



Health checkpoint at the border between Gabon and Equatorial Guinea

Appeal: MDRGA009	DREF Allocated: CHF 149,282	Crisis Category:	Hazard: Epidemic
Glide Number: EP-2023-000027-GNQ	People at risk: 608,104 people	People Targeted: 141,877 people	
Event Onset: Imminent	Operation Start Date: 2023-03-06	Operation End Date: 2023-06-30	Operation Timeframe: 3 months
	Targeted Areas:	Woleu-Ntem	

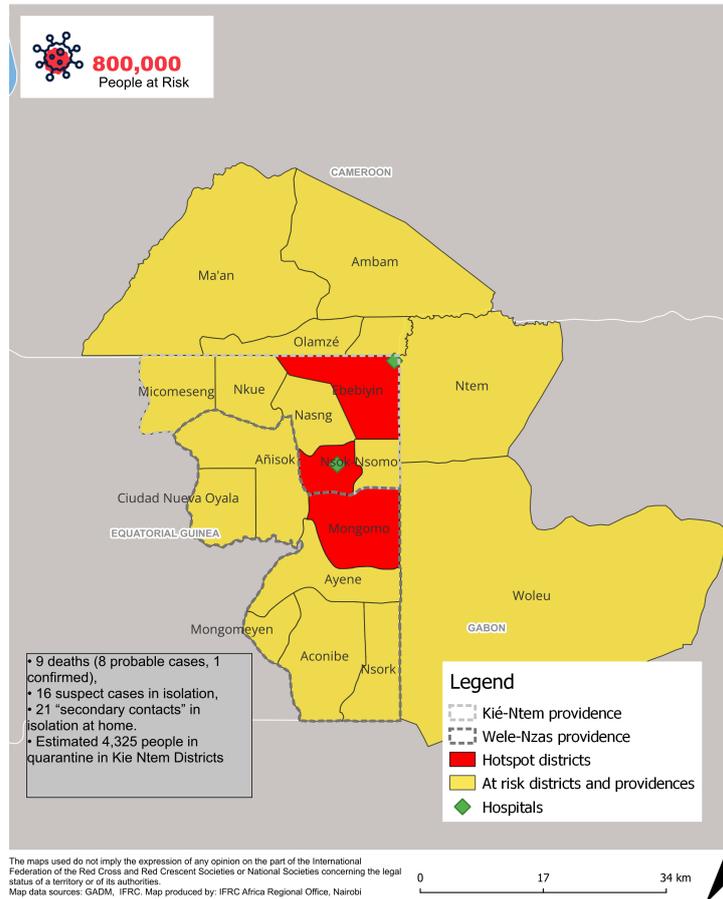
Description of the Event

Approximate date of impact



Marburg Disease, Equatorial Guinea, Cameroon and Gabon

20/02/2023



Marburg map

What is expected to happen?

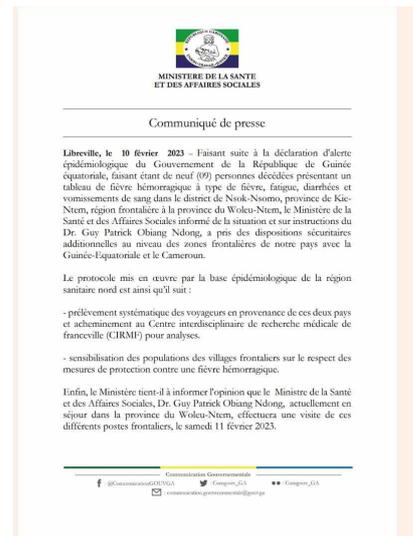
In sitrep N°2 published on February 25, 2023, the authorities mentioned that since the alert of February 13, 2023, confirming a positive sample for Marburg disease, more than 163 people have crossed the land border between the 3 countries: Equatorial Guinea, Cameroon, Gabon. It should be noted that suspected cases have been detected in the two neighboring countries of Gabon. These official travel reports, therefore, remain of concern and support the additional actions undertaken by the Gabonese Red Cross (CRG) to strengthen preventive measures, the preparation of the NS and the community alert system in contribution to the mandate of the operational unit for Response to Epidemics (CORE).

On February 10, 2023, the Government of Equatorial Guinea reported the death of nine (9) people presenting the symptoms of hemorrhagic fever. On February 12, a sample of suspected cases was declared positive for Marburg disease and the WHO published confirmation of the epidemic in Equatorial Guinea on February 13, while Cameroon has continued to record suspected cases since February 9, although none have been tested positive so far.

As of 02.03.2023, triangulated information from the field reported certain contact cases of the various confirmed cases not yet traced in Equatorial Guinea.



Trainings in GRCS



MOH statement

Why your National Society is acting now and what criteria is used to launch this operation.

Authorities, health services, and health actors in the country are on alert due to this situation. This includes the Gabonese Red Cross which works in coordination with the Ministry of Health. In an official press release on February 15, 2023, the Government through the Minister of Health and Social Affairs announced the existence of a high risk of spread of the disease on Gabonese territory and created an Operational coordination unit for the response to the epidemic (CORE). The major risk for the spread of the disease in the country is the multiple entry points at the borders with Cameroon and Equatorial Guinea. There are many uncontrolled population movements between these different countries, making the risk of importing the disease very high. The Gabonese Red Cross, in its status as an auxiliary to the authorities in the humanitarian field, must support the its Government in the preventive measures put in place and the state of alert.

The WHO report of February 26, 2023, assesses the risk posed by the Marburg virus disease outbreak as regional-ly moderate. Source (<https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON444>). However, the risk remains and the high frequency of movements between the 3 countries creates a dynamic that is essential to monitor. At the provincial level, the level of alert declared by the Government remains the same. The mission of the CORE, which the NS is a part of, is to contribute to this mission in priority action mandated by the Government

Scope and Scale

The province of Kie-Ntem, the source of the disease, is located in the southeast of Equatorial Guinea. Gabon shares borders with Equatorial Guinea and Cameroon – both of which have recorded suspected cases. Making this area a potentially high-risk area at the sub-regional level.

- The Province of Kie-Ntem which borders Gabon to the East already has a cumulative number of 9 reported MVD cases, all fatal, and several contacts cases, according to the official reports of the Guinean Government as of February 27, 2023.

- The Province of WOLEU-NTEM in Gabon also shares a border with Cameroon in the North.

The junction zone between the Kie-Ntem region in Equatorial Guinea, the South region in Cameroon and the Gabonese borders are a gateway to the Woleu-Ntem province for populations from these two countries.

The entry points of the populations coming from these two neighboring countries are the MEDZENG village via the city of Oyem and the MEBOO village via the city of BITAM. The extreme porosity of the borders between Equatorial Guinea and Gabon increases the flow of populations between the two countries and is likely to accelerate the spread of the disease. The control and test posts at the border cannot cover the extent of the border and the temperature tests remain limited given the incubation time of the virus. According to Sitrep N°2, more than 163 people went

back and forth between Gabon and Cameroon or Gabon and Equatorial Guinea although the borders were locked. This considerably increases the risk of importation of the disease in these countries in general and in the province of WOLEU NTEM which has more than 608,104 people. The overall population of this region bordering Equatorial Guinea being at immediate risk.

The mortality rate of the virus, the similarity of certain symptoms with other tropical diseases and the incubation time gives room for a considerable risk of rapid expansion in the country in the event of detection or confirmation of a case. The average fatality rate for MVD cases is around 50%, varying from 24% to 88% during the previous epidemic, depending on the viral strain and the clinical management of the cases. The incubation period ranges from 2 to 21 days and in fatal cases, death usually occurs within days 8 and 9, following massive bleeding and shock. Despite the few measures taken by the Gabonese government, the extreme porosity of the borders, and the family and friendly ties between the populations living on both sides of these borders, an exponential spread of the virus through contact cases could occur.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population groups?	No
Did the National Society respond?	No
Did the National Society request funding from DREF for that event(s)?	No
If yes, please specify which operations	MDRXXX Year, MDRXXX Year.
If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent	

Current National Society Actions

Protection, Gender And Inclusion	Volunteers from branches and headquarters have already benefited from training on PGI and abuse. In addition, they have all signed the SN code of conduct respecting the 7 fundamental principles.
National Society Readiness	After the aforementioned statement from the Minister of Health, the National Society triggered its early warning system, and the national disaster response team was activated. Several crisis meetings were held in order to organize the NS intervention teams and assess response capacities.
Assessment	The health crisis in Equatorial Guinea has led to the activation of the operational epidemic unit of the Ministry of Health. At the request of its head of ministerial department, a contingency plan to fight against the Marburg virus disease epidemic is being implemented. The latter indicated that this plan should propose concrete actions in terms of epidemiological surveillance, hygiene and sanitation, diagnosis and especially risk communication and community engagement (RCCE). It is on the basis of these orientations that the NS evaluated its operational capacities both at the level of the national

	<p>headquarters and the committees at the border areas with Equatorial Guinea. This was the case for areas such as WASH, CEA, RCCE, SBC, etc.</p>
Coordination	<p>National Disaster Response Coordination and the National Aircraft Crash Team.</p> <p>As such, NS met a number of stakeholders in the Response, including: the Ministry of Health, WHO, in order to ease the sharing of information and the pooling of efforts. Also, the provincial committee was mandated on the field to meet the Regional Director of Oyem to collect information.</p> <p>A national delegation from the Gabonese Red Cross supported by a representative of the IFRC office in Yaoundé visited and had working sessions with technicians based at the border posts with Equatorial Guinea;</p> <p>Training on surveillance with an emphasis on community case definition of VDD was organized with technical support from WHO and the participation of the local branch of the Gabonese Red Cross which is a member of the regional operational unit response to epidemics</p>
Activation Of Contingency Plans	<p>The national operations command post, made up of around ten people, has been set up. The national disaster response team has been activated at headquarters level.</p> <p>The Head of the Risk and Disaster Management Department leads the team mobilized under the coordination of the Disaster Directors, Secretary General, National President and other actors in the national response system.</p> <p>The provincial coordination and their teams are on alert. At committee level, the activated alert system coordinated by the local President and the Provincial Secretary in charge of operations is as follows:</p> <ul style="list-style-type: none"> •60 volunteers •12 first aiders •3 first aid instructors <p>5 main national operational units have been activated. Their technical capabilities include:</p> <ul style="list-style-type: none"> •3 nurses •1 doctor <p>•All the other provincial committees in the country are on alert and ready to deal with all eventualities.</p>
Health	<p>Presently, the National society has mobilized its national and regional teams so that they are ready to be deployed if necessary. At the level of the Woleu Ntem region, the branch is part of the RCCE sub-committee for the preparation and response to the MARBURG virus disease.</p>
Water, Sanitation And Hygiene	<p>Volunteers in the branch of Oyem and Bitam are already trained on hygiene promotion and Covid 19 prevention.</p>

Movement Partners Actions Related To The Current Event

<p>IFRC</p>	<p>The IFRC provides the CRG with technical support in the planning of priority actions aligned with the areas of intervention defined by the Government. Given the Movement's expertise in the response to MVD, the CRG benefits from constant support and the staff deployed by the Secretariat will contribute to strengthening throughout the response, according to the different scenarios the intervention proposed by the CRG.</p> <p>The regional approach of the Secretariat in support of the NS in the risk zones also aims to ensure preventive coverage in the zone of the three borders. In this context, the IFRC provides sub-regional strategic orientation meetings and contributes to strengthening the preparation and invention plans of the CRG within the framework of the MVD.</p> <p>During the previous operations with Gabon, the teams of the cluster and the IFRC region have always supported the NS both technically and financially.</p>
<p>ICRC</p>	<p>The ICRC Delegation based in Yaoundé covers Gabon. This delegation Despite the fact that the ICRC covers Gabonese territory, through its delegation has not yet shown direct support for the CRG.</p>
<p>Participating National Societies</p>	<p>For the moment, no PNS has expressed support nor spoken out in favor of direct support to CRG in the context the preparation for the MVD.</p>

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>Yes</p>
<p>National authorities</p>	<p>The Government has requested the support of the various actors operating in the health sector.</p> <p>On February 15, 2023, the Epidemic Response Operational Unit (CORE) was activated, including the WHO and the Gabonese Red Cross as members, alongside the Ministry of Health, which leads this body.</p> <p>The CORE is responsible for developing the contingency plan on which the prevention and possibly response actions would be modeled, encompassing the actions of the various stakeholders.</p> <p>The Government has also set up a cordon sanitaire at the Cameroon-Equatorial Guinea-Gabon border. As of February 25, 2022, 4 checkpoints were active. Surveillance activities are reinforced and continue at the borders of the three countries under the coordination of the CORE with the support of the CRG branches.</p> <p>The mandate was given to the CORE to strengthen prevention measures, and ensure capacity building for all actors involved in preparedness and response activities at Oyem and in the tri-border area.</p>
<p>UN or other actors</p>	<p>UNICEF, WHO, CDC participated in planning meetings for preparedness actions.</p>

Are there major coordination mechanisms in place?

Coordination meetings are taking place with the WHO, AfCDC and the Ministry of Health. The IFRC and National Societies have supported the Ministry of Health in the production of 3 sitreps so far. They were also able to support preparedness for RCCE activities.

An assessment has been made and measures are underway in Woleu-Ntem (Gabonese province bordering the Guinean province of Kie-Ntem, where the Marburg virus disease was detected) as the systematic recording of the temperature of people crossing the border (thermoflash).

The preparatory meetings held by the Minister of Health and Social Affairs made it possible to determine the first actions to be undertaken and the priority areas, namely: health, Wash, RCCE.

A mixed mission (WHO, Ministry of Defence, Ministry of Health) went to BITAM to carry out an assessment.

Anticipated Needs



Community Engagement And Accountability

The needs identified based on the assessment of the capacity at the provincial level and the situation at the community level include.

- Training needs to increase knowledge of the disease and the capacity of the response system. This covers combined MVD and RCCE/CEA training for volunteers and/or health promotion/hygiene training for rapid activation.
- RCCE/CEA active in high-risk areas and border areas
- Establish community feedback mechanisms (through social mobilization activities, hotline, social media, radio shows, etc.)
- Establish communication channels such as interactive radio shows, television, hotline, SMS, social media channels, posters, community meetings, etc. to engage communities in dialogue.



Protection, Gender And Inclusion

There is a need to train governance, staff, and volunteers in PGI. The systematic involvement of the gender focal point(s) and their participation in the planning is an important requirement.

It is worth noting that the Gabonese Red Cross does not have a national policy and strategy in terms of PGI and PEAS (Protection and prevention against Sexual Exploitation and Abuse).



Water, Sanitation And Hygiene

The needs in terms of water, sanitation and hygiene promotion are as follows:

- Hygiene promotion, including hand washing (with the WASH sector), including the establishment of stations in border areas.
- Hygiene Promotion training for rapid activation.



Health

Based on the risk profile of the Ministry of Health and the priority actions defined to be put in place by the CORE, the current needs in terms of preparedness are as follows:

- Risk Communication and Community Engagement: need for training and deployment. These volunteers will be integrated into ICS teams for enhanced efforts and increased impact;
- Community surveillance: need for training and deployment for surveillance and case detection
- Safe and Dignified Burials (SDB); Need for training, setting up intervention teams who will be on standby until the start of the intervention phase, and positioning SDB kits;
- Infection Prevention and Control (IPC) for ambulance services. The need to train ambulance service operators to support the transportation of suspected cases if detected by CBS teams. Based on the experience of the CRG in the management of the Covid-19 pandemic in the country, discussions will be undertaken for the ambulance to be made available if necessary.
- Psychosocial Support (PSS): need for sensitization on Psychosocial First Aid (PSP) and EOC MHPSS briefing. EVD Key Messages and Preparedness Hotline has increased public engagement if the EVD response phase is triggered.

- Training on health risks related to VHF when SBC systems are already in place.
- Development or update of an NS contingency plan for MVD, including staff health and volunteer protection (with a protocol in the event of staff or volunteer infection).

Operational Strategy

Overall objective of the operation

This DREF operation aims to contribute to the early detection of suspected cases and to anticipate the preparation for the response in order to avoid the spread of the virus on the national territory by sensitizing the populations on the risks in accordance with the priority axes of the Government whose elements also correspond to the mandate of the NS

Operation strategy rationale

The intervention of the SN aligns with the objectives of the contingency plan mandated to be put in place by the members of the CORE, of which the SN is a member. This also includes support in the implementation of the alert and prevention measures defined by the Government since February 15, 2023; aimed at avoiding any case of Marburg virus disease on national territory by ensuring epidemiological surveillance, hygiene and sanitation, diagnosis and above all risk communication and community involvement (RCCE).

To achieve its objective, the CRG will engage in preparedness activities in the following areas:

- 1.Promoting community health through Risk Communication and Community Engagement (RCEC) by training volunteers on the EPIC program. They will then be deployed to ensure community awareness of the risks of MVD and the means to prevent it. they will thus be able to limit the spread of rumors and infodemics. . Community feedback mechanisms (through social mobilization activities, hotline, social media, radio shows will be put in place, as well as communication channels such as interactive radio shows, TV, hotline, SMS, social media channels, posters, community meetings, etc.
- 2.Community Based Surveillance (CBS) ensuring preparedness and response to outbreaks in communities; Volunteer training and deployment to support case detection in the community and referral to relevant health facilities. In addition, the SBC teams will alert the SDB teams to book if necessary and as agreed in the protocol (to be established) with the community health units. CRG will build on existing capacities through the program to support the implementation of this key activity. Note that the EPiC training includes the CBHFA, the MVD, the CEA (including community feedback) and the basics of the PFA.
- 3.Preparation for safe and dignified burials (SDB) by providing training at the national level and at the provincial committee level (Cascade training for the teams of the branches of the committee). SDB teams ready to react in the event of detection of a suspicious death. SDB training kits will be available to ensure adequate training as well as SDB starter kits for the protection of teams in the event of deployment.
- 4.Promotion of water, sanitation and hygiene: in rural areas, people experience enormous difficulties in obtaining drinking water and taking care of their hygiene in times of crisis. Therefore, it is necessary to organize hygiene promotion activities, in particular hand washing (with the WASH sector), including the establishment of stations in border areas and training on the Promotion hygiene forrapid activation.
- 5.NS contingency plan for MVD will be developed. It will include the health of staff and the protection of volunteers (with a protocol in the event of infection of staff or volunteers). SDB will be deployed to support the CRG teams both in the implementation of activities and in coordination.

Targeting Strategy

Who will be targeted through this operation?

Thanks to this DREF operation, the CRG aims to target 141,877 people with key prevention messages. It will involve working in two departments bordering Equatorial Guinea, the department of Woleu (oyem) and the department of Ntem (bitam)

Explain the selection criteria for the targeted population

The reason for this geographic targeting is that the province of Woleu-Ntem borders Equatorial Guinea where cases have been declared. This area has a high level of socio-economic interactions with Equatorial Guinea

Total Targeted Population

Women:	62,426	Rural %	Urban %
Girls (under 18):	-	%	%
Men:	79,451	People with disabilities (estimated %)	
Boys (under 18):	-	%	
Total targeted population:	141,877		

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Risk of contamination for team members	Compliance with security measures
Risk of death of a team member	Appropriate briefing on the risk and provision of adequate protective equipment
Risk of inaccessibility to the intervention area	Redaction of administrative letters, integration of the CRG into the CORE.

Please indicate any security and safety concerns for this operation

For a safe intervention, it will be necessary to ensure compliance with the protocols in force, to systematically ensure the disinfection or destruction of soiled equipment. Be reassured of the good quality of the equipment used. It will be imprudent to drive at night and to exceed 80 kilometers per hour during the movements of the teams. Teams will sign the code of conduct and receive safer access training.

Planned Intervention

	National Society Strengthening	Budget	CHF 19,641
		Targeted Persons	106
Indicators		Target	
#Of mobilised staff and volunteers who received the necessary EpiC training with all relevant component		104	
#of staff engaged in the response		10	
Priority Actions:		<ul style="list-style-type: none"> - At the country level, the CRG will carry out a KAP assessment and will mobilize volunteers in high-risk districts. - The NS will coordinate with the Ministry of Health, and other actors such as the AfCDC, the Atlanta CDC, and the WHO. - The CRG will participate in all regular meetings with the other partners. - The CRG will mobilize 90 volunteers and 4 supervisors who will be deployed and will train them according to the directives of the IFRC and the WHO alongside the 10 priority staff mobilized for the crisis unit within the NS. - The volunteers will then be deployed for the following different activities. 	

	Secretariat Services	Budget	CHF 49,370
		Targeted Persons	141877
Indicators		Target	
#Of surge deployed to support NS capacity and intervention		2	
#Of Monitoring conducted and mission support		3	
#Of coordination meeting conducted for technical and operational orientations with the NS		10	
		<p>The Secretariat will support the operational and technical response capacities of National Societies at risk in possible MVD development scenarios.</p> <p>The IFRC supports regionally and nationally the visibility of the actions of the NS and the CRG, their leadership, and their strategic positioning in the response to the epidemic.</p> <p>Support for the operation is engaged from the start with the</p>	

Priority Actions:

emergency deployment requested by the National Societies and will be covered by this operation.

The deployment of operations will be supported by 2 surges to strengthen the response, monitoring, and reporting capacity of this intervention. The teams deployed from the surge team or the delegation will ensure that the National Society receives technical guidance and operational support from the planning phase to the implementation and reporting phase. This support will be accompanied by.

- Occasional IFRC mission - delegation. The program manager, PMER, and surge finance. It should be noted that since the declaration of the first suspected case in Guinea, a team from the Secretariat has been set up to support the NS involved. The CRG also benefited from the presence of the IFRC.
- Regular meetings between the CRG and the Secretariat, technical and operational follow-up meeting
- Support in case of risk scenario development and continuous technical guidance.



Water, Sanitation And Hygiene

Budget	CHF 1,206
Targeted Persons	141877

Indicators
Target

Number of households sensitized on the promotion of hygiene and hand washing

2414

Priority Actions:

Through the EPIC training, 90 volunteers will benefit from training on the promotion of hygiene and hand washing Sensitization of 2414 households on personal hygiene, The volunteers trained during the Epic session will have to raise awareness on personal hygiene and the promotion of hand washing.

- During their deployment in the field they will have to sensitize the communities
- In addition to this, gels and masks will be distributed to 10 border health posts once every two weeks for 3 months.



Community Engagement And Accountability

Budget	CHF 5,886
Targeted Persons	141877

Indicators
Target

Number of focus groups conducted

31

Number of contracted radios

2

Feedback mechanism adopted

1

Message translation workshop

1

Priority Actions:

The communities will need as much information as possible on haemorrhagic fevers and particularly on Marburg fever. The commitment, in particular, of community leaders and the media who are trusted by the communities in order to prevent the spread of rumors about this disease and to better prepare the communities to deal with it. To do this, the CRG will have to - Develop key messages with the Ministry of Health on the disease in order to avoid panic and misinformation - Support the RCCE by training radios and leaders - Contracting local radios that will translate the message into local languages - The establishment of a feedback system (feedback) - Organize regular group discussions in the community

	Health	Budget	CHF 73,179
		Targeted Persons	141877
Indicators		Target	
Number of trained volunteers		90	
number of KAP surveys conducted		1	
Number of descents		2944	
Number of EDS teams trained		1	
Priority Actions:		<p>1. Rapid KAP community perception survey to guide field activities. Ten Volunteers will be briefed by officials from CRG headquarters and branches for one day and deployed in the field for three days of data collection. This activity will be supervised by the head office with the strong participation of the managers of the branches.</p> <p>2. Community health promotion through EPIC training of 90 volunteers (60 in Oyem 30 in Bitam) and 4 supervisors over a period of six days. The training will be led by CRG officials. The latter will be supported by officials from the various health districts in the project's target areas. This training aims to provide the branches with a pool of multidisciplinary volunteers capable of meeting the needs of the moment. This training is also part of strengthening the effective community-based surveillance system.</p> <p>3. Deployment of volunteers in communities for data collection. They go out twice a week - for 3 months. This will make a total of 32 outings per Volunteer for the duration of the intervention. Deployed under the supervision of 2 local supervisors, the volunteers are versatile. They implement activities related to RCCE, Wash, It will be a question of strengthening routine surveillance for all viral haemorrhagic fevers and promoting good practices by enhancing the capacities that already exist at the local level while encouraging participation. from the community.</p> <p>4. Preparation for safe and dignified burials. This will be done by</p>	

updating the country's DHS protocol and then by training a full team to be based in Oyaem. An SDB EDS kit will be prepared and a deployment plan will be drawn up in the event of a call from the Ministry of Health.

	Protection, Gender And Inclusion	Budget	CHF 0
		Targeted Persons	141877
Indicators		Target	
Percentage of sensitive feedback collected related to PGI concerns that are treated		100	
#Of volunteers trained on PGI minimum standard		94	
Priority Actions:		<p>Protection, gender, and inclusion considerations will be integrated into the various sectoral actions of health, community engagement, and WASH. This will include driving.</p> <ul style="list-style-type: none"> • Training sessions on SGBV prevention, response, and mitigation and integrated child protection in EPIC trainings. • Map and document services for people who need advice or assistance and direct them accordingly. □ <p>□</p> <p>The above actions will be combined with volunteer activities, sensitization, and monitoring. However, special care will be taken to deal with any feedback and complaints relating to the PGI. The volunteers have already completed a minimum of PGI courses, but an upgrade will be carried out before deployment in the field.</p>	

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

90 volunteers, 4 supervisors and 10 field staff will be deployed on this operation.

Will surge personnel be deployed? Please provide the role profile needed.

2 profiles are expected on these Health and finance operations for 1 month.

If there is procurement, will it be done by National Society or IFRC?

Some purchases will be made by the IFRC and others by the CRG under the supervision of the IFRC logistics unit.

How will this operation be monitored?

Reinforcements will be deployed and field supervision will be carried out. IFRC and National Society staff will meet monthly for close monitoring. Field missions will be carried out in addition and a financial review will be carried out on a monthly basis.

Please briefly explain the National Societies communication strategy for this operation.

A communication strategy for the visibility of the operation and of the Red Cross in this context will be developed. Several means and methods of communication will be used. First, upon approval of the DREF, an information session will be organized for partners and other stakeholders. A presentation of the objectives and activities will be made

during the coordination meetings of the ONE HEALTH platform and the SGI. The results of the KAP survey will be shared with all actors as well as the priority needs identified by communities and health actors. Weekly strategies will be shared on social media, a monthly newsletter will be produced and disseminated and at each workshop, other actors will be involved.

Budget Overview



DREF OPERATION

MDRGA009 - Gabonese Red Cross Anticipatory actions Marburg disease Outbreak

Operating Budget

Planned Operations	80,271
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	73,179
Water, Sanitation & Hygiene	1,206
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	5,886
Environmental Sustainability	0
Enabling Approaches	69,011
Coordination and Partnerships	0
Secretariat Services	49,370
National Society Strengthening	19,641
TOTAL BUDGET	149,282

all amounts in Swiss Francs (CHF)

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[Click here for the reference](#)