

# Final report



International Federation  
of Red Cross and Red Crescent Societies

## Middle East: Population Displaced from Iraq

Interim final report  
Emergency appeal n°MDR81002  
29 April 2010

**Period covered by this Interim Final Report:**  
16 April 2007 to 31 December 2009

**Appeal target (current):** CHF 17,175,141

**Final Appeal coverage:** 90% [<click here to go directly to the interim final financial report, or here to view the contact details>](#)

### Appeal history:

- The Emergency Appeal was launched on 16 April 2007 for CHF 18,272,727 for 12 months to assist 100,000 families.
- Based on consultations with the two National Societies and Movement partners in the region, on 20 September 2007, the budget was revised to CHF 12,820,095 and the number of beneficiaries reduced to 50,000 families (20,000 in Jordan and 30,000 in Syria).
- With Operations Update no.4 of 10 April 2008, the Emergency Appeal was extended until the end of March 2009 and budget revised to CHF 17,072,655.
- Due to the humanitarian situation remaining largely unchanged, a revised Emergency Appeal was launched on 23 April 2009. The Appeal was extended to 31 December 2009 and the budget was revised to CHF 17,175,141. The objective to provide safe water to Iraqi communities and the vulnerable local population was removed. This activity had already been covered by the International Committee of the Red Cross (ICRC), which installed water systems in schools in Damascus and rural Damascus in cooperation with Syrian Arab Red Crescent Damascus branch and relevant authorities.
- **Disaster Relief Emergency Fund (DREF):** CHF 40,000 was initially allocated from the International Federation's DREF for a technical assessment mission to visit the region. Another CHF 250,000 was released to start the operation. Both allocations were returned to DREF following generous support from donors.

### Summary:

#### Jordan

The implementation of the Emergency Appeal has provided a very good opportunity for the International Federation and Jordan Red Crescent (Jordan RC) to realize in depth the actual situation of the externally displaced Iraqi people in Jordan and as a result the best ways to serve them and support their capacities to elevate the suffering.

Three Jordan RC basic health care centres (BHCs) - Al-Taj, Marka and Jabal Al-Hussein – were part of the programme for medical assistance under the International Federation's Emergency Appeal. The centres opened



**Supported by the International Federation, Syrian Arab RC provides health services to rural communities.**

**Photo: International Federation/Andreas Fabricius**

in neighbourhoods densely populated with displaced Iraqis and provided good quality free of charge basic health services. Operational guidelines and standard procedures were drafted to ensure a well appropriated delivery of health services. All procurements were managed and guided by the International Federation's standard procedures.

A comprehensive list of essential medicines and medical supplies was prepared by the International Federation and adopted by the Jordan RC to serve as a standard reference list for procurement and prescription. Most of the drugs on the standardized medication list are produced in Jordan, the prices are fixed and controlled by the government and Jordanian Medical Association.

The BHCs provided health services to all the externally displaced Iraqis regardless of their legal residency in Jordan or their registration under United Nation High Commissioner for Refugees (UNHCR). The number of consultation carried out by the BHCs till the end of December 2009 was 60,678. Continuous observation and data analysis showed that there was no disease outbreak among the displaced Iraqis; 12% of consultations were children under the age of five; and 54% of the adults were women.

The International Federation facilitated continuously the participation of the BHC staff in relevant scientific training courses, meetings and workshops to maintain the continuation of their education and enhance their technical knowledge. Scientific journals, periodicals and publications of International Federation and World Health Organisation (WHO) were provided to the medical staff.

In coordination with Syrian Arab Red Crescent (Syrian Arab RC) and Jordan RC, the International Federation organized a practical training for the Jordan RC BHC data entry clerk and administrators on the use of the new health information system (SCIS). An information technology officer was appointed by Jordan RC to follow up and monitor the implementation of the SCIS in the BHCs.

Considering the special social and psychological situation of the displaced Iraqi, the International Federation focused on the psycho-social services provided to displaced people. A psycho-social counselor was appointed in each BHC providing psycho-social support to the patients and conducting home visits to strengthen the relationship and provide support to the families in need.

Jordan RC recruited Jordanian and Iraqi volunteers from the displaced families for the outreach services. The International Federation supported the National Society in training the volunteers on basic health subjects. The volunteers conducted home visits to monitor the health situation of the displaced families and to promote health awareness.

Non-food items were distributed by to 16,500 families and 9,500 children (supported by the International Federation) and to 2,500 families (supported by German Red Cross). The volunteers assisted in identification and distribution of the materials to displaced families.

### **Lessons learned**

As they were treated friendly, the patients appeared to trust the staff of Jordan RC BHCs and preferred to visit and consult these BHCs more than other clinics. Recruiting Iraqi volunteers from the displaced families in addition to the Jordanian volunteers helped a lot in creating a strong relationship with the displaced families. Establishing the home visits services for the psycho-social counsellors to the displaced families helped in building a friendly relationship and the families spoke freely about their psychological and social problems and needs. Meeting the beneficiaries and discussing their situations, needs and problems also created good relationships with the International Federation representatives and National Society staff, which positively affected the image of the Red Cross/Red Crescent (RC/RC) Movement. The free health services provided to the vulnerable enabled the displaced Iraqi families to use their meagre financial resources to meet other urgent needs. The National Societies' volunteers and staff gained more experience in handling emergency situations and enhanced their response capacities.

### **Syria**

The support provided through this Emergency Appeal has enabled the Syrian Arab RC to respond to the crisis in accordance with the RC/RC Principles and its non-discrimination policy where the service is based on vulnerability and needs of the people reached. Through its nation wide health clinics and local branches, Syrian Arab RC has provided health care and humanitarian assistance to Iraqi displaced irrespective of their legal status and to vulnerable individuals from the host community.

Health services in the 12 health clinics have been consolidated; procedures are in place and the clinics are performing well. All clinics have expressed a wish to continue providing the services also after withdrawal of the support by the International Federation. By the end of 2009, more than 200,000 health consultations have been provided to more than 125,000 patients and up to 120,000 families have received non-food assistance. The Appeal has thereby by far exceeded the target of support to 30,000 families.

Through its active advocacy role, the International Federation managed to influence the decision to introduce a more equitable and predictable user fee<sup>1</sup>. The National Society decided to introduce this rate in all its clinics, hence enhancing access to health care for vulnerable populations. Meticulous monitoring and support from Syrian Arab RC headquarters have resulted in improved services, motivated clinic staff and reduced costs per consultation.

The analysis from the clinics showed that there was no disease outbreak among the Iraqi displaced. Some of the patients have visited the clinics more than four times. This is an indication that the health services provided to the beneficiaries were satisfactory and have contributed to the improvement of the health of the Iraqi displaced. The free or subsidized health services enabled the Iraqi displaced to save on the little earnings they have to be utilized for other purposes, thus, the programme contributed to the reduction of their vulnerability. Informal talks with patients and community leaders from the Iraqi population confirmed their satisfaction with the health services provided by the Syrian Arab RC. The National Society staff gained more experience in managing emergency operations; hence their operational capacity is enhanced. The International Federation has enabled the National Society to adhere to the Fundamental Principles of the Movement by providing access to health for all Iraqis regardless of their legal status and to vulnerable members of the host communities.

Four mobile health units (MHUs) were purchased and equipped. The MHUs provided health services to rural populations with limited or no access to other health services. Three of the MHUs reached out to areas affected by the drought.

The SCIS developed by Syrian Arab RC supported by the Netherlands Red Cross and further developed with support by the International Federation, has gained well deserved recognition within Syrian Arab RC and among partners. 17 National Society clinics and four MHUs in Syria are using the SCIS system, which has facilitated monitoring and analysis of the programme and managerial decisions to be based on evidence. The system was exported to Jordan and Lebanon and other National Societies in the region have expressed their interest in the system.

Non-food items were distributed to up to 120,000 families, exceeding the appeal target with 400 percent. In an effort to encourage children's education, Syrian Arab RC provided 40,000 children with school kits and more than 9,000 with a school uniform.

Supported by Danish Red Cross, the Syrian Arab RC was running three community centres providing a range of activities and is preparing to establish another two. More than 300 volunteers were trained in psycho-social support, including on the manual of the International Federation.

### **Lessons learned**

Both the operation and the support to the National Society in this demanding role as the focal point for assistance to the displaced Iraqis would possibly have benefitted from a country presence also prior to the increased operation. In a multiagency environment, support from the International Federation and the RC/RC Movement should give priority to enabling the National Society to uphold the principles of the Movement. In this operation, the support from the International Federation and sister National Societies helped the Syrian Arab RC to extend support to all Iraqis regardless of legal status and to vulnerable members from the host community.

The International Federation is still booking some final expenses related to the clinics of Jordan RC as well as the costs of the former programme coordinator in Syria. Thus, at this stage, an interim final narrative is being issued along with an interim financial report covering the expenses until the end of March. It is expected that all the costs will be booked by the end of May and a final report will be issued in the end of June 2010. The remaining amount from the regional Appeal will be carried over, in agreement with the donor, to the new Syria: Population Displaced from Iraq Emergency Appeal (MDRSY002). The main reasons for the funds to remain

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<sup>1</sup> The more equitable and predictable user fee in Syria is a system where patients pay a maximum of SYP 75 (1.5 USD) per consultation compared to up to SYP 750 (15 USD) under the previous system where 20% of the total cost is paid by the user.

were the meticulous monitoring of Syrian Arab RC headquarters that decreased the cost per consultation and the medicine provided under the Netherlands RC project supported by European Commission Humanitarian Aid Office (ECHO) lasting longer than expected. This medication was kept in the clinics managed by the pharmacists and was provided to the patients free of charge.

The International Federation wishes to thank the United States Department of State - Bureau of Population, Refugees and Migration (BPRM), Swedish government and Swedish Red Cross, OPEC Fund for International Development, German Red Cross, Japanese Red Cross, American Red Cross, Finnish Red Cross, British Red Cross, Monaco Red Cross, China Red Cross-Hong Kong branch, Poland Red Cross, and others for their valuable support to this Appeal. The International Federation also extends its gratitude to Danish Red Cross, French Red Cross, Netherlands Red Cross, Qatar Red Crescent and Turkish Red Crescent for their bilateral contributions that have enabled the National Societies in Jordan and Syria to respond to the needs of the displaced Iraqi population.

## The situation

### Jordan

The accurate statistics of Iraqi displaced hosted by the neighboring countries is still hard to ascertain. The estimated numbers on which the RC/RC Movement and International organizations have based their interventions remains at the level which was reported by the UNHCR and other governmental and non-governmental institutions.

There are no official figures on the number of displaced Iraqis not registered with UNHCR but the active registration by the end of 2009 remains around 46,000. UNHCR is providing assistance to a number of Iraqis wishing to return to Iraq voluntarily. The assistance covers 100% of transportation as well as small cash grant. However, in 2009, only 264 Iraqis have returned to Iraq through this initiative.

It is evident that life is difficult for the majority of the displaced Iraqis in Jordan. Many are running out of money, have depleted the resources which they bought with them and are enduring hardship to make a living. The vulnerability of many displaced Iraqis is aggravated by separation of family members, problems around their legal status in terms of residency, lack of employment opportunities and to some extents difficult adaptation of children to their new education environment. These problems are coupled with worries about future, and sense of insecurity and hopelessness.

### Syria

There were no dramatic changes in the general situation of the displaced Iraqi population in Syria at the end of the reporting period compared with early 2007 when this Emergency Appeal was first launched. Most Iraqi families continued facing economical and humanitarian hardship and the majority is living in overcrowded accommodation in poor neighborhoods. The horrors of what had happened in Iraq, coupled with frustration of an uncertain future, poverty and separation of family members continued to badly affect thousands of Iraqi displaced.

Syria continued to host the biggest number of displaced Iraqis in the region. According to government sources, around 1,2 million had valid residence in the country. Iraqis registered with UNHCR in Syria stood at 218,363 in the beginning of December 2009 and around 35,500 new registrations were made in 2009<sup>2</sup>. Very few have returned to Iraq. In 2009, UNHCR assisted 646 individuals to return to Iraq from Syria and economical hardship appeared to be the main reason for the returns. Although supporting voluntary repatriation on a case-by case-basis, UNHCR still does not consider the general conditions in Iraq to be encouraging for any large scale return.

This last year saw an increasing number of families moving from Damascus to other provinces. Financial constraints appeared to be motivating the Iraqi families to seek cheaper rentals and opportunities to generate income outside Damascus. In mid-2009, approximately 50,000 individuals were registered by UNHCR outside Damascus area.<sup>3</sup>

Different from 2007, a growing number of organizations are involved in supporting the displaced. The Syrian Arab RC has been entrusted by the government to be the focal agency with the mandate to coordinate external

<sup>2</sup> UNHCR Syria Update.

<sup>3</sup> Iraq and the region, Mid-term Review 2009, UN consolidated appeal.

humanitarian assistance and activities targeting the Iraqis displaced in Syria. By the end of 2009, 15 international non-governmental organisations (NGOs) have become operational.

## Coordination and partnerships

### Jordan

The International Federation maintained regular contacts with Jordan RC leadership for consultation and update on operational issues and to assess progress on the National Society capacity building support. The International Federation maintained regular meetings with the ICRC and partner National Societies (PNSs) based in Jordan (German, Danish and French) to coordinate their support to Jordan RC through bilateral meetings, the Movement coordination meetings, health coordination meetings and psycho-social working group meetings. Meetings with donor National Societies' representatives and other humanitarian organizations and agencies implementing programmes in Jordan were also maintained.

The RC/RC Movement partners established their own coordination forum which was co-chaired by Jordan RC and the International Federation. The International Federation and Jordan RC regularly attended the monthly coordination meeting hosted by UNHCR for the partners involved in the provision of humanitarian assistance. Bilateral meetings were held with the regional coordinator of Swedish RC for the Middle East and North Africa (MENA) region and Norwegian Red Cross regional coordinator for MENA in order to enhance coordination and cooperation and harmonize the support to the National Society.

The French RC supported Jordan RC in running a primary health care centre and a psycho-social support centre in Al Hashmi neighbourhood of Greater Amman. The German RC, through the International Federation's multilateral mechanism, supported financially the BHC in Marka neighbourhood of Greater Amman during November 2007-April 2009.

The UNHCR supported the Jordan RC in running a primary health care clinic located in the main compound of Jordan RC hospital since the beginning of the operation in May, 2007. Due to funding constraints, the clinic was officially closed on 30 June 2009. The International Medical Corps (IMC) supported the Jordan RC in running a primary health care centre located in the main compound of Jordan RC. Also, due to funding constraints, the clinic was closed by the end of August 2009.

Jordan RC and ICRC have signed a cooperation framework agreement for two years (2009-2010) with the aim to strengthen and develop the Jordan RC volunteer base and branch capacities. The International Federation offered its technical support to the National Society in training the branches in project management and reporting.

The Danish RC supported the National Society in branch development, volunteer's management, youth activities and disaster risk reduction (DRR) through the bilateral cooperation framework agreement concluded between the two National Societies in early 2009. The International Federation offered its services through providing technical expertise to support Jordan RC implement the DRR/safe neighbourhood projects at community level which is an ongoing concern since the beginning of 2008.

Consultation and coordination were held with many organisations involved or interested in provision of humanitarian support to the externally displaced Iraqis, like CARE International, Caritas, IMC, International Catholic Migration Commission (ICMC), Terre des homes, Medecins Sans Frontiers (MSF) France, International Relief and Development (IRD), and Antares and War Trauma Foundation. External relations and resource mobilization briefings and consultations included the regional support office of ECHO based in Jordan, United Nations Development Programme (UNDP) Jordan, United Nations Volunteers (UNV) programme, Jordan Ministry of Health, Jordan University and the United States and Canadian Embassies in Amman.

### Syria

The Syrian Arab RC has been entrusted by the government to be the focal agency with the mandate to coordinate external humanitarian assistance and activities targeting the Iraqis displaced in Syria. By the end of 2009, 15 international NGOs have become operational, the majority being active in the field of health, vocational training, rehabilitation and the establishment of community centres. This coordination role has placed a huge burden on the operational capacity of Syrian Arab RC. The International Federation has a key role to play under its mandate to support the capacity building of the National Society to fulfil this task. Since the start of the

operation, the International Federation put a lot of emphasis in supporting the structures of Syrian Arab RC at headquarters level to enhance its coordination role.

The National Society maintained its cooperation and coordination with UN agencies. In cooperation with UNHCR, Syrian Arab RC managed six clinics for Iraqi refugees in Damascus and rural Damascus and another three clinics outside Damascus area. Through its nation wide network of branches and volunteers, the National Society assisted UNHCR and the World Food Programme (WFP) in distributions of food, school kits and other items. Partnerships with United Nations Children's Fund (UNICEF) were established in psycho-social support. Cooperation existed with other UN agencies present in Syria also outside the support to Iraqi displaced. These included United Nations Population Fund (UNFPA), International Organisation for Migration (IOM), WFP, United Nations Relief and Works Agency (UNRWA), WHO and UNDP.

Close cooperation continued with Movement partners, including PNSs and the ICRC. By the end of the Appeal period, Danish RC and French RC maintained a presence in the country. Danish RC supports the psycho-social support programme at national level with three community centres established (rural Damascus, Aleppo and Qamishly) and two more currently being developed (Damascus and Deir al Zor). Danish RC also supports capacity building of all 14 Syrian Arab RC branches. French RC is contributing to the displaced Iraqis programme through a health clinic in rural Damascus. Up to the end of 2009, Qatar RC supported three of Syrian Arab RC clinics in the eastern parts of the country. Turkish RC had earlier finalized its school construction programme. The British RC continued its bilateral support to Syrian Arab RC disaster management programme. The Netherlands RC left Syria by the end of 2008 after having supported the National Society to establish or upgrade a number of health clinics. The initial development of a health information system was also part of the support by Netherlands RC. By the ICRC, the National Society was supported in its activities to re-establish family links, dissemination and communication of RC/RC Fundamental Principles, first aid in emergencies and mine awareness.

The support from the International Federation enabled the Syrian Arab RC to adhere to the Fundamental Principles of the RC/RC Movement by including support to Iraqi displaced irrespective of legal status, Iraqi displaced in all parts of the country and vulnerable members of the host community. The International Federation continued to work closely with the leadership of the Syrian Arab RC and jointly with the National Society team established to monitor and support the International Federation supported activities for Iraqi displaced. The role of the International Federation representation in Syria included programme development, fund raising, planning and reporting, support to the National Society's structures and capacity building as well as adherence to established procedures of the International Federation. In late 2008, the International Federation took over the responsibility to support an increased number of Syrian Arab Red Crescent health clinics. The International Federation country office continued to ensure coordination and cooperation among Movement partners and supported the National Society in its coordination with international NGOs and UN agencies as requested by the National Society. The MENA zone office of the International Federation, based in Amman, continued to provide support to the operation in Syria. Resource mobilization was further supported by the Secretariat in Geneva.

## Red Cross and Red Crescent action

### Achievements against outcomes

#### Basic health and care

<b>Outcome: The health status of externally displaced Iraqi families in Syria and Jordan is maintained through the provision of high quality curative and preventive primary health care services of Syrian Arab RC and Jordan RC basic health centres, supported by the International Federation.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Adequate health care services in general medicine and dentistry for the Iraqi EDPs in Syria and Jordan as well as the vulnerable host communities is provided through 15 basic health	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Provide primary health care services targeting the most frequent pathologies among the Iraqi EDPs.</li> <li>• Provide basic dental care (tooth filling and extraction).</li> <li>• Facilitate the participation of Jordan RC and Syrian Arab RC health staff in different health training courses and workshops.</li> </ul>

centers (twelve in Syria and three in Jordan).	<p><b>Jordan</b></p> <ul style="list-style-type: none"> <li>• Continue to support three Jordan RC basic health care centres by providing medical supplies, equipment, capacity building, salaries of staff and operating costs.</li> <li>• Support the implementation of the new health information system (HIS) in the Jordan RC basic health centres and the health centres supported by UNHCR, French RC, International Medical Corps (IMC) and Jordan Health and Aid Society (JHAS).</li> <li>• Revise the composition of the standard drug list of the health centres.</li> <li>• Improve the maternal and child health (MCH) services for the EDPs.</li> </ul> <p><b>Syria</b></p> <ul style="list-style-type: none"> <li>• Continue to support 12 Syrian Arab RC primary health care clinics by covering salary, medicines and other operating costs.</li> <li>• Continue to support and develop the Syrian Arab RC clinic information system (SCIS).</li> <li>• Analyse and review information provided by the SCIS to achieve efficiency in clinic management.</li> </ul>
Secondary health care is provided for special health cases through a health care oriented programme.	<p><b>Jordan</b></p> <ul style="list-style-type: none"> <li>• Continue to support secondary health care needs of individually selected cases (x-ray, laboratory tests and medical consultation and treatment). The Jordan RC hospital accepts and treats any emergency case referred from the basic health centres.</li> <li>• Revise the list of secondary health referrals and emergency cases.</li> <li>• Renew the list and time table of Jordan RC hospital consultations for the purpose of case referrals.</li> <li>• Coordinate with national and international NGOs for the referral of mental health cases.</li> </ul> <p><b>Syria</b></p> <ul style="list-style-type: none"> <li>• Monitor and review the provision of secondary health care provided by the Syrian Ministry of Health facilities.</li> <li>• Continue to support diagnostic referrals for laboratory and x-ray services.</li> </ul>

## Jordan

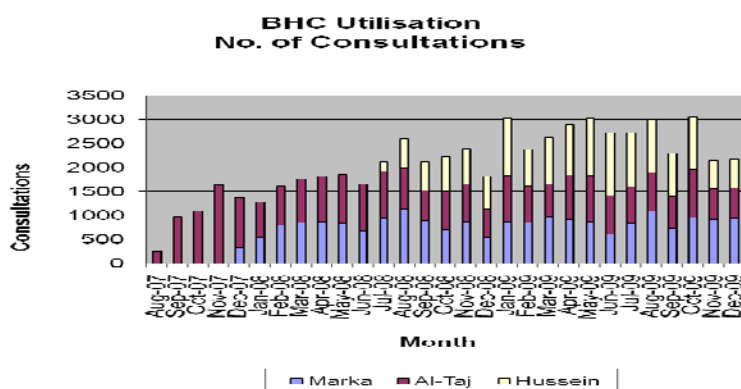


Jordan RC basic health care centers provided free of charge medical services. **Jordan RC**

The International Federation supported Jordan RC technically and financially in establishing and running three BHCs in Greater Amman. The BHCs provided free of charge medical examination and treatment, mother and child care, basic dental care (tooth extraction and tooth canal treatment and filling), psycho-social support, health education, disease prevention and free of charge medication. In coordination with Jordan RC, the International Federation revised the composition of the standard list of drugs provided to the BHCs, added some essential medication related to chronic diseases, and renewed the schedule and consultation time tables for the secondary referral to facilitate the referral of the patients to Jordan RC hospital for specialized consultation, x-ray and laboratory examination.

In addition to the continuous support provided to the BHCs staff to participate in different training course and workshops, the International Federation organised and facilitated periodic technical meetings for the BHC staff, discussing case studies and relevant technical subjects which have positively affected the capacity of the staff and quality of the services.

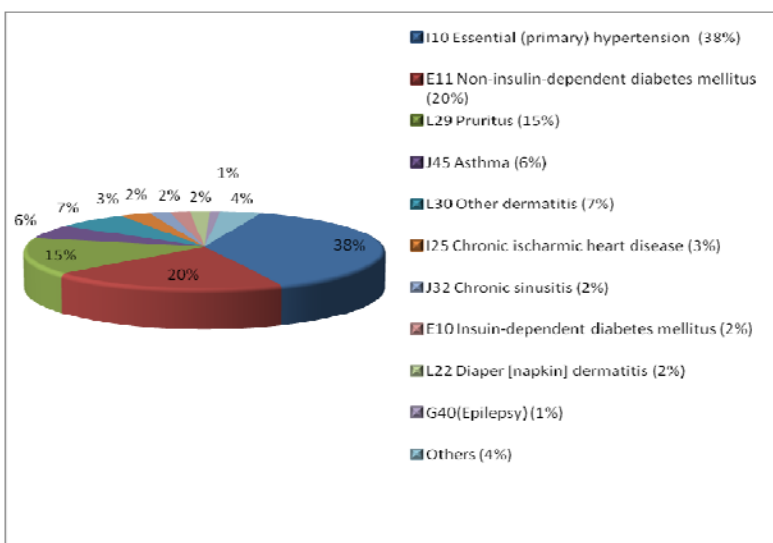
The International Federation facilitated the implementation of the new SCIS to improve the reporting system and allow for better analysis of the impact of the service. The International Federation invited the project coordinator/SCIS operator of the Syrian Arab RC to install the software in the computers of the Jordan RC BHCs, organised a meeting for the managers of the centres and a two day practical training for the BHC data entry clerks and administrators on the use of the new software. Staff from the National Society's BHCs and other health centres supported by the French RC, IMC, UNHCR and Jordan Health Aid Society (JHAS) also attended the training. The International Federation prepared a list of disease classification coding for the common diseases in Jordan adopted from the International Classification of Diseases (ICD10) to be used by the new SCIS users. An information technology officer was recruited who monitored the implementation of the system and provided technical back up support to the users.



By the end of 2009, the number of consultations performed by the three BHCs reached 60,678. The decrease/increase in the number of consultations during different months is mainly due to seasonal changes.

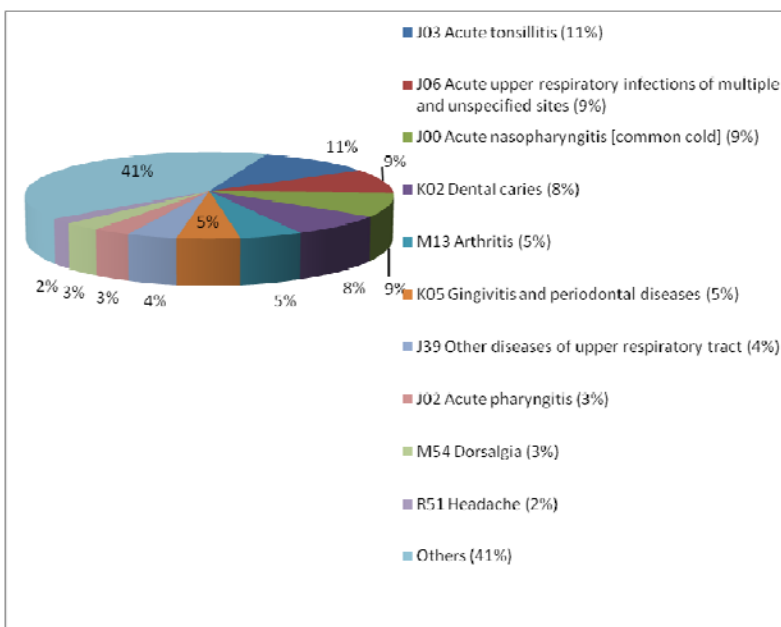
Some patients visited the BHCs more than four-five times which is an indication of the level of satisfaction of the services provided by the BHCs. There is no disease outbreak among the displaced Iraqis. The percentage of other individual diseases is less than two percent. The BHCs are using the

International Classification of Diseases No. 10 (ICD 10). 24 percent of all patient consultations occurred due to chronic diseases, related mainly to age factors. 76 percent of the diseases were acute.



### Top 10 Chronic Diseases

Data analysis revealed that hypertension, non-insulin dependant diabetes mellitus, purities, asthma, other dermatitis, chronic heart disease, chronic sinusitis, insulin dependant diabetes mellitus, diaper dermatitis and epilepsy were the most common chronic diseases. The percentage of other individual chronic diseases is less than one percent.



### Top 10 Acute Diseases

The graph shows the most common acute cases where acute tonsillitis, upper respiratory tract infections, nasopharyngitis, dental caries, arthritis, gingivitis and periodontal diseases, other diseases of upper respiratory tract, pharyngitis, dorsalgia and headaches represent the most common acute illnesses. The percentage of other individual acute diseases is less than 2%.

Documents on maternal and child health (MCH) were provided to the doctors of the BHCs and the subject was discussed in the technical meetings with the staff to improve the MCH services for the displaced families. The International Federation coordinated the participation of the doctors in related training courses held by governmental health authorities.

The International Federation representation provided the Jordan RC counterparts and the staff of the BHCs with updated information, guidance, toolkits and posters on Influenza A (H1N1). The waiting rooms in the health centres were supplied with printed matters to raise the awareness of the patients/visitors about the disease and a list of Jordanian referral hospitals assigned by the health authorities to receive influenza suspected cases was provided to the doctors where displaced people can be referred, diagnosed and treated free of charge. Personal protection equipments were provided to BHC staff. The International Federation facilitated the participation of the National Society staff in different training courses and workshops to enhance their technical knowledge and experience in this field, in addition to the information sessions organised for the staff and volunteers of the BHCs.

### Constraints or challenges

Lack of financial support resulted in closing of the BHCs by the end of 2009 in spite of the actual and continuous need of the displaced families for supported health services, psycho-social support and vocational rehabilitation. The International Federation's MENA zone office had appealed to donor National Societies to support one BHC for six months to one year in 2010. No response has been received so far.

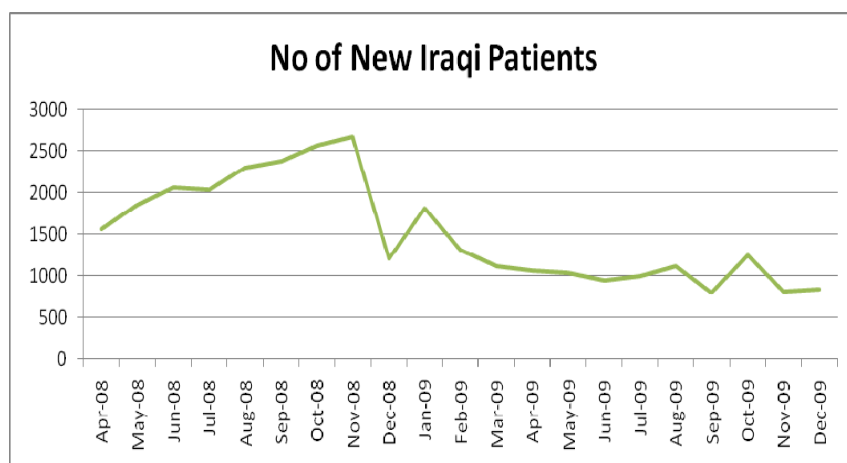
### Syria

Following an initial phase of preparations, the activities have run well and were consolidated. 203,000 consultations have been carried out and 125,000 patients have visited the 12 Syrian Arab RC clinics supported by the International Federation. The majority of patients visited the clinics three times. In general, 58 per cent of the patients were female and 42 percent were male. 66 percent of the patients were between the age of 18 and 59.

### Clinic support

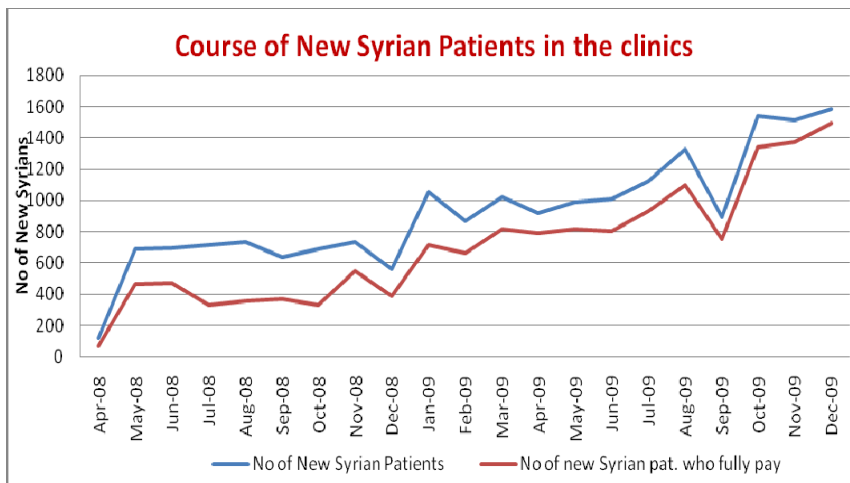
The International Federation continued its support to 12 Syrian Arab RC clinics and four MHUs up to the end of the Appeal. The support included medicines, running costs, certain external referrals (lab test and x-ray in clinics that do not have a lab in its premises) and salaries to staff in seven clinics and four MHUs. The procedures and services have been standardised in all clinics. The standard team comprises of three doctors (internal, paediatrician, gynaecologist), two nurses, one administrator, one dentist, one cleaner, one pharmacist and one lab technician (nine of the clinics have laboratories in the premises).

The Syrian Arab RC utilizes the countrywide well established pharmacy system. A standardised medication list was developed for all health clinics, which clearly states the diagnoses that are financially supported by the International Federation. According to the agreement established between Syrian Arab RC and external pharmacies, medicines supported by the International Federation are obtained upon prescription in one of the pharmacies where the Syrian Arab RC agreement exists. All cooperating pharmacies are licensed in Syria and have undergone the International Federation registration procedure. The International Federation finds the system both cost effective and efficient. The quality of the medicines is very good. Most drugs are produced in Syria, thus they are always available and prices are fixed and comparatively low.

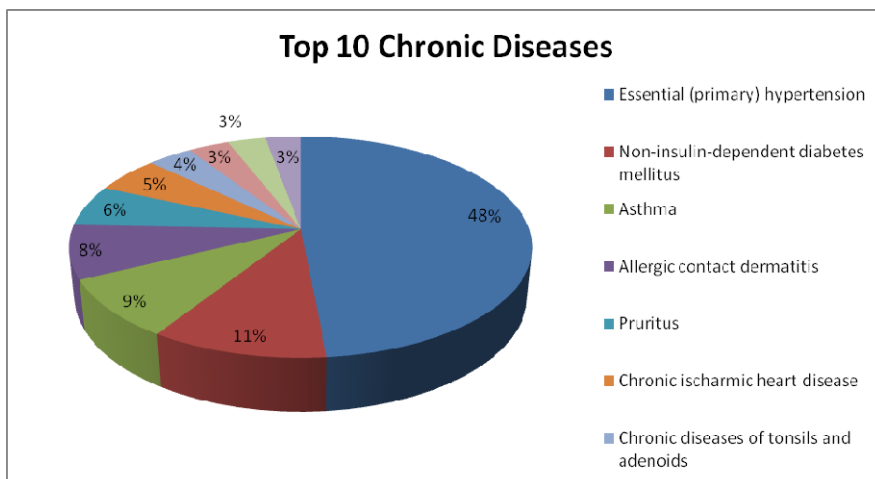


Although the number of new Iraqis (first time visit to the clinics) stopped increasing by mid 2009, the number remained stable at around 1,000 new patients per month.

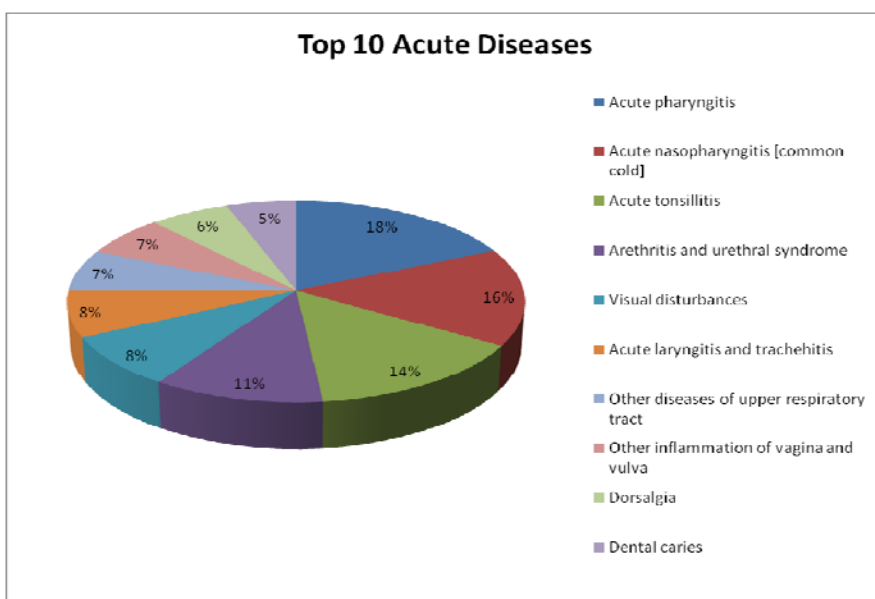
Meticulous monitoring and support from Syrian Arab RC headquarters have resulted in improved services, motivated clinic staff and reduced costs per consultations. The majority of clinics, if not all, wish to continue providing the services also after a withdrawal of the International Federation support. The graph indicates that the clinics were able to attract also Syrian patients who fully pay the fees. Almost 1,500 new patients per month (head count) at the end of the reporting period visited the clinics. To increase this number will be the key to self-sustainability.



Syrian Arab RC applies the International Classification of Diseases No.10 (ICD 10). 13 percent of all patient consultations occurred due to chronic diseases. 87 percent of the diseases were acute.



The most common chronic diseases observed with the displaced Iraqis who visited the clinics in Syria were hypertension followed by non-insulin dependent diabetes mellitus, asthma, allergic contact dermatitis, pruritus, chronic ischemic heart disease, epilepsy, insulin-dependent diabetes mellitus, diaper dermatitis, and chronic diseases of tonsils and adenoids. Some patients may have consulted the clinic because of both chronic and acute medical problems.



The most common acute diseases were acute pharyngitis, acute nasopharyngitis, acute tonsillitis, arthritis, visual disturbances, acute laryngitis and tracheitis, other diseases of upper respiratory tract, other inflammation of vagina and vulva, dorsalgia and dental caries.

Supported by UNHCR, standardised referral procedures were introduced in 2009. Patients from clinics supported by the International Federation were accepted at Ministry of Health institutions for secondary health care after referral. The procedures worked very well outside Damascus where all patients regardless of status received secondary health care in case of need. In Damascus and rural Damascus, the legal status continued to remain an obstacle. In addition to the clinics supported by the International Federation, the National Society operates six clinics in Damascus with support from UNHCR and one jointly with French RC. UNHCR also supports three Syrian Arab RC clinics outside Damascus area.

A standardised health information system (SCIS) was implemented in all clinics to enable monitoring of relevant health and demographic data and to provide reports accordingly. The SCIS, developed by Syrian Arab RC supported by the Netherlands RC/ECHO and further developed by the International Federation, contains a clinic version, managed and updated in the clinics and a headquarters version that summarises the data received from the clinics on a monthly basis. It can be upgraded according to needs and reports may be retrieved from the system for analysis on public health. SCIS is used by 17 clinics in Syria, by NGOs and UNHCR in Jordan and was recently exported to Lebanese Red Cross. The SCIS has turned out a very good monitoring tool that has facilitated project management and decision making.

In mid 2009, SCIS was upgraded to enable regular analysis of malnutrition status of children under five. The clinic staff in the eastern and north eastern parts of the country (drought affected area) was trained by Action against Hunger (ACF), which also provided the clinics with equipment for this purpose. Although no big numbers of malnutrition could be recorded, the monitoring continued into the new Appeal.

Two rapid identifications of needs were carried out in 11 governorates by the Syrian Arab RC, in March-April 2007 and in March 2008. In total 2,870 Iraqi families were interviewed through random selection and focus groups were organised with 200 participants and 900 questionnaires were distributed. Desk interviews were held with Ministry of Health, Ministry of Education, Passport and Immigration Department), Central Bureau of Statistics, ICRC, WFP, UNHCR and UNICEF.

In April 2007, a rapid emergency needs team from the International Federation concluded its report based on a mission to Syria and Jordan. The visit included interviews with Syrian Arab RC branches, Iraqi families and relevant partners and authorities. In January 2009, external evaluators carried out a mid term evaluation of the Appeal. The review included visits to Syrian Arab RC clinics and branches, discussions with Iraqi families, National Society headquarters and external partners. Needs were continuously followed through analysing data from the health information system reports and regular reports from Syrian Arab RC clinic staff.

The activities were monitored jointly by the Syrian Arab RC and the International Federation. The support team seconded by the National Society included five staff members - a project coordinator, health officer; financial manager, financial officer and a financial assistant. A programme coordinator and the country representative were present from the International Federation. The funds spent for medications were well monitored and documented. All prescriptions and invoices were checked at Syrian Arab RC headquarters and a monthly medication report was developed to enable monitoring of consumption, cost and compliance with the standard medication list. Meticulous monitoring was carried out by the finance manager with immediate interventions if necessary. Financial monitoring was further done through the financial unit in the International Federation MENA Zone office based in Amman, responsible for data entry in the International Federation's internal systems. Regular visits were carried out to the clinics by the National Society and the International Federation.

A combination of needs, well-functioning clinics and motivated staff prompted the International Federation to continue its support in Syria also in 2010 (see MDRSY002). The majority of clinics, if not all, wish to continue providing the services also after a withdrawal of Federation support. Key for self sustainability will be to attract more fully paying Syrian patients. The International Federation will support the clinics to increase their visibility, public relations and recourse mobilisation.

<b>Psycho-social support</b>	
<b>Outcome: The coping and psycho-social wellbeing of the externally displaced Iraqi families in Syria and Jordan is improved through qualified psycho-social support programmes of Syrian Arab RC and Jordan RC, supported by the International Federation.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Psycho-social wellbeing of the Iraqi EDPs has improved.	<p><b>Jordan</b></p> <ul style="list-style-type: none"> <li>Continue providing support to the EDPs on an individual case by case</li> </ul>

	<p>basis through counsellors in Jordan RC basic health centres.</p> <ul style="list-style-type: none"> <li>• Establish a case file system in the health centres for the psycho-social and mental health cases.</li> <li>• Establish a psycho-social centre in Amman to address psycho-social needs of EDPs, enhance integration with host local communities and develop vocational training.</li> <li>• Coordinate and collaborate with national and international NGOs to <i>share</i> information, experiences and lesson learned.</li> <li>• Coordinate with relevant partners the referral of cases which need special counselling or treatment.</li> </ul> <p><b>Syria</b></p> <ul style="list-style-type: none"> <li>• Monitor and coordinate PSP programmes in Syria in conjunction with Syrian Arab RC, Danish RC and other implementing agencies.</li> </ul>
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### Jordan

The psycho-social counsellors in the BHCs continued to provide psycho-social support to the displaced families in need. They conducted home visits, strengthening the relationship with the displaced families and provided the needed support.

The International Federation assisted Jordan RC's psycho-social counsellors to improve the registration system of the psycho-social cases which need follow up through the introduction of a new filing system which allowed for a better follow up and assessment of the cases referred to the clinics.

Due to funding constraints, the International Federation and Jordan RC agreed to suspend earlier plans to open a psycho-social support centre in Jabal Al Hussein BHC. An agreement was reached with the French RC to utilize the facilities of the psycho-social support centre in Al Hashmi clinic supported by the French RC as a referral centre for the cases referred from the three BHCs for further assessment, support and follow up.

The International Federation facilitated the coordination of Jordan RC with national and international organizations like IMC, French RC, Noor-Al Hussein Foundation, Antares and War Trauma Foundation to share information and experiences. In addition, it supported the psycho-social counsellor from Al-Taj BHC to be included as a permanent member of the psychological and mental health working group of organizations providing psycho-social support coordinated by UNICEF regional office in Amman. Doctors from the BHCs participated in training courses on mental health and community based psycho-social support. Continuous coordination and consultation was maintained with the MENA Zone psycho-social coordinator for knowledge sharing and technical support to Jordan RC psycho-social practitioners. Coordination was maintained with IMC to cover the referral of mental health cases from the BHCs to a private specialized mental diseases hospital (Al-Rasheed Hospital) in Amman.

In addition to the psycho-social component given to all the volunteers in the basic health training courses, a training course on psycho-social support was conducted for 27 volunteers in coordination with the International Federation's MENA zone office. Instead of the planned training of 12 Jordan RC staff, due to funding constraints, only four Jordan RC staff attended the regional psycho-social training of trainers (ToT) course organized by the MENA zone.

In coordination with Jordan RC vocational training centre, 106 Iraqi displaced women participated in four training workshops on "learning through play" and "dealing with behavioural difficulties in children". The training aimed at empowering the women/mothers ability in dealing with children and infants and building up the motor and sensory skills of the children.

### Syria

In late 2007, the Syrian Arab RC hosted a regional conference on psychosocial support programmes (PSP) in the context of the needs of Iraqi displaced. The conference was initiated by the International Federation's MENA zone, supported by the International Federation Reference Centre for Psychosocial Support in Denmark. The context in which the conference was convened not only considered the short-term perspective of the immediate suffering of the internally and externally displaced Iraqis, but also the long term need for psychosocial support in a region characterized by complex political environment and protracted conflicts. The conference was attended by 11 National Societies from MENA zone, namely; Syria, Jordan, Iraq, Egypt, Libya, Tunisia, Bahrain, Qatar, Lebanon, Palestine and Yemen. In addition, five PNSs (Sweden, Turkey, France, Denmark, and Norway), and

agencies of the United Nations system such as UNHCR, UNICEF, and UNFPA were present at the conference. The International Federation was represented by MENA zone office and the representations in Jordan, Syria and Lebanon.

The aim was to bring together key stakeholders, from within the RC/RC Movement and beyond, to share experiences and discuss possible approaches in providing relevant psycho-social services for the displaced Iraqis. The objectives of the conference were to share the good practices of and lessons learned from the PSP in the MENA region, to develop a clear strategy and practical steps on how best to respond to the psycho-social needs of the displaced Iraqis and review existing cooperation modalities and develop appropriate strategy for PSP in the region. The conference activities included presentations on ongoing services to externally displaced Iraqis in Syria by UNHCR and UNICEF in cooperation with the Syrian Arab RC; services to the same group in Jordan by Jordan RC; Iraqi RC PSP activities inside Iraq; and a final presentation on the outcome of the psycho-social needs survey of the displaced Iraqis in Syria, conducted by the Syrian Arab RC and Danish RC. Working groups discussed the gaps, needs, capacity building and themes for a strategic plan of action for externally displaced Iraqis. Full report of the conference is available and can be requested from the MENA zone office.

Although the Syrian Arab RC had carried out activities earlier, i.e. to people arriving in Syria from the war in Lebanon 2006, the regional PSP conference raised the profile of psycho-social support in Syria. Supported by Danish RC, the Syrian Arab RC developed a long term psycho-social programme aiming at enhancing the psycho-social wellbeing and resilience of displaced Iraqis and vulnerable Syrians from the local communities through providing psycho-social support through counselling centres. Three community centres were developed during the reporting time frame and another two is under preparation for 2010. The centres offer a wide range of activities based on the needs of the communities, such as psycho-education support groups for women and men, life-skills empowerment groups for adolescents, structured play workshops for children, social areas such as cafés, play areas for children and adolescent areas, classes in English, literacy courses, IT, tuition and remedial classes for students and cultural activities. In this way, the National Society has managed to enhance resilience among the displaced and members of the local community to deal with their problems and stress through recreational and group activities. In 2009, the centres had registered over 11.074 beneficiaries with 87,817 visits during the year. 73 percent of the visitors were displaced Iraqis, whereas 27 percent were Syrian or other nationalities from the local communities. The centres are run by Syrian Arab RC branches and activities are implemented by National Society volunteers.

The programme further included support to the capacity building of volunteers and staff in all Syrian Arab RC branches. More than 300 volunteers have been trained in basic psycho-social support activities. The Syrian Arab RC branches selected a number of trained volunteers to become trainer of trainers. They received knowledge on the new edition of the International Federation manual for community-based psycho-social support. The psycho-social coordinator from the International Federation MENA zone office in Amman supported the training.

Plans for 2010 and beyond have been developed to include community activities to ensure an increased ability to respond to psycho-social needs at the local levels. The capacity to respond to psycho-social needs in future crises will further be enhanced by focusing on integration of psychological first aid in community-based risk reduction (CBRR) activities.

<b>Community based health care</b>	
<b>Outcome: The ability of the externally displaced Iraqis in Syria and Jordan to prevent diseases and injuries is strengthened through community based health and first aid programmes managed by Syrian Arab RC and Jordan RC.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
The health situation of the EDPs is improved through better health awareness, knowledge and behaviour.	<p><b>Jordan</b></p> <ul style="list-style-type: none"> <li>• Continue conducting home visits through Jordan RC volunteers to strengthen the relationship with the EDPs, monitor their health situation' and conduct health awareness sessions.</li> <li>• Conduct two training courses for 70 new Jordan RC volunteers/staff on basic community health, psycho-social support and first aid (volunteers selected among the EDPs are included).</li> <li>• Improve health education through the distribution of health awareness posters, leaflets and TV/DVD in the waiting lounges of the health centres.</li> </ul>

	<ul style="list-style-type: none"> <li>• Develop new information and public awareness notes to inform the beneficiaries about the available health services.</li> <li>• Follow up the occurrence of gender-based violence in the externally displaced families through the PSP counsellors' home visits and volunteer visits.</li> </ul> <p><b>Syria</b></p> <ul style="list-style-type: none"> <li>• Implement health education and outreach programmes in conjunction with Syrian Arab RC branches through utilising Syrian Arab RC volunteers.</li> <li>• Improve health education through the distribution of health awareness posters, leaflets and using TV/DVDs in clinic waiting lounges.</li> </ul>
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### Jordan

The International Federation, in coordination with Jordan RC, conducted four basic health training courses for 131 volunteers including Iraqi volunteers drawn from the Iraqi displaced communities. Each six days courses covered topics on RC/RC Movement, hygiene promotion, communicable diseases, water/sanitation, nutrition, first aid and psycho-social support.

The Jordan RC volunteers attached to the three BHCs conducted home visits to monitor the health and social well being of the Iraqi displaced, provided health education and encouraged them to benefit from the services of the health facilities. The volunteers' work was organized through a weekly roster to conduct the home visits under the supervision of the psycho-social counsellors of the BHCs and submit reports on their findings. The number of beneficiaries reached through the volunteers' home visits during the implementation period is 19,303.



Jordan RC volunteers distributed health education materials to externally displaced people. **Jordan RC**

Health education materials were distributed to the displaced people in the BHCs and during the volunteers' home visits. The International Federation supported Jordan RC to procure and install TV/DVD sets in the waiting rooms of each of the three BHC to promote health education among the attendants and visitors of the BHCs.

The psycho-social counsellors followed up the occurrence of gender-based violence in the externally displaced families case by case and coordinated the findings directly with Jordan RC programme coordinator. In general the reported cases were few and many cases were managed directly in coordination with the families.

Many of the displaced families hesitated to claim on gender-based violence because of traditional customs. The subject needs more survey and continuous contact with families.

### Syria

Supported by International Federation, already well trained volunteers were provided with complementary training in the updated modules of community based health and first aid (CBHFA). In addition, ICRC was assisting the training of Syrian Arab RC volunteers in first aid and standardisation of its first aid manuals. Posters developed by Syrian Arab RC explaining preventive measures against H1N1 were distributed to all clinics. Health education directly to patients was primarily conducted by clinic staff. The objective remains in the current Appeal for Syria (MDRSY002) where it is envisaged to further enhance community awareness.

<b>Relief distributions (basic NFIs)</b>	
<b>Outcome: The material needs of vulnerable displaced Iraqi families and local host communities in Syria and Jordan are covered through the ad hoc distribution of essential items by the host National Societies, supported by the International Federation.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
The material needs of the EDPs are supplemented by the distribution of NFIs including hygiene kits and school kits.	<p><b>Jordan</b></p> <ul style="list-style-type: none"> <li>• Support with non-food items on an ad hoc basis as and when needed.</li> </ul> <p><b>Syria</b></p> <ul style="list-style-type: none"> <li>• Distribute 80,000 hygiene kits particularly in those areas affected by drought.</li> <li>• Procure and distribute 30,000 school kits before the commencement of the new school year in September 2009.</li> <li>• Identify additional NFIs requirements and potential donors based on needs assessments.</li> </ul>

### **Jordan**

The International Federation supported the logistics and procurement unit of Jordan RC in preparing the list and quantities of the items and supervised, monitored the tendering process and regularly visited the distribution centre to check the quality of the materials and to monitor the distribution procedures.

The selection was made according to actual needs of the families, suggested by the psycho-social counsellors and volunteers' information reports and discussed with the staff of each BHC. The criteria for selection included type of habitation setting, number of families in the same house, families with disabilities or chronically diseased members, and women headed households (usually each family is of five members or more).

The distribution was carried out through five rounds. The total number of beneficiaries that received relief items supported was 16,500 family and 9,500 children. In addition, Jordan RC distributed relief items to 2,500 families supported by German RC. The table below shows the items and quantities received by each family.

<b>Rounds</b>	<b>Items</b>	<b>Number of families</b>
Round one	Blankets and bed sheets, kitchen sets and hygiene kits	3,000
Round two	Blankets and bed sheets, kitchen sets and hygiene kits	3,000
Round three	Blankets and bed sheets, kitchen sets and hygiene kits	3,500
Round four	Food parcels and hygiene kits	3,500
Round five	Hygiene kits	3,500
<b>Total number of families reached</b>		<b>16,500 family</b>

<b>Rounds</b>	<b>Items</b>	<b>Number of beneficiaries</b>
Three rounds	School kits	<b>9,500 children</b>

Some of the identified beneficiaries had received assistance from other NGOs which shows the need of more coordination between the different agencies that are distributing relief items. Continuous update of the process of beneficiary identification is needed.

## Syria

Items	Beneficiaries
Hygiene kits	120,000 families
Mattresses	30,000 families
Blankets	20,000 families
Kitchen sets	30,000 families
School kits (back packers and stationary)	40,000 pupils
School uniforms	9,732 pupils

In Syria, the appeal target to support 30,000 families was by far exceeded with up to 120,000 families receiving humanitarian assistance supported by the International Federation. The criteria for selection of beneficiaries included families of five or more, female headed households, widows and families with carers and disabilities. Families struggling to cope with the daily living were supported with the assistance that enabled them to use the little earnings they have on food and other necessities. Thus, the assistance contributed to the reduction of their vulnerability.

[<Interim final financial report and contact details below; click here to return to the title page>](#)

## How we work

All IFRC's 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.

## Contact information

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# International Federation of Red Cross and Red Crescent Societies

MDR81002 - Middle East - Displaced From Iraq

Interim Report

Selected Parameters	
Reporting Timeframe	2007/3-2010/3
Budget Timeframe	2007/3-2010/3
Appeal	MDR81002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	17,144,179				30,963	17,175,141
<b>B. Opening Balance</b>	0				0	0
<b>Income</b>						
<u>Cash contributions</u>						
American Red Cross	301,000					301,000
British Red Cross	2,265					2,265
China RC, Hong Kong branch	5,936					5,936
Finnish Red Cross	165,700					165,700
Germany Red Cross	436,050					436,050
Japanese Red Cross	303,000					303,000
Monaco Red Cross	3,780				29,360	33,140
On Line donations	31,954					31,954
OPEC Fund For Int-I Development	1,203,000					1,203,000
Poland Red Cross	152					152
PRM, US Dept. Population Refugees & Migration	10,137,093					10,137,093
Sweden Red Cross (from Swedish Government)	1,607,000					1,607,000
Switzerland - Private Donors	500					500
United States - Private Donors	185					185
<b>C1. Cash contributions</b>	<b>14,197,615</b>				<b>29,360</b>	<b>14,226,976</b>
<u>Outstanding pledges (Revalued)</u>						
PRM, US Dept. Population Refugees & Migration	797,618					797,618
<b>C2. Outstanding pledges (Revalued)</b>	<b>797,618</b>					<b>797,618</b>
<u>Inkind Personnel</u>						
British Red Cross	89,250					89,250
Germany Red Cross	74,400					74,400
Sweden Red Cross	54,967					54,967
<b>C5. Inkind Personnel</b>	<b>218,617</b>					<b>218,617</b>
<u>Other Income</u>						
Miscellaneous Income	6,111					6,111
Services	143,325					143,325
<b>C6. Other Income</b>	<b>149,437</b>					<b>149,437</b>
<b>C. Total Income = SUM(C1..C6)</b>	<b>15,363,286</b>				<b>29,360</b>	<b>15,392,647</b>
<b>D. Total Funding = B + C</b>	<b>15,363,286</b>				<b>29,360</b>	<b>15,392,647</b>
<b>Appeal Coverage</b>	<b>90%</b>				<b>95%</b>	<b>90%</b>

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0				0	0
<b>C. Income</b>	15,363,286				29,360	15,392,647
<b>E. Expenditure</b>	-14,524,457				-29,360	-14,553,817
<b>F. Closing Balance = (B + C + E)</b>	<b>838,830</b>				<b>0</b>	<b>838,830</b>

International Federation of Red Cross and Red Crescent Societies

MDR81002 - Middle East - Displaced From Iraq

Interim Report

Selected Parameters	
Reporting Timeframe	2007/3-2010/3
Budget Timeframe	2007/3-2010/3
Appeal	MDR81002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>17,144,179</b>					<b>30,963</b>	<b>17,175,141</b>
<b>Supplies</b>								
Construction Materials	35,663	36,092				36,092	-429	
Clothing & textiles	1,250,288	1,250,288				1,250,288	0	
Food	195,506	195,506				195,506	0	
Medical & First Aid	3,091,690	2,444,615				2,444,615	647,076	
Teaching Materials	1,031,547	1,031,547				1,031,547	0	
Utensils & Tools	1,167,667	1,167,667				1,167,667	0	
Other Supplies & Services	4,345,477	3,909,205				3,909,205	436,271	
<b>Total Supplies</b>	<b>11,117,839</b>	<b>10,034,920</b>				<b>10,034,920</b>	<b>1,082,918</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	343,457	343,593				343,593	-136	
Computers & Telecom	62,483	45,331				45,331	17,153	
Office/Household Furniture & Equipm.	162,219	98,162				98,162	64,057	
Medical Equipment	0						0	
<b>Total Land, vehicles &amp; equipment</b>	<b>568,159</b>	<b>487,085</b>				<b>487,085</b>	<b>81,074</b>	
<b>Transport &amp; Storage</b>								
Storage	340	12,031				12,031	-11,690	
Distribution & Monitoring	117,890	88,780				88,780	29,110	
Transport & Vehicle Costs	171,606	117,470				117,470	54,137	
<b>Total Transport &amp; Storage</b>	<b>289,836</b>	<b>218,280</b>				<b>218,280</b>	<b>71,556</b>	
<b>Personnel</b>								
International Staff	1,086,535	863,937			25,802	889,739	196,796	
National Staff	369,186	198,950				198,950	170,236	
National Society Staff	1,739,523	1,366,824				1,366,824	372,699	
Consultants	108,959	95,302				95,302	13,657	
<b>Total Personnel</b>	<b>3,304,203</b>	<b>2,525,014</b>			<b>25,802</b>	<b>2,550,816</b>	<b>753,388</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	255,098	144,448				144,448	110,650	
<b>Total Workshops &amp; Training</b>	<b>255,098</b>	<b>144,448</b>				<b>144,448</b>	<b>110,650</b>	
<b>General Expenditure</b>								
Travel	112,172	49,256				49,256	62,916	
Information & Public Relation	59,505	17,313				17,313	42,192	
Office Costs	154,212	58,485			1,650	60,135	94,077	
Communications	104,077	66,533				66,533	37,544	
Professional Fees	31,915	2,585				2,585	29,331	
Financial Charges	59,547	-17,489				-17,489	77,036	
Other General Expenses	2,192	1,045				1,045	1,147	
<b>Total General Expenditure</b>	<b>523,621</b>	<b>177,728</b>			<b>1,650</b>	<b>179,378</b>	<b>344,244</b>	
<b>Programme Support</b>								
Program Support	1,116,384	935,474			1,908	937,383	179,001	
<b>Total Programme Support</b>	<b>1,116,384</b>	<b>935,474</b>			<b>1,908</b>	<b>937,383</b>	<b>179,001</b>	
<b>Operational Provisions</b>								
Operational Provisions	0	1,506				1,506	-1,506	
<b>Total Operational Provisions</b>	<b>0</b>	<b>1,506</b>				<b>1,506</b>	<b>-1,506</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>17,175,141</b>	<b>14,524,457</b>			<b>29,360</b>	<b>14,553,817</b>	<b>2,621,324</b>	
<b>VARIANCE (C - D)</b>		<b>2,619,722</b>			<b>1,602</b>	<b>2,621,324</b>		