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Emergency appeal final report

Kenya: Mall Attack

 International Federation
of Red Cross and Red Crescent Societies

Final Report

Emergency appeal n° MDRKE027

3 October, 2014

Period covered by this Final Report: September 2013 to September 2014.

Appeal target: CHF 3,581,308

Appeal coverage: 1% [<click here to go to the final financial report, or here to view the contact details>](#)

Appeal history:

- This [Emergency Appeal](#) was launched on 22 October 2013 for CHF 3,581,308 to support the Kenya Red Cross Society (KRCS) to assist up to 25,000 people affected by the Westgate hostage crisis in Nairobi, for 12 months.
- [Disaster Relief Emergency Fund \(DREF\)](#): CHF 204,841 was initially allocated from the Federation's DREF to support the National Society to respond.
- An [Operations Update n°1](#) was issued on 17 December 2013 providing a brief overview of the situation and to request for support for this appeal from donors.
- [Operations Update n°2](#) was issued on 19 December, 2013 and provided detailed information of the activities undertaken and operational challenges faced by the KRCS.
- A [preliminary final report](#), with an interim financial report attached was issued on 1 September once all activities under this operation had been completed.



KRCS Ambulance vehicles while responding to the attack
Source: KRCS

Summary: The Westgate shopping mall was attacked by an armed group on Saturday 21 September 2013 shortly before 13:00. An armed group gained forceful entry into Westgate Shopping Mall and attacked members of the public with hand grenades and gun shots. Westgate Mall was a popular shopping centre with the diplomatic community, Kenyans and foreign visitors. It was a multi-storey building with a basement and rooftop parking that also housed the mainstream department stores, banks, phone centres and electronic shops, boutiques, coffee shops, movie theatre and party/amusement areas.

The Westgate Mall was a convenient one-stop shopping centre for family shopping and entertainment. On an average weekend, around 10,000 people would visit the Mall with the numbers peaking at lunch time. According to eye witness reports, the attack started with a grenade explosion at a cultural event that was taking place at the rooftop. There were simultaneous heavy gunfire inside the building which lasted for several minutes leaving scores of people injured and several dead. Kenya Red Cross Society (KRCS) responded to this attack within minutes and was the first responder.

A DREF start-up funding was provided to cover the immediate response that included emergency response, first aid and rescue efforts, including efforts to reduce the number of deaths from the Westgate

Shopping Mall attack, reduce delays in blood donation services and for referrals to secondary and tertiary care centres providing emergency care to victims. The initial activities also aimed to reduce the psychosocial effects of the attack among those directly affected and among the general public.

KRCS also launched a one-week countrywide blood donation drive, psychosocial support services across various hospitals within the city, and set up a 24-hour command centre in the vicinity of the Westgate Shopping Mall.

This Emergency Appeal responded to prevent long term psychological consequences for those affected and to promote resilience in the form of improved disaster preparedness and risk reduction. The activities intended to enhance healing, readjustment and reintegration of those directly and indirectly affected by the disaster. The specific activities planned include: setting up of drop-in centres to facilitate referrals, provision of individual and group psychosocial support (including lay-counselling), recreational play centres for children, crisis hotline, setting up of call centres, provision of professional assistance awareness creation sensitization and psycho education, and tracing and restoration of family links.

The appeal also aimed to strengthen the KRCS response capacity, with focus put on equipping the KRCS Emergency Medical Services (EMS) ambulances.

There is still a need to cater for the longer term needs of trauma counselling for affected persons, as well as ensuring sufficient capacity and equipment in place for saving lives during crisis situations. The Canadian Red Cross contributed to the replenishment of the DREF allocated for this operation and subsequently agreed to transfer this contribution towards the Emergency Appeal.

At the end of the operation, a balance of CHF 26,732 remained unspent and following procedures, IFRC will return the remaining balance to the Disaster Relief Emergency Fund (DREF) to partially reimburse the allocation provided for this emergency as a start-up loan.

The situation

The fatal attack lasted for four days in the 4-storey building that comprised 80 shops. It left 67 people dead, whereas 194 persons survived with both complex and minor injuries. 119 persons were reported missing. Kenya Red Cross Society (KRCS) together with other partners supported to respond at various capacities. As a first responder KRCS provided triage, First Aid, and ambulatory services, evacuation, search and rescue, psychosocial support, and tracing of missing people. The ambulance and logistics deployment included 12 Advanced Life Support Ambulances and paramedics as well as a fleet of service Land Cruisers, moreover a 24 – hour operational centre was set up at Visa Oshwal centre for all the service interventions coordination.

The casualties rescued from the rubble building were taken to 6 hospitals namely Aga Khan, Avenue, MP-Shah, Mater, Guru Nanak, and Nairobi hospital with a total number of 194 casualties admitted in all these hospitals. Due to the mass casualty attendance, there was a shortage of blood and KRCS appealed for a countrywide blood drive, which took place for six days across the country from 22 to 27 September 2013, and a total of 17,230 units of blood were collected.

In addition KRCS set up Psychosocial Support Service (PSS) centres within Nairobi in four areas to reach the many people who were affected after the attack with counselling service in collaboration with the Kenya Psychological Association. The centres were at Uhuru Park, Visa Oshwal, City mortuary and MP Shah Hospital. Also an online tracing platform was set up to support family links restoration.

Coordination and partnerships

The overall level of coordination of the emergency response was in partnership with various government departments, agencies, organizations, media and groupings. The University of Nairobi pathologists coordinated the viewing of bodies at the City Mortuary, while Kenya National Blood Transfusion services (Ministry of Health) and Kenya Psychological Association supported the blood donation campaign and psychosocial activities respectively.

Since the attack KRCS has continued to work with the relevant organizations and agencies such as St John's ambulance, hospitals, and Military Disaster Response Units. Others include the Blood Link Foundation, Hope Worldwide Kenya, Blood Life Initiative Kenya, Save the Children, and Child Welfare Society of Kenya. KRCS is the lead organization mandated by the Government of Kenya for emergency response, and as a result it was delegated to coordinate various interventions after the attack both to the public and the affected victims directly.

Following a national appeal, KRCS and Safaricom Ltd initiated a cooperation under “We are One”, to fundraise for supporting emergency response to the affected by the attack in Westgate and mobilized up to 102,331,349 Kenya Shillings (approximately CHF 1.07 million). The funds were allocated for various activities including 15 percent of the funds being allocated for trauma counselling. Other activities to which the funds were allocated included medical emergency, ambulance services, blood donations, and longer term medical services. With the funds raised through the national appeal, KRCS supported hospitals that had admitted casualties of the Westgate Shopping Mall attack.

This money was raised through the M-pesa platform that Safaricom set up following an appeal by the KRCS. A task force was set up to ensure that the money raised is properly accounted for, and an audit firm Deloitte Touché Tohmatsu Limited was appointed to review and vet all claims by the hospitals that were involved in treating the victims of the Westgate Shopping Mall attack. The taskforce comprised of the National Disaster Operations Centre, all the hospitals that provided assistance, ambulance service providers, Safaricom and the KRCS amongst others.

Red Cross and Red Crescent action

KRCS immediately responded to the needs of injured persons, through its prepositioned ambulance that had been placed at the Westgate Mall rooftop parking, due to the cultural event that was taking place. Additionally, within the first hour, KRCS deployed 12 Advanced Life Support Ambulances supported by a team of paramedics from Emergency Medical Services (E-Plus) and a fleet of service Land Cruisers. The services provided by the KRCS respond team were triage, life support, tracing, psychosocial support and evacuation as those trapped in the building were rescued or escaped. After the immediate response and in carrying out the long term interventions, the main activities after the attack were provision of Psychosocial Support Services (PSS) and tracing.

Following the need for mid to long term intervention in psychosocial support and trauma care as well as enhancing the preparedness capacity for KRCS to handle such disaster in the future, KRCS, through IFRC, launched an Emergency Appeal for supporting this emergency.

The interventions through the appeal intended to enhance healing, readjustment and reintegration of those directly and indirectly affected by the disaster. The interventions were to also incorporate supportive communication on trauma healing and peace building and strengthening the response capacity of KRCS. Attention was to be given to sufficiently equip the KRCS Emergency Medical Services (EMS) ambulances that were in the frontline during the attack and responded to the needs of the persons that needed resuscitation, in transit oxygen supply and cardiac support.

The widespread effects of the Westgate Shopping Mall incident will continue for some time with different facets of the community affected, including responders, families and communities of victims, as well as members of the general public. The incident underscored multiple new challenges in addressing terrorist attacks characterized by mass casualties, prolonged suffering and anxiety and high demands on response resources. In order to create an enabling social and physical environment, the psychosocial support component will contribute to resilience and reduction in vulnerability for those who were affected either directly or indirectly.

It was envisaged that through restoration of social structures through support groups, recreational activities and referral linkages will enhance stability and permit people to cope with the effects of the terror attack and return to their normal day to day activities, family life and supportive roles for each other. Amongst other activities, KRCS had to set up call-in centres, static sites, mobile sites, outreach programs and use of media through other funding sources. There was a strong linkage and referrals created with counselling institutions for continued care and support for those that required the services.

During this reporting period, the ongoing interventions funded by Safaricom M-pesa funds were to ensure that individuals who received physical and psychological injuries were not denied treatment at hospitals due to inability to pay for the medical services. The activities undertaken included group therapy and debriefing, individual counselling sessions, child counselling through recreational activities and awareness creation.

There is still a critical need to sustain psychosocial support and psychological education raising awareness on the potential psychological reactions as well as for service providers to always have capacity for quality lifesaving timely response through:

- Enhanced institutional capacities in terms of hardware/infrastructure, and software/skilled personnel.
- Ensuring sustainable ambulance services are equipped and upgraded, with consumables replaced.

- Referrals pathways, linkages, collaboration and networking for continued support.
- Continued follow up for the selected cases by the social workers and volunteer psychologists and lay-counsellors.

Progress towards objectives

Emergency Health Care	
Outcome 1: Promote the restoration of community networks and coping mechanisms.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Increase awareness of psychological reactions (Psycho education) during and following disasters and or social disruptions to a population of 25,000. 	<ul style="list-style-type: none"> • Carry out a needs assessment to establish the number and extent of psychosocial needs. • Mass media campaigns; Production and airing of radio Spots and television (TV) advertisement. • Creation of awareness through sensitization and psycho education. • Production of Information Education and Communication (IEC) materials. • Commemoration event.
<ul style="list-style-type: none"> • Facilitate psychosocial support to 11,850 people and 650 staff and volunteers of the KRCS as needed. 	<ul style="list-style-type: none"> • Provide post deployment psychosocial support including lay-counselling to the 500 law enforcers and security personnel. • Provide Psychosocial support to 68 bereaved families • Psychosocial support activities for children involved and or exposed to the crisis (this will be done through ten schools under this Emergency Appeal). • Provision of psychosocial support including professional mental health interventions to 200 survivors. • Provide psychosocial support to 1,000 people directly affected by the emergency. • Provide psychosocial support to 10,000 friends and relatives of the people directly affected by the emergency. • Psychological support for the Responders (Ambulance staff, media). • Referrals and linkages for rehabilitative care. • Provide psychological support to 150 staff and 500 volunteers of KRCS engaged in emergency response.

Progress: After the attack, 76 fatalities were reported to KRCS, out of which 67 bodies were identified positively. 194 casualties were admitted in the various hospitals by the end of the operation reporting period 193 casualties have been successfully discharged with only one who is still re admitted at Nairobi hospital. The KRCS team comprised of 28 volunteers, 32 responders from E- Plus and 20 staffs, in total 80 personnel supported the rescue at the tragedy site.

Casualties reported as a result of the attack suffered from various injuries from gun shots wounds. The various hospitals where they were admitted were found to be in shortage of blood for transfusion since the affected number of victims was constantly rising. In response to the acute blood shortage in the hospitals, Kenya Red Cross Society (KRCS) mobilized partners across the country for a nation-wide blood donation exercise, that took place for 6 days, from 22nd - 27th September 2013.

The total number of blood units collected from the Red Cross drive was 15,323 units. During the campaign, some members of the public walked into various blood transfusion centres and hospitals countrywide and donated a total of 1,907 units of blood thus bringing the total units of blood collected in the entire campaign to 17,230 units.



Long queues during the blood donation drive at Uhuru Park Nairobi. Source: KRCS

As a result of the blood collected, items for storage were procured to enhance the operations. The Vials AHG and the blood bags were handed over to Kenyatta National hospital.

Table 1: Blood donation facilitation items

Items	Units Required
CBHFA: Volunteer First Aid Kits	500
CBHFA: Gloves	1,000
CBHFA: Protective Gears staff & volunteers	300
Blood Transfusion: Blood bags	3
Blood Transfusion: Mobile tents / infrastructure	3
Vials Anti A	334
Vials Anti B	334
Vials Anti D	450
AHG	300

The psychosocial services(PSS) was one of the key activities as many people were left shocked and traumatized emotionally and physically after the sudden attack. KRCS in collaboration with Kenya Psychological Association facilitators provided services of PSS at level one targeting the attack victims' relatives, friends, medical service providers from among the hospitals where the injured were admitted, casualties, nearby institutions like schools, and from the public. Four centres were set up in provision of this service at Uhuru Park, City Mortuary, Visa Oshwal and at MP Shah Hospital. Moreover the KRCS responders both staff and volunteers were also reached with the services. In total **3,410** beneficiaries both adults and children were reached during the phase 1 on PSS level 1 implementation.

A total number of **119** missing cases were reported since the attack, by the end of the operation **101** cases closed positively (in that all reported missing were found either alive or dead), **16** negatively and 2 cases are still pending. This was conducted through the online platform set up, and a hot line was given to the public where all concerns were channelled through, while other people visited the KRCS office for further clarifications. In addition a server was procured and installed and currently developing a webpage for online registration during emergencies. All data concerning Westgate mall will be uploaded for future reference and tracking. The server will be used to store all cases reported during a disaster. One laptop, Internet modem and router procured to support online registration.

The search and rescue team worked tirelessly for long hours especially at the onset of the attack. The team members provided services on first aid, triage among the various casualties according to the magnitude of the injury, and evacuated the wounded to the nearest hospital. The deceased were well labelled and taken to the mortuary. KRCS collaborated with the government, especially the security personnel, pathologists and forensic experts in ensuring that the tragedy site was well secured, and the deceased were well examined for easy identification by their relatives. Given the active involvement of volunteers during the attack, the operation provided insurance to 300 volunteers.

Disaster Preparedness and Risk Reduction

Outcome 1: KRCS preparedness and capacity to respond to disasters and emergency situations is enhanced	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Strengthening the response capacity and coordination KRCS with Government Ministries, and other stakeholders. 	<ul style="list-style-type: none"> Training of KRCS management on PSS programming in emergencies. Training of KRCS National Disaster Response Teams (NDRTs) and County Disaster Response Teams (CDRTs) on PSS response. Training of KRCS NDRTs and CDRTs on Advanced Trauma Life Support (ATLS) and Advance Cardiac Life Support (ACLS) and management of dead bodies. Development of National contingency plans for sudden onset disaster. Documentation and dissemination of lessons learnt and best practices. Establishment of a reference centre. Project management (Financial Management, Monitoring and

	Evaluation, supervision, reporting and overall project administration).
<ul style="list-style-type: none"> Provide support to the Kenya National Blood Transfusion Service. 	<ul style="list-style-type: none"> Procurement of assorted equipment/items and materials such as blood bags, alcohol swabs etc. (E plus, Kenya National Blood Transfusion Services [KNBTS]). Support biannual National Blood drives. Training of relevant Government Ministries on disaster response and psychosocial interventions (KNBTS, Ministry of Health (MOH) – Emergency Centre).
<ul style="list-style-type: none"> Upgrade the number of advance life support ambulances from the current 12 units to 33 units in preparedness to handle future mass casualty incidences. 	<ul style="list-style-type: none"> Lease sufficient ambulances to ensure sufficient coverage. Procure and install upgraded equipment for 33 vehicles (including lifesaving equipment such as ventilators, cardio monitors and defibrillators and radio equipment). Monitor the use and maintain the equipment as required.

At the onset of the attack, KRCS team used about 12 emergency medical services (EMS) ambulances, together with 10 small vehicles and 4 trucks while taking the volunteers and staffs to respond delivering the various items required on the site. A total mileage of 9,134 km was covered while supporting the various interventions that were undertaken till the end of the operation. Other items procured in support of the office services and coordination of the operation are as shown below.

Table: 2 Procured items and the mileage covered

Office items and stationeries	Unit	No.
I pad Cover	pcs	2
Portable Charger/USB Card	pcs	2
I pad 360 GB	pcs	2
Bin Cards	pcs	500
Folder Leitz 4102	pcs	100
Leitz	pcs	100
Glue Sticks	pcs	20
Alum, business card	pcs	5
Flip Chart	reams	5
Branded Biro -Black	pcs	50
Branded Biro -blue	pcs	50
Highlighter	pcs	20
Document Pocket	pcs	2
Plastic trays	sets	3
Hard drive	pcs	1
Toners CF 210A	pcs	1
Toners CF 211A	pcs	1
Toners CF 212A	pcs	1
Toners CF 213A	pcs	1
Hanger	pcs	1
Map	pcs	3
Soft Tissues	pack	15
Communication		
Hospital Items	Units	No
Blood Bags- Quadruple	pcs	740
Vials Anti A	pcs	334
Vials Anti B	pcs	334
Vials Anti D	pcs	450
AHG	pcs	300
Coveralls with reflective strips	pcs	120
Rescue gloves	pcs	120

Knee pads	pcs	80
Reusable masks	pcs	80
Safety goggles	pcs	80
Steel toe boots	pcs	110
Ear muffs	pcs	60
Crash helmets	pcs	120
Gum boots	pcs	60
Volunteer First Aid Kit	pcs	200
Disposable Gloves	pcs	550
Body Bag	pcs	200
Logistics	KM	Amount
Mileage	9,134 km	788,050

With the combined efforts nationally, the operation activities were carried out well. KRCS has been on the lead to ensure all the affected victims were reached in different ways in regards to their needs, such as supporting the process of bills resettlement, providing continuous service in tracing, and PSS across the region.

KRCS staff and volunteers will require more skills through short course technical trainings and mentorship in order to enable the National Society to run the operation as well as respond to future responses effectively.

Contact information

For further information specifically related to this operation please contact:

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For Resource Mobilization and Pledges:

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Please send all pledges for funding to zonerm.africa@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org
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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 Humanitarian Response (Sphere) in delivering assistance to the most vulnerable.

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



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

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

MDRKE027 - Kenya - Mall Attack

Timeframe: 23 Sep 13 to 19 Oct 14

Appeal Launch Date: 22 Oct 13

Final Report

Selected Parameters

Reporting Timeframe	2013/9-2014/8	Programme	MDRKE027
Budget Timeframe	2013/9-2014/10	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		3,581,308				3,581,308	
B. Opening Balance							
Income							
Cash contributions							
<i>The Canadian Red Cross Society</i>		25,986				25,986	
C1. Cash contributions		25,986				25,986	
Other Income							
<i>DREF Allocations</i>		204,841				204,841	
C4. Other Income		204,841				204,841	
C. Total Income = SUM(C1..C4)		230,827				230,827	
D. Total Funding = B + C		230,827				230,827	

* 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		230,827				230,827	
E. Expenditure		-204,096				-204,096	
F. Closing Balance = (B + C + E)		26,732				26,732	

Disaster Response Financial Report

MDRKE027 - Kenya - Mall Attack

Timeframe: 23 Sep 13 to 19 Oct 14

Appeal Launch Date: 22 Oct 13

Final Report

Selected Parameters

Reporting Timeframe	2013/9-2014/8	Programme	MDRKE027
Budget Timeframe	2013/9-2014/10	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			3,581,308			3,581,308		
Relief items, Construction, Supplies								
Medical & First Aid	1,229,283						1,229,283	
Total Relief items, Construction, Sup	1,229,283						1,229,283	
Land, vehicles & equipment								
Office & Household Equipment	5,667						5,667	
Total Land, vehicles & equipment	5,667						5,667	
Logistics, Transport & Storage								
Storage	8,640						8,640	
Transport & Vehicles Costs	32,817						32,817	
Total Logistics, Transport & Storage	41,457						41,457	
Personnel								
International Staff			300			300	-300	
National Society Staff	499,444						499,444	
Volunteers	9,267						9,267	
Total Personnel	508,711		300			300	508,411	
Consultants & Professional Fees								
Consultants	268,711						268,711	
Total Consultants & Professional Fees	268,711						268,711	
Workshops & Training								
Workshops & Training	728,122						728,122	
Total Workshops & Training	728,122						728,122	
General Expenditure								
Information & Public Relations	138,000						138,000	
Office Costs	132,632						132,632	
Communications	2,444						2,444	
Financial Charges	2,000						2,000	
Other General Expenses	305,703						305,703	
Total General Expenditure	580,780						580,780	
Contributions & Transfers								
Cash Transfers National Societies			191,339			191,339	-191,339	
Total Contributions & Transfers			191,339			191,339	-191,339	
Indirect Costs								
Programme & Services Support Recover	218,577		12,457			12,457	206,121	
Total Indirect Costs	218,577		12,457			12,457	206,121	
TOTAL EXPENDITURE (D)	3,581,308		204,096			204,096	3,377,213	
VARIANCE (C - D)			3,377,213			3,377,213		

Disaster Response Financial Report

MDRKE027 - Kenya - Mall Attack

Timeframe: 23 Sep 13 to 19 Oct 14

Appeal Launch Date: 22 Oct 13

Final Report

Selected Parameters

Reporting Timeframe	2013/9-2014/8	Programme	MDRKE027
Budget Timeframe	2013/9-2014/10	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	3,581,308		230,827	230,827	204,096	26,732	
Subtotal BL2	3,581,308		230,827	230,827	204,096	26,732	
GRAND TOTAL	3,581,308		230,827	230,827	204,096	26,732	