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Emergency Plan of Action Preliminary Final Report

Kenya: Garissa University Attack

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRKE034
Date of Issue: 30 October 2015	Date of disaster: 2 April 2015
Operation start date: 5 April 2015	Operation end date: 5 July 2015
Host National Society(ies): Kenya Red Cross	Operation budget: CHF 265,358
Number of people affected: 2,200 People	Number of people to be assisted: 2,200 people with psychosocial support
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): American, Austrian, British, Danish, Finnish, German, Japanese, Norwegian, and IFRC	
N° of other partner organizations involved in the operation: County and national government (Ministry of health) (Ministry of Interior), Amani Counselling Institute, Camp Africa Seventh Day Adventist, Kenya Counselling and Psychological Association (KCPA), International Professional Counsellors Centre, Ashley's Beauty College students, University of Nairobi Medical students, Safaricom and Parklands Baptist church.	

A. Situation analysis

Description of the disaster

In the morning hours of Thursday 2 April 2015 at around 05:30am, Garissa University College was attacked by an armed group. Garissa University is located in Garissa town in the North Eastern part of Kenya. The attack was preceded by an explosion at the university entrance before attackers moved into nearby hostels where they took the occupants hostage. The Kenya security personnel (Police) responded to the incident immediately, although they couldn't manage to contain the militia. The attack left 147 fatalities, and 113 casualties of which 24 were critically injured. The majority of the casualties had gunshot wounds, while others had minor injuries incurred as the students were trying to escape. The security officers who responded first also sustained some injuries. The institution had a total number of 749 students registered at the time of the attack. The town of Garissa is around 150 kilometres (90 miles) west of Somalia and had also in the past been targeted by militants possibly from the Al-Shaabab movement.

Kenya in the recent past has experienced repeated armed attacks in various locations across the country. Among other similar attacks in Kenya in the past 2 years are the 2013 Westgate shopping mall attack, during which 67 lives were lost, the Mpeketoni attack (94 casualties), Mandera bus attack (28 casualties) and Mandera quarry attacks (36 casualties). The Garissa attack claimed the highest number of casualties (147), amongst all such recent attacks. This has contributed to increased fear across the affected areas, such as north eastern Kenya, the Coast, and within Nairobi, due to the threat of militancy. For instance, following the Mandera bus attack, non-locals were relocated back to Nairobi from Mandera due to fear that they would be attacked. The survivors, family members of the deceased and the remaining population remained traumatized.

On 2 April 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 303,144 to support the Kenya Red Cross Society (KRCS) respond to the immediate psychosocial needs of 2,200 people that had been affected by the Garissa attack, over a period of three months. This DREF has been replenished by DG ECHO. The major donors and partners of the DREF operation 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 and Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the Kenya Red Cross Society would like to extend its thanks to all partners for their generous contributions.

Please note that this Preliminary Report is issued in advance of the Final Report, which is expected to be issued by the end of November 2015

[<click here for the contact details and here for the interim financial report >](#)

Summary of response

Overview of Host National Society

The KRCS provided almost immediate emergency (mental) health support during the Garissa University attack in collaboration with the government security officers. KRCS could not respond immediately although they were already in the premises that were under attack, since the security and safety of the responding team had to be considered. As the situation progressed, KRCS was in the forefront for the provision of first aid and psychosocial support, and the evacuation of the deceased and critically injured by air to Nairobi. Furthermore upon the arrival of affected people in Nairobi, the KRCS set up a psychosocial support, counselling and tracing tents at the Chiromo Mortuary where affected families were able to follow up on information of their loved ones.

KRCS also set up information tents at Nyayo national stadium for the family member's verification and registration of the students who managed to escape the attack, and were ferried to Nairobi by the Government of Kenya for return to their respective homes. A mini blood donation clinic was set up in the Garissa Blood Transfusion Satellite Centre led by KRCS where 118 blood units were donated. The hospital had only 18 units of blood that was not sufficient with the high number of the patients which led to the mini drive donation. Out of the 118 blood units donated, 42 blood units were used directly for the injured students after the blood was screened. The remaining 72 were donated to the Garissa Provincial Hospital Blood bank.

Overview of Red Cross Red Crescent Movement in country

The IFRC Eastern Africa and Indian Ocean Islands (EAIOI) office is located in the country and supports operations in 15 national societies across East Africa, including the KRCS. The KRCS hosts a number of Participating National Societies including: American, Austrian, British, Danish, Finnish, German, Japanese, and Norwegian Red Cross Societies. The ICRC regional delegation is also hosted in Nairobi which serves as a hub for operations in Eastern and Central African countries. On 2 April 2015, the IFRC carried out an Operational Strategy Call with participants from the EAIOI office, Africa region disaster management unit and Geneva disaster and crisis management unit and it was agreed that a DREF allocation could be considered to support the KRCS response to the Garissa University attack. The IFRC and KRCS signed a Memorandum of Understanding (MoU) to enable the implementation of the activities planned.

Overview of non-RCRC actors in country

The KRCS in collaboration with the Garissa county and National government assisted to retrieve the bodies of the deceased victims and provided logistical support in transporting the bodies to Nairobi and to their various destinations across the country for burial. Kenya government pathologists provided services on DNA testing during the identification of the casualties. In addition, International Professional Counsellors Centre supported with the provision of counselling services, and other private companies provided various services like distribution and serving refreshments at the Nyayo and Chiromo grounds, crowd control etc. These organizations include Amani Counselling Institute, Camp Africa Seventh Day Adventist, Kenya Counselling and Psychological Association (KCPA), International Professional Counsellors Centre, Ashley's Beauty College students, University of Nairobi Medical students, Safaricom, and Parklands Baptist church.

Various county governments supported in different ways to compliment these activities. The Bomet County Government supported the process by catering for the students transport costs and venue

expenses for the counselling group sessions for the students who were residents of Bomet County, Kericho and Kitale County Governments gave the students financial support to help them procure personal items as they prepared to report back to school. The Nyeri County Government supported the needy students with scholarships from the local Government. Those students from Nairobi also got support from Child Welfare Society of Kenya (State Corporation) in terms of blankets and clothing.

Needs analysis and scenario planning

Following the Garissa University attack, it was identified that there was a need to provide psychosocial support to the many people affected to help them cope better with the loss of their family members as well as help non-locals, and non-Muslims within the county resume their normal activities and lives. Among the targeted beneficiaries for psychosocial support services (PSS) included the government security officers (Kenya Defence Force, police officers), KRCS staff volunteers, Chiromo Mortuary staff, bereaved families and the surrounding community involved in response towards the fatal attack.

KRCS also realized that the situation was critical, as the injured victims were found to be in critical conditioning requiring immediate medical care due to serious injuries they had suffered. Many were air lifted to Nairobi for specialized care, as well as due to inadequate facilities in Garissa which could not serve the large number of casualties and dead body preservation. KRCS worked with professional counsellors in Chiromo and Garissa to provide immediate psychosocial support.

Beneficiary Selection

The beneficiaries of this DREF operation were identified as:

- 149 bereaved families of the deceased mostly from the Gusii land, Kakamega, Keiyo, Marakwet, Muranga, Nairobi and Nyeri and counties.
- 31 survivors who witnessed the shooting and their families, who were to be traced by KRCS and are believed to be based in the Coast and North Eastern regions – comprising an estimated 186 people (31 survivors and an additional five persons per family).
- 25 KRCS staff and 275 volunteers that were involved in the response.
- 100 security personnel.
- 28 Chiromo Mortuary staff who received the bodies and have with time been affected with increased number of dead bodies as result of other attacks and accidents
- 2,000 people approximately in the county including locals, non-locals and non-Muslims living in fear, and traumatized by the attack.

In total, over 2,200 people were expected to be reached through psychosocial support and tracing activities, which were to be carried out within this DREF operation.

Risk Assessment

Due to the nature of the operating environment, the KRCS applied all necessary measures to ensure the safety and security of staff and volunteers engaged in this operation was prioritized. Collection of information and working closely with security institutions to receive briefings and advice continued to be used in the assessment and management of risks in the field. Given that there were earlier attacks in the Mpeketoni (15 June 2014) Lamu County and the two attacks of Mandera (22 November, 2014 and 2 December 2014) the security situation in Garissa town was of a significant concern for the residents as well as KRCS staff and volunteers. In terms of security provision within the Garissa town, as noted, the Government of Kenya deployed additional personnel to create a secure environment for the residents. The KRCS provided sensitization on the Safer Access Framework for staff and volunteers involved in the DREF operation; and continued to liaise closely with security officers on the ground.

B. Operational strategy and plan

Overall objective

The overall objective of the operation was to provide individual and group psychosocial support, tracing and first aid and medical support to those victims affected directly, their immediate families and friends, those involved in the response and the general community.

Proposed strategy

The DREF operation planned was in response to the initial needs that were identified, which was then expanded following further assessments to ensure that support could continue to be provided to the affected populations, that remained in the camps. The following activities were prioritized:

- Provision of psychosocial support by staff and volunteers to the families of those affected by the incident; survivors and family members who were traced in their respective counties, those involved in the response, and members of the institution and community affected by the trauma. Psychosocial support sessions were carried out through home visits, large group sessions of approximately (40 to 60 people) individual one-on-one session with the staff and volunteers trained as counsellors. Professional counsellors accredited by the MoH, provide support for two days per month to the affected families.
- National/County coordination mechanisms (MoH mental health coordinator) provided psychosocial support within the county. The KRCS participated in coordination mechanisms, including the National Task Force and other national/county level coordination meetings with the MoH and other agencies (where National Disaster Operation Centre, Kenya Police Force, Recce Squad).
- Procuring of body bags and first aid kits to replenish the one utilized during the response.
- Provision of RFL services in Garissa and in Nairobi to assist families know the whereabouts of their loved ones through identification of victims at the hospital and morgues.
- Providing air evacuation of critically injured requiring specialized medical management to Nairobi and airlifting of bodies to Nairobi mortuaries.

Operational support services

Human resources

During the DREF operation, a total of 20 staff and 240 KRCS volunteers were involved in the immediate response. In addition 15 counsellors were deployed to support the KRCS PSS sessions.

Logistics and supply chain

KRCS continued to utilize the existing assets (motor vehicles and trucks) as well as existing procurement system to manage the logistics and procurement needs. The DREF operation supported the running costs of such assets. A total of 13 fleet vehicles were used during the response both in Garissa and in Nairobi area throughout the body identification activities. Additionally three chartered flights were hired to evacuate the critically injured and deceased to Nairobi, and these flights increased to five flight trips between Garissa and Nairobi in support of timely response. The two extra trips were funded through corporate funds that were donated to KRCS by the private sector and corporate donors (e.g. Safaricom).

Communications

In following up on the missing cases reported and enquiries, mobile phones were used, and information shared through the social media platform on the response progress with national and international audiences. The IFRC and KRCS issued information of the operation using media platforms, the website, through situation reports and on social media to raise awareness on the response with national and international audiences. On 2 April 2015, a DMIS alert was issued with information on the evolving situation, and an Information Bulletin was prepared on 3 April. The Operation was supported by communications which focused on the facts gathered through media monitoring to track beneficiaries satisfaction and unmet needs. This information will be based on the search and rescue, medical

evacuations, RFL support availability, PSS station updates verified by key stakeholders as well as messaging provided through various media sources. Ongoing updates will also be paired with multi-media tools such as photos and videos. In collaboration with communication office in IFRC, KRCS documented volunteers' stories on the attack which can be accessed in link below: <http://www.ifrc.org/en/news-and-media/news-stories/africa/kenya/in-pictures---garissa-attack-kenya1/>

Security

Security monitoring was carried out by the KRCS security team and the senior management in close liaison with the government at national and county level. Agreed safety standards were shared with staff and volunteers with sensitization on the Safer Access Framework for staff and volunteers involved in the attack operation.

Planning, monitoring, evaluation and reporting (PMER)

Close monitoring was conducted from the headquarter level on technical support and at the county level in regards to the operation progress and progress reports were shared during the counselling sessions.

C. Detailed Operational Plan

Quality programming / Areas Common to all Sectors

Quality programming / Areas Common to all Sectors	
Outcome 1 Quality programming, continuous and detailed assessment and analysis to inform the design and implementation of the operation	
Output 1.1: Monitoring of service provision in the areas of intervention	
Activities Planned	
1.1.1	Monitoring costs
1.1.2	Lessons learnt workshop
Achievements	
1.1.1	Please refer to "PMER section" - KRCS continuously monitored the operation.
1.1.2	KRCS is planning a lessons learned workshop as part of their Disaster Management strengthening programme; and not through the DREF allocation.
Lessons learned	
None reported	
Challenges	
None reported	

Health and care

Health and care	
Outcome 2: Immediate health care services are provided to those directly affected, their families and friends and to those involved in the response and the general community.	
Output 2.1. Provision of immediate first aid and medical evacuations to the affected population	
Activities planned	
2.1.1	Provision of emergency medical services to the injured population.
2.1.2	Referral of injured population to the nearest health facility
2.1.3	Airlifting of severely injured population to Nairobi
2.1.4	Setting up emergency centres for, medical, tracing, Psychosocial services
2.1.5	Replenishment of Medical first Aid kits
2.1.6	Replenishment of Trauma kits
2.1.7	Partial payment of medical bills to the affected (of cost not covered by the State)

Achievements	
2.1.1	83 persons were reached with first aid services. The services were provided to the students who were looking for safety during the attack.
2.1.2	36 casualties were evacuated and dispatched to Garissa county hospital and other nearby health centres. Most of them were students who were injured within the halls of residence and sort refugee in the nearby areas.
2.1.3	5 critically injured casualties were airlifted to Nairobi on the same day. Two more were referred to Nairobi, taken by road.
2.1.4	3 PSS and tracing centres were set up at Nyayo stadium, Chiromo morgue and Kenyatta National Hospital. The centres were equipped with psychological, first aid and counselling services to the bereaved family members, especially during body identification at the morgue area and on arrival of the survivors at Nyayo stadium from Garissa.
2.1.5	25 medical first aid kits were procured to replenish that ones that were used during the DREF operation.
2.1.6	15 trauma kits were procured. They contained many additional items including an adjustable C-Collar, plastic and cloth tape, tongue blades/finger splints, triple antibiotic ointment, a penlight and alcohol preps. They were used mostly in the debriefing sessions to highlight the importance of having the kit beforehand.
2.1.7	Five trips were reimbursed and the two conducted. KRCS received support also from other partners (Safaricom and Kenya Commercial bank) who contributed to the implementation of the activity.
Lessons learned	
Lessons learned included:	
<ul style="list-style-type: none"> • Health and care: With the implementation of the MCI protocol, coordination and management of the attack response teams was successful despite the large numbers were attended to. 	
Challenges	
Key challenges included:	
<ul style="list-style-type: none"> • Human Resources: The large numbers of people to be attend to for medical and psychosocial needs made the staff and volunteers work long hours. • Logistics and supply chain: Logistical support was challenge as the affected population was drawn from far counties like Turkana. • Security: Concerns within the county and the neighbouring counties of Wajir and Lamu and the porous border of Kenya – Somali created more fear to the host communities for more attack. • Health and care: It was hard to adequately provide psychosocial services to the affected population as they were drawn from different parts of the country. 	
Output 2.2 Provision of individual and group PSS services to injured, survivors , immediate family members, responders and staff	
Activities planned	
2.1.1	Provide counselling services to the injured population
2.1.2	Provide continuous counselling to the survivors and immediate family through regular contact already established.
2.1.3	Provide continuous counselling responders.(staff and volunteers)
2.1.4	Restoration of Family links (Tracing)
Achievements	
2.1.1	15 counsellors were deployed from Kenya Counselling and Psychological Association KCPA reaching a total of 721 beneficiaries (513 were students and 208 family members) country wide through 58 group sessions, from over 27 counties. Throughout the sessions, the students and family members exhibited emotional, psychological and physical symptoms of trauma such as confusion, difficulty in concentrating, anxiety and fear, withdrawing from others, fatigue, insomnia, edginess and agitation. The counsellors used psycho-education and cognitive behaviour therapy techniques to help the affected people process and evaluate their thoughts and feelings about a trauma.

- 2.1.2 2,958 students affected by the attack and bereaved family members were reached with PSS and counselling services (134% of the targeted 2,200). The first debrief session was held on the 18 and 19 of April 2015 at Lukenya Getaway, bringing together a total of 120 KRCS volunteers from Nairobi. The debrief session was led by five outreach trauma counsellors from Amani Counselling and Training Centre. This was followed by a similar debrief session on 16 and 17 May 2015 that was conducted in Lukenya Getaway for 148 KRCS staff and other volunteers from Nairobi county, Dadaab, and Garissa who supported the operation. The third debrief session was conducted in Naivasha for the Chiromo Funeral Parlour morgue attendants and KRCS Counsellors with a total of 40 participants attending. The debrief session was led by five outreach trauma counsellors from Amani Counselling and Training Centre.
- 2.1.3 308 responders (staff, volunteers & morgue attendants) were reached with counselling services to support the staff. Among the injured 24 casualties were reached among the admitted. The same activities in 2.2.1 were conducted to this group.
- 2.1.4 Restoration of family links was another activity conducted by KRCS whereby a total of 312 cases were reported, of which 98 cases were found among the survivors closed positively and, 173 enquiries were found among the dead. 15 cases closed negatively since they had either wrong numbers or no sought person was found. The remaining 26 were found to be double registry from different family members.

Lessons learned

Lessons learned included:

- Communications: There is need to increase the number hot line numbers or phones to be more than one, so as to be enable cater for many people in future at once during a mass casualty incident .

Challenges

Key challenges included:

- Health and care: Large number of people calling within a short time e.g. at the initial stages KRCS could receive over 29 calls in 30 minutes which was really overwhelming.

Output 2.3 Provide safe and dignified burials

Activities planned

2.3.1 Procurement of body bags and preservatives

Achievements

2.3.1 200 body bags were procured and an additional 200 body bags from ICRC were donated to KRCS to replenish what was used.

Lessons learned

- Logistics and supply chain: It is important to preposition items like body bags in all counties as the incidents emerge undetermined.

Challenges

- Logistics and supply chain: Lack of enough prepositioned body bags in Garissa branch which led to dispatch of 31 more body bags at night.

Contact information

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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

MDRKE034 - Kenya - Garissa Attack

Timeframe: 05 Apr 15 to 05 Jul 15

Appeal Launch Date: 05 Apr 15

Interim Report

Selected Parameters

Reporting Timeframe	2015/4-2015/9	Programme	MDRKE034
Budget Timeframe	2015/4-2015/7	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		265,358				265,358	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		265,358				265,358	
C4. Other Income		265,358				265,358	
C. Total Income = SUM(C1..C4)		265,358				265,358	
D. Total Funding = B + C		265,358				265,358	

* 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		265,358				265,358	
E. Expenditure		-263,547				-263,547	
F. Closing Balance = (B + C + E)		1,811				1,811	

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Subsector:	*		

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			265,358			265,358		
Relief items, Construction, Supplies								
Shelter - Relief	2,667						2,667	
Medical & First Aid	87,350						87,350	
Total Relief items, Construction, Sup	90,017						90,017	
Land, vehicles & equipment								
Computers & Telecom	2,667						2,667	
Total Land, vehicles & equipment	2,667						2,667	
Logistics, Transport & Storage								
Distribution & Monitoring	4,542						4,542	
Transport & Vehicles Costs	11,333						11,333	
Total Logistics, Transport & Storage	15,875						15,875	
Personnel								
National Society Staff	27,217						27,217	
Volunteers	76,209		300			300	75,909	
Total Personnel	103,426		300			300	103,126	
Consultants & Professional Fees								
Professional Fees	20,833						20,833	
Total Consultants & Professional Fees	20,833						20,833	
Workshops & Training								
Workshops & Training	13,622						13,622	
Total Workshops & Training	13,622						13,622	
General Expenditure								
Communications	2,722						2,722	
Total General Expenditure	2,722						2,722	
Contributions & Transfers								
Cash Transfers National Societies			247,162			247,162	-247,162	
Total Contributions & Transfers			247,162			247,162	-247,162	
Indirect Costs								
Programme & Services Support Recov	16,196		16,085			16,085	111	
Total Indirect Costs	16,196		16,085			16,085	111	
TOTAL EXPENDITURE (D)	265,358		263,547			263,547	1,810	
VARIANCE (C - D)			1,810			1,810		

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	265,358		265,358	265,358	263,547	1,811	
Subtotal BL2	265,358		265,358	265,358	263,547	1,811	
GRAND TOTAL	265,358		265,358	265,358	263,547	1,811	