movement of populations from among affected countries.

On July 25 2014, a person having transited through Togo from Liberia died in Lagos (Nigeria), and when brought to the people's attention through the media, it raised questions and panic. It was clear that the population had limited knowledge about the virus - its mode of transmission and the appropriate behaviour to avoid the risk of contamination. Faced with this situation, the government of Togo has developed a

National Epidemic Preparedness Plan and called on partners to provide technical and financial support. The Togolese Red Cross (CRT) as auxiliary to the public authorities was approached for assistance.



Awareness session in a market in Lomé: Photo © CRT, 2014

Summary of response

Overview of Host National Society

Since the confirmation of the EVD in Guinea, the International Federation of Red Cross and Red Crescent Societies (IFRC) with the National Societies have developed response strategies, which include supporting the National Societies of the affected countries, countries with a physical border to the affected countries and those who are at risk. On 25 August 2014, the IFRC released CHF 49,530 from the Disaster Relief and Emergency Fund (DREF) to support the CRT with EVD preparedness activities for a period of three months specifically in the six regions most at risk: Centrale, Kara, Maritime, Lomé Commune, Plateaux and Savannah. Through the DREF operation, the TRCS has contributed to the Togolese authorities National Epidemic Preparedness Plan by reinforcing the capacity of its volunteers to carry out social mobilization activities, as well as activities in collaboration



Awareness in a primary school in Lomé common: Photo © CRT 2014

with the Ministry of Health (MoH), including the dissemination of information, education and communication (IEC) materials. Activities planned were carried out in collaboration with a regional coordination mechanism, which was established, and comprised volunteers, coaches' prefectural, regional coordinators and the health department

The CRT is part of the EVD Management Committee and participated in activities of the various technical committees including the communication and awareness pillars (composed of several stakeholders). The Committee validated the information cards and posters suggested by the CRT before they were disseminated used by volunteers. The Committee comprised seven NGOs and humanitarian institutions involved in EVD preparedness and prevention measures, which were mostly limited to EVD awareness raising activities. The Committee composition, roles and responsibilities were clarified at the review workshop of the National Plan for Preparedness and Response to the EVD according to the recommendations made by the United States Africa Command, (AFRICOM) mission and World Health Organization (WHO) in Togo.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) provided support through its' West Coast regional representation in Abidjan, Cote d'Ivoire, as well as through its Zone office in Nairobi, Kenya. The IFRC deployed a Regional Disaster Response Team (RDRT) member for one month to support the effective implementation of the operation. In collaboration with the Swiss Red Cross, the CRT mobilized 800 volunteers in the last quarter of 2014 to carry out activities to prevent and prepare for EVD in five regions, specifically: Centrale, Kara, Maritime, Plateaux and Savanes. Please note that this operation was complementary, and carried out in locations in the non-border areas that were not covered by the DREF operation. It involved EVD awareness raising activities including in assembly areas/market places and door-to-door awareness campaign.

This DREF has been replenished by the Canadian Red Cross/Government. The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors. The IFRC, on behalf of the CRT would like to extend many thanks to all partners for their generous contributions.

Overview of non-RCRC actors in country

The CRT established working relationships with other partner organizations including:

- The United Nations Children's Fund (UNICEF), which funded training, awareness and hand washing at the Benin-Togo-Ghana borders; and at bus stations which, received travellers from neighbouring countries and the sub-region. In total, 22 CRT volunteers were mobilized for these activities.

- The World Health Organization (WHO), which agreed to support safe and dignified burials, and contact tracing if required.
- The local authorities in implementing regions were supportive of the DREF operation, and mobilized religious leaders so that sensitization sessions are organized in mosques especially during the Tabaski. They strongly supported the installation of epidemiological surveillance committees in her region. However, the CRT was put on guard against the sticky issues on the consumption of pork meat and other rumours and wanted to have a unique key messages to be delivered to the population.

Needs analysis and scenario planning

Risk Analysis

In Togo, since the EVD had not been experienced before, its population and the health authorities had limited understanding of the virus, its mode of transmission and the appropriate behaviour to avoid the risk of contamination. As of 20 August 2015, 16 cases and five deaths attributed to EVD were reported in Lagos, Nigeria, and Togo due its proximity; as well as the mobility of populations between the countries, was identified as being especially at risk of an outbreak of the virus.

High risk communities in thirty border districts in six regions bordering Ghana to the west, Benin to the east and Burkina Faso to the north were targeted through this DREF operation.

B. Operational strategy and plan

Overall Objective

The overall objective was to prepare the CRT through staff and volunteers training, awareness raising and social mobilisation activities alongside the MoH and ensure the prepositioning of personal protective equipment when possible, in coordination with other actors. The social mobilisation activities will increase knowledge of risk and promote prevention behaviour.

Proposed strategy

The proposed strategy was in accordance with the IFRCs response and preparedness strategy for countries in the region, and specifically those that bordered those countries where cases had been reported. The activities focused on:

- Preparedness for response through volunteer training in communication around epidemics and behavioural change;
- Supporting Ministries of Health (and other actors) in prevention activities and social mobilization;
- Pre-positioning personal protective equipment and related training;
- Adaption and dissemination of information, education and communication material linked with community social mobilization activities.

Operational support services

Human resources (HR)

Through this DREF operation, 90 volunteers were mobilized (15 per region) to carry out the activities of this Emergency Plan of Action (EPoA). Each region was provided with volunteer training focused on improve their service delivery on the prevention campaigns. The trained volunteers also trained other volunteers identified in the districts (bordering Benin, Burkina Faso and Ghana). At the regional level, the Regional Coordinators coordinated the activities and reported regularly to the Regional Operational Coordination Committee. At Prefectural level, Prefectural Coordinators coordinated the activities and also reported to the Committee.

As noted an IFRC RDRT member was deployed for one month to support the effective implementation of the operation.

Additional support was provided from the IFRC WCRR based in Abidjan, Cote d'Ivoire, on the technical aspects of the operation.

Logistics and supply chain

The CRT used vehicles in its fleet and warehouses in the regions for the delivery and storage of relevant equipment. The CRT applied its procurement plan for managing procurement and supply (in accordance with agreed IFRC rules and procedures). All other supplies were procured locally except for Personal Protection Equipment (PPE).

Communications

The visibility of volunteers was made possible during the DREF operation through local media and visibility materials (bibs, production of T-shirts). The CRT provided regular updates on the operation used by the media and other agencies, with key messages jointly produced with the MoH and technical review of the Committee. CRT also produced visibility bibs (100) for volunteers.

Security

Security risks were examined, and appropriate responses made accordingly to ensure that volunteers and staff working on the operation were safe and adequately insured.

Planning, monitoring, evaluation, & reporting (PMER)

Six volunteer supervisors (one per region) visited all locations where the DREF operation was being carried out; and helped with the collection of monitoring information. Supervision activities continued during the outreach sessions in the regions. A CRT team consisting of the Head of the Health Department and the RDRT member carried out field visits to assess implementation of the planned activities. Thus, the team reviewed awareness activities in the Lome commune region (Mosque Hedjranawoé the Togo-Ghana border, Market Nyékonakpoé and schools) and Maritime (Aného) and Togo- border Benin. Apart from these supervisions carried out by this team, supervisors identified in each region during voluntary training played the supervision role on daily basis. Regular progress reports were sent to the Secretary General, whilst weekly activity reports were sent to the IFRC WCRR.

C. DETAILED OPERATIONAL PLAN

Early Warning & emergency response preparedness

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

Output 1.1: The capacity of Togo Red Cross to prepare for potential Ebola response is strengthened

Achievements

- 1.1.1 In total, 90 volunteers received training (15 volunteers per region) on the Epidemic Control for Volunteers (ECV) manual, which equates to 100 per cent of the intended target (90). The ECV training increased their knowledge on the EVD and included modules on hand washing, psychosocial support, the used strategies such as flow charts, 'tips' card and role playing.
- 1.1.2 In total, six of the volunteers (one volunteer per region) were selected from the 15 volunteers in region and received as volunteer supervisors. Volunteer supervisors were responsible for ensuring the implementation of the activities planned; support the volunteers during the EVD awareness sessions, and compiling reports for submission to regional coordinators and the health department. The presence of these volunteer supervisors strengthened the collaboration of the Red Cross Movement with the local authorities, community leaders and religious leaders during implementation.
- 1.1.3 Purchase of PPE was carried out by the IFRC; and then pre-positioned at the Benin Red Cross Society's national headquarters as regional stock managed by the WCRR; and from where it can be mobilized if required.
- 1.1.4 Procurement of hygiene items was carried out and comprised: 365 sanitizing gels (hydro-alcoholic solution); and chlorine. Please note that 70 per cent of the chlorine planned was procured since the DREF allocation was not enough to buy the 50kg boxes that were locally available.
- 1.1.5 A lessons learned workshop on the DREF operation was carried out in Lomé on 27 November 2014; and actors from all levels participated. The lessons learned workshop helped to lay the foundation for the

development of CRT contingency plan and also help them participate in the review of the National Plan for Preparedness and Response to EVD

1.1.6 Please refer to 1.1.5

Output 1.2: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) in the 6 targeted regions more at risk

Achievements

1.2.1 Community leaders (religious leaders, school principals, market makers) were identified and sensitization sessions were held with their consent.

1.2.2 In total, 1,060 IEC materials on prevention and mode of EVD transmission were produced and distributed to the six regions, which equates to 10.6 per cent of the intended target. Please note that the intended target was not reached since the DREF allocation was not enough to produce all the IEC materials planned. The IEC materials comprised: 1,000 posters and 60 sets of three advice cards. The advice cards were used during focus groups and during door-to-door visits. The posters have been used extensively for mass sensitization.

1.2.3 In total, 1,131,117 people were reached through EVD awareness raising activities, which equates to 26.9 per cent of the overall intended target (4,200,000). Please refer to “Table 1: Number of people sensitized by region” and “Table 2: Number of people reached by EVD awareness”. The EVD awareness raising activities were carried out by volunteers in the six regions; however the 11 sessions that were planned over 21 days was exceeded due to the demand from the population in the at risk communities for information on the virus. The volunteers were often asked to conduct awareness sessions in other schools, and other locations that were not targeted through the DREF operation. Locations targeted included: bus stations, churches, educational institutions, markets, mosques and schools. Prior to carrying out the EVD awareness activities at community level met with the local authorities to present the activities planned. Please note that in the Centrale and Savanes regions, the border districts were a distance from one another, which meant that in some instances the volunteers worked on their own rather than in pairs or groups.

Table 1: Number of people sensitized by region

Region	Districts	Locations	# people reached / sensitized
Centrale	Blitta	Bus stations, markets, places of worship, and schools	251,733
	Sotouboua		
	Tchamba		
Kara	Assoli	Bus stations, markets, places of worship, and schools	413,681
	Bassar		
	Binah		
	Dankpen		
	Doufelgou		
	Kara		
Kéran			
Lomé Commune	D4	Aflao border	138,127
Maritime	Avé	Aneho market, Bus stations, places of worship, Sanvee Kondji border and schools	132,797
	Bas-Mono,		
	Golfe		
	Lacs		
	Yoto		
Plateaux	Agou	Bus stations, markets, places of worship and schools	150,208
	Akébou		
	Danyi		
	Est-Mono		
	Haho		
	Kloto,		
	Moyen-Mono		
	Ogou,		
Wawa			

Savane	Cinkassé	Bus stations, markets, places of worship and schools	44,571
	Kpendjal		
	Oti,		
	Tendjouare		
	Tône		
Total			1,131,117

Table 2: Number of people reached by EVD awareness

Region	Estimated number of people who followed awareness			
	Men	Women	Children (>7 years)	Total
Centrale	82,939	76,110	92,684	251,733
Kara	175,869	147,228	90,584	413,681
Lomé Commune	69,389	65,958	2,780	138,127
Maritime	34,681	50,109	48,007	132,797
Plateaux	59,250	64,809	26,149	150,208
Savanes	20,212	16,265	8,094	44,571
Total	442,340	420,479	268,298	1,131,117

1.2.4 Community discussions were carried out with the aid of advice cards (on prevention tips).

1.2.5 The CRC mobilized community radio stations, which carried out broadcasts to increase EVD awareness, and also interviews in order to assess the level of understanding of the population. It is estimated that 2,700,000 people were reached with messages broadcast by the community radio stations, which equates to 64.3 per cent of the overall intended target (4,200,000). In total, it is estimated that 3,831,117 people were reached through this DREF operation, which equates to 91.2 per cent of the overall intended target.

Output 1.3 Community epidemiological surveillance is set up / enhanced

Achievements

1.3.1 Community discussions were carried out with the aid of advice cards (on prevention tips).

The CRT participated in meetings with the National Communications Unit, and shared information on the activities planned within the DREF operation with all partners, and also used the forum to validate EVD messages that were being disseminated. Please note that participation of the CRT in coordination meetings in the areas of logistics, monitoring and rapid response, and hygiene and sanitation were particularly useful.

1.3.2 Each volunteer, which were mobilized from the at risk communities in the districts targeted through this DREF operation were responsible for working with community leaders and local health authorities to carry out for epidemiological surveillance. Epidemiological control and monitoring was carried out following the EVD awareness activities.

1.3.3 Please refer to 1.3.2.

1.3.4 At national level, the CRT participated in meetings with the EVD Management Committee and Communication Unit. At region level, the CRT established contacts with local authorities, including the Prefect of Tône and the Regional Director of Health in Savanes.

Challenges

None reported.

Lessons Learned

- Strengthen the capacity of volunteer teams at borders.
- Strengthen the synergy (working relationship) between technical departments.
- Activate the process of developing a contingency plan on preparedness and response to EVD involving the CRT regional coordination.
- Organise simulation exercise with the government that would help to review and improve the EVD preparedness strategy.
- Strengthen human resource capacity in the health department of the CRT and the IFRC regional representation.
- Ensure the CRT has battery capacity to effectively use the megaphones during mass awareness campaigns.
- Strengthen capacity and ensure continuous monitoring and epidemiological surveillance in Togo.
- Extend the activities in other localities that have not yet benefited from the DREF operation.

D. Budget

- “Medical & First Aid” was overspent by CHF 1,364 (CHF 6,846 against CHF 5,500), equating to 24.81 per cent; and was due to the procurement/pre-positioning of a dead body management (DBM) kit, which was not budgeted at the onset of the DREF operation, but the decision to purchase was agreed following discussion with the Africa zone Disaster Management Unit. Please note that the DBM kit will be pre-positioned for mobilization in Togo, and the wider West Coast region if and when required.
- “Transport & Vehicles Costs” was underspent by CHF 7,613 (CHF 1,787 against CHF 9,400), equating to 80.99 per cent; and was due to the decision agreed following discussion with the Africa zone Disaster Management Unit to divide the cost of transportation of the PPE between the MDRTG005 and MDRBJ014 operation, since the consignment for both had been combined. As such, the cost for MDRTG005 operation was reduced.
- “Logistics Services” was overspent by CHF 2,500 (CHF 0 against CHF 2,500); and was due to cost recovery related to logistics services that was coded at Geneva level for the procurement of PPE, which was not budgeted at the onset of the DREF operation.
- “International Staff” was underspent by CHF 8,230 (CHF 3,770 against CHF 12,000), equating to 68.59 per cent; and was due to the RDRT being deployed for one month, rather than two months that was planned. Please note that this underspend was then used to cover “Volunteers”, which had been under budgeted at the onset of the DREF operation (see below).
- “Volunteers” was overspent by CHF 6,167 (CHF 6,235 against CHF 68), equating to 9137.54 per cent; and was due to costs for social mobilization activities being under budgeted at the onset of the DREF operation. Please note that this overspend was covered by the “International Staff” line (see above).
- “Travel” was underspent by CHF 4,340 (CHF 2,860 against CHF 7,200), equating to 60.28 per cent; and was due to a monitoring mission, which was budgeted but not carried out by IFRC with the agreed timeframe for the DREF operation.
- “Information & Public Relations” was overspent by CHF 726 (CHF 5,726 against CHF 5,000), equating to 14.52 per cent; and was due to the need to procure visibility bibs for volunteers, which was not budgeted at the onset of the DREF operation.
- “Office Costs” was overspent by CHF 404 (CHF 904 against CHF 500 equating to 80.84 per cent; and was due to the need to purchase stationery for a meetings that was carried with staff and volunteers in the target areas prior to beginning EVD awareness raising activities, which was not budgeted at the onset of the DREF operation.
- “Communications” was underspent by CHF 451 (CHF 849 against CHF 1,300), equating to 34.70 per cent; and was due to (Komona- please add in).
- “Financial Charges” was underspent by CHF 949 (CHF 51 against CHF 1,000), equating to 94.86 per cent; and was due to over budgeting at the onset of the DREF operation.

- Please note that there was an overall underspend of CHF 11,403 (CHF 38,127 against CHF 49,530) on the DREF allocation that was made, equating to 23.02 per cent, which can be justified based on the explanations above. This balance will be reimbursed to the DREF.

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) 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.

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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

MDRTG005 - Togo - Ebola Virus Disease

Timeframe: 27 Aug 14 to 27 Nov 14

Appeal Launch Date: 27 Aug 14

final Report

Selected Parameters

Reporting Timeframe	2014/8-2015/1	Programme	MDRTG005
Budget Timeframe	2014/8-2014/11	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		49,530				49,530	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		49,530				49,530	
C4. Other Income		49,530				49,530	
C. Total Income = SUM(C1..C4)		49,530				49,530	
D. Total Funding = B +C		49,530				49,530	

* 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. Opening Balance							
C. Income		49,530				49,530	
E. Expenditure		-38,127				-38,127	
F. Closing Balance = (B + C + E)		11,403				11,403	

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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)			49,530			49,530		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	240		99			99	141	
Medical & First Aid	5,500		6,864			6,864	-1,364	
Total Relief items, Construction, Sup	5,740		6,964			6,964	-1,224	
Logistics, Transport & Storage								
Transport & Vehicles Costs	9,400		1,787			1,787	7,613	
Logistics Services			2,500			2,500	-2,500	
Total Logistics, Transport & Storage	9,400		4,287			4,287	5,113	
Personnel								
International Staff	12,000		3,770			3,770	8,230	
Volunteers	68		6,235			6,235	-6,168	
Total Personnel	12,068		10,005			10,005	2,062	
Workshops & Training								
Workshops & Training	4,300		4,155			4,155	145	
Total Workshops & Training	4,300		4,155			4,155	145	
General Expenditure								
Travel	7,200		2,860			2,860	4,340	
Information & Public Relations	5,000		5,726			5,726	-726	
Office Costs	500		904			904	-404	
Communications	1,300		849			849	451	
Financial Charges	1,000		51			51	949	
Total General Expenditure	15,000		10,390			10,390	4,610	
Indirect Costs								
Programme & Services Support Recove	3,023		2,327			2,327	696	
Total Indirect Costs	3,023		2,327			2,327	696	
TOTAL EXPENDITURE (D)	49,530		38,127			38,127	11,403	
VARIANCE (C - D)			11,403			11,403		

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Subsector:	*		

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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 response	49,530		49,530	49,530	38,127	11,403	
Subtotal BL2	49,530		49,530	49,530	38,127	11,403	
GRAND TOTAL	49,530		49,530	49,530	38,127	11,403	