


www.ifrc.org
Saving lives,
changing minds.

Emergency appeal Kenya: Mall Attack

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRKE027 22 October 2013

This Emergency Appeal seeks CHF 3,581,308 in cash, kind, or services 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. The Emergency Appeal will be completed by 19 October 2014 and a final report will be made available by 19 January 2015.

Appeal history:

CHF 204,841 was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) to support this operation. Un-earmarked funds to replenish DREF are encouraged.

Summary:

On Saturday 21 September 2013 at 12:30pm, the Westgate shopping mall was attacked by terrorists. The Kenya Red Cross was among the first responders to the attack, assisting with a KRCS Ambulance that had been prepositioned at the Westgate Mall rooftop parking. Within the first hour, KRCS deployed 12 Advanced Life Support Ambulances supported by an additional team of paramedics from Emergency Medical Services (E-Plus) and a fleet of service Land Cruisers. The services provided by the KRCS response team were triage, life support, tracing, psychosocial support and evacuation as they were released from the building.

This Emergency Appeal responds to a request from the Kenya National Society to focus to prevent long term psychological consequences for those affected and to promote resilience in the form of improved disaster preparedness and risk reduction. The interventions will enhance healing, readjustment and reintegration of those directly and indirectly affected by the disaster. The interventions will incorporate supportive communication on trauma healing and peace building and will strengthening the response and coordination capacity of KRCS with Government Ministries, and other stakeholders.

This appeal provides a channel to support the Kenya Red Cross to deal with the current and any future similar incidents that directly and indirectly affect more than the 25,000 people covered by this appeal and which pose potential threats to the capital and to other cities across the country. This on-going tension became more visible during the sad event that struck the Westgate Mall, but this only serves to highlight the high level of risk from similar events that affect Kenya on an on-going basis, and for which the National Society has to be well prepared. This appeal continues the process started by KRCS through the support of the initial DREF of CHF 204,841 already allocated by the IFRC on 24 September.



On 21 September 2013, the Kenya Red Cross Society responded to the Victims of the Westgate Mall by Providing Evacuation, First Aid and Ambulance Services.

[<click here to view attached Emergency Appeal Budget; here for a map of the affected area; or here to view contact details>](#)

The situation

On Saturday 21 September 2013 at 12:30, an armed group entered Westgate Shopping Mall and attacked members of the public with hand grenades and automatic rifles. Westgate Mall is a popular shopping centre with the diplomatic community, Kenyans and foreign visitors. It is a multi-storey building with a basement and rooftop parking that also houses mainstream department stores, banks, phone centres and electronic shops, boutiques, coffee shops, movie theatres and party/amusement areas.

On an average weekend, the mall has an estimated 10,000 shoppers at lunchtime peak. According to eyewitness reports, the attack started with a grenade explosion at a cultural event taking place at the rooftop. Heavy gunfire inside the building which lasted for several minutes left scores of people dead or injured. KRCS responded to this attack within minutes.

The response time was enhanced by a KRCS Ambulance prepositioned at the Westgate Mall rooftop parking. 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, triaging, psychosocial support and evacuation as those trapped in the building were rescued or escaped.

The incident received overwhelming support from individuals and organizations in various capacities to support the evacuation process and the pre-hospital emergency medical operations. Despite the success, emergency medical services operations were faced with numerous challenges that limited capacity.

Coordination emerged as a primary challenge in response to the incident. Using this frame of reference, it is evident that both human and material resources need to be managed for productivity without which they easily become a liability to the operation. The lack of coordination highlighted that there was no unified planning, communication was arbitrary and activities were sometimes either overlooked or replicated because responsibilities were not clearly assigned. The response initiatives also suffered a shortage of Emergency Medical Services (EMS) equipment and responders were compelled to devise makeshift solutions while performing their duties, endangering the safety of both responders and victims. During the response, it was clear that a coordinated contingency plan would have contributed to a more effective and timely result.

Survivors, including responders, families and friends and other affected community members are increasingly showing symptoms of acute stress symptoms, such as anxiety, disorientation, anger and grief. The unsupported grieving process has created emotional distress, panic attacks and anxiety in the families, relatives and friends of the bereaved that calls for intensified psychosocial interventions to alleviate the suffering and promote resilience at individual and community-level; with a specific focus on the most vulnerable.

Offering psychosocial support (PSS) in such cases is very important and critical in order to promote timely and healthy recovery and long term psychosocial wellbeing. The Kenya Red Cross, working in close collaboration with a number of partners, has been offering PSS in the form of Psychological First Aid (PFA) and trauma support, including counselling for people directly affected or involved in the crisis at different sites close to Westgate, the hospitals and the main mortuaries which received the victims.

This Emergency Appeal seeks to continue and further expand the provision of these services for those directly and indirectly affected. The services will be offered through a number of delivery models, including static sites, mobile sites, roving teams and use of media. There will be a strong linkage and referrals systems to counselling institutions for continued care and support for those that will require the services on a voluntary basis. The operation will also focus on further strengthening the capacity of KRCS in trauma care and response through upgrading ambulance services.

Coordination and partnerships

The overall level of coordination of humanitarian work at the Westgate Mall was in partnership with various government departments, agencies, organizations, media and groupings. University of Nairobi pathologists coordinated the viewing of bodies in 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. KRCS has continued to work with the relevant organizations and agencies such as St John's Ambulance, Hospitals, and Military Disaster Response Unit. 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 and the Kenya Psychological Association to coordinate Phase II of PSS intervention after the attack. Child counselling and therapy is part of the PSS component. Mapping has been done and KRCS is going to tap into the technical capacities of other agencies such as the child welfare of Kenya, Save the Children and Child Line.

KRCS has started reimbursing hospitals that had admitted casualties of the Westgate attack. The money being disbursed is part of the Kenyan Shillings 102,331,349 (CHF 1.07 million) that was raised by Kenyans under the We Are One initiative for emergency rescue operation. This money was raised through the Mpesa platform that Safaricom set up following an appeal by the KRCS.

A task force has been set up to ensure that the money raised is properly accounted for. The taskforce comprised of the National Disaster Operations Centre, all the hospitals that provided assistance, ambulance service providers, Safaricom and the KRCS amongst others. The taskforce concluded that the money raised would be used for medical emergency grants, trauma counselling, ambulance services, blood donor services and long term intervention.

The audit firm Deloitte Touche Tohmatsu Limited has been appointed to review and vet all claims by the hospitals that were involved in treating the victims of the Westgate attack. The firm ensured that each bill had a charge sheet with matching costs charged and that bills paid had not been settled by insurance companies or in cash. It also physically verified patients yet to be discharged and whether discharged patients had been removed from the system.

Red Cross and Red Crescent action

The DREF funds covered the immediate response that included emergency response, first aid and rescue efforts, including efforts to reduce the number of deaths from the Westgate Mall attack, reduce delays in blood donation services and for referrals to secondary and tertiary care centres providing emergency care to victims. The initial short term activities also aimed to reduce the psychosocial effects of the attack among those directly affected and among the general public.

KRCS mounted various activities in response to the attack, including a one- week countrywide blood donation drive, psychosocial support services across various hospitals within the city, tracing and restoration of family links and a 24-hour command centre at the Visa Oshwal Centre; in the vicinity of the Westgate Mall.

Blood donation: KRCS mobilized partners across the country for a nationwide blood donation exercise from 22 - 27 September. The areas covered included Nairobi, Nakuru, Kisumu, Garissa, Thika, Nyeri, Meru, Muranga, Kiambu, Laikipia, Embu, Kericho, Kisii, Kakamega, Busia and Kirinyaga. The total number of blood units collected from the Red Cross drive was 15,323 units. During the campaign, members of the public walked into various blood transfusion centres and hospitals countrywide and donated a total of 1,907 units of blood; bringing the total units of blood collected in the entire campaign to 17,230 units.

Psychosocial support (PSS): For the week 21 – 28 September 2013, the cumulative number of people reached with psychosocial support was 2,500. PSS services were provided at Visa Oshwal Centre, Uhuru Park, MP Shah Hospital, Avenue Hospital, and Aga Khan Hospital. The target group included the general public, children from the nearby schools, patients still admitted in health institutions and staff from Westgate shops. Consultations are on-going between KRCS, partners and other stakeholders to strategize targeted services including support to setting up counselling drop-in centres, mapping of referral systems for provision of specialized services to those in need.

KRCS continues to work in collaboration with the Kenya Psychological Association and other partners to offer continued psychosocial support including counselling services to the survivors.

During the emergency phase, members of the security forces and other first responders that include media and general public received one-off counselling and would not have access to these services days after the main incident.

During the immediate phase of the emergencies, acute stress problems are best managed without medication in line with principles of psychological first aid. The approach used involved non-intrusive emotional support, coverage of basic needs, protection from further harm and organization of social support networks.

Tracing services: Kenya Red Cross has a mandate to trace and restore family links during disaster and emergency situations. This important service has been offered to the affected families that visit the tracing centres at Visa Oshwal, various hospitals across the city and morgues. The procedure is to open a case file whenever an individual visits the tracing desks or a call is made to KRCS tracing hotline by an enquirer reporting the loss of contact with a loved one. This is followed by activation and correlation of information gathered from various centres including hospitals and morgues. Once the details of the victim match those provided by the enquirer, the latter is informed accordingly, necessary action taken and the file closed. A file is also closed when the tracing desks establishes that contacts have been established between the enquirer and the missing person.

To date, KRCS tracing desks still has 31 open files on enquiries of missing persons from members of the public relating to the Westgate attack. The tracing team has made continuous follow-up with the relatives to confirm the status of the missing persons and appeal to relatives to revert back in case contacts were re-established.

The needs

The widespread effects of the Westgate Mall incident will continue for some time for 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. Restoration of social structures through support groups, recreational activities and referral linkages will enhance stability and allow 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. KRCS plans to set up call in centres, static sites, mobile sites, outreach programs and use of media. There will be a strong linkage and referrals created with counselling institutions for continued care and support for those that will require the services.

There is therefore a critical need to sustain psychosocial support and psychological education (raising awareness on the potential psychological reactions to an emergency context) 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. (This is critical because we do not know when the next incident will occur).
- Formation of PSS support groups for the survivors
- Intervention counselling for special categories.
- Group sessions for KRCS volunteers, staff, organizations, school children etc.
- Recreational activities for children to enable them develop a positive social and physical environment for recovery and development
- 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.
- Capacity building initiatives for National Disaster Response Team and County Disaster Response Team on Advanced Trauma Life Support (ATLS) and Advance Cardiac Life Support (ACLS) and management of dead bodies.
- Upgrading advance life support ambulances.
- Establishing psychosocial support drop-in centres, call centres, working with other partners/service providers)

There was a gap in the response capacity and turnaround time for key services such as the blood donor services that were very crucial in the response to this type of an emergency. KRCS has for over 40 years

been a key partner to government on blood safety, contributing to the mobilisation of more than 50% of blood collected annually. KRCS has contributed to the mobilization and recruitment of Voluntary Non Remunerated Blood Donors (VNRBD), retention of repeat donors, infrastructural support to government and advocacy on blood safety policy. The Westgate Mall attack has put the Kenya National Blood Transfusion Service (KNBTS) under considerable strain. KNBTS functions on its routine capacity even during emergency situations. There is a need to build capacity of the KNBTS to be better able to respond to emergencies in terms of training and replacement of essential equipment. KRCS, in its role as auxiliary to Government, is committed to ensure that blood service has the capacity to respond to a similar scale emergency.

Beneficiary selection:

The survivors

The programme will target the Westgate survivors who were directly or indirectly affected by the terror attack. This will include patients in hospitals, bereaved individuals and their families. Other groups will include:-

- The media personnel that reported the incident.
- The shop owners and staff.
- KRCS staff and volunteers.
- Organizations and learning institutions located in the neighbourhood of Westgate Mall.
- Security personnel

Children affected by the attack

During the Westgate attack, many children had congregated for a cookery competition, while many more were with their parents doing shopping or in restaurants. The incident has already manifested in behavioural change. The affected children were from different economic, cultural and religious backgrounds, a factor that KRCS has considered in its deployment of counsellors. Because every child reacts to traumatic events differently, it is important to listen and try to understand children's unique perspectives and concerns, as well as those of the family. Those unfamiliar with mental health care may be reluctant to seek help and may need time to convey their concerns about treatment before they are ready to seek it. Education will be provided to parents and care givers on stress management and coping mechanisms.

KRCS Volunteers and Staff

KRCS staff and volunteers lead by the Secretary General were the first to arrive the terror attack scene. As they arrived on the scene they were confronted with dead bodies as well as badly injured victims, whom they assisted. Evacuation was done by the Emergency Medical Services paramedics who together with medical doctors set up a triage on the basement of the Visa Oshwal Mall. Psychological First Aid was provided to team of responders as a stop gap measure. The entire team will be targeted for follow up PSS to manage Post Traumatic Stress Disorder and referrals for those in need of specialized attention.

The Search and Rescue Teams, Hospital and Ambulance Workers

The health workers including doctors, nurses, ambulance staff, and other staff involved in the medical care of the mass casualties from the Westgate attack. The sheer number of casualties that they attended to has impacted on their mental health. Some types of traumas affect a whole community, thus affecting the helping professional both directly and indirectly through their clients' experiences. The KRCS E-plus and St. John among other ambulance firms carried out pre-hospital care to those they took to the hospital. As they reassured the casualties they were exposed to horrific tales from the victims. This has a lasting effect on them and will also require psychosocial support, including peer support and in some cases counselling. The hospitals that were heavily involved are The Aga Khan, Guru Nanak, MP Shah, Forces Memorial and Nairobi Hospitals.

Trauma psychologists and community counsellors

The trauma psychologists and community counsellors will be targeted through supervision, group therapy sessions and team building aimed at creating a better acquainted and equipped team to provide PSS services to the survivors. They will be appreciated and given tokens of appreciation when the operation comes to an end.

Immediate needs

The immediate needs for the emergency included evacuation for the affected, security, access to basic services such as First Aid, psychosocial support including referral to professional mental health services, blood services, referrals and medical care. Kenya Red Cross Society in collaboration with the government of Kenya and other stakeholders provided a wide range of services in the response to the above mentioned needs. This immediate response was funded by DREF and money mobilized from the public through Safaricom MPesa mobile phone funds transfer services.

Some of the activities planned under this Emergency Appeal include: setting up of drop-in centres to facilitate referrals, provision of individual and group psychosocial support including lay-counselling and recreational play centres for children, crisis hotline, setting up of call centres, provision of psychosocial support and professional assistance awareness creation sensitization and psycho education and tracing and restoration of family links.

Longer-term needs

There are increasing signs of acute traumatic stress in the survivors and other affected groups including responders, their friends, families and relatives. This is further exacerbated by broken family links as a result of missing persons after the attack on the Westgate Mall. There is need to strengthen the capacity of KRCS, relevant line ministries and other partners in psychosocial support interventions during emergencies, trauma care and response. This will include addressing personnel capacities, systems strengthening and structural support.

This Emergency Appeal seeks to build on the existing Red Cross Red Crescent Movement expertise and capacities in psychosocial support and trauma care response in emergencies. The appeal will focus on comprehensive roll out of PSS level II to level IV, which will focus on community and family support, including non-specialized support as well as specialized services.

This Appeal also aims to strengthen the response capacity and coordination for Kenya Red Cross with government ministries and other stakeholders, one of the strategies aims to better equip KRCS Emergency Medical Services (EMS) ambulances. The EMS ambulances were in the frontline during the recent response due to their ability to respond to the needs of most of the casualties that needed resuscitation, in transit, oxygen supply and cardiac support. It is imperative that any vehicle used as an ambulance be designed and equipped to respond to medical emergencies and in non-emergency situations. The vehicle must comply with international EMS standards and also state or local laws governing the licensing and certification of an emergency medical transportation vehicle. This call for investing in well-equipped ambulance units and well trained paramedics. Through this Appeal, KRCS intends to upgrade the number of advance life support ambulances from the current 12 units to 33 units in preparedness to handle future mass casualty incidences through procurement and placement of assorted life support equipment.

Finally, in situations such as the Westgate attack, a contingency planning involving all key stakeholders is essential. KRCS plans to facilitate a contingency planning process with Government Ministries, NGOs and other key stakeholders to clearly outline roles and responsibilities to ensure good coordination and avoid duplication.

In total, 600 volunteers will be involved in the operation to date. From the onset of the attack, 500 volunteers were involved in the initial response. Some 65 volunteers will be involved in the PSS activities 200 volunteers will be engaged in the broader response and some 300 volunteers are involved in the blood related activities.

The proposed operation

Emergency health and care	
Outcome: Promote the restoration of community networks and coping mechanisms	
Outputs (expected results)	Activities planned

<p>Increase awareness of psychological reactions (Psycho education) during and following disasters and or social disruptions to 25,000 population</p>	<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 sensitisation and psycho education. • Production of Information Education and Communication (IEC) materials. • Commemoration event.
<p>Facilitate Psychosocial support to 11,850 people and 650 staff/volunteers of the KRCS as needed.</p>	<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 schools ten schools under this Emergency Appeal). • Provision of psychosocial support including professional mental health interventions to 200 survivors. • Provide psychosocial support to 1000 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.

Disaster Preparedness & Risk Reduction

<p>Outcome: KRCS preparedness and capacity to respond to disasters and emergency situations is enhanced</p>	
<p>Outputs (expected results)</p>	<p>Activities planned</p>
<p>Strengthening the response capacity and coordination KRCS with Government Ministries, and other stakeholders</p>	<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)

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. (Eplus, 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).
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

Communications – Advocacy and Public information

Through the External Relation and the Public Relations Office, KRCS aims to coordinate various awareness and publicity activities, to sensitize the public and media on the psychosocial needs of the victims, family members, friends and community of the Westgate Mall. Project beneficiaries and the public in general will be updated on assessments and programme activity plans and necessary feedback received through meetings, committees and Information Education and Communication materials.

Planned Activities

- Produce regular information bulletins and share with relevant stakeholders.
- Facilitate media field trips to activity sites.
- Monitor media coverage on the psychosocial support and other programme activities.
- Produce IEC materials on psychosocial support.
- Produce and air radio, print adverts/supplements on KRCS interventions.
- Social media monitoring and updates.
- The launch of this appeal and other major milestones throughout the operation will be highlighted on IFRC website.
- KRCS will jointly work with IFRC to implement humanitarian diplomacy and advocacy activities on behalf of the Westgate victims, their friends and families.

Capacity of the National Society

Kenya Red Cross Society has 67 branches, six regional offices and over 70,000 volunteers. The National Society has capacities at regional and district level to make an initial response which can later on be reinforced by headquarter re-enforcement both in human and material terms. Many of the regions have disaster response plans in place, developed based on the local context. KRCS has responded to sudden onset disaster with mass casualties ranging from the 1998 bomb attack on the Nairobi US embassy, Sinai fire incident, collapsed building in various parts of the country and the recent Westgate Mall attack.

KRCS has implemented activities for preparedness. For example, the Disaster Risk Reduction (DRR) project in Nairobi branch has been implemented to prepare the volunteers on rapid response, search and rescue, lifesaving skills and incident command. This project assisted in the recent Westgate Mall attack where KRCS was on site to save life within minutes of the attack.

Capacity of the IFRC

The Federation's Eastern Africa and Indian Ocean Islands Regional Representation is located in Nairobi, Kenya and will provide technical support to the operations through its Technical Support Unit consisting of disaster management, health and water and sanitation specialists. Several Movement partners have specialized expertise in psychosocial support. These partners will be enlisted as necessary to provide specialized technical support. The operation will also be supported in reporting, resource mobilization and communications through the IFRC representation. The Africa Zone office will provide additional support as required.

Budget summary

See attached budget (Annex 1) for details.

Walter Cotte
Under Secretary General
Programme Services Division

Bekele Geleta
Secretary General

Contact information

For further information specifically related to this operation please contact:

- **Kenya:** Mr. Abbas Gullet, Secretary General, Kenya Red Cross Society, email: gullet.abbas@kenyaredcross.org Phone 254.20.60.35.93; 254.20.60.86.81/13 Fax: 254.20.60.35.89
- **Kenya:** East Africa Regional Office; Finn Jarle Rode, Regional Representative, East Africa, Nairobi, phone: +254.20.283.5124; fax: 254.20.271.27.77; email: finnjarle.rode@ifrc.org
- **IFRC Zone:** Daniel Bolaños, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Zone Logistics Unit:** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC East Africa Regional Representation Office:** Diana Ongiti, Senior RM Officer; phone: +254 20 2835 276 email: diana.ongiti@ifrc.org

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

- **IFRC Zone:** Robert Ondrusek, PMER Coordinator, Africa phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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.

www.ifrc.org

Saving lives, changing minds.



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

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

EMERGENCY APPEAL

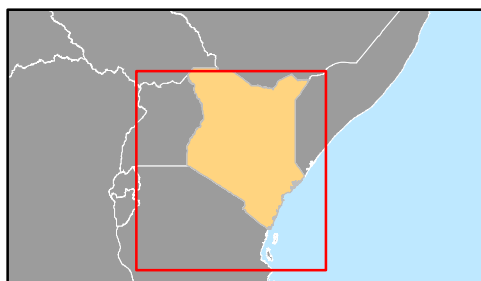
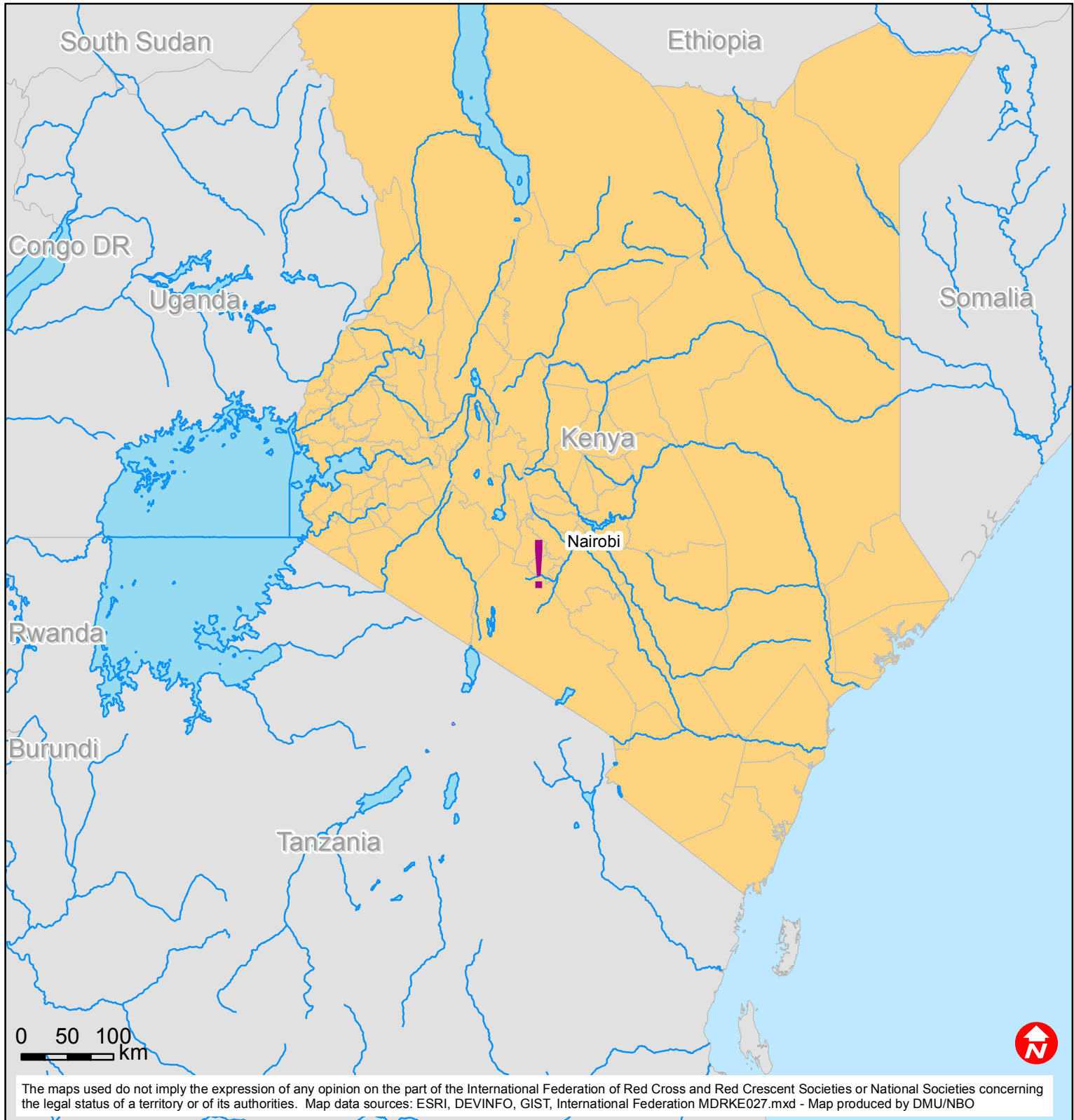
22/10/2013

Kenya: Mall Attack (MDRKE027)

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief				0
Shelter - Transitional				0
Construction - Housing				0
Construction - Facilities				0
Construction - Materials				0
Clothing & Textiles				0
Food				0
Seeds & Plants				0
Water, Sanitation & Hygiene				0
Medical & First Aid	1,229,283			1,229,283
Teaching Materials				0
Ustensils & Tools				0
Other Supplies & Services				0
Emergency Response Units				0
Cash Disbursements				0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	1,229,283	0	0	1,229,283
Land & Buildings				0
Vehicles Purchase				0
Computer & Telecom Equipment				0
Office/Household Furniture & Equipment	5,667			5,667
Medical Equipment				0
Other Machinery & Equipment				0
Total LAND, VEHICLES AND EQUIPMENT	5,667	0	0	5,667
Storage, Warehousing	8,640			8,640
Distribution & Monitoring				0
Transport & Vehicle Costs	32,817			32,817
Logistics Services				0
Total LOGISTICS, TRANSPORT AND STORAGE	41,457	0	0	41,457
International Staff				0
National Staff				0
National Society Staff	499,444			499,444
Volunteers	9,267			9,267
Total PERSONNEL	508,711	0	0	508,711
Consultants	268,711			268,711
Professional Fees				0
Total CONSULTANTS & PROFESSIONAL FEES	268,711	0	0	268,711
Workshops & Training	728,122			728,122
Total WORKSHOP & TRAINING	728,122	0	0	728,122
Travel				0
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
Shared Support Services				0
Total GENERAL EXPENDITURES	580,780	0	0	580,780
Partner National Societies				0
Other Partners (NGOs, UN, other)				0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Supplementary Services Recovery	218,577	0	0	218,577
Total INDIRECT COSTS	218,577	0	0	218,577
TOTAL BUDGET	3,581,308	0	0	3,581,308
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	3,581,308	0	0	3,581,308



Kenya: Westgate Critical Incident



! Affected area