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Emergency Plan Of Action update

Jordan: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Date: 18/12/2014

Emergency appeal n°:
MDRJO001

Operation start date:
1 October 2014

Operation budget:
CHF 12,106,275

Update n° 1

**Timeframe covered by
this update:** October
and November 2014



*Innovation: a Syrian refugee being registers to use IRIS technology of cash withdrawal.
Photo Credit IFRC*

Summary

Jordan is hosting 21 per cent of Syrian refugees in the region which is the third largest number of Syrian refugees. As of the 20 November 2014, the number of registered Syrian refugees in Jordan was estimated to be at 6'18,615¹. With a total population of six million people, the current Syrian refugee population constitutes almost an additional 10 per cent to this figure. Over the recent months, the refugee population has been decreasing as they (Syrian refugees) are going back to Syria. There is an average of 100 to 150 people returning to Syria per day.

Approximately 20 per cent of Syrian refugees reside in camps. The largest refugee camp is Za'atari with a population of over 79,000 Syrians. The camp is managed by the Government of Jordan (GoJ)-appointed Syrian Refugee Camp Directorate (SRCD). In late March 2013, the GoJ approved the construction of another sizeable camp near Azraq. The estimated number of Syrian refugees registered in the Azraq camp, according to UNHCR, by the end of November is 10,921 people.

There have been no arrivals through the eastern border since 31 October. The situation in the eastern border is still not clear in terms of number of refugees that are stranded; humanitarian organizations have limited access to this area. The International Organization for Migration (IOM) and the International Committee of the Red Cross (ICRC) reported having provided meals (through Jordanian Authorities) to 4,100 in no-man's land in the beginning of November. The number of people receiving the meals in this area has since dropped to 2,500. The northern border has been apparently closed since 31 October. However in some days, less than 50 refugees have been allowed to cross the border - mainly woman, children and the elderly.

For the Syrian refugees, the greatest challenge they face is that of finding livelihood opportunities in order to have access to cash which is mainly used for rent purposes. The limited access to livelihood opportunities has provoked increased risky coping strategies such as sale of personal assets and increased indebtedness, decrease in food

¹ The official counts, issued by the [Ministry of the Interior](#), showed that the number of Syrians in Jordan before and after the crisis had reached approximately 1.7 million, 750,000 of whom were in the Kingdom before the crisis erupted in the spring of 2011.

consumption, restricting children access to education and sending them to work, forced marriages among others. Such coping strategies are highly increasing the risk of health (physical, psychosocial, nutrition) and protection issues.

Increase in prices of rent, food and services add to the woes of Syrian refugees and make living conditions more acute. This has accelerated the impoverishment and vulnerability of the refugee households and intensified their dependency on assistance.

Until recently, the majority of Syrian registered refugees have been able to access public healthcare services free of charge, but on the 18 November 2014, the Cabinet of Ministries and the Ministry of Health declared that Syrian refugees have to pay the non-insured Jordanian rate when accessing the Jordanian public health system and its services. Although the rates to be paid by the Syrian refugees are subsidized, and it is normally affordable for Jordanians who don't have government health insurance, the expectation is that this will cause an extra burden to the hardship conditions of the vulnerable Syrian households living in host communities. Some of the rates that are applicable since 18 November are; 140 JoD for Cesarean section, 40-60 JoD for normal delivery, 60 JoD for one session of hemodialysis, 25 JoD for minor operations with partial or general anesthesia and, 1.65 JoD for emergency consultation.

The World Food Programme (WFP) has been distributing food vouchers to 450,000 Syrian refugee households (24 JoD per person per month). WFP is now cutting down their support due to major funding problems. The refugees living in host communities in Jordan will receive no more assistance from WFP. However, refugees in camps will continue receiving support. With the bitter winter months upon us, the timing of the most devastating aid cutback to date couldn't be worse. As temperatures drop, living expenses — warm clothing, gas for heating units — rise. Many refugees cannot afford to buy heaters, blankets or winter clothes. Living in a tent, without a heater or adequate blankets when, outside temperatures can go below zero degrees increases the risk and threatens family health especially of the elderly, disabled and children.

Jordan has witnessed a sharp increase in Iraqi refugees in recent months due to the ongoing crisis in Iraq. In August and September 2014, an average of 120 Iraqis per day have registered with UNHCR in Jordan, up from 65 per day in June and July and just 30 per day in the first five months of 2014. Almost two thirds of new arrivals (60 per cent) hail from Ninevah, Salah Al Din and Anbar governorates. So far this year, 10,644 Iraqi refugees have registered with UNHCR in Jordan, with 1,383 registering in August alone – the highest monthly tally of new registrations since 2007².

The IFRC Cash Transfer Programme (CTP) has been providing unconditional cash transfers to Syrian refugees since August 2012 where 3,000 households (15,000 people) were provided with cash and winterization support. The final payments are scheduled in December as no more funds are available to support these households. The current Emergency Appeal is targeting 4,000 households with cash and winterization support until December 2015.

The Community Based Health and First Aid (CBHFA) programme came to an end on 15 November 2014 where over 10,000 people were reached through awareness sessions and trainings. The CBHFA team is currently wrapping up with a final report based on findings from community evaluations, end-line assessments and project wrap up workshops. This programme was really appreciated at community level as the population became more aware about their psychological and physical health. Initial findings indicate that the community would like to receive more information on health issues so as to improve their well-being health-wise at household level.

The RCRC Hospital in Azraq is in full operation. The Hospital expanded its services from X-Ray and Laboratory services to Internal Medicine and Pediatrics in October and thereon by the end of the month to full service of a referral hospital. So far, a total of 644 patients have been registered. Support is needed for 2015 to enable the hospital continue providing the much needed services to the population in Azraq camp.

The harsh winter, the decrease in the support of the Syrian refugees in terms of health, food vouchers and unconditional cash will have an enormous impact on the living conditions of the refugees in Jordan in terms of their health situation, access to basic living conditions as well as protection. Support is needed for this population before the situation gets worse.

² <http://www.unhcr.org/54214cfe9.html>

Financial Situation

No funding has been received to date. Implementation has been done through support from the previous Regional Emergency Appeal. [Click here to go to the Budget](#)

Below are the priorities of the current Appeal:

- Use of cash as the primary method to deliver relief/winterization support to 4,000 households (CHF 8.43 million)
- Health interventions via CBHFA and psychosocial support (PSP) for 30,000 people (CHF 1 million)
- Food Security/livelihoods (CHF 0.4 million) and disaster preparedness and risk reduction (CHF 81,000) for 10,000 people.
- Capacity building (CHF 0.55 million) to ensure operational goals are attained in an effective and timely manner.
- Additional support for the RCRC Hospital in Azraq might be sought through a revised Appeal in 2015. The hospital plans to ensure access to health services to 60,000 people, according to the last Inter-agency scenario and prediction of population in the camp.

Red Cross Red Crescent action

Below is a summary of support being provided to Syrian refugees in Jordan by Movement partners. Please note that this list is not exhaustive and additional details of implementation of the below as well partners not mentioned here will be provided in subsequent updates

Partner	Activities
Danish Red cross	Psychosocial support services
French Red Cross	Launch of the Urban Renewal Project in the area of South Amman, in Bader. The implementation team has been assessing the public infrastructures to be rehabilitated in order to start works around March and April 2015.
German Red Cross	Community Based Health and First Aid (CBHFA) Provision of winterization items Support to JRCS Vocational Center
Iraq Red Crescent	Providing emergency and basic healthcare services
Qatari Red Crescent	Psychosocial support services to Syrian refugees in District 5 in Zaatari Camp Supports wounded Syrians by performing surgical operations mainly in the Islamic hospital in Abdali District in Amman.
ICRC	Cash Transfer Programme in Mafraq as well as support to Organizational Development of JRC in coordination with IFRC Restoring family links

Coordination and partnerships

The IFRC and Jordanian Red Crescent response to the Syrian Crisis in Jordan is based on coordination at different levels; within the RCRC Movement and with other humanitarian actors in the country. This aims for a more coordinated operation and technical support, with country based identification of emergency needs and objectives and in order to target most vulnerable people and to avoid duplication and gaps.

Coordination takes place through leading or attending meetings such as:

- RCRC Movement meetings take places every 15 days, to ensure general agreement on plans for the current response, implementation, information sharing, as well as contingency planning in case of an increased influx of Syrians into the country.
- Humanitarian Country Team (HCT) meetings led by OCHA with the presence of UN Agencies, international NGOs (Representatives of the Syrian INGO Regional forum, SIRF), donors and other stakeholders.
- Interagency task force (IATF) meetings chaired by UNHCR with the presence of UN Agencies, INGO (SIRF) donors and other stakeholders.
- Interagency Health Community task force, are led by IFRC/JRC with the presence of United Nations High Commission for Refugees (UNHCR), Médecins Sans Frontières (MSF), International Medical Corps (IMC), Médecins du Monde (MDM) and other local and international NGOs that work in the community health sector.
- Working groups based on different sectors such as Cash Working Group, Host Community Support Platform, Health Working Group etc.
- The RCRC Hospital Consortium Steering Committee (CSC) created a Communications Working Group (CWG) which meets and assists the RCRC Hospital CSC in ensuring multilateral support for the operation.

JRC and the IFRC would like to thank all partners (bilateral or multilateral) who contributed to the emergency response in Jordan through the Regional Emergency Appeal; including American, Australian, British, Austrian, Canadian, Swedish, Swiss, Danish, German, Icelandic, Spanish, Italian, Netherlands, and Norwegian Red Cross, the Kuwaiti, Qatari, Iraqi, Saudi Arabian, United Arab Emirates Red Crescent, respective partner National Society Government's, the International Committee of the Red Cross (ICRC), the European Commission (ECHO), the Japanese Government, United Nations Children's Fund (UNICEF) the World Food Programme (WFP) and private donors. Additional support will be highly appreciated.

Operational implementation

General Overview

The following update gives an account of implementation progress under each sector. It should be noted that this was mostly accomplished through the support from the previous regional Emergency Appeal where some activities were running until the end of December 2014. For continuation of the same, additional support is requested so as to achieve the set objectives and provide the much needed support to the Syrian refugees during this critical time where the winter season has set in.

Shelter, settlements and non-food items

Outcome 4. The immediate shelter and settlement needs of 4,000 refugee households (20,000 persons) living outside camps within host communities are met during 2014 and 2015

Progress and challenges: As part of beneficiary satisfaction, IFRC and the Jordan Red Crescent team has been conducting post distribution monitoring (PDM) for their cash transfer programme (CTP) in Amman. This is being done through Focus Group Discussions (FGDs) and administering questionnaires at household level through the Open data Kit (ODK) technology. This feedback has helped the CTP team to assess the level of satisfaction of the beneficiaries as well as to document best practices and address challenges faced by the Syrian refugees as well as the programme itself. During the reporting period, a total of 101 households have been reached through the PDM and three FGD sessions of 42 persons in total have been conducted. During the period December 2013 to April 2014, a total of 707 household visits were conducted and data verification and analysis was done in October. Some of the findings from the PDM include:

- The amount of support (50, 100, 120 JoD depending on family size) is too small compared to the cost of rent and utilities, which has increased during the last 2 years.
- The families are coping by doing illegal work, taking loans, since they have sold most of their personal assets they came with from
- The beneficiaries said that they will not go to Syria or to the camps when the IFRC/JRC assistance stops, meaning an increase of negative coping mechanisms must be expected.

In November, a CTP video was made public on IFRC news wire and You Tube Channel highlighting the modalities of the programme including registration using the IRIS Scan technology which is more secure than the ATM cards. To view this video, kindly click on this link:

<http://www.youtube.com/watch?v=Z1YnKND2VJE&index=1&list=UUZ8xf9ZrTOv7SeYK7U5eKVg>

In addition, two case studies (four stories) describing the situation of Syrian refugee households in Jordan were conducted. These case studies have since been published on the IFRC website and can be accessed by clicking on this link: <http://www.ifrc.org/en/news-and-media/news-stories/middle-east-and-north-africa/jordan/vital-support-from-the-jordan-red-crescent-society-brings-stability-to-families-affected-by-the-crisis-in-syria-67672/>

Due to a lack of funding for the current Emergency Appeal, 602 households have been referred back to UNHCR after having received their 12th payment in November.

Shelter, settlements and non-food items				
Output Indicators	Target Dec. 2015	Achievements		Cumulative
		October 2014	November 2014	
# of Syrian refugee families living in host communities in Amman receiving unconditional cash grant for essential winterization	4,000	0	0	0
# of Syrian refugee families receiving cash grants for rent and other most essential household items	4,000	1,368	1,423	1,423
# of JRC volunteers and staff trained in cash transfer programming (CTP);	20	0	0	0

Health

Outcome: The secondary health needs of 60,000 Syrian refugees in Azraq Camp are met

Progress and challenges: The Red Cross Red Crescent Consortium of Finnish, Canadian, German and Norwegian Red Cross societies for the RCRC Azraq Syrian Refugee Camp Hospital under the International Federation's umbrella, supported by European Commission (ECHO) and Canadian Government and later on also by the Italian Government (pre-fab hospital building) commenced providing secondary health services to Syrian refugees in Azraq Camp.



First baby born in RCRC Hospital in Azraq: October 2014. Source IFRC

The RCRC Hospital was opened for Internal Medicine and Pediatrics and from thereon to full service with maternity and surgery by 30 October 2014. The Memorandum of Understanding (MoU) between the Ministry of Health (MoH) and IFRC was signed on 27 November 2014 and is valid up to end of the year 2015.

Currently, there are 22 international medical and technical delegates and 161 national medical, health, administration and technical staff. A total of 56 Syrian volunteers under the Incentive Based Volunteering programme are also supporting the hospital activities.

The Hospital receives referrals from Azraq camp clinics run by International Medical Corps (IMC) under UNHCR, where the referral system is coordinated by the Jordan Health Aid Society. The following services have been offered to date:

- Inpatient services 122
- Surgeries 48
- Births 26
- X-Ray case load 282
- Laboratory case load 1,509

As a way forward, a strategy for the RCRC Hospital Operation for 2015 onwards is currently being discussed. The consortium is also in the ECHO project planning process for 2015. Support is needed for 2015 onwards to ensure provision of adequate secondary health services for the refugee population in Azraq camp, of which the population is expected to increase in the coming months. The camp population stands at 10,921 refugees as at on 30 November, where, 21.9 % are children aged under 5 years.

Secondary health services				
Output Indicators	Target Dec. 2015	Achievements		Cumulative
		October 2014	November 2014	
# of Syrian refugees who have access to secondary health care and services for 15 months in Azraq camp.	60,000	0	644	644

Outcome: 30,000 beneficiaries within the Syrian refugee and the host communities in the Governorates of Amman, Ajloun, Jerash, Mafrq and Irbid have improved physical and psychological health related to disease and disaster risk reduction, with a special focus on women and children.

Progress and challenges: The CBHFA activities ended on 13 November. In October, 16 volunteers were trained in non-communicable diseases and they went on to train 68 community health volunteers in all the five targeted governorates. A volunteer consultant conducted a one day motivational workshop for volunteer supervisors and later trained the volunteers on the *Youth as Agents of Behaviour Change* approach.

To mark the end of the CBHFA programme, community evaluations were conducted simultaneously in all the 20 communities over a period of 2 days in November. This was done by 69 volunteers with the support of the IFRC Health Coordinator, 5 JRC Field officer assistants and the JRC CBHFA Officer. To ensure objectivity, the volunteers conducted the evaluation in areas where they were not implementing the CBHFA activities. In addition, one to two focus group discussions were held in each of the 20 communities.



Community Health Volunteers conducting fun activities with children in Amman. Source: JRC

An end line assessment was conducted using tablets and the open data kit (ODK) software which the 69 volunteers and 5 field officer assistants were all trained in. A total of 40 households per community were visited during the 3-day assessments that were conducted simultaneously with the assistance of 69 volunteers in total. This translates to 800 households who participated in the assessments.

Following the end of all activities, branch managers, trainers and volunteers attended project wrap up workshops to discuss the strengths and challenges and to document lessons learned. A total of three branch-level workshops were conducted for all the 5 branches involved in the programme. All information from the 3 workshops was compiled and later presented at the final wrap up workshop in Amman for JRC and IFRC headquarter staff.

Feedback received from the community evaluations, end line assessments and project wrap-up workshops indicate the need to continue with the CBHFA programme as the targeted communities reported having gained a lot of vital information for their health wealth-being and they would also like to learn more as well as new health topics. A final report on these findings is currently being finalized and will be shared widely.

Activities under the new Emergency Appeal have not yet commenced as no funding has been received. The data below is from activities conducted with the support of funding received from previous Regional Appeal where activity implementation was up to 15 November 2015. To ensure that the communities continue minding their physical and psychological health, it is imperative that continued awareness is carried out.

Community-based health and first aid (CBHFA)				
Output Indicators	Target Dec. 2015	Achievements		Cumulative
		October 2014	November 2014	
# of people reached by community-based health services (disaggregated by type of service)	30,000	10,473	0	10,473
# of women and girls who receive women emergency kits	1,000			
# of CBHFA facilitators active in the last 15 months (disaggregated by sex)	5	5	5	5
# of community health volunteers trained in CBHFA approach and relevant health topics e.g. violence prevention, NCDs, personal hygiene, care of the newborn, respiratory infections, immunizations	80	69	0	69
# of community health volunteers trained in first aid	80	68	0	68

Disaster Preparedness and Risk Reduction

Outcome 1. JRC's readiness to respond urgently, appropriately and safely to an increase in the influx of refugees or other emergency is strengthened

Progress and challenges: No activities have been implemented during the reporting period due to lack of funds. So far, a total of 59 staff and volunteers have been trained in NDRT. There is a need to train more so as to have an adequate team that will improve preparedness and response capacity of the JRC as well as to provide a disaster response tool to all Movement partners and enhance coordinated responses to future disaster events.

Equipped JRCs for enhanced response				
Output Indicators	Target Dec. 2015	Achievements		Cumulative
		October 2014	November 2014	
# of families who can be reached with JRC prepositioned stock	2,000	0	0	0
# of JRC staff and volunteers trained in NDRT	30	0	0	0

Food Security and Livelihood

Outcome 5. Livelihood activities of poor 200 Jordanian households are improved through small scale income generating activities at household level.

Progress and challenges: No activities have been implemented during the reporting period due to lack of funds

Livelihood support of Jordanian families				
Output Indicators	Target Dec. 2015	Achievements		Cumulative
		October 2014	November 2014	
# of Jordanian households provided with cash grant for livelihood project	200	0	0	0
# of people reached with skills based training	200	0	0	0

National Society Capacity Building

Outcome 6. The response capacity of the host National Society is enhanced through strengthened capacity of the National Headquarters and branches.

Progress and challenges: With the support of ICRC and IFRC, a consultant in Organizational Development (OD) has been contracted for three months since October 2014, together with a national OD person. The main objective of the OD consultant is:

- To support in the design of the strategic plan of JRC.
- To train, coach and mentor the national OD JRC focal person during his 3 months mission.
- To support JRC in organization development, specifically human resources and finance.

The strategic plan of JRC has been drafted and will be approved by the National Society in the first quarter of 2015.

Strong JRCS headquarters and branches	
Output Indicators	Achievements
HR system in place	Process ongoing with the support of an OD Delegate and National OD focal person
JRC has an effective, well-equipped National First Aid training facility	
% of active JRC branches	
JRC strategic plan in place and being implemented	Strategic plan to be approved during the first quarter of 2015
JRC ambulance service operational	
Harmonized PMER tools and processes exist PMER Plan of action exists and being implemented	
# of staff trained in logistics	
# of staff who participated in advanced logistics training	
# of staff who participated in regional logistics training	

Communications and humanitarian Diplomacy

Progress and challenges: With support from the IFRC Syria Crisis Communications Coordinator, several communication products were developed, to profile the National Society activities and give voice to the voiceless. One web story were published on the IFRC official website and on IFRC Syria Crisis webpage. Activities in Jordan were highlighted also through IFRC Social media (Facebook and Twitter), with thousands of likes, shares, retweets and comments. Key messages and Question & Answers were updated on a monthly basis, published directly on FedNet and shared by IFRC Newswire. Case studies on Cash Transfer Programme were also published on FedNet and shared by IFRC Newswire. IFRC Syria Crisis Communications Coordinator with the IFRC Audio Visual delegate shot 3 videos on CTP and CBHFA. The first one was edited in the IFRC Jordan delegation and published on IFRC YouTube channel. One training video on CTP and one video on CBHFA are in the pipeline and they will be ready in the next coming weeks.

A beneficiary communication delegate seconded by the Irish Red Cross was contracted (for one month) to conduct a deeper study to assess the feasibility and explore alternatives in order to develop an appropriate system to facilitate proper access to information that could lead to better access to services by the vulnerable Syrian households. The Feasibility report will provide recommendations on the best methods to use for beneficiary communication across all sectors of implementation especially once the integrated approach is adopted.

Visibility and Positioning				
Output Indicators	Target Dec. 2015	Achievements		Cumulative
		October 2014	November 2014	
# of staff trained in Emergency communication		0	0	0
# and type of communication products produced and disseminated		1	5	6
# of representation meetings at international level		0	0	0
# of HD products shared with partners		0	0	0
# of local events hosted by JRC/IFRC		0	0	0
# of local events JRC/IFRC participated in		0	0	0
# of management staff trained in HD		0	0	0
# of JRC staff trained in negotiation skills		0	0	0

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1. Emergency Appeal
2. Budget

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.

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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.

Disaster Response Financial Report

MDRJO001 - Jordan - Population Movement

Timeframe: 29 Oct 14 to 31 Dec 15

Appeal Launch Date: 29 Oct 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/10-2014/11	Programme	MDRJO001
Budget Timeframe	2014/10-2015/12	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		12,106,275				12,106,275	
B. Opening Balance							
Income							
C. Total Income = SUM(C1..C4)		0				0	30,587
D. Total Funding = B +C		0				0	30,587

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			0			0	30,587
E. Expenditure		-740,803				-740,803	
F. Closing Balance = (B + C + E)		-740,803				-740,803	30,587

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Budget Timeframe	2014/10-2015/12	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			12,106,275			12,106,275		
Relief items, Construction, Supplies								
Shelter - Transitional	7,856,000		332,754			332,754	7,523,246	
Construction - Facilities	25,200						25,200	
Clothing & Textiles	75,000		4,945			4,945	70,055	
Water, Sanitation & Hygiene	19,500						19,500	
Medical & First Aid	113,800						113,800	
Teaching Materials	99,900						99,900	
Cash Disbursement	300,000						300,000	
Total Relief items, Construction, Sup	8,489,400		337,699			337,699	8,151,701	
Land, vehicles & equipment								
Vehicles	180,000						180,000	
Computers & Telecom	11,000		2,544			2,544	8,456	
Office & Household Equipment	3,000						3,000	
Total Land, vehicles & equipment	194,000		2,544			2,544	191,456	
Logistics, Transport & Storage								
Storage	4,000						4,000	
Distribution & Monitoring	10,000						10,000	
Transport & Vehicles Costs	57,450		2,911			2,911	54,539	
Logistics Services	9,500						9,500	
Total Logistics, Transport & Storage	80,950		2,911			2,911	78,039	
Personnel								
International Staff	958,000		52,644			52,644	905,356	
National Staff	137,450		11,800			11,800	125,650	
National Society Staff	275,830		31,935			31,935	243,895	
Volunteers	154,020		16,209			16,209	137,811	
Total Personnel	1,525,300		112,589			112,589	1,412,711	
Consultants & Professional Fees								
Consultants	62,500						62,500	
Professional Fees	20,000						20,000	
Total Consultants & Professional Fees	82,500						82,500	
Workshops & Training								
Workshops & Training	358,400		72,153			72,153	286,247	
Total Workshops & Training	358,400		72,153			72,153	286,247	
General Expenditure								
Travel	90,300		5,117			5,117	85,183	
Information & Public Relations	102,983						102,983	
Office Costs	70,340		1,219			1,219	69,121	
Communications	14,320		4,461			4,461	9,859	
Financial Charges	148,280		8,442			8,442	139,838	
Other General Expenses	3,500						3,500	
Shared Office and Services Costs	148,203		21,282			21,282	126,921	
Total General Expenditure	577,926		40,521			40,521	537,405	
Contributions & Transfers								
Cash Transfers National Societies	58,918						58,918	
Total Contributions & Transfers	58,918						58,918	
Operational Provisions								
Operational Provisions			127,174			127,174	-127,174	

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Reporting Timeframe	2014/10-2014/11	Programme	MDRJO001
Budget Timeframe	2014/10-2015/12	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			12,106,275			12,106,275		
Total Operational Provisions			127,174			127,174	-127,174	
Indirect Costs								
Programme & Services Support Recove	738,881		45,213			45,213	693,667	
Total Indirect Costs	738,881		45,213			45,213	693,667	
TOTAL EXPENDITURE (D)	12,106,275		740,803			740,803	11,365,472	
VARIANCE (C - D)			11,365,472			11,365,472		

Disaster Response Financial Report

MDRJO001 - Jordan - Population Movement

Timeframe: 29 Oct 14 to 31 Dec 15

Appeal Launch Date: 29 Oct 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/10-2014/11	Programme	MDRJO001
Budget Timeframe	2014/10-2015/12	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	12,106,275		0	0	740,803	-740,803	30,587
Subtotal BL2	12,106,275		0	0	740,803	-740,803	30,587
GRAND TOTAL	12,106,275		0	0	740,803	-740,803	30,587