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DREF final report Ghana: Cholera Epidemic

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRGH008
GLIDE n EP-2013-000009-GHA
28 November, 2013

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 205'309 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 1 February 2013 to support Ghana Red Cross Society (GRCS) in delivering assistance to some 12,000 households who were affected by the cholera outbreaks in Obuasi and Ejura in the Ashanti Region.

A rapid assessment was carried out prior to the response operation by GRCS volunteers to determine the risk factors and to identify any gaps that were not covered by other stakeholders during the outbreaks. The Ghana Red Cross Society (GRCS) cholera intervention was designed to increase the capacity of the two districts which were affected by the cholera epidemic to mitigate the effects of the outbreak at both the household and community levels.

The interventions are in line with IFRC Strategy 2020 under Strategic Aim 2 which seeks to enable healthy and safe living. The intervention did not only seeks to provide the needs of the beneficiaries at the emergency phase of the epidemic, but also sought to provide a long term solution to the identified beneficiary needs. The response operation has contributed significantly to the knowledge level of the community members in terms of WASH priorities which influenced behaviour positively. There has been a strong link between the communities and Community Health Programmes Systems (CHPS) for referrals and reporting of suspected cases of public health concerns to the health facilities.

The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

Financial Summary: There was a small over expenditure on the workshops and training line of CHF 221 due to printing and photocopying of more materials than was planned for use at the volunteer trainings. Meanwhile,



Volunteers using the CBHFA cholera guide during house to house education. Photo/ GRCS

soap was mistakenly budgeted under other supplies and services, but charged under water, sanitation and hygiene budget line, resulting in the unspent budget of CHF 30,500 on the former and over expenditure of CHF 30,876 on the latter. Under information and public relations, the overspend of CHF 4,604 is related to the production costs related to IEC and visibility promotion exercises. The balance of CHF 6,844 at the close of the operation will be returned to DREF.

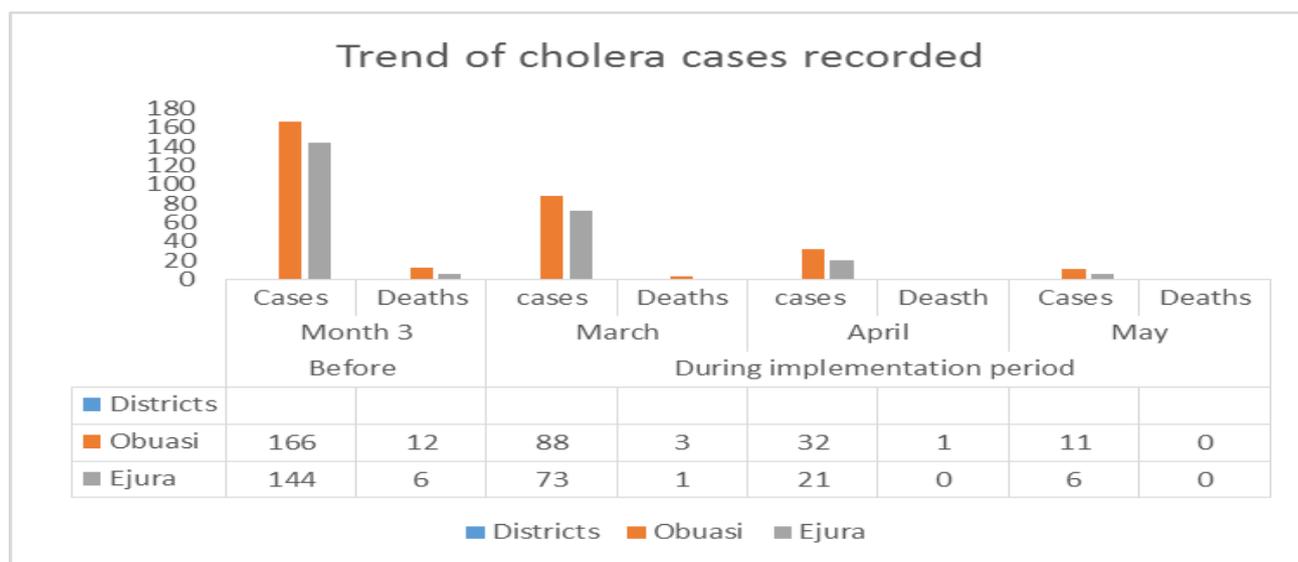
[<click here for the final financial report, or here to view contact details>](#)

The situation

On January and February 2013, the Ministry of Health of the Ejura and Obuasi districts of the Ashanti regional branch declared cholera outbreak respectively in their respective districts. Pockets of cases were reported in December 2012. As of 21 January, 18 people had died and 310 cases had been registered. The majority of the infected persons were women (200), and there was also a high number of children (53) registered as being infected. There were two major causes of the outbreaks which included polluted river source of drinking water in Obuasi and contaminated dug out wells in Ejura. Following the declaration, the NS appealed for DREF support which was approved and the operation commenced in 1 March 2013.

There was decline in the trend of cholera cases reported in both districts in the second month of the operation. The trend of cholera cases declined significantly and the districts recorded fewer cases with zero death in both district of the end of the operation in May 2013. In the fifth month (July) after the operation a follow up by the District Organisers saw volunteers still conducting house to house education. They visited the district hospitals to update the DREF report and it revealed that no case have been report at the period.

Figure 1: The trend of cases before and during the intervention of the Red Cross.



Source: District Hospitals (Obuasi and Ejura, 2013)

Even though the Red Cross cannot take a sole pride, the volunteers have contributed significantly in curtailing the spread of the disease. Before the intervention, there was a higher cases recorded in both districts. During the intervention the cases dropped dramatically with both districts recording fewer cases and zero deaths. This clearly indicates that the DREF appeal did not only build the NS capacity, it increased the NS visibility both at the district and community levels as well as saved lives in rural communities.

Red Cross and Red Crescent action

GRCS is a member of the Interagency Coordinating Council (ICC) at the national level and this council cascades down to the district levels in which GRCS Regional and District Managers are members. GRCS sees stakeholders' involvement in project implementation as a tool to meeting project target and minimizing duplications of efforts.

GRCS implemented the programme activities in consultation with Ghana Health Service (GHS) and the Environmental Protection Agency (EPA) at the regional and district levels. Whereas the Public Health Nurses from GHS provided technical assistants during volunteer training, the EPA gave technical support during the

institutional latrines rehabilitation.

The Water and sanitation agency played a key role in providing technical assistants during the public water source rehabilitation. Collaboration between the Red Cross and GHS facilitated referral of suspected cases by volunteers to the district hospitals.

The identification of relevant target areas for both institutional latrines and public water points were carried out in consultation with community Chiefs and WATSAN experts in the field. This process helped the NS to identify latrines and strategic boreholes which were in poor state and needed rehabilitation. In addition, GRCS benefited from the consultation meetings held with the District health directorates and the Assemblies thereby avoiding duplication of activities with other stakeholders such as UNICEF and other Community Based organizations.

In all 80 GRCS volunteers were trained to carry out activities on health preventive measures on cholera and diarrhoea in their respective communities. The volunteer training sections were carried in collaboration with community Chief with consultation in with the Assemble men and women. Cross-cutting issues such as gender and diversity issues were taken into account during the selection. This was carefully carried out since majority of the outbreak cases came from the main town centers (Zogo communities) of the two affected districts which has people with different backgrounds. These trained volunteers in the two districts have reached 9,600 beneficiaries with health messages on cholera and its prevention, including the preparation of ORS and the importance of hand washing, personal hygiene, environmental sanitation and household water treatment to ensure breaking the chain of cholera transmission. Cholera related non-food items (NFIs) have been distributed to 1,800 identified households. Radio jingles were broadcast in local dialect on the importance of safe water, hygiene and sanitation during the period under review period. Radio discussions were also organised for the Regional Manager and DOs at the district levels in a local dialect to discuss the Red Cross activities in preventing the spread of cholera outbreak.

Out of the 80 volunteers who were trained on ECV, 20 of them were selected and trained on PHAST and molding of sanplats for households latrines. Each district selected 10 volunteers who were trained by a Regional Resource Person and the Water and Sanitation Manager at the Region. These volunteers cascaded down the training to their colleagues on PHAST promotion. Based on the knowledge gained, volunteers were able to effectively and successfully carry out environmental sanitation activities, including clean-up of communities, market places and abattoirs during the project period. Hand washing demonstrations were also carried out in schools and households during school links and households education.

Advocacy visits/meetings were organised with District Health Directors, traditional and religious leaders as well as with school heads, which resulted in increased support of Red Cross work in the communities. For example, during one of our meetings with the Ejura District Health Director he advised that the added value that Red Cross could bring on board was to provide shelters for both public and provides water sources such as wells and boreholes. He lamented that over 700 boreholes were dung out without protection and as a result the wells collect rain water directly from contaminated gutters and thus serve as recipes for cholera outbreak.

Achievements against outcomes

GRCS trained 80 volunteers and reached 11,520 households with cholera prevention messages. With an average family size of 6, a total average number of 69,120 beneficiaries benefited from the DREF operation.

Table 1: Summary of volunteer social mobilization activities conducted and total number of beneficiaries reached and referred to health facilities.

District	Volunteers mobilized	Activity carried out	Households reached	People reached	Persons with cholera signs		Referrals
					Children	Adults	
Obuasi	40	Cholera/diarrhoea education	5,760	34,560	106	97	63
Ejura	40	Cholera/diarrhoea education	5,760	34,560	137	45	89

Total			11,520	69,120	243	142	152
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Emergency health

Outcome: Improved hygiene behaviour and cholera awareness amongst 12,000 households (60,000 beneficiaries with an average of five persons/household) in 10 communities in three months

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • The affected population are effectively and efficiently sensitized on cholera prevention. • Improved early detection and referrals. • Improved awareness on ORS preparation and use amongst households 	<ul style="list-style-type: none"> • Continuous assessment and reporting of the evolving situation and spread of disease • Mobilizing and training of 80 GRCS volunteers on Epidemic Control for volunteers (ECV), and related tools and materials (including early detection and referrals of cholera cases) • 10,000 assorted IEC/BCC materials (posters, fliers) on cholera produced, printed and distributed to enhance positive behaviour change • Production of visibility material (95 T-shirts) • Cholera prevention awareness promoted amongst 12,000 households. • Diffusion of cholera messages through sessions, jingle on local radios (one in a month) • Orientation training of 100 key community members on the management of ORPs (oral rehydration points) • Set up ORPs information and distribution points in the most affected communities • 20 sensitization and demonstration sessions (two per community/month) in 10 communities on benefits of ORS in the management of cholera using cholera demonstration kits (KMEDKCHO02 KIT – basic materials to administer oral rehydration treatments within a community or through established Oral Rehydration Units.) • Monitoring and reporting on activities

Impacts: Before the approval of the DREF operation 50 volunteers were mobilised to support affected families and individuals who were affected. During the pre DREF operation, volunteers assessed that the immediate needs of the affected communities focusing on health education on personal, and community hygiene, environmental sanitation and safe drinking water.

To achieve this, GRCS organised a one day orientation for 80 community based volunteers on ECV in the two affected districts. The orientations were carried out separately in the two districts with the facilitation of the Health Coordinator. 3 day training on Water, Sanitation and Hygiene (WASH) for 20 selected volunteers in Obuasi and Ejura was also organized in Ejura and a regional resource person on PHAST was deployed to assist the NS in the training facilitation. The objective of the training was to equip GRCS volunteers in the affected communities with knowledge and skills to contribute to the prevention and control of cholera among the most vulnerable of the target communities. Some of the topics covered were: cycle of cholera infection, diarrhoea and dehydration; safe water; personal/ family and community hygiene; environmental sanitation; communicating with the community; and beneficiary targeting. Some of the topics were practical oriented (Hand washing, preparing ORS during an outbreak, water purification, and communicating with the community) which participants were made to participate fully. Methods employed were group discussions, brainstorming, group work, role play, questions and answers

Trained volunteers were provided with 10,000 printed information, education and communication materials (posters, flyers and leaflets) adopted from the ECV and CBHFA materials on to enhance behavior change communication during house to house education and public gathering sensitizations in addition to visibility tools procured and distributed to volunteers for use in community education and for visibility enhancement. These included 150 T-T-shirts, 2 banners and 10 megaphones.

The Obuasi and Ejura General Hospitals were also beneficiaries of the 2 cholera kits procured to help in the case management of the cholera and diarrhoea patients on admission. ORS, Aqua-tab water purification tablets and hand washing soap were also donated to the General Hospitals, patients and their relatives were

also given ORS, Aqua-tab and soap after educating them on prevention of spread of cholera and its management. The hospitals expressed their gratitude to the Ghana Red Cross and their donors for the kind gesture. The Hospital directors stressed that this gesture would improve the services especially the Community Health Programme System (CHPS) levels.

Trained volunteers also promoted hand washing with soap at critical times to 11, 520 households in the affected districts in the Ashanti region and those volunteers with the skills in WASH sensitised 11,520 households on regular hand washing and food handling in critical times. Additionally, sensitization and demonstration sessions on Household water treatment methods were held and health sensitization activities to the affected communities conducted in the 2 districts with 32 sessions done (2 per community). Health promotion messages were also disseminated through 4 radio and TV sessions (2 per district). A total of 40 sensitization and demonstration sessions on ORS preparation including the use of zinc tablets with emphasis on children under 3 years during community gatherings were conducted.

In total, 152 cases of cholera were detected and referred to the health centres within the affected regions.

Water, sanitation, and hygiene promotion

Outcome 1: The risk of waterborne and water related diseases have been reduced through the provision of safe water, basic sanitation and hygiene promotion to 12,000 families (60,000 beneficiaries) in 10 communities	
Outputs (expected results)	Activities planned:
<ul style="list-style-type: none"> The target population have access to safe water and know how to use water treatment products Target population is provided with adequate environmental sanitation measures 	<ul style="list-style-type: none"> Deployment of WatSan RDRT for 2 months to provide technical, coordination and implementation support to the NS both at field level and national level ToT for 20 volunteers on hygiene promotion sessions and tools (PHAST in emergency) Orient 80 GRCS volunteers on hygiene promotion and standard operational procedures (SOP) on disinfection of WatSan facilities Hand washing at key times promoted through demonstration at market, schools and other public places Safe use of water treatments products promoted in 12,000 households through sensitization and demonstration sessions Rehabilitation of 10 strategic community or institutional water points. Disinfection of sanitation facilities in six health centres and 10 schools over two months. Hygiene promotion activities like personal and environmental sanitation promoted in communities and health centres Promotion of household latrines in most affected communities Monitoring and reporting on activities
Outcome 2: Skills and resources in two GRCS district branches established for a rapid and efficient response to cholera and other water-borne diseases.	
<ul style="list-style-type: none"> The consequences of future cholera outbreaks reduced through capacity of the GRCS branches to provide timely and relevant response. 	<ul style="list-style-type: none"> Set up community volunteer structures for rapid response and provide training for the community volunteers on early detection and referrals of cases Establishment of school hygiene clubs in 10 schools in affected areas Development of GRCS Regional response plan Lessons learnt workshop on the cholera outbreak done

Impacts: The trained volunteers were deployed in the communities with their newly acquired knowledge to carry out awareness raising activities on safe water, environmental sanitation and personal hygiene. GRCS volunteers in the 10 communities educated the community members on: Cholera; personal hygiene; environmental sanitation; Safe water; home based care and providing first aid to diarrhoea and vomiting patients before they were transported to the nearest health facilities.

GRCS volunteers collaborated with CHPS by educating the community members on how to prevent the spread of cholera and diarrhoea. They also carried out cholera response activities by chlorinating wells, disinfecting affected households, community sanitation, assisting in the cholera treatment centres (CTCs) by

households with infected members, giving psychosocial support to those infected and affected by cholera.

To contribute towards curbing the spread of the outbreak, volunteers adopted the following methods in getting messages across to the beneficiaries:

- 80 trained volunteers conducted 1,920 House to House visits and education sessions using pamphlets and community tools.
- Volunteers organised 20 groups discussions sessions (2 per community) with women and men in compounds, markets places and religious groups
- Strategic placement of poster on hand washing and use of latrine
- Volunteers organised 10 advocacy visits (1 in each community) to religious and traditional leaders and teachers to include messages on good hygiene in their sermons and classes
- Role play and demonstration
- Volunteers were focal persons for mobilising communities for community health nurses during their visits to the community for primary health care and weighing

The CBHFA approach was used during community clean-up exercises where GRCS volunteers liaised with traditional leaders, Assemble men and women as a means of advocacy for them to persuade their community members to participate in the mass community clean up exercises. Volunteers in their various communities mobilised themselves to clean up their environment, drainages, abattoirs, markets and public toilets. The distribution of NFIs GRCS was coordinated and partnered with GHS and community leaders including the Assemble men and women.

Behavioural change and social mobilization are regarded as being vital in addressing the spread of the outbreak. GRCS Volunteers in the selected communities with support from IFRC carried out health education throughout the period of the operation using IEC materials adopted and developed from the ECV and PHAST training manuals in collaboration with the Health Promotion unit of the GHS. The social mobilization and distribution of ORS, aqua-tabs and hand soap formed part of raising cholera awareness

To further consolidate sustainability, the Manager is part of the Health service and Assemble quarterly review meetings where he will update the Assemble and Health Directorate with current information of GRCS volunteers in the district. As part of long term measures, cell phones numbers and email addresses of community health nurses and DHMT members were shared with GRCS staff and volunteers to enhance collaborations and referrals. After the 3 months, 10 school links (5 in each district) were formed as a means of sustaining the Red Cross activities at affected communities.

Through the support of DREF 10 shelters were constructed around 10 public water sources and 10 institutional latrines rehabilitated.

Constraints:

The major challenge of the operation was around the rehabilitation of public water sources. The operation targeted to rehabilitate institutional latrines and public water sources. Contrary to this, the DHMT believed that the added value that the Red Cross could bring was to construct shelters around 700 private wells which trigger water borne diseases including cholera outbreaks in the district. Nonetheless with the limited resources, volunteers were trained to support households with unprotected wells to build shelters around them. As it were, volunteers were able to persuade and encouraged 52 households to build shelters around their wells with no financial support from the Red Cross but with volunteer man hours. It is hoped that with volunteers in the communities, they will continue to encourage households to build more aprons around their unprotected wells.

Logistics	
Outcome: Timely and effective logistics support provided to the emergency operations	
Outputs (expected results)	Activities planned:
<ul style="list-style-type: none"> • Effective logistical support has enabled rapid assistance to targeted beneficiaries. • Local procurement done in line with national procurement guidelines. 	<ul style="list-style-type: none"> • Coordinating mobilization of goods and reception of incoming shipments • Local procurement of sanitation and hygiene materials, and emergency health items, including 600,000 Aqua tabs, 150,000 Soap, 250L or kg of Soap (1kg powder or liquid), 100 gloves, ice pellets, chlorine bleach, High test hypochlorite (HTH), 25,000 ORS, 50 plastic boots, 500 plastic packet, 2 electronic

	balance, 25 tape measure, 25 plumb, 25 plumb line). <ul style="list-style-type: none"> • Transport relief supplies to final distribution site • Coordinating within IFRC logistical structures in the region, for timely and cost efficient sourcing option for all items required in the operation.
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Impacts: Local procurement of sanitation and hygiene materials, and emergency health items was done as indicated in the table below.

Table 2: Summary of NFI procured and distributed during the operation

District	Non Food Items procured	
	Item	Quantity
Obuasi	Aqua tabs	300,000
	Jerricans	50
	Chlorine, 5000mg (NaDCC 8680mg),	12,000
	Soap (powder 1 kg or liquid)	250
	ORS	12,250
	Caked soap	75,000
Ejura	Aqua tabs	300,000
	Jerricans	50
	Chlorine in Sackets	12,000
	Soap (powder 1 kg or liquid)	250
	Caked soap	75'000
	ORS	12,250

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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 (NGO's) 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.



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.
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Disaster Response Financial Report

MDRGRH008 - Ghana - Cholera Epidemic

Timeframe: 01 Feb 13 to 01 May 13

Appeal Launch Date: 01 Feb 13

DREF Final Report

Selected Parameters

Reporting Timeframe	2013/2-10	Programme	MDRGRH008
Budget Timeframe	2013/2-2013/4	Budget	APPROVED
Split by funding source	Y	Project	*

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		205,309				205,309	
B. Opening Balance		0				0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		205,309				205,309	
C4. Other Income		205,309				205,309	
C. Total Income = SUM(C1..C4)		205,309				205,309	
D. Total Funding = B + C		205,309				205,309	

* 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		0				0	
C. Income		205,309				205,309	
E. Expenditure		-198,465				-198,465	
F. Closing Balance = (B + C + E)		6,844				6,844	

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III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	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)			205,309			205,309		
Relief items, Construction, Supplies								
Clothing & Textiles	100						100	
Water, Sanitation & Hygiene	48,899		79,775			79,775	-30,876	
Medical & First Aid	15,750		15,633			15,633	117	
Teaching Materials	3,300		3,696			3,696	-396	
Utensils & Tools	650		1,198			1,198	-548	
Other Supplies & Services	30,500						30,500	
Total Relief items, Construction, Sup	99,199		100,302			100,302	-1,103	
Land, vehicles & equipment								
Computers & Telecom	1,500						1,500	
Total Land, vehicles & equipment	1,500						1,500	
Logistics, Transport & Storage								
Distribution & Monitoring	10,000		7,687			7,687	2,313	
Transport & Vehicles Costs	6,000		5,570			5,570	430	
Total Logistics, Transport & Storage	16,000		13,257			13,257	2,743	
Personnel								
International Staff	10,000		6,006			6,006	3,994	
National Society Staff	10,520		9,128			9,128	1,392	
Volunteers	29,000		27,322			27,322	1,678	
Total Personnel	49,520		42,456			42,456	7,064	
Workshops & Training								
Workshops & Training	9,000		9,221			9,221	-221	
Total Workshops & Training	9,000		9,221			9,221	-221	
General Expenditure								
Travel	8,000		8,540			8,540	-540	
Information & Public Relations	6,160		10,764			10,764	-4,604	
Office Costs	1,500		1,385			1,385	115	
Communications	900		427			427	473	
Financial Charges	1,000						1,000	
Total General Expenditure	17,560		21,117			21,117	-3,557	
Indirect Costs								
Programme & Services Support Recove	12,531		12,113			12,113	418	
Total Indirect Costs	12,531		12,113			12,113	418	
TOTAL EXPENDITURE (D)	205,309		198,465			198,465	6,844	
VARIANCE (C - D)			6,844			6,844		

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Budget Timeframe	2013/2-2013/4	Budget	APPROVED
Split by funding source	Y	Project	*

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	205,309	0	205,309	205,309	198,465	6,844	
Subtotal BL2	205,309	0	205,309	205,309	198,465	6,844	
GRAND TOTAL	205,309	0	205,309	205,309	198,465	6,844	