

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Syria: Population Displaced from Iraq 2010-2011

Emergency Appeal  
n° MDRSY002  
Operations update n° 4  
22 August 2011

Period covered by this update: 1 January 2011 - 30 June 2011

Revised Appeal target (current): CHF 4,649,445

Appeal coverage: 95% [<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. With Operations update no 3 the appeal was revised to continue up to the end of 2011.

**Summary:** Supported by the International Federation of Red Cross and Red Crescent Societies (IFRC), the Syrian Arab Red Crescent (SARC) has established a well functioning nationwide network of health centres providing support to Iraqi displaced and vulnerable members from the host communities. 10 clinics and four mobile health units were supported during the first half of 2011 with the SARC clinic in Dara'a, included in the support as an eleventh clinic in June. The services are extended to all Iraqis regardless of their legal status in the country.



The north-eastern town of Al Hassakeh hosts one of the 11 SARC clinics supported by the Federation.  
Photo: Phil Sands

- Almost 24,000 supported patients (Iraqis and vulnerable Syrians) received health care during the first six months of 2011;
- Almost 80,000 consultations were provided to supported patients in the IFRC supported SARC clinics during the first six months in 2011. (This brings the total number of consultations to more than 450,000 since the program first started in mid 2008). 78% of the consultations concerned Iraqi patients.

The appeal has received financial contributions from Japanese and Swedish Red Cross Societies and the United States Department of State - Bureau of Population, Refugees and Migration (PRM). IFRC wishes to thank the donors for their contributions that are enabling the Syrian Arab Red Crescent to continue providing essential health care services to displaced populations, and to vulnerable members of the host community.

## The situation

The prevailing unrest has at the time of writing not had a major impact on the Iraqis displaced in Syria. New arrivals still outnumber those who have decided to return to Iraq.

There are around one million Iraqis in Syria according to Government sources; 127,097 Iraqi refugees and asylum-seekers were registered with UNHCR as of May 2011.

Many Iraqis continued to depend on support by agencies. With the prolonged stay and no formal possibility of income, vulnerability may be expected to increase.

The activities in SARC/IFRC clinics continued almost unaffected by the events. Community based activities were however hampered or postponed.

## Coordination and partnerships

SARC/IFRC continued to coordinate with other partners active to provide health care support to displaced Iraqis in Syria.

- In addition to participate in the regular health coordination meetings hosted by UNHCR, there were intensified discussions with **UNHCR** and other partners on rationalization of support, particularly in the few geographical areas where SARC is running several clinics supported by different partners. Concrete steps were made to rationalize health services provided by UNHCR/SARC and SARC/IFRC clinics in Sayda Zainab and discussions are continuing concerning Jaramana.
  - SARC/IFRC participated in a mapping exercise on mental health arranged by **MoH/WHO**. During a visit by the WHO consultant to Syria, IFRC/SARC had the opportunity to discuss matters related to mental health. The consultant visited several of SARC clinics, also outside Damascus, including the activities in Al Othman (above). A special coordination meeting on mental health support took place on 24 January that included mapping of organizations providing mental health care services and psycho-social support.
  - In March, 650 women were screened for breast cancer in a special campaign arranged by **IOM/ECHO** and facilitated by SARC/IFRC. 12,500 information leaflets and posters were in addition produced and distributed to SARC clinics.
- In another IOM project, the SARC/IFRC team participated to facilitate distribution of onetime cash assistance to Iraqi patients.
- SARC/IFRC coordinated with **UNFPA** to prepare for a training session on family planning and reproductive health for 25 SARC doctors.
  - The Italian NGO **Ricerca e Cooperazione**, in agreement with SARC, was preparing to provide equipment and technical support for ophthalmology in the SARC/IFRC clinic in Hassakeh. Upon request, IFRC agreed to cover 50% of an ophthalmologist salary.
  - All managers (clinic directors) in SARC clinics were invited to a three days workshop on clinic management organised by **UNFPA** and the Centre for Strategic health studies (MoH) 19-21 February.

- **Danish Red Cross** - SARC partner present in Syria – was granted funding from the World Diabetes Foundation to work with SARC on diabetes prevention. Implementation of activities will be done in close cooperation with SARC/IFRC clinics with emphasis on areas supported by the mobile health units. In preparations of the application, SARC/IFRC medical coordinator assisted in information gathering and advice.
- In cooperation with Qatar Red Crescent, SARC supported 1,500 Iraqi families with cash assistance during the reporting time frame, to provide for urgent needs among the most vulnerable.

Syrian Arab Red Crescent has been entrusted by the government to act as focal agency to coordinate external humanitarian assistance and activities targeting the 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. Through its headquarters and nation wide network of branches and volunteers, the National Society works in cooperation with almost all UN agencies present in the country in responding to the needs of the Iraqi displaced.

In addition to this emergency appeal, the IFRC is also supporting the National Society in its response to the current unrest through the regional appeal Middle East and North Africa: *Civil unrest MDR82001REA2*  
<http://www.ifrc.org/docs/appeals/11/MDR82001REA2.pdf>

## Red Cross and Red Crescent action

### Progress towards outcomes

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 and health awareness.			
Outputs (expected results)	Target	Indicator	Activities planned
30,000 displaced Iraqis, regardless of status, and poor Syrians, have access to affordable quality basic health care services through clinics and outreach services;	<ul style="list-style-type: none"> <li>• 30,000 individual patients; at least 80% of the supported patients are Iraqis</li> </ul>	<p>70,000 quality consultations</p> <p>High risk pregnancies were identified and monitored;</p> <p>Extremely vulnerable individuals, (EVIs) were treated for free and constituted up to 5 % of the total number of patients.</p> <p>Malnutrition of children under five was monitored and recorded.</p> <p>No interruption of availability of drugs occurs in the selected</p>	<ul style="list-style-type: none"> <li>• Support the provision of basic health care services in ten SARC clinics (8 clinics from July)</li> <li>• Support the provision of basic health care services in four SARC mobile health units.</li> <li>• Support the provision of secondary health care in one clinic</li> <li>• Support the provision of medicines, consumables and other operating costs in ten SARC clinics (8 clinics from July) and four mobile health units.</li> </ul>

		pharmacies.	
The health situation among Iraqi displaced and vulnerable host communities was known through close monitoring and outreach services and the National Society was able to monitor and report on the use of the health services and adapt its interventions according to needs;		SARC health information system (SCIS) upgraded according to needs and the data analysed and reviewed  At least 6 monitoring missions/year by IFRC/SARC HQ team	<ul style="list-style-type: none"> <li>• Provide support to the monitoring and support team seconded by SARC for implementation of the Appeal (costs of personnel).</li> <li>• Continue supporting the development of SARC health information system (SCIS); analyse and review data provided by SCIS.</li> </ul>
Coherent and coordinated quality health care services were delivered from SARC health clinics aiming to enhance patient health care;		2 workshops organised for clinic staff (one in 2010 and one in 2011)  At least 30 staff members joined capacity building events (trainings, lectures)	<ul style="list-style-type: none"> <li>• Facilitate enhanced capacity of SARC health staff including participation in two workshops organised by the National Society</li> </ul>
Access of Iraqi displaced and vulnerable host communities to the National Society psychological support activities is maintained.	30 patients/month	All patients in need received appropriate medication	<ul style="list-style-type: none"> <li>• Continue providing medical support to SARC multidisciplinary team in Al Othman clinic</li> </ul>
Patients served in SARC clinics and by mobile health units are increasingly aware of basic diseases and healthy behaviour:	30 % of patients through direct health awareness sessions, and 60% through access to health awareness promotion materials	% patients participating in at least one health awareness sessions.  % patients having access to health information through publications.  Number of health related publications (posters, leaflets, 2011 calendar, presentations) distributed to clinics and received by patients;	<ul style="list-style-type: none"> <li>• Support the clinics to appoint focal points in each clinics who will identify needs for further learning among clinic staff, coordinate and supervise the health awareness /education activities and develop action plans for the activities in close cooperation with the health awareness teams in SARC branches and sub branches and HQ;</li> <li>• Support the clinics to establish a special room for focus group discussions, lectures, workshops and individual meetings related to health education and health awareness;</li> </ul>

			<ul style="list-style-type: none"> <li>• Coordinate with MoH joint activities and benefit from MoH - or other relevant partners - information materials for health awareness. Design new leaflets, posters, videos where needed</li> </ul>
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### Progress:

- A serious error occurred in the health information system SCIS during the reporting period. Intensive work has been done to rectify the system. As the work is still ongoing, some caution is advisable to the figures presented in this six months report.
- **23,867 individual patients** (Iraqis and vulnerable Syrians) received health care during the first six months of 2011; 7,642 were new patients that never had visited SARC/IFRC clinic before.
- **78,974 consultations** were provided to supported patients during the first six months in 2011 with the highest numbers in the rural Damascus clinic Jaramana, in Homs and the Damascus clinic Al Othman. (This brings the total number of consultations to more than 450,000 since the program first started in mid 2008). 78% of the consultations concerned Iraqi patients. Totally, 101,964 consultations were carried out for all patients visiting the clinics.
- The IFRC support included medicines, running costs, certain external referrals (x-ray and lab test) and staff salaries (in 7 clinics). Each clinic team consisted of three doctors (general practitioner, paediatrician and gynaecologist), a dentist, two nurses, lab technician, administrator and cleaner. The clinic located in Saydia Zeinab - included in the IFRC support in January 2011 – continued to provide secondary health care through a cardiologist, endocrinologist and an ophthalmologist.
- Following a Red Cross Red Crescent Movement visit to Dara'a on 5 May, SARC. In cooperation with IFRC, decided to include SARC clinic in Dara'a in the support from this emergency appeal. The clinic in Dara'a, which is located between two areas inhabited by Iraqi families, has been providing primarily reproductive health services. One gynaecologist is employed and the clinic was already equipped with a mammogram machine. In June, the clinic was provided with additional medical equipment and furniture. Recruitment of an internal doctor, a paediatrician, and a lab technician is ongoing at the time of writing. According to SARC branch 300-400 Iraqi families still live in Dara'a. Due to current unrest, no complete household assessment could be carried out.
- Antenatal care constituted around 4% of the consultations. 106 high risk pregnancies were identified and carefully monitored.
- 294 extremely vulnerable individuals were reported to have been treated in the clinics. This was less than one per cent of the supported patients.

- No children with malnutrition could be identified in the health information system for the reporting period. Weight and height are measured on all children under five.
- Several clinics received during the first six months medical equipment to enhance quality of services. All clinics are now equipped with an ultra sound machine and EKG to enable contemporary checkups. The clinics that lacked a generator were provided with one to support running of the clinics also during electricity cuts. Three clinics in need were equipped with improved lab equipment.
- All managers (clinic directors) in SARC clinics were invited to a three days workshop on clinic management organised by **UNFPA** and the Centre for Strategic health studies (MoH) 19-21 February.
- A process started to connect all clinics to ADSL to improve internet connections particularly for sharing of health information data.
- The mobile health unit (MHU) operating from Homs faced challenges in reaching out to poor, rural communities due to the situation in the governorate. From late May and onwards it had to cease its normal schedule because of safety concerns. The vehicle was instead used by SARC branch in Homs to support areas hosting internally displaced and other populations affected by the unrest. The MHUs operating from Qamishly and rural Damascus continued more or less unaffected. . SARC HQ closed down the operation in Deir ezzor. Reallocation of the vehicle to another area is pending improved conditions on the ground. .
- IFRC continued providing support to the multidisciplinary team providing psychological support in the SARC clinic Al Othman (central Damascus). The multidisciplinary team received patients referred from other SARC clinics, from UNICEF, UNHCR, IMC, or patients spontaneously approaching the team. While **UNICEF** provides for staff costs to the team of case workers, psychologist, psychiatrist and speech therapist, IFRC supported medication costs for patients in need. More than 300 patients received medication under this project.
- SARC/IFRC participated in a mapping exercise on mental health arranged by **MoH/WHO**. During a visit by the WHO consultant to Syria, IFRC/SARC had the opportunity to discuss matters related to mental health. The consultant visited several of SARC clinics, also outside Damascus, including the activities in Al Othman (above). A special coordination meeting on mental health support took place on 24 January that included mapping of organizations providing mental health care services and psycho-social support.
- Upon request, IFRC decided to support 50% of an ophthalmologist salary in Al Hassakeh clinic. This decision was made after the NGO **Ricerca e Cooperazione**, in cooperation with SARC had been preparing to provide equipment and technical support for ophthalmology in the SARC/IFRC clinic in Hassakeh.
- Several meetings took place with **MoH** on medication costs to align the SARC/IFRC standard medication list with MoH prices. The medical coordinator modified the standard medication list based on consultations with and feedback from the clinics. There was full compliance with the standard medication list during the reporting time frame.

- A second round of distribution of insulin to the clinics was finalised. (Procurement of insulin was part of **ECHO** support that ended in September 2010).
- New safety boxes for needles and sharp instruments were distributed to all clinics to ensure universal precautions on medical wastage
- The SCIS coordinator left SARC in April. SARC IT consultant is providing support pending a replacement. The support team seconded by the National Society to monitor and support the IFRC supported health program included six staff at the end of June: 1 medical coordinator; (MD), 1 finance and administration manager, 2 finance officers, 1 health awareness and community based health coordinator (MD) and the consultant for the health information system (SCIS), Financial monitoring was further done through the financial unit at IFRC MENA zone office in Amman, responsible for data entry in the Federation's internal systems. Visits to the clinics by the SARC/IFRC team and IFRC country representative continued to be carried out throughout the reporting period although outside Damascus/rural Damascus less frequent from April. .
- Almost all clinics have appointed a focal point for health awareness to cooperate with the coordinator in implementation of this specific project within the appeal. Monthly plans of action and template for activity reports was developed jointly with the focal points.
- Three health awareness sessions were arranged in the clinic in Raqqa (breast feeding; diabetes; antenatal care) and three in Hassakeh clinic (dental care; diabetes; breast feeding);
- Development of health awareness activities was negatively affected by the events Syria is going through.

### Community based health and first aid (CBHFA)

Outcome: People in selected areas have increasingly control over their own health and well being as individuals, as members of families, and as communities through access to health related information and services			
Outputs (expected results)	Target	Indicators	Activities planned
Iraqi displaced in rural areas and host communities are increasingly aware of basic health, healthy lifestyles, hygiene and safe water storage	30 outreach activities for communities surrounding the clinics approx 15,000 persons approx 12,000 school children 4 micro projects	number of outreach activities number of people reached by health education campaigns and outreach activities; number of school children reached by activities; Selected number of CBHFA micro project started.	<ul style="list-style-type: none"> <li>• Support the National Society to provide health education and outreach health promotion targeting families and schools at community level through community based health and first aid (CBHFA) trained SARC volunteers and employees</li> <li>• Support the National Society to initiate CBHFA micro projects in four communities served</li> </ul>

			by SARC mobile health units
The capacity of the National Society to carry out health awareness and CBHFA activities is enhanced	10-15 well trained volunteers/SARC branch	A selected number of SARC branch boards and managers are aware about CBHFA program and willing to support its activities.  number of health awareness teams formed in each of the selected branches  number of SARC volunteers trained in the newly established Federation CBHFA module	<ul style="list-style-type: none"> <li>Ensure the availability of at least 10-15 well trained SARC CBHFA volunteers in each branch located in priority areas as selected by the National Society and where necessary, support training by using the recently developed IFRC CBHFA manual;</li> </ul>

**Challenges:** While the activities in the clinics continued almost as normal during the reporting period, implementation of community based activities was halted due to the current situation in the country.

**Progress:**

- One awareness session was arranged on antenatal care in Menbej sub branch in cooperation with SARC Aleppo branch.
- In cooperation with **Médecin du Monde** (MDM), a five days course was arranged for women and girls in Menbej sub branch on home safety and first aid.
- The newly trained CBHFA facilitators participated in a CBHFA workshop arranged by Médecin du Monde in cooperation with SARC Aleppo branch.
- Almost all branches have appointed a focal point for community based health and first aid (CBHFA) to cooperate with the CBHFA coordinator in implementation of this specific project within the appeal.
- Jointly with the coordinator, all 14 branches started developing CBHFA action plans. The plans were finalised in Deir al Zor and Hassakeh branches. The activities were however suspended following unrest in the country.



Women in Deir ezzor governorate during a visit by SARC/IFRC. Based on feedback from visiting rural communities, SARC/IFRC decided to enhance community based health – activities that currently are postponed as a result of the unrest. Photo: Phil Sands..

#### Capacity to address the most urgent situations of vulnerability

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

Outputs (expected results)	Indicators	Activities planned
SARC able to efficiently coordinate and support cooperation with international organizations, government authorities and other major stakeholders.	Number of coordination meetings arranged;	<ul style="list-style-type: none"> <li>• Ensure provision of support to key functions in the National Society</li> <li>• Coordinate with the Zone Office for the Middle East and North Africa (MENA) for technical assistance.</li> </ul>
SARC clinics increasingly self sustainable	20% of all patients fully pay for the services;	<ul style="list-style-type: none"> <li>• Support clinics' activities aiming at increasing the numbers of paying patients</li> <li>• Provide support to 3 clinics for more cost effective premises</li> </ul>

SARC health support is evaluated and lessons learned are incorporated in future programme development.	A patient satisfaction evaluation was successfully implemented and analysed	<ul style="list-style-type: none"> <li>Facilitate an evaluation of patient satisfaction in SARC clinics</li> </ul>
SARC continued focusing on organisation development with active participation of branch leadership, staff and volunteers;	<p>One induction course was organised</p> <p>Number of senior staff participating in capacity building activities</p>	<ul style="list-style-type: none"> <li>Support organisation of an induction course for branch governance members.</li> <li>Ensure SARC senior management participation in capacity development (trainings, workshops and academic courses) primarily organised by IFRC MENA Zone office</li> </ul>
Red Cross and Red Crescent partners enhanced cooperation and support, primarily to SARC organisational development	Number of RC partners approaching SARC to discuss cooperation	<ul style="list-style-type: none"> <li>Increasingly facilitate coordination among Movement partners</li> <li>Support the National Society to organise a partnership meeting if requested</li> </ul>

### Progress:

Syrian Arab RC continues its role as focal agency, as entrusted by the government, with the mandate to coordinate international humanitarian assistance and activities targeting the Iraqi displaced in Syria. IFRC has a key role to play under its mandate to support the National Society to fulfil this task. SARC headquarters was during the first six months 2011 supported with 11 staff members to enhance its capacity and coordination role. Numerous coordination meetings took place with INGOs, UN agencies and other partners.

The trend from last year when the clinics were receiving an increasing number of fully paying patients did not continue in the first six months. Only around 15 per cent of the total patients were Syrians who fully pay. In an effort to introduce the clinic services to the local population, to attract them to the clinics also in future, and to celebrate the World Red Cross Red Crescent Day, all IFRC supported SARC clinics organised an open day on 8 May, receiving all patients for free. Volunteers from SARC branches joined the event and organised dissemination sessions on the mandate and principles of Red Cross Red Crescent - with sweets served to the children. 891 patients visited the clinics on this day. There is an understanding in the clinics that attracting fully paying patients is crucial to becoming self-sustainable.

The planned patient satisfaction evaluation was postponed as a result of the current unrest. .

Work to develop a new SARC strategy was slowed down due to current situation in the country and SARC focus on response. Organisational development is still a priority for the National Society once the situation allows. Partners close to SARC are committed to support the National Society in its endeavours. A decision was made between IFRC and SARC for IFRC to develop a long term framework for development. A four year plan describing IFRC priorities in supporting the National Society was drafted and shared with close partners. This will be the first time IFRC presence in Syria is based on development. Hitherto, IFRC presence in Syria was always linked to emergency situations.

## Communications – Advocacy and Public Information

To celebrate the World Red Cross Red Crescent Day, 120 big street billboards were published all around Syria highlighting the Red Cross Red Crescent fundamental principles - different on each board, and the logos of SARC, IFRC and ICRC. A 55 seconds film introducing SARC was broadcasted six times on Syrian TV at prime time. One hour news scrolling text was sent on the Syrian Satellite TV channel with the message: "The Syrian Arab Red Crescent celebrates with other national societies around the world the international day of the Red Cross and Red Crescent." SARC President gave an interview on the Syrian News Channel together with first aid volunteers currently responding to the unrest.

Syrian Arab RC appeared frequently in local media, primarily related to the activities in support of people affected by the current events. The President of Syrian Arab RC is actively promoting the role of the National Society and its partners and takes every opportunity to advocate on behalf of the displaced population.

## 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>](#)

**International Federation of Red Cross and Red Crescent Societies**

MDRSY002 - Syria - Population Displaced From Iraq

Interim Report

Selected Parameters	
Reporting Timeframe	2010/1-2011/6
Budget Timeframe	2010/1-2011/12
Appeal	MDRSY002
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>	<b>4,649,445</b>					<b>4,649,445</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<b>Cash contributions</b>						
<i>European Commission - DG ECHO</i>	646,854					646,854
<i>Japanese Red Cross</i>	195,400					195,400
<i>Swedish Red Cross</i>	403,467					403,467
<i>Swedish Red Cross (from Swedish Government)</i>	466,819					466,819
<i>United States Government - PRM</i>	2,505,703					2,505,703
<b>C1. Cash contributions</b>	<b>4,218,244</b>					<b>4,218,244</b>
<b>Inkind Personnel</b>						
<i>Swedish Red Cross</i>	187,200					187,200
<b>C3. Inkind Personnel</b>	<b>187,200</b>					<b>187,200</b>
<b>Other Income</b>						
<i>Balance Reallocation</i>	-81					-81
<b>C4. Other Income</b>	<b>-81</b>					<b>-81</b>
<b>C. Total Income = SUM(C1..C4)</b>	<b>4,405,363</b>					<b>4,405,363</b>
<b>D. Total Funding = B + C</b>	<b>4,405,363</b>					<b>4,405,363</b>
<b>Appeal Coverage</b>	<b>95%</b>					<b>95%</b>

**II. Balance of Funds**

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>C. Income</b>	<b>4,405,363</b>					<b>4,405,363</b>
<b>E. Expenditure</b>	<b>-2,584,565</b>					<b>-2,584,565</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>1,820,798</b>					<b>1,820,798</b>

**International Federation of Red Cross and Red Crescent Societies**

MDRSY002 - Syria - Population Displaced From Iraq

Interim Report

Selected Parameters	
Reporting Timeframe	2010/1-2011/6
Budget Timeframe	2010/1-2011/12
Appeal	MDRSY002
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>4,649,445</b>					<b>4,649,445</b>	
<b>Relief items, Construction, Supplies</b>								
Medical & First Aid	2,111,447	860,428				860,428	1,251,019	
Other Supplies & Services	223,061	76,984				76,984	146,077	
<b>Total Relief items, Construction, Supplies</b>	<b>2,334,508</b>	<b>937,412</b>				<b>937,412</b>	<b>1,397,096</b>	
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	250,000						250,000	
Computers & Telecom	10,900	6,303				6,303	4,597	
Office & Household Equipment		7,165				7,165	-7,165	
<b>Total Land, vehicles &amp; equipment</b>	<b>260,900</b>	<b>13,468</b>				<b>13,468</b>	<b>247,432</b>	
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	149	149				149	0	
Transport & Vehicle Costs	73,894	41,056				41,056	32,838	
<b>Total Logistics, Transport &amp; Storage</b>	<b>74,043</b>	<b>41,205</b>				<b>41,205</b>	<b>32,838</b>	
<b>Personnel</b>								
International Staff	322,784	266,807				266,807	55,977	
National Staff	156,561	46,018				46,018	110,544	
National Society Staff	990,582	600,341				600,341	390,242	
<b>Total Personnel</b>	<b>1,469,928</b>	<b>913,166</b>				<b>913,166</b>	<b>556,762</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	4,144	4,144				4,144	0	
<b>Total Consultants &amp; Professional Fees</b>	<b>4,144</b>	<b>4,144</b>				<b>4,144</b>	<b>0</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	69,649	20,089				20,089	49,560	
<b>Total Workshops &amp; Training</b>	<b>69,649</b>	<b>20,089</b>				<b>20,089</b>	<b>49,560</b>	
<b>General Expenditure</b>								
Travel	7,499	5,596				5,596	1,904	
Information & Public Relation	21,217	8,159				8,159	13,057	
Office Costs	25,721	13,072				13,072	12,649	
Communications	42,908	23,528				23,528	19,380	
Financial Charges	18,390	16,846				16,846	1,544	
Other General Expenses	23,905	124				124	23,781	
Shared Support Services		16,837				16,837	-16,837	
<b>Total General Expenditure</b>	<b>139,640</b>	<b>84,162</b>				<b>84,162</b>	<b>55,478</b>	
<b>Operational Provisions</b>								
Operational Provisions		413,264				413,264	-413,264	
<b>Total Operational Provisions</b>		<b>413,264</b>				<b>413,264</b>	<b>-413,264</b>	
<b>Indirect Costs</b>								
Programme & Service Support	296,634	145,581				145,581	151,053	
<b>Total Indirect Costs</b>	<b>296,634</b>	<b>145,581</b>				<b>145,581</b>	<b>151,053</b>	
<b>Pledge Specific Costs</b>								
Earmarking Fee		10,475				10,475	-10,475	
Reporting Fees		1,600				1,600	-1,600	
<b>Total Pledge Specific Costs</b>		<b>12,075</b>				<b>12,075</b>	<b>-12,075</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>4,649,445</b>	<b>2,584,565</b>				<b>2,584,565</b>	<b>2,064,880</b>	
<b>VARIANCE (C - D)</b>		<b>2,064,880</b>				<b>2,064,880</b>		