

Operations update



International Federation
of Red Cross and Red Crescent Societies

Syria: Population Displaced from Iraq

Emergency appeal n° MDRSY002
Operations update n° 2
1 November 2010

Period covered by this update: 1 January - 30 September

Appeal target (current): CHF 3,216,107

Appeal coverage: 63 per cent [<click here to go directly to the interim financial report, or here to link to contact details >](#)

Appeal history:

This Emergency Appeal for Syria was launched on 17 December 2009 with starting date as of 1 January 2010 to assist 68,000 beneficiaries. The activities are primarily a continuation of the health activities developed in *the Middle East: Population Displaced from Iraq* Emergency Appeal (MDR81002) that ended its regional approach for Jordan and Syria on 31 December 2009.

The International Federation of Red Cross and Red Crescent Societies has responded positively to a request by Syrian Arab Red Crescent (SARC) to continue supporting health services also in 2011. A work plan is currently being prepared to decide on the number of clinics to be included in a revised appeal for next year.



Jaramana is one of the 10 SARC clinics supported by the International Federation. Photo: Syrian Arab RC

Summary: Despite considerable economical and social consequences, Syria continues to show generosity towards the largest number of displaced Iraqis in the region, around one million according to government sources. The support by the International Federation to SARC has been ongoing since early 2007 and focuses on health care services carried out in 10 SARC clinics, and four mobile health units serving the poor rural population. The services are provided to displaced Iraqis regardless of legal status in country and to vulnerable members from the host community. From 1 January to 30 September 2010, **100,263 patient consultations** were carried out and **63,243 patients** treated in the International Federation-supported SARC health clinics.

An external monitoring of the health care services was carried out by an expatriate consultant (MD) earlier this year. During one month, the consultant visited the health centres jointly with SARC. Systematic interviews with health centre staff and a questionnaire was followed by a general briefing. The perception of the consultant was that the project as a whole is very well managed with tremendous efforts being made in prescription control, drug price calculation and the health information system (SCIS). In addition to staff competence, also staff motivation and staff concern for the work were found to be high. This was especially obvious in the health centres where the number of female staff is high. Health centre staff was also found to be keen to improve their skills and services. Activities aiming at prevention were identified as the main area with room for improvement. As an immediate

response to the recommendations, a qualified community health coordinator was recruited to ensure enhanced focus on health awareness in the clinics. Integrating the clinic program with other SARC programs is another focus. Branch volunteers trained in community based health and first aid will support clinic staff in health awareness sessions and reach out also to host community members outside the clinics.

Activities related to mental health was strengthened during the reporting period. Facilitated by SARC and in cooperation with the International Federation and Danish Red Cross, nine clinic doctors and nine nurses from SARC clinics in the east and northeast, were trained by specialists from the International Medical Corps (IMC). The trainings included both theoretical sessions and on the job training and was aiming to enhancing staff understanding on reactions and appropriate approach towards patients suffering from PTSD or other psychological disorders.

Since March 2010, the SARC clinic Al Othman in Damascus, partly supported by the International Federation, has become a referral centre for patients in need of psychological support. With a focus on children and their families, a multidisciplinary team is receiving patients referred from other SARC clinics, UNICEF, UNHCR, IMC, or spontaneously approaching the team. Around 150 patients receive support every month. While the staff costs were covered by UNICEF, the medication costs for patients were supported by the International Federation.

The clinics continued their efforts to become self-sustainable by attracting non-subsidised Syrian patients. Public relation campaigns and other events was organised to promote the services to the public at large. The number of fully paying patients has increased in some clinics with more than 50 percent during the reporting period.

The Syrian Arab Red Crescent, having been entrusted by the government to be the focal agency for external humanitarian assistance, continued its coordination role of activities targeting the Iraqis displaced in Syria. 14 international non-governmental organisations (NGOs) were operational, at the time of writing, the majority being active in the field of health, vocational training, rehabilitation and psycho social support.

The International Federation wishes to thank the United States Department of State - Bureau of Population, Refugees and Migration (BPRM), European Commission Humanitarian Aid Office (ECHO), the Swedish government and Swedish Red Cross and Japanese Red Cross, and for their contributions that have enabled SARC to continue providing essential health services to the displaced population and vulnerable members of the host community.

The situation

Despite considerable economic and social consequences, Syria continues to show generosity towards the largest number of displaced Iraqis in the region; around one million according to government sources. By and large, the situation remains similar to previous year, with increased vulnerability for many. Traumatic experiences in Iraq combined with an uncertain future and prolonged exile is affecting the situation of the displaced in addition to difficulties to earn a living.

According to the United Nations Higher Commissioner for Refugees (UNHCR), 150,761 individuals were registered with the agency in July 2010¹. There are no camps established for the Iraqi population. The majority rent private accommodation in major cities or are hosted by relatives and friends. UNHCR does not encourage any large scale returns to Iraq but supports voluntary repatriation on an individual basis. Since the start of the voluntary repatriation program in October 2008, UNHCR in Syria has assisted 1,367 individuals to return to Iraq - financial hardships appeared to be the main reason for the returns.²

Supported by the International Federation, SARC has responded to the needs of the Iraqis displaced in Syria since the beginning of 2007. A nation wide network of basic health centres has been developed or upgraded to provide quality health support to Iraqis, regardless of their legal status in the country - registered or not registered with UNHCR - and to vulnerable members of the host community. The number of Iraqi patients who visited the clinics during the reporting period was almost exactly the same as during the same period last year, with the last three months seeing ***an increase in numbers of new Iraqi patients*** (never visited a SARC clinic before).

¹ UNHCR update, Syria, July 2010

² *ibid*

Coordination and partnerships

The Syrian Arab Red Crescent has been entrusted by the government to be the focal agency with the mandate to coordinate external humanitarian assistance and activities targeting the externally displaced Iraqis. This coordination role has placed a huge burden on the operational capacity of the national society. 14 international NGOs are currently operational - the majority being active in the field of health, vocational training, rehabilitation and psycho social support.

The National Society works in cooperation with United Nation agencies. Six SARC health centres for Iraqi refugees in Damascus and rural Damascus and another three clinics outside Damascus are supported by UNHCR. The UNHCR support also includes referral of patients to Syrian public hospitals for cases that cannot be treated at the healthcare centres. Through its nation wide network of branches and volunteers, assists in distributions of food, school kits and other items. Partnership in community based psycho-social support continues with the United Nations Children's Fund (UNICEF).

Cooperation also exists with other UN agencies present in Syria, also outside the support to Iraqi displaced. These include United Nations Population Fund (UNFPA), International Organisation for Migration (IOM), World Food Programme (WFP), United Nations Relief and Works Agency (UNRWA), World Health Organisation (WHO) and United Nations Development Programme (UNDP).

Two partner national societies (PNSs) are present in the country. The Danish Red Cross supports the psycho-social support programme at national level with five established community centres. The Danish Red Cross also supports capacity building of all 14 SARC branches. The French Red Cross is contributing to the Iraqi programme through a health clinic in rural Damascus.

The International Committee of the Red Cross (ICRC) supports the National Society in its activities to re-establish family links, dissemination and communication of Red Cross Red Crescent Fundamental Principles, first aid in emergencies and mine awareness. Activities to support drought affected populations have been developed jointly with the National Society during the reporting period.

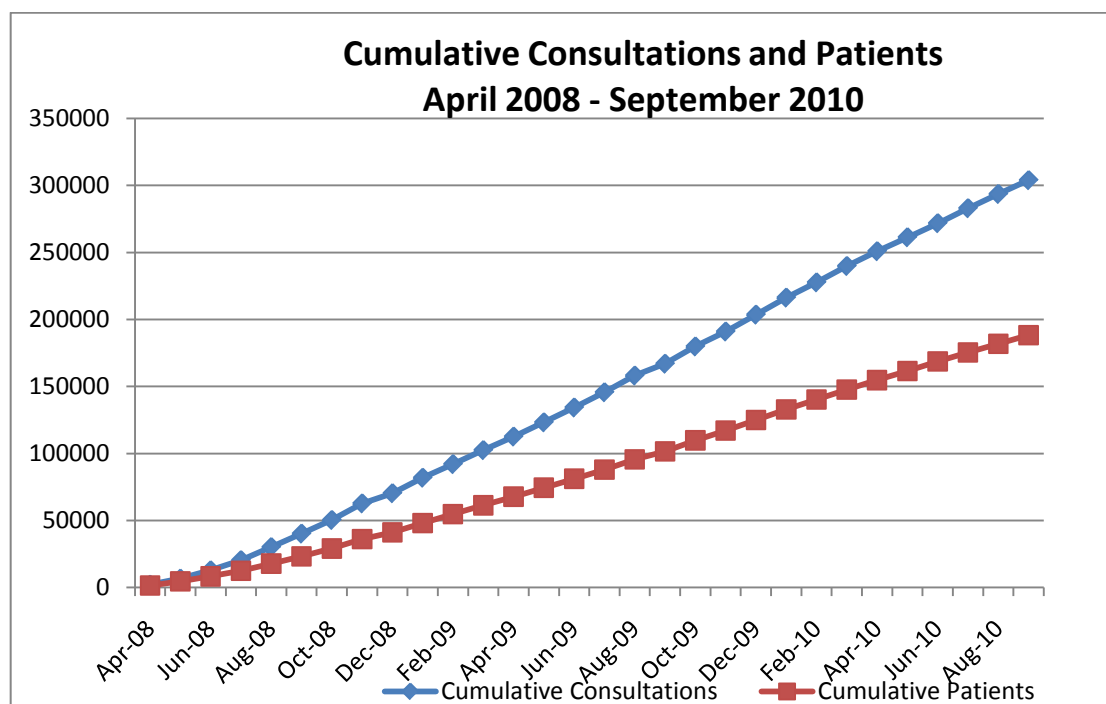
The International Federation continues to work closely with the SARC leadership and jointly with the National Society team established to monitor and support the International Federation supported activities. The role of the International Federation representation in Syria includes programme development, fundraising, planning and reporting as well as ensuring adherence to established procedures and rules of the International Federation. The International Federation country office continues to ensure coordination and cooperation among Movement partners and supports the National Society in its coordination with international NGOs and UN agencies as requested by the National Society. Together with SARC leadership, the International Federation is working to enhance capacity and development of the National Society. The International Federation Middle East and North Africa zone office based in Amman, continues to provide support to the operation in Syria. Resource mobilization is further supported by the Secretariat in Geneva.

In addition to this emergency appeal, the International Federation also supports SARC in its response to the drought affected populations in the eastern and northeastern parts of the country. The support focuses on relief assistance including food and hygiene kits, water and sanitation, emergency health and community based health awareness including household water treatment. For further information, please refer to Syria: Drought (MDRSY001) at http://www.ifrc.org/cgi/pdf_appeals.pl?09/MDRSY001ea.pdf

Red Cross and Red Crescent action

Overview

63,243 patients received health care and 100,263 consultations were carried out in the 10 International Federation supported SARC health clinics and four mobile health units between 1 January and 30 September 2010. This brings the total number of patients to around 200,000 and the number of consultations to more than 300,000 since the program started in early 2008. 65,805 of the consultations were provided to Iraqi patients or vulnerable members of the host community.



The Syrian Arab Red Crescent has established a well functioning nationwide network of clinics to provide Iraqis with health care regardless of their legal status in the country. The support also extends to vulnerable persons from host communities. Support provided by the International Federation includes staff salaries, provision of medicine, x-ray, lab tests, medical consumables and other operating costs. The clinics are located in: Damascus, rural Damascus, Homs (central), Menbej (north), Raqqa, Deir al Zor, Al Hassakeh, Qamishly and Al Bokamal (northeast and east). Four mobile health units (MHUs) continued to serve poor rural populations, with an increased focus on populations affected by the drought. A rapid evaluation jointly carried out by the National Society and the International Federation earlier this year, confirmed the relevance of continued MHU services.

The activities are monitored jointly by SARC and the International Federation. The funds spent for medications were well monitored and documented. All prescriptions and invoices were checked at SARC headquarters and a monthly medication report enables monitoring of consumption, costs 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 at the International Federation MENA zone office in Amman, responsible for data entry in the Federation's internal systems. Regular visits were carried out to the clinics by the National Society and the International Federation country representative.

Progress towards outcomes

Relief distributions	
Outcome: School kits and fuel are distributed to beneficiaries to support the education of school children and protect the families from the winter.	
Outputs (expected results)	Activities planned
20,000 Iraqi children and children from vulnerable host communities are supported with school kits and their education is sustained.	<ul style="list-style-type: none"> Identify the 20,000 children needing school kits in cooperation with local authorities. Procure and distribute school kits (backpacker and stationary) to the selected children prior to the new school year in September 2010. Coordinate with local authorities and government to ensure the effective distribution to the most vulnerable and avoid overlapping. Mobilize branch distribution teams. Monitor and evaluate the relief activities and provide reporting on relief distributions
600 vulnerable non-registered	<ul style="list-style-type: none"> Establish MoU with local fuel providers.

Iraqi families are provided with fuel and protected from the cold winter.	<ul style="list-style-type: none"> Identify the families together with SARC branches and organise voucher delivery for 240 litres of fuel to 600 families.
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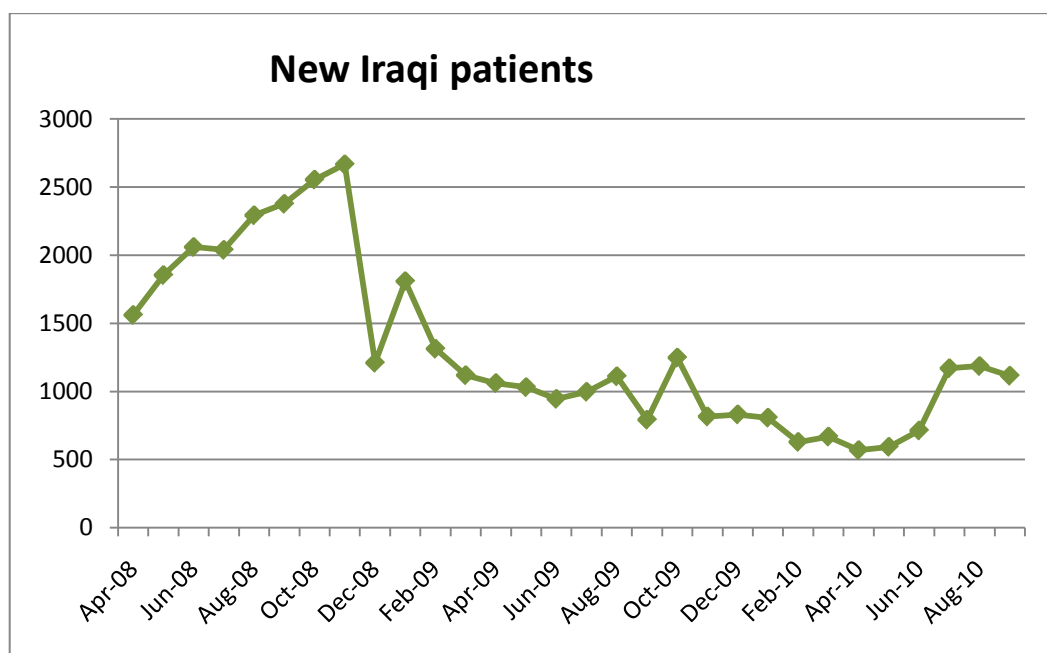
Progress: With priority given to health care and community based health awareness, SARC is in the process of reconsidering this objective.

Clinic based health and care

Outcome: The externally displaced Iraqi families in Syria as well as the most vulnerable among host communities are provided with basic health care.	
Outputs (expected results)	Activities planned
<p>Displaced Iraqi population, regardless of their status in the country, and poor local population have access to nation wide basic health care.</p> <p>Patients have received medication provided by pharmacies according to standardised medicine list and through established procedures developed by SARC.</p>	<ul style="list-style-type: none"> Support the provision of basic health care services in 10 SARC clinics. Support the provision of basic health care services in four SARC mobile health units. Support the provision of medicines, consumables and other operating costs in 10 SARC clinics and four mobile health units.
Iraqi displaced received secondary and tertiary health care through an established referral system.	<ul style="list-style-type: none"> Support diagnostic referrals for laboratory and x-ray services. Monitor the provision of tertiary health care provided by the MoH facilities.
The National Society was able to monitor and report the use of the health services and adapt its interventions accordingly.	<ul style="list-style-type: none"> Support SARC health information system (SCIS). Continuously analyse and review information provided by SCIS. Provide support to the monitoring and support team seconded by SARC for implementation of the Appeal (costs of personnel).
Coherent and coordinated quality health care services were delivered from SARC health clinics.	<ul style="list-style-type: none"> Facilitate the participation of SARC health staff and branches in two coordination workshops organised by the National Society.
Access of Iraqi displaced and vulnerable host communities to the National Society psycho-social activities is increased.	<ul style="list-style-type: none"> Introduce psycho-social support to clinic staff. Use trained SARC volunteers in the clinics to increase the knowledge and awareness of the clinic staff on posttraumatic stress disorder and ways of referral. Encourage and support knowledge sharing and awareness sessions between volunteers trained in psycho-social support and clinic staff.

Progress: 63,243 patients received health care and **100,263** consultations were carried out in the 10 SARC health clinics and four mobile health units supported by the International Federation from 1 January to 30 September 2010: 38, 239 were supported patients (Iraqis and vulnerable Syrians). Almost 90 per cent of the supported patients were Iraqis.

The last three months has seen an increase in numbers of new Iraqi patients - patients who never visited a SARC clinic before. After several months of decreasing numbers, the figures turned again upwards in June, with more than 1,100 new Iraqi patients receiving health care in each of the months July, August and September. The majority having recently arrived from Iraq.



The International Federation's support included medicines, running costs, certain external referrals (x-ray and lab test) and staff salaries. Most clinics have been supported by the International Federation since October 2008. The procedures and services have been standardised in all clinics. The clinic team consists of three doctors (general practitioner, paediatrician and, gynaecologist), a dentist, two nurses, one lab technician, one administrator and cleaner. A few clinics that still keep storage of medication are supported with a pharmacist. A standardised medication list, developed jointly by the International Federation and SARC clearly defines the diagnoses and generics of drugs that are financially supported by the International Federation. SARC has established agreements with local pharmacies close to the clinics. The patients receive the medication in the pharmacies upon prescription by one of the SARC doctors. All cooperating pharmacies are licensed in Syria and have undergone the International Federation registration procedure. The International Federation considers the system both cost effective and efficient. Most drugs are produced in Syria; thus they are always available, quality if good and the prices are fixed and comparatively low.

With the support of ECHO, SARC, in cooperation with the International Federation, recently carried out a procurement of insulin as an additional support to patients suffering from diabetes, one of the most common chronic diseases among the supported patients.

External monitoring of the health care services was carried out by an expatriate consultant (MD) earlier this year. For one month the consultant visited the health centres jointly with SARC. Systematic interviews with health centre staff and a questionnaire was followed by a general briefing. The perception of the consultant was that the project as a whole is very well managed with tremendous efforts being made in prescription control, drug price calculation and the health information system (SCIS). In addition to staff competence, also staff motivation and staff concern for the work were found to be high. This was especially obvious in the health centres where the number of female staff is high. Health centre staff was also found to be keen to improve their skills and services. Activities aiming at prevention were identified as the main area with room for improvement. As an immediate

response to the recommendations, a qualified community health coordinator was recruited to ensure enhanced focus on health awareness in the clinics. Integration of the clinic program with other SARC programs is another focus. Branch volunteers trained in community based health and first aid will support clinic staff in health awareness sessions and reach out also to host community members outside the clinics.

Four mobile health units (MHUs) continued to be supported during the reporting period. The MHUs have increasingly extended their services to populations affected by the drought and their capacity was strengthened thanks to support also from **the International Federation** emergency appeal in response to the drought (MDRSY001). The four MHUs are operating out of rural Damascus, Homs, Deir al Zor and Qamishly. The coverage areas are vast, with small villages and settlements scattered in partly semi-arid or desert areas. A rapid evaluation of the services was carried out jointly by **the International Federation** and **SARC** earlier this year. The conclusions described a need to continue providing health services through the MHUs with a few amendments for improved services. The MHUs are reaching out to poor, rural communities with no or limited access to other health services. The main acute diseases for patients served by the MHUs were acute tonsillitis, gastritis, bacteria pneumonia, glycosuria, acute pharyngitis, dorsalgia, cough, other anaemias, status asthmaticus, elevated blood glucose level, and bronchiectasis. The main chronic diseases were hypertension,



SARC clinics provide quality basic health care to Iraqi displaced and host communities.

Photo: Syrian Arab RC

asthma, amoebiasis, diabetes, mellitus, chronic sinusitis and crohns disease. Patients in the drought affected areas were particularly exposed to asthma and respiratory tract infections due to extreme temperatures and increased intensity in sandstorms. A number of diarrheic patients and patients with skin diseases were reported in the same areas. According to the MHU staff, most of the patients cannot afford transport to the closest health facility. The majority of the patients are women and children.

Patients according to gender and age in SARC clinics and MHUs			
	Male	Female	0-18
All Patients	36%	64%	30%
Supported patients	43%	57%	25%

Challenges: While the basic health clinics may find ways to become self sustainable also after a withdrawal of the International Federation's support, the MHUs are depending on donor support also in the years to come.

The health information system SCIS is used in 17 SARC health centres (including all 10 supported by the International Federation). It provides an excellent tool for monitoring and analysis and may be constantly upgraded according to the needs. Late updates include reproductive health, growth monitoring report, nutrition reports for children under five and chronic diseases reports. Current upgrading is carried out for more detailed information on high risk pregnancies and data related to epidemiological report. The data entry adheres to the international system ICD10.

Aiming to enhance access and quality of psychological support for Iraqi displaced and vulnerable host communities, activities related to mental health was reinforced during the reporting period. Facilitated by SARC and in cooperation with International Federation and Danish RC, nine clinic doctors and nine nurses were trained by specialists from the International Medical Corps (IMC) in four eastern clinics. The training was divided into theoretical sessions and on the job trainings. The theoretical sessions included an overview of common mental health disorders, PTSD, gender based violence, approach and treatment. Since March 2010, SARC clinic Al Othman in Damascus, partly supported by the International Federation, has become a referral centre for patients in need of psychological support. With a focus on children and their families, a multidisciplinary team of case worker, psychologist, psychiatrist and physiotherapist are receiving patients referred from other SARC clinics, UNICEF, UNHCR, IMC, or spontaneously approaching the team. Around 150 patients received support every month. While the staff costs are covered by UNICEF, the medication costs for patients in need were supported by the International Federation.

The support team seconded by the National Society included six staff at the end of the reporting period: a health officer (MD), finance and administration manager, a financial officer, a coordinator for the health information system (SCIS), a health awareness and community based health coordinator and an executive assistance shared between the International Federation country representative and the President of the SARC.

Community based health and first aid (CBHFA)

Outcome: The health risks on the affected population are reduced through the provision of community-level health and first aid.	
Outputs (expected results)	Activities planned
The scope and quality of the SARC health and care services are improved.	<ul style="list-style-type: none"> • Support training of 20 National Society volunteers from branches in relevant areas of CBHFA by using the newly established and translated International Federation CBHFA training package and other tools such as vulnerability and capacity assessment (VCA). • Support the National Society to follow up the key messages in three clinics as a first pilot phase. • Support and facilitate printing and distribution of posters and leaflets to all National Society clinics.

Progress: To reinforce activities related to health awareness and community based health and first aid (CBHFA), a plan of action has been developed and a coordinator recruited responsible to support the clinics in improving measures towards preventive health and to integrate the clinic program with other activities carried out by SARC branches and volunteers, particularly community based health, hygiene promotion and safe water handling. As a first step, 22 volunteers, clinic staff and mobile health unit staff in the drought affected areas were trained on the International Federation CBHFA modules, This was the first time clinic staff and volunteers were given the opportunity of a joint training, and the feed back was very positive. This basic training will be followed by a train the trainer's course with the objective to ensure that each branch has at least 10-15 volunteers trained and ready to assist in community based health activities and to support the clinics with health awareness sessions.



Jaramana is one of the clinics providing health awareness sessions to the patients. Photo: Syrian Arab RC

Capacity to address the most urgent situations of vulnerability

Outcome: Institutional development was enhanced with improved coordination, programme management and strategic planning.

Outputs (expected results)	Activities planned
SARC was able to efficiently coordinate and support cooperation with international organizations, government authorities and other major stakeholders.	<ul style="list-style-type: none"> • Ensure provision of support to key functions in the National Society (costs of personnel). • Coordinate with the Zone Office for the Middle East and North Africa (MENA) for technical assistance.
SARC clinics stepped up activities towards self-sustainability.	<ul style="list-style-type: none"> • Support the National Society engagement in activities aimed at increasing financial autonomy to run the clinics after the departure of the International Federation.

The support of SARC to the Iraqi displaced is analysed and evaluated which will help in future programme development.	<ul style="list-style-type: none"> • Conduct a self-assessment of the support provided to Iraqi displaced.
The awareness of the National Society branch leadership in the RC/RC Movement structures, priorities including Strategy 2020, National Society strategies in disaster management and health is increased.	<ul style="list-style-type: none"> • Organise an induction course for newly appointed branch governance and management.

Progress: SARC has been entrusted by the government to be the focal agency with the mandate to coordinate international humanitarian assistance and activities targeting the Iraqi displaced in Syria. This coordination role has placed a huge burden on the operational capacity of SARC. The International Federation has a key role to play under its mandate to support the National Society to fulfil this task. SARC headquarters is currently supported with 11 staff members to enhance its capacity and coordination role.

SARC clinics stepped up activities towards self-sustainability and financial autonomy to enable a continuation also after a future withdrawal of the International Federation. Efforts to promote the health services also to local population - patients who fully pay - have yielded positive results. The average percentage of patients who pay was during the reporting period around 35 percent. One outstanding example is Al Hassakeh. This clinic continues to have a good number of supported patients but have in addition managed to increase the number of paying patients from 21 per cent in December 2009 to 73 per cent in August 2010.

A patient satisfaction evaluation is planned to for by the end of the year and an induction courses for new governing board members has been decided to take place the two first weeks of November.

Communications – Advocacy and Public Information

It is a priority for the National Society to develop communication and public information and a communication officer has recently been recruited by the National Society with support of ICRC.

The World Red Cross Red Crescent Day on 8 May was extensively celebrated in Syria and became an opportunity to disseminate the humanitarian situation along with National Society achievements. The official celebrations took place at Al Azem palace with speeches by the Movement partners; high quality music performances (including an Iraqi children's group) and videos describing Red Cross red Crescent work worldwide. On 13 May, a family day was organized in the old citadel with a lot of activities for children. The day ended with a rock concert for the elderly youth. Around 2,000 persons attended the events. A joint SARC, the International Federation and ICRC press release was issued in relation to the event and the celebrations were highlighted in all media at several occasions.

8 May was also celebrated in the health clinics by offering patients health care for free. Jointly with dissemination on the principles and mandate of the Red Cross Red Crescent Movement, the day became an opportunity for the clinics to promote its services to the local population. Several clinics have used local media to promote the health services and in most places, the 8 May event was highlighted by local newspapers.

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.

Contact information

For further information specifically related to this operation please contact:

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[<Interim financial report attached below; click here to return to the title page>](#)

MDRSY002 - Syria - Population Displaced from Iraq

Appeal Launch Date: 01 jan 10

Appeal Timeframe: 01 jan 10 to 31 dec 10

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2010/1-2010/9
Budget Timeframe	2010/1-2010/12
Appeal	mdrsy002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	3,216,107					3,216,107
B. Opening Balance	0					0
Income						
Cash contributions						
<i>European Commission - DG ECHO</i>	<i>585,480</i>					<i>585,480</i>
<i>Japanese Red Cross</i>	<i>106,100</i>					<i>106,100</i>
<i>Swedish Red Cross (from Swedish Government)</i>	<i>466,819</i>					<i>466,819</i>
C1. Cash contributions	1,158,399					1,158,399
Outstanding pledges (Revalued)						
<i>European Commission - DG ECHO</i>	<i>132,450</i>					<i>132,450</i>
<i>United States Government - PRM</i>	<i>662,284</i>					<i>662,284</i>
C2. Outstanding pledges (Revalued)	794,734					794,734
Inkind Personnel						
<i>Swedish Red Cross</i>	<i>76,500</i>					<i>76,500</i>
C5. Inkind Personnel	76,500					76,500
C. Total Income = SUM(C1..C6)	2,029,634					2,029,634
D. Total Funding = B + C	2,029,634					2,029,634
Appeal Coverage	63%					63%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	2,029,634					2,029,634
E. Expenditure	-1,278,870					-1,278,870
F. Closing Balance = (B + C + E)	750,764					750,764

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Reporting Timeframe	2010/1-2010/9
Budget Timeframe	2010/1-2010/12
Appeal	mdrs002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		3,216,107					3,216,107	
Supplies								
Medical & First Aid	1,145,000	132,835				132,835	1,012,165	
Teaching Materials	360,000						360,000	
Other Supplies & Services	255,600	11,167				11,167	244,433	
Total Supplies	1,760,600	144,003				144,003	1,616,597	
Land, vehicles & equipment								
Computers & Telecom	10,000						10,000	
Total Land, vehicles & equipment	10,000						10,000	
Transport & Storage								
Distribution & Monitoring	15,000	149				149	14,851	
Transport & Vehicle Costs	102,660	16,385				16,385	86,275	
Total Transport & Storage	117,660	16,534				16,534	101,126	
Personnel								
International Staff	303,600	122,004				122,004	181,596	
National Staff	103,000	22,840				22,840	80,160	
National Society Staff	525,600	299,342				299,342	226,258	
Consultants	8,400	4,144				4,144	4,256	
Total Personnel	940,600	448,330				448,330	492,270	
Workshops & Training								
Workshops & Training	85,000	5,649				5,649	79,351	
Total Workshops & Training	85,000	5,649				5,649	79,351	
General Expenditure								
Travel	13,000	2,538				2,538	10,462	
Information & Public Relation	5,600	117				117	5,483	
Office Costs	25,800	1,261				1,261	24,539	
Communications	42,000	11,087				11,087	30,913	
Financial Charges	5,600	16,767				16,767	-11,167	
Other General Expenses	1,200	124				124	1,076	
Total General Expenditure	93,200	31,893				31,893	61,307	
Programme Support								
Program Support	209,047	72,961				72,961	136,086	
Total Programme Support	209,047	72,961				72,961	136,086	
Services								
Services & Recoveries		6,927				6,927	-6,927	
Shared Services		8,821				8,821	-8,821	
Total Services		15,748				15,748	-15,748	
Operational Provisions								
Operational Provisions		543,752				543,752	-543,752	
Total Operational Provisions		543,752				543,752	-543,752	
TOTAL EXPENDITURE (D)	3,216,107	1,278,870				1,278,870	1,937,237	
VARIANCE (C - D)		1,937,237				1,937,237		