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Emergency appeal operations update

Syria: Complex Emergency

 International Federation
of Red Cross and Red Crescent Societies



Emergency Appeal n° **MDRSYR003**

GLIDE n° OT-2011-000025-SYR

Operation update n°9

08 December 2015

Period covered by this operation update: January-September 2015

As of October 2015, the number of people in Syria affected by the crisis, in urgent need of humanitarian aid has significantly increased, reaching 13.5 million people.

With the current Operations Update, the timeframe of the IFRC's Syria Complex Emergency Appeal (MDRSY003) is extended a further year until 31 December 2016 to continue supporting the Syrian Arab Red Crescent (SARC) in its response to the growing humanitarian needs in Syria during the crisis. The plan and budget for the Emergency Appeal will be revised in the first quarter of 2016.

People in need

13.5 m



Number of
displaced

7.6 m



49

Syrian Arab Red
Crescent

8

Palestinian
Red Crescent



staff and volunteers have lost their lives while providing support since the beginning of the crisis

Overall Appeal
budget

CHF117 m



88% funded



Photo: ICRC/ Somar H. Rezk

[<Click here to go directly to the updated donor response report, here for the interim financial report and revised budget, or here to link to contact details >](#)

There are still significant funding gaps, hence the IFRC will continue working in Q1 of 2016 to achieve the current targets. Until the revised 2016 Appeal is launched, IFRC and SARC work will focus on:

- Responding during the winter season providing assistance to families with winterization items; continue distribution of food and hygiene parcels.
- Supporting SARC health facilities, and implementing different initiatives such as establishment of nutritional support centres, structuring mental health services, initiating activities for the prevention of gender based violence.
- Providing logistics support with warehouse management, procurement of relief items and pharmaceuticals/nutritional supplements. Preparing for implementation of new initiatives related to SARC medical logistics capacity and infrastructure rehabilitation; and continue to develop the skills of SARC staff and volunteers in logistics.
- Implementing livelihoods initiatives, and strengthen SARC staff skills to implement livelihood activities.
- Continue enhancing SARC operational capacities. Training in disaster management and communications will take place.

At the beginning of 2016, the IFRC will undertake a review of the Emergency Appeal, in order to enhance the support the IFRC provides to SARC's humanitarian response and adapt better to the protracted crisis in Syria. The outcomes, recommendations and main lessons learned of the review will be the basis of the 2016 revised plan.

In 2016, the IFRC foresees that the revised Emergency Appeal will continue focusing on providing SARC with the most critical food and non-food relief items in response to the most urgent needs. The support to SARC programmatic areas will continue in livelihoods, logistics, communications, among others. In health, the IFRC will keep supporting SARC health facilities and nutrition centres; ensuring pharmaceuticals supply; psychosocial support, and mental health activities, in addition to enhancing the skills of staff and volunteers in health. SARC's operational and organizational capacity initiatives will be scaled up. Based on the outcomes of the planning process, the relevant activities and initiatives will be included in the 2016 revised Appeal.

With the extension of the timeframe of the Appeal and the planning for 2016 underway, we encourage partners to start making funding commitments and pledges for 2016 to support SARC humanitarian response through the IFRC Syria Emergency Appeal. For further information please contact the IFRC in Syria.

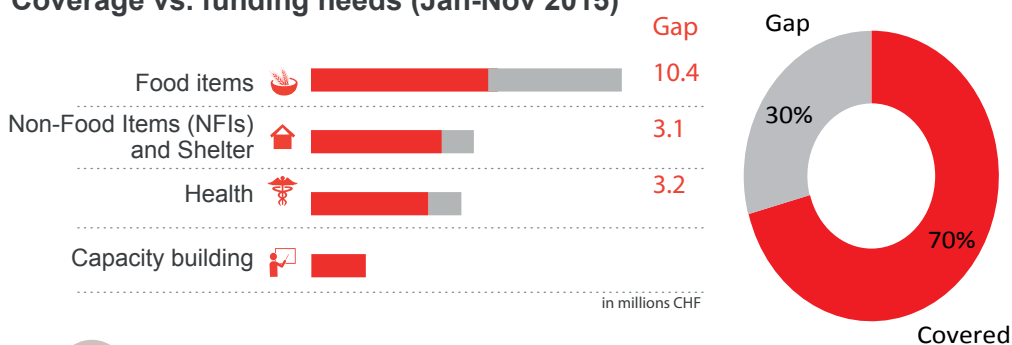
With the end of 2015 approaching, the IFRC and SARC take this opportunity to thank all of our partners for the generous contributions and the good partnership. We hope to continue counting on your support to provide humanitarian relief to the people in Syria in urgent need.

Funding Analysis

With this Ops Update, the budget of the Appeal is increased to 118.2 million reflected in all sectors. The current funding analysis reflects the funding situation as of the end of November 2015. The gaps are presented based on the current budget, which will be carried forward to 2016. **The total current funding gap is CHF 16.38 million.** These funds are urgently needed so that the planned support can be provided.

Funding Requirements

Coverage vs. funding needs (Jan-Nov 2015)



Food sector needs

Despite the generous contributions from partners, the food sector is the most underfunded with a gap of 46% of the total budget for food. Emergency food assistance remains a priority in the crisis, and the needs are at risk of being exacerbated by the reduced level of food assistance due to underfunding of the key humanitarian agencies, and further affectation of production means by the crisis. Having early secured funding under the IFRC Emergency Appeal will contribute to a continuous food supply chain in 2016 – available for SARC’s quick access to meet the urgent needs of the people affected by the crisis.



Non-Food items and Shelter sector needs

The funding gap for NFI is currently CHF 3.1 million. SARC has begun the distribution of winter family assistance in response to the 2015/16 winter. The main current gap is in hygiene kits, and having flexible funds allocated under this sector would help to be prepared for a timely procurement during the winter period, in case of a prolonged period of cold temperatures and snow.



Health sector needs

The current gap for the health sector is CHF 3.2 million. The funds for the health sector are used to support SARC health facilities; to ensure an uninterrupted supply of vital medicines and nutritional supplements for the health facilities and nutritional centres; and for capacity building. At this moment, it is imperative to identify potential funding in order to ensure IFRC support to the core costs of SARC health services and commit the resources for 2016.



Capacity building needs

The current funding target is fully covered for specific activities directly related to SARC capacity building that will be carried into 2016, and for current support positions funded under the Emergency Appeal. In 2016, the IFRC’s Syria Emergency Appeal will scale-up the capacity building initiatives and the technical support provided to support SARC.

Partner contributions in 2015 per sector



Food items

Netherlands Red Cross
British Red Cross
Taiwan Red Cross Organisation
Italian Red Cross
American Red Cross
China Red Cross Hong Kong branch
German Red Cross



NFI

WASH and NFI

Netherlands Red Cross
Australian Red Cross
British Red Cross
Swedish Red Cross
Italian Red Cross
Norwegian Red Cross
German Red Cross
Finnish Red Cross
Danish Red Cross - DG ECHO
Irish Aid
Japanese Government
USAID-OFDA



Health

Canadian Red Cross
Swedish Red Cross
Norwegian Red Cross
Japanese Red Cross
Japanese Government
USAID-OFDA
Danish Red Cross - DG ECHO



Capacity building

British Red Cross
Swedish Red Cross
Norwegian Red Cross
Finnish Red Cross
Canadian Red Cross
Danish Red Cross - DG ECHO

In 2015, the Appeal has been receiving on-line donations through www.ifrc.org

Summary

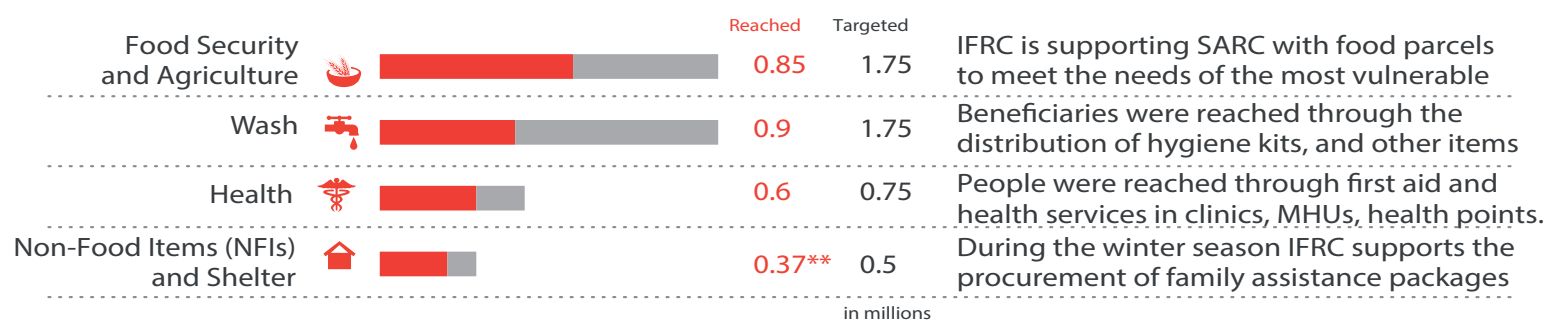
(Jan-Sep 2015)

The situation in Syria becomes more protracted with an increased urgent need for humanitarian assistance. The impact of the protracted character of the crisis resulted in a continuous grow in the number of people in need for humanitarian assistance now counting approximately 13.5 million people, who are estimated to be in need of at least one or multiple type of humanitarian assistance, which covers almost the overall population residing in the country.

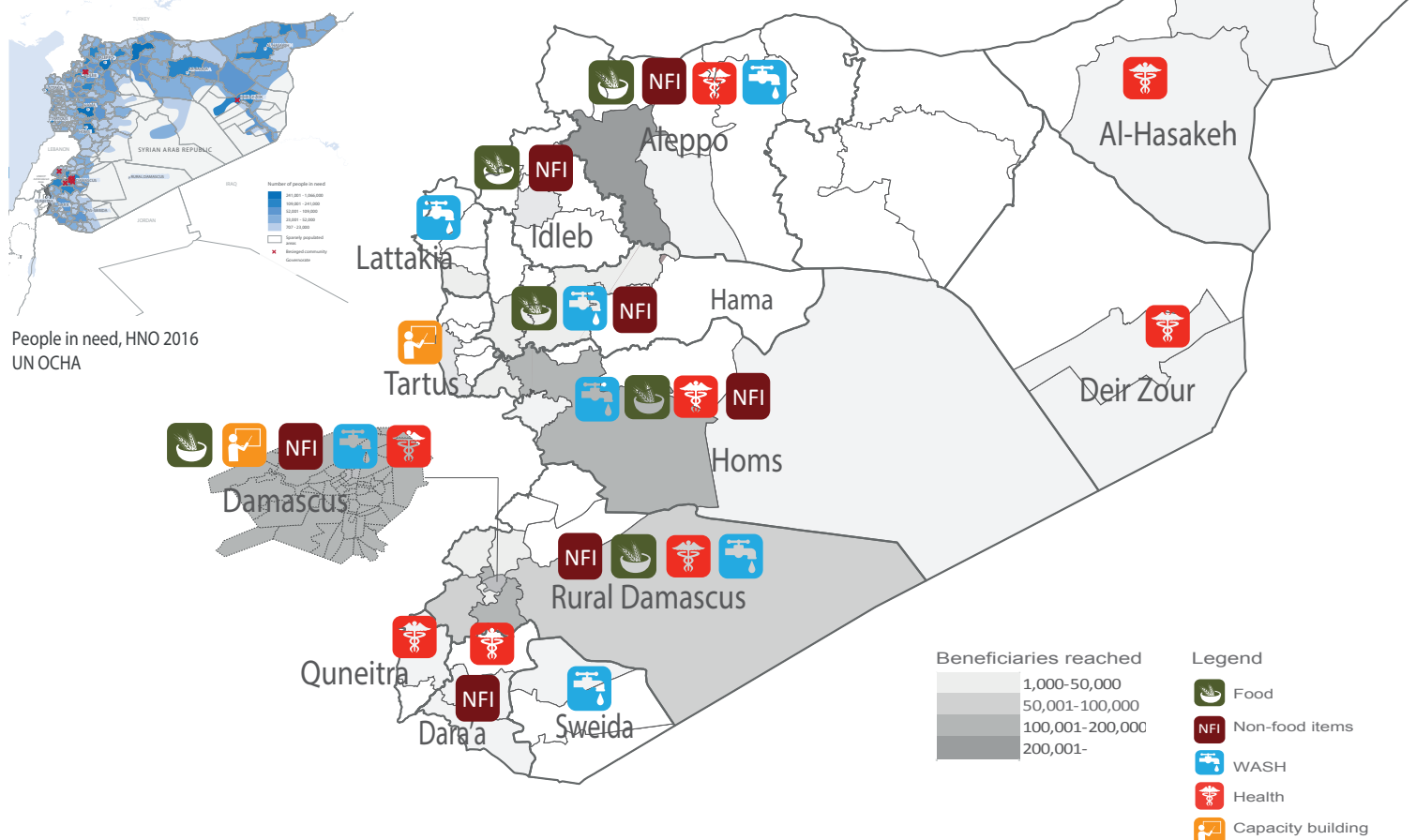
The IFRC is a unique and vital partner inside Syria for SARC. The food and relief items supplied by the IFRC are made immediately available to SARC so that it can respond quickly when there is brief access to besieged and hard-to-reach areas. During the reporting period approximately 82 per cent of the IFRC supported items were distributed in areas where the needs are the highest (based on the UN HNO 2016). Based on the assessment results in the health sector, the SARC health facilities supported by IFRC are located in areas where the population in need of health services is the highest.

Response by Sector

Beneficiaries reached vs. targets (Jan-Sep 2015)



Geographical coverage (Jan-Sep 2015)



* The beneficiaries reached are taking into account also the beneficiaries reached by GRC, DRC and NRC.

** The reached number of beneficiaries with winterization items refers to the 2014/2015 winter season period. The target of 2015/2016 winter aims to support 500,000 beneficiaries.

Situation

The crisis in Syria has been ongoing for almost five years now, resulting in what is described as the largest population displacement since WWII. During 2015 the situation has further deteriorated in Syria, forcing more than half of the country's population to leave their homes (6.5 million people are internally displaced and over 4 million people have taken refuge outside of the country).

The situation in Syria becomes more protracted with an increased urgent need for humanitarian assistance. The impact of the protracted character of the crisis has resulted in a continuous growth in the number of people in need of humanitarian assistance now counting approximately 13.5 million people¹, who are estimated to be in need of at least one or multiple types of humanitarian assistance, and which covers almost the entire population residing in the country. Three in four Syrians live in poverty; a deep economic recession, fluctuating national currency, sanctions, soaring food and fuel prices, and disrupted markets have contributed to the extreme vulnerability of the population². Although the number of internally displaced people has decreased compared to 2014, this change is mainly due to the increase in the number of refugees, and the vulnerability of displaced people has increased as most people have been displaced multiple times. Displaced people are mainly living in host communities, which has resulted in the host communities themselves overstressing their resources and increasing their own vulnerabilities.

All segments of Syria's population life have been affected by multiple cycles of displacements, overload on the basic social and health services, decreased access to food and water aggravated by reduction of alternatives for livelihood activities.

The main constraints to a timely and effective humanitarian response are related to the ongoing conflict, shifting frontlines and insecurity, in addition to administrative and procedural hurdles.

By the end of the third quarter of 2015, the situation in the country had significantly changed as result of the security situation in several areas. Widespread violence continued throughout the country, particularly in the governorates of Al Hassakeh, Aleppo, Damascus, Dar'a, Deir ez-Zor, Hama, Homs, Idleb, Lattakia and Rural Damascus, increasing the number of deaths, injuries, destruction of homes and infrastructure as well as displacement of civilians. The increased violence in Idleb - and more specifically in Idleb city - has resulted in massive population displacement to the rural and northern areas of Idleb, to Tartus and Damascus. In addition, most of the areas in the north eastern part of the country (Ar-Raqqqa, rural Aleppo, Deir Ez-zor and parts of Hasakeh) are hard to reach, not being regularly accessible for continuous humanitarian assistance due to security and safety considerations, in addition to access restrictions because of the ongoing violence. Some areas of Hama and Homs Governorates have become more difficult to access due to shifting frontlines. At the same time, the situation near Damascus has deteriorated mainly in some rural areas close to the city.

Coordination and partnerships

The Syrian Arab Red Crescent (SARC) is the main provider of humanitarian services in Syria, and has the lead role in the Red Cross Red Crescent Movement's response to the biggest humanitarian crisis in decades. SARC also acts as the entry point for all INGOs registered and operating in the country; furthermore, it is the key implementing partner to the UN with up to 60 per cent of the UN relief channelled through SARC.

During the reporting period SARC facilitated 74 cross-line convoys in the areas of Damascus, Rural Damascus, Rural Homs and Homs city, rural areas of Aleppo and also one convoy each to Raqqqa and to Hama. The items delivered were supported by SARC, ICRC, IFRC, IMC, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO and the Ministry of Health (vaccines). The IFRC supported items included 1,800 hygiene kits to Homs governorate. In Aleppo city, SARC has almost daily a cross-line mission mainly with first aid activities, and relief items. During 2015, SARC delivered relief items in Deir ez-Zor by air.

The capacity of SARC to provide humanitarian services is kept protected and independent from any political influence and all humanitarian actions are based on needs and accessibility factors only.

SARC volunteers are the last mile in aid delivery throughout the country. Through its 14 branches, 68 active sub-branches and 9,000 registered volunteers and 3,000 active volunteers SARC is present in most parts of the country and works according to the seven Fundamental Principles of the Red Cross and Red Crescent.³ Sadly, since the beginning of the conflict, 49 SARC and 8 Palestinian Red Crescent Society staff and volunteers have lost their lives while providing assistance to people in need.

¹ Humanitarian Needs Overview 2016, UNOCHA

² Ibid.

³ Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity, and Universality

The IFRC team has coordination meetings with SARC management, partner National Societies and ICRC on operational issues, and participates in Humanitarian Country Team meetings. The IFRC has observer status in the Inter-Agency Standing Committee.

Delegates from the IFRC and the German, Norwegian and Danish Red Cross National Societies are based in Syria, while the Canadian, Swedish, Netherlands, Italian, Japanese, Spanish, French and British National Red Cross Societies are present in the region. All the partners work in a complementary and coordinated manner to support SARC activities in relief, health, water & sanitation and psychosocial support.

Operational implementation

The SARC emergency response is still activated at the highest alert due to the volatile situation that triggers immediate response. Intensified fighting in specific urban and rural areas and the deteriorating security situation does not allow reaching all parts of the country. Still, many SARC medical clinics, ambulance services and water tanks continue to serve people in need within these locations. SARC remains best-placed to reach these areas when a window of opportunity opens to deliver humanitarian assistance on behalf of the international community.

IFRC is supporting SARC to respond to the most urgent humanitarian needs through the provision of relief items and health services. IFRC has prepositioned food and other relief items allowing SARC to mobilize them quickly when often only a brief access is available to the besieged and hard-to-reach areas or there is a sudden population movement and where other actors are not responding. This makes IFRC support unique and sets it apart from other humanitarian agencies - operationally and strategically. In the area of health, besides the continued support to SARC health facilities, IFRC has also been engaged in developing tools and training materials in the area of psychological support and violence prevention.

IFRC continues to provide support to SARC capacity building according to the IFRC Secretariat's core mandate. The activities implemented were related to strengthening SARC branches and sub-branches' response capacities, establishing a comprehensive quality assurance system, information management capacity building, and developing and scaling-up nutritional support and mental health activities in the health programmes.

A **medical logistics** assessment of SARC current procurement and storage of medicines and medical consumables was conducted with the technical support of the Canadian Red Cross and IFRC. Based on the findings, a plan will be developed to improve and expand the medical storage facilities and processes to meet the increasing demand for medicines and medical equipment. At the same time, an **infrastructure** feasibility study was carried with the support of Norwegian Red Cross to assess the rehabilitation of SARC basic infrastructure including health facilities and warehousing. The implementation of the activities related to medical logistics and infrastructure will begin in 2016. With the support of German Red Cross, a new racking system was purchased for the Tartous hub to increase capacity of the warehouse by more than 300%.

The pilot projects in **livelihoods** have been initiated aiming at identifying longer term implementation methodologies for sustainable income generating activities for vulnerable groups of population. These activities will continue and be expanded in 2016.

Bilateral Support:

German Red Cross (GRC) is supporting SARC in the logistics sector contributing to strengthen and maintain the logistics capacity. Furthermore, GRC supplies SARC with NFIs (including hygiene kits for babies and people with special needs), food, and medicines/medical equipment.

The Norwegian Red Cross is supporting overall WASH activities in the Emergency Appeal bilaterally; and providing non-food items.

Danish Red Cross -supports SARC health facilities and PSS activities. Danish Red Cross (DRC) contributes to the costs of SARC structure and volunteers training; as well as procuring NFI.

Relief



Food security

Outcome 8: Ensured access of the most affected populations to items to address their immediate food needs

Indicator: 1.75 million affected people are reached with basic food items provided in IFRC food parcels 950,000 people reached with food distributions in the period Jan-Sep 2015

Output 8.1 Food items are distributed to vulnerable families over the extended period of the Appeal

Indicator: 500,000 food parcels are procured and used to address the needs of families in emergency situations. 265,000 food parcels procured
260,976 food parcels distributed (including 100,367 funded bilaterally)



Shelter and settlements

Outcome 7: Access of the affected populations to essential household items ensured to reduce their vulnerabilities during emergencies or sudden displacements and in the winter season (2015/2016)

Indicator: Approximately 250,000 beneficiaries gained access to essential household items Procurement for the 2015/2016 winter season has started

Output 7.1 Essential household items are prepositioned to be provided to the most vulnerable families (one time distribution)

Indicator: 50,000 families are provided with blankets, mats, mattresses, tarpaulins and kitchen sets Procurement for the 2015/2016 winter season has started



Water; Sanitation; Hygiene promotion

Outcome 5: Access to items provided to the most vulnerable populations to ensure dignity, personal hygiene and health and to reduce vulnerabilities in health aspects

Indicator: Approximately 1.75 million people reached through hygiene items. Approximately 750,000 beneficiaries were reached (including approximately 420,000 people reached through bilateral support)

Output 5.1 Items related to personal hygiene are distributed to vulnerable families over the extended period of the appeal

Indicator: 500,000 hygiene kits (family size) procured for distribution. (Including 200,000 hygiene kits (family size) procured bilaterally) 205,059 hygiene kits were distributed (Including 128,310 supported bilaterally)

Outcome 6: Access improved to water for the affected populations

Indicator: Approximately 400,000 beneficiaries will be reached (implemented bilaterally) 339,000 beneficiaries reached

Output 6.1 Installation of water tanks, distribution of portable water containers and water treatment devices improve people's access to water

Indicator: Approximately 200,000 beneficiaries will have improved access to water A 600 KVA generator to Al-Hasan pumping station, Tartous, serving 37,000 beneficiaries
A 1100 KVA generator to Al-Delbeh pumping station, Tartous, serving 96,350 beneficiaries
Reagents for 12 months operation to sewage water treatment station in Suweida

Output 6.2 Rehabilitation and construction of water sources and water infrastructure improve people's access to water.

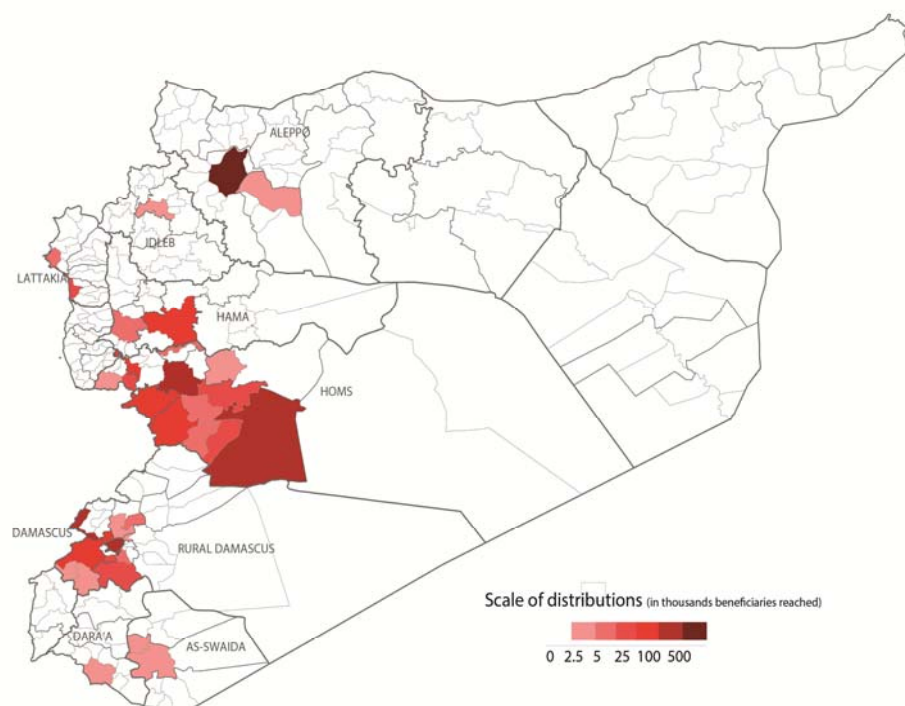
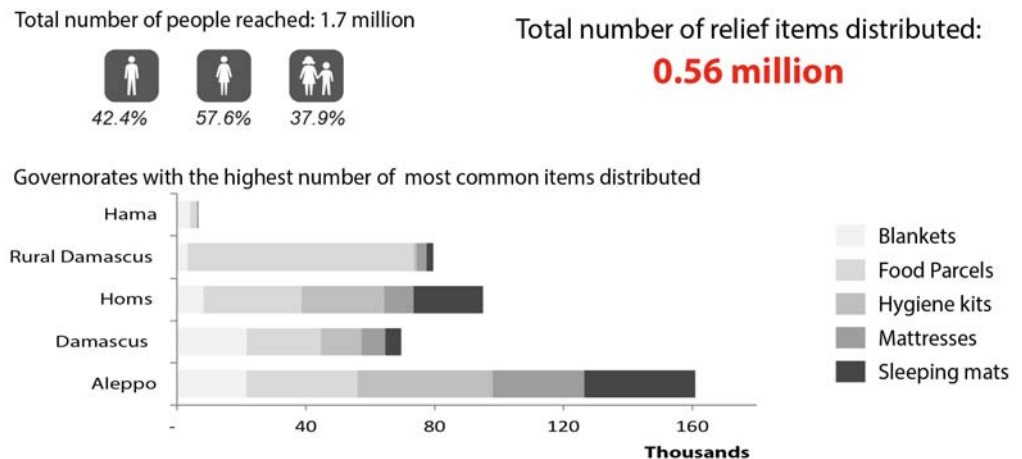
Indicator: Approximately 400,000 beneficiaries will have improved access to water 300 water tanks in sizes 500-2,000 liters delivered to SARC's Aleppo water team in July and used in response to the water emergency in Aleppo city Water tanks and equipment for 50,000 beneficiaries delivered to SARC Aleppo water team, for use in response to water emergencies
Water tanks and equipment for 50,000 beneficiaries delivered to SARC Dara'a water team, for use in response to water emergencies
SARC undertook water projects in Dara'a to serve approximately 106,000 beneficiaries

Achievements: Due to the increased volatility of conflict patterns, shifting frontlines and unpredictable situation developments, the populations' ability to access basic services and goods has been impacted. People were voluntarily displaced in search for safer areas; during 2015 the number of displacements have increased and at the same time the number of people displaced multiple times has significantly increased. The needs of the population are changing quickly depending on the situation on the ground. The factors influencing the severity of people's needs are the levels of conflict, urbanisation, household financial resources, the access to services and goods, and access of the humanitarian community. In general the situation is very dynamic, hence assessments can only provide short-lasting snapshots of the situation at the time the assessment is conducted.

By the end of the third quarter of 2015, 40 per cent of the budget for food was covered allowing to provide food assistance for the first nine months of the year. SARC managed to carry out the distributions of food as planned, however the targeted locations had to be changed due to administrative procedures or security situations. Two factors delayed the procurement process of food parcels and affected the distributions: a new tender process was introduced in the middle of the summer and the introduced ban on importing items from Turkey.

Most of the unofficial as well as the official emergency shelters do not have sufficient sanitary facilities; drinking water is mostly supplied in the form of an improvised emergency supply. Hygiene conditions have deteriorated progressively in the last few years. For this reason German Red Cross is supporting the target population with hygiene kits with incontinence products (hygiene kits for people with special needs), that were handed out to disabled or elderly people suffering from incontinence and affected by the conflict. Each kit contains enough supplies for a month. Hygiene kits for babies with nappies and baby care products were handed out to families affected by the conflict who have infants. Each kit contains enough supplies for a month. The distribution of standard hygiene items are mainly happening along with the food parcels distribution including also for the target groups, and are procured by IFRC and German Red Cross as well.

SARC/IFRC finalised the 2014/2015 winter distributions by the end of May 2015. The extended timeframe of the distributions was due to the prolonged winter weather season and the increased displacements mainly related to the situation in Idleb, Palmyra and Yarmouk. Preparations for the 2015-2016 winter season has started.



Planned activities: IFRC and SARC are planning to complete the winterization support to beneficiaries during the winter season. It is also important that the food and hygiene supply chains remain uninterrupted as the number of people in dire need of food security is 8.7 million. The targets for the coming period of the appeal in 2016 will remain proportionally the same in order to keep the usual operational response capacity in addressing the needs.

The current target for 2015-2016 winter season is 250,000 beneficiaries to be reached with distribution of winterization items. This response will continue until March 2016 depending on the weather conditions and the needs.

Health and care



Health and care

Outcome 1: The immediate health risks of the affected population are reduced and prevented through the provision of emergency and basic health care services by filling the gaps in the health service provision.

Indicator: Number of people receiving treatment at SARC health facilities on a monthly basis Achievements: An average of 636,000 people received treatment in SARC health facilities supported by IFRC and bilaterally

Output 1.1: The population in need benefit from SARC supported emergency and basic health care services even in areas where health service provision is limited.

Indicator: Number of SARC health facilities supported: IFRC 9 Mobile Health Units, 15 clinics, 8 health points, Danish Red Cross 10 health points, 4 clinics Achievements: IFRC has provided 9 Mobile Health Units to SARC, 6 health points have been established, currently 5 health points are operational. 11 clinics supported by IFRC were operational at the end of September 2015. Bilaterally - 10 health points and 3 clinics are being supported and one has been opened in Lattakia and will be functioning in November.

Outcome 2: The emergency health risks are reduced through the provision of emergency evacuation services, targeted for the affected population.

Indicator: Number of branches have the capacity to implement emergency evacuation services Achievements: Currently all SARC branches are equipped with ambulances and trained first aiders.

Output 2.1 Providing the injured and critical ill patients with timely professional and high level of emergency evacuation services.

Indicator: Number of missions conducted, number of patients served Achievements: More than 48,000 missions conducted (Jan-September 2015)

Outcome 3: Curative and preventive medicines provided through IFRC/SARC primary health facilities (fixed and mobile) to the displaced populations and vulnerable community.

Indicator: Number of health facilities provided with needed medicines Achievements: all IFRC and Danish Red Cross supported health facilities received medicines (except the ones in Raqqa and Deir Ez-zor due to limited access to the area)

Output 3.1 Providing the injured and critical ill patients with needed medicines

Indicator: Number of patients reached in health facilities supported with needed medicines Achievements: Patients treated in IFRC and Danish Red Cross supported health facilities received the needed medicines as well (except the ones in Raqqa and Deir Ez-zor due to limited access to the area)

Outcome 4. Psychosocial care and attention provided to the people affected by the consequences of the crisis

Indicator: Number of people receiving support Approximately 54,000 people

Output 4.1 Traumatized patients participating in psychosocial sessions and social activities

Indicator: Number of patients reached through psychosocial centres and mobile units supported by Danish Red Cross 51,396 people received support

Output 4.2 Affected people and communities receive skills training and basic livelihood support

Indicator: Number of people and communities reached 2,663 people reached in Dwela, Qamishly and Aleppo points and through Homs Mobile Unit

Output 4.3 Capacity of SARC staff and volunteers are enhanced through diffusion sessions to enable relevant service provision

Indicator: Number of volunteers participating in diffusion sessions 34 volunteers were participating in diffusion sessions

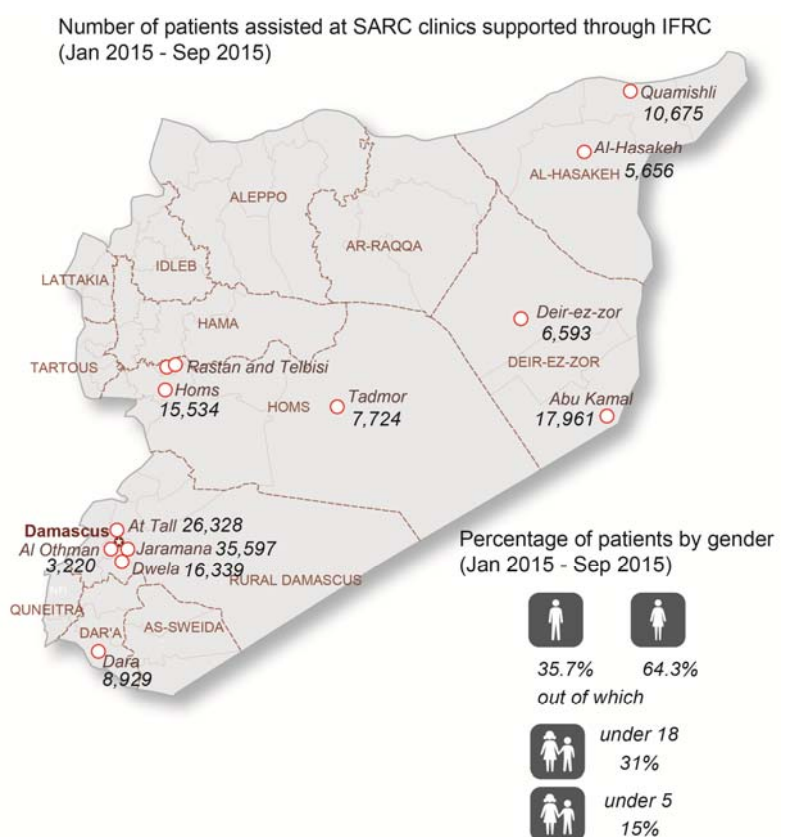
Achievements: In 2015, in many areas of the country, due to insecurity, access to basic health care services remained extremely limited. Based on statistical information from the Syrian Ministry of Health, approximately 33 per cent of public hospitals are partially functioning, and 26 per cent are not functioning at all. Around half of the affected population is lacking access to basic health services. There is also a significant gap in the health work force. The overall health condition of the population is ranked between severe and catastrophic, with being the people residing in besieged areas the most affected. On the other hand, health facilities in urban areas with a high number of IDP population are overwhelmed.

During the first nine months of 2015, SARC health facilities, supported through IFRC, provided treatment and consultations to 375,000 people. During the first half of 2015, the health facilities in Al Bokamal and Deir Ez-Zor stopped working due to limitations in their service provision and one ambulance and one MHU in Al Bokamal has been taken. Also the clinic in Palmyra had to temporarily suspend its service provision due to electricity cut offs, and insecurity in the area. For a shorter period of time the clinic in At Tall also had to limit its service provision because of the ongoing military operations in the area.

Clinics

Unfortunately, the information from Raqqa, Deir-Ez-zor, Palmyra/Tadmur clinics could not be obtained due to the current situation in those areas and lack of communication possibilities. The clinics supported 157,000 patients (more than 58,000 new patients); more than 188,000 registered medical consultations and treatment, around 56 per cent related to internal health.

The highest number of patients were registered in Jaramana in Rural Damascus which has the biggest capacity to receive patients; the number of visits could be higher, but the doctors cannot see all the patients in the same day, therefore people are often asked to come back the following day. In Tadmur the number of new patients has significantly increased (almost doubled since the last quarter of 2014) in the first quarter of 2015, however the clinic had to suspend its activities due to the insecurity in the location. The clinic in Al Tal after its renovation with an increased capacity and due to the situation in the surrounding areas has been receiving an increasing number of patients. Since July 2015, two SARC clinics, in Rastan and Telbisi (both in the northern area of Homs) are supported by IFRC. So far the number of patients reported by these clinics is limited, but after establishing the health information system the clinics will be able to report accurately.



Health Points

In the first 9 months of 2015, five health points were operating and provided 103,121 consultations. The health point in Deir Ez-Zor city is only providing ambulance services and is treating only emergency cases, as the needed equipment could not be delivered to the location due to the lack of the needed approvals.

In June, SARC opened a new health point in Mnien, Rural Damascus, supported by IFRC. The location was chosen because of the high number of IDPs in the area and their limited access to other health facilities due to changing frontlines in the proximity of the facility.

SARC volunteers and staff in Douma continue providing lifesaving services even during times when there is not opportunity to receive medical stock or medicines from the main SARC supply stock. These facilities continue their services by providing first aid services and referral to other local NGOs functioning in the areas. There has been a good coordination established between the local NGOs facilities in the sieged or restricted areas. This allows a sharing of supplies and even at times staff to ensure that primary health services can be provided to those in need.

The health point is never closed due to lack of stock or even when it is threatened by armed groups due to SARC neutrality and impartial medical service provision. In some cases the next nearest SARC facility will keep enough stock to re-stock and support the facilities that are unable to get the approval to be supplied with stocks. In adopting these various methods the facilities are able to continue to provide the lifesaving medical services to approximately 80-150 patients daily in all the facilities. SARC health facilities continue to be the oasis of health for the community providing curative and preventive services.

Mobile Health Units (MHU)

SARC **Mobile Health Units (MHU)** are mainly focusing on shelters and rural areas in the governorates and trying to reach out to beneficiaries who lack regular access to health care. Thereby, these SARC facilities are addressing a gap in the health service provision. The total number of patients treated by the MHU supported by IFRC during the reporting period was more than 67,000. The majority of the patients are female and approximately 62 per cent of the patients are children.

IFRC is supporting the MHUs working in the areas of Rural Damascus (3 MHU), Homs, Quneitra, and Deir Ez-Zor (Al Bokamal). Three additional MHUs have been sent to additional locations as well. One MHU started responding to the IDPs from Yarmouk, one other MHU was sent to Tartus to provide services to the new IDPs coming from Idleb and Aleppo.

Ambulances/First aid services

SARC first aid activities continue in all Governorates supported through the IFRC, however information from Raqqa, Deir Ez-Zor and Hasakeh has been arriving intermittently given the security situation and the areas being often cut off to be able to provide their reports. The delay of reports and information from the hard-to-reach areas has become more often than last year.

Ambulances are operating in conflict situations providing emergency first aid and transportation of patients to the closest hospitals or clinics. The total number of patients served in the reporting period was 48,532. The number of patients in this report shows a significant decrease due to the fact that reports from Deir-Ez-Zor and Raqqa (where IFRC supports 3 ambulances) were not sent on-time for the report. In the first quarter of 2015, the ambulance car in Al Bokamal was taken, therefore SARC cannot provide such service in the city.

IFRC/SARC conducted a **Gender based violence (GBV)** feasibility study to support SARC in developing and integrating this thematic area into SARC response activities. During the study volunteers and partners who are implementing GBV programmes were interviewed. The findings will help SARC to develop a GBV programme. The topic has recently raised increased interest among the humanitarian community. With this timely study SARC will be able to strategically participate and provide support in this relevant topic using the wide amount of resources from the Movement. As the area is getting more attention, SARC is exploring the opportunities to engage in developing an implementation plan in the coming three months. IFRC is ready to provide technical support in the area through a technical advisor in Beirut Regional Office.

According to reports, **nutritional needs** in Syria are clearly mentioned as an increasing need in this sector. SARC has started including components in its health programmes as well. Nutritional needs have been addressed in clinics since mid-2014 with the support from German Red Cross providing baby milk to beneficiaries. SARC also worked with UNICEF in setting up specific nutritional centres. The SARC nutrition program is planned to be expanded in with the support of the IFRC and Red Cross partners. With the support from Canadian Red Cross preparations are ongoing to establish three new nutritional centres, and begin supporting two already functioning nutritional centres-previously supported by UNICEF. Canadian RC and IFRC will provide support with recruitment of staff and the provision of nutritional supplements. IFRC is procuring the nutritional supplements to be also provided in SARC health points and also to hire staff in those health facilities. This programme expansion is very vital to be able to provide the necessary or adequate nutritional needs for expecting mothers and children. SARC with IFRC support is able to expand and provide more support in the area.

Mental health and psychosocial support (PSS) activities are needed to be included in all the health facilities. IFRC has supported SARC in developing materials to be used in the PSS programme. These materials are posters, play cards, publications, brochures and other varieties of teaching aid materials. It was of great importance that these materials are culturally sensitive and easily understandable by everyone in the country. The developed materials received very positive feedback from the community and volunteers. These materials will be able to bring PSS into the community with possible use in schools and community activities. The other component related to mental health activities is to recruit staff and provide training for the staff to properly refer or address the topic at the facility level.

With collaboration with WHO there has been trainings in mental health Global Action Programme (mhGAP) for physicians, and this has been ongoing among the SARC doctors from various clinics.

Capacity building



National Society capacity building

Outcome 9: The efficient operation implementation is supported through enhanced SARC capacities and a well-functioning organizational structure for future sustainability

Indicator: Number of SARC senior management who rates that capacities have significantly and sustainably increased in the specific technical areas (logistics, disaster management, health and care).

Output 9.1 Enhance capacities and facilities to strengthen SARC sub-branches in implementation of the operation and contribute to future sustainability

Indicator: Initially support approximately 36 sub-branches actively involved in the operation through relief and health activities Achievements: 27 sub-branches supported

Output 9.2 Disaster Management: Harmonize initiatives to establish a comprehensive quality assurance system for relief items from entry point to beneficiary feedback

Indicator: Concept of the system is introduced to harmonize initiatives Based on the outcomes of the monitoring workshop the concept for accountability to beneficiaries has been introduced, basic sample questionnaires have been developed. Once the concept is approved by SARC management further activities will be planned together with SARC including trainings.

Output 9.3 Information management capacity building: SARC management is supported for informed decision making through quality and timely information materials, reports and analysed information

Indicator: Information materials produced, new tools are introduced and effectively used by SARC Annual report tool and template prepared for SARC and is currently being used. Database for registering the distributions and health activities has been finalised and shared with SARC. Data visualization and advanced excel training was organised together with UNICEF. Reporting templates for branches were developed and are currently piloted and used.

Output 9.4 Health: Together with SARC, develop and scale-up good quality community-based health and first aid programmes through targeted capacity-building and training of volunteers and staff to increase the knowledge and skills of affected population in epidemic control, hygiene promotion, vector control, first aid and psychological support

Indicator: At least 56 volunteers trained in CBHFA, hygiene promotion and epidemic control 21 SARC volunteers trained

Output 9.5 Health: There is significantly increased knowledge in SARC on how to prevent and manage public health risks among displaced communities; with priority given to IDP populations and populations living in high risk areas.

Indicator: Number of teams specialized and reporting to use health in emergencies skills 35 MHU staff trained

Output 9.6 Communications, Resource Mobilization and Humanitarian Diplomacy: enhanced capacity of SARC staff in communications, resource mobilization and humanitarian diplomacy

Indicator: # of management staff trained in HD; # of SARC staff trained in negotiation skills An assessment of SARC capacity took place at the end of Q3 2015 in cooperation with German Red Cross. A capacity building plan will be developed for communications including a training plan

Achievements: The situation in most parts of the country and the continuous response to the increasing emergency is not conducive to extensive organisational development. In general SARC management feedback acknowledged that there has been a significant improvement in the operations coordination capacity and related to information management.

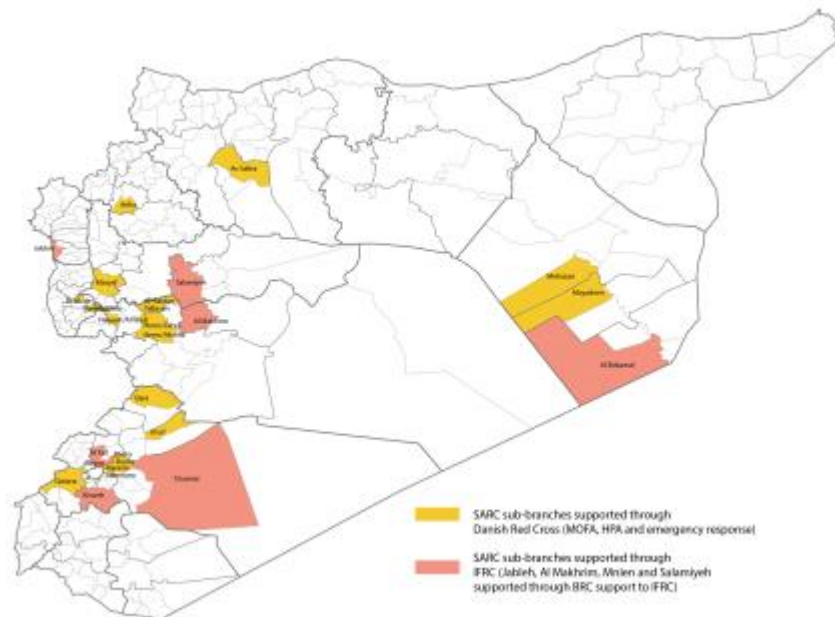
IFRC supports SARC sub-branch capacities, which need to be scaled-up as sub-branches need additional support. The selection criteria for the supported sub-branches were the following:

- The number of registered beneficiaries in the sub-branches
- The geographical size (number of settlements, urbanisation level)
- Quantity of relief items distributed by the sub-branch
- The number of active volunteers (education level)
- Resources in local community (financial and human)
- Facilities available in the sub-branch and the condition of these facilities (office, warehouse, distribution point, health facility etc.)
- The situation of the area (hard-to reach area, besieged area etc.)

The process of conducting assessment is rather timely and requires safe access to the area. At the same time, SARC is facing challenges in continuing to support the sub-branches in Deir-Ez-Zor Governorate due to the latest developments related to attempts to interfere in the SARC operation, which is implemented in a neutral and impartial way.

Partners have agreed on which sub-branches will be supported with the available funding through a joint approach between IFRC, British Red Cross and Danish Red Cross. According to the results of the assessments, the following areas are included in the sub-branch support:

- Furniture and equipment
- Renovation
- Running costs and rent (for sub-branches and distribution centres)
- Salaries of core staff and volunteer incentives
- Technical trainings (Disaster management, reporting, warehouse management etc.)



In the area of information management, IFRC has been assisting SARC to develop a data collection system in the past two years, through trainings, staff support and on-the-job mentoring. Processes have been developed and followed, but due to the scaled-up activities the capacities and skills of staff need to be enhanced as well, in order to be able to provide timely and accurate information to the management to base their decisions on and also to be able to allow SARC to communicate and present its achievements and the scale of its operation to the wider humanitarian community. Furthermore, the database for registering the relief distributions linked with stock movement information has been prepared and is ready to be tested by SARC. At the same time, this database also includes health information for all IFRC supported health facilities.

A new template has been shared and implemented during the SARC annual report, allowing SARC to share timely and extensive information on a regular basis (when possible) to its partners.

As a follow-up on the activities implemented, and in order to ensure a more inclusive approach, experts in data analysis and visualization were invited from UNICEF to facilitate the technical sessions of the workshop. The workshop had the following outcomes:

- Common understanding of information management and how it can contribute to management decisions through data analysis and accurate data collection
- Agreed approach of counting beneficiaries and aggregating the number of beneficiaries
- Agreed monthly branch template for showing achievements in each branch
- Guidance to use the template
- Sharing information and challenges, and agreeing on common joint approaches

In the area of Logistics quality assurance, is the initiative that has been implemented on a regular basis since the beginning of 2015. The quality of relief items are regularly assessed and tested, feedback is shared with partners and suppliers. This initiative enables SARC to provide quality services to beneficiaries in the relief area, which has

a significant importance given the fact that SARC is working together with several partners and sometime the content of different kits are not harmonized, affecting SARC's reputation when facing complaints from beneficiaries.

In close cooperation with British Red Cross, SARC capacities in the area of monitoring will be enhanced, also related to beneficiary accountability. A workshop took place 12-13 June, 2015 participants shared their experiences, inputs and concerns relevant to M&E implementation according to local context. IFRC and BRC are committed to accompany SARC in the overall process towards improving/building the PMER system through relevant tools and procedures. For instance, it has been recommended to establish an Accountability to Beneficiaries (AtB) & PMER unit within SARC. This is in line with humanitarian trends that do not consider AtB as a standalone component but as the basis for good programming within good PMER. An action planning session was held to agree on the next steps to be undertaken. As a follow-up after the workshop the action plan was shared with SARC and several meetings were held with SARC deputy directors related to the topic. It has been raised by SARC that the development of M&E activities need to be aligned with the development of a structure within SARC's organisation. The topic is still under discussion and is waiting for SARC management approval and endorsement.

In the area of health capacity building, in addition to the MHU review workshop and the CBHFA violence prevention workshop that were organized in the first half of the year, other trainings and meetings were held. SARC in collaboration with WHO and involving IFRC, is introducing Mental Health Global Action Programme (mhGAP) to all SARC health facilities. A few selected medical doctors were trained from each facility. The mhGAP training for medical doctors provided the knowledge to manage cases of mental health. Additional MHPSS activities will include hiring counsellors and establishing PSS teams. This is a comprehensive intervention method that enhances SARC and its health facilities. Also an overall SARC health meeting was organized to discuss future sustainable health activities of SARC. The main outcome of this meeting was to agree with the branch health representatives to search for more sustainable approaches to health service provision.

The IFRC facilitated a warehouse management workshop for SARC branch warehouse managers to establish a harmonized stock movement process.

The IFRC works closely with SARC implementing different initiatives aimed at enhancing SARC capacity to respond to the protracted crisis. Volunteer management is an increasing priority for SARC to be addressed. A training plan will be developed with SARC to guide the activities to increase skills of staff and volunteers in the areas of disaster management, health, logistics, livelihoods, communications, among others.

Given the protracted nature of the Syria crisis and fall off in media coverage on Syria itself, the need for timely, relevant and effective communication on the activities of SARC and the broader Movement has become vital. Key messages on the crisis need revision in order to reflect the latest realities, and there has never been a greater need for quality audio-visual material to illustrate the work of the Red Cross Red Crescent on the ground. In Q4 a work plan will be developed to strengthen SARC capacity to carry out effective communications, ensuring the ongoing development of high impact communication materials. A coordinated approach among the partners providing this support will be essential to its success.

Activities to contribute to future relevant programming

Outcome 10: Livelihoods feasibility study carried out providing recommendations and a roadmap for possible future projects in the sector	
Indicator: Feasibility study conducted	Feasibility study prepared
Output 10.1: The results of the assessment lead to adjustments in the planning as appropriate	
Indicator: Assessment results and recommendations shared with SARC management for further joint deliberation on next steps.	Feasibility study conducted with support of BRC, and recommendations shared with SARC management, pilot projects are being planned and others implemented
Outcome 11: Feasibility study on infrastructure needs of sub-branches and warehousing capacity carried out providing recommendations and a roadmap for possible future projects	
Indicator: Feasibility study conducted	The infrastructure study was conducted in Q4
Output 11.1: The results of the assessment lead to adjustments in the planning as appropriate	
Indicator: Assessment results shared with SARC management	Planned for Q4

Achievements: During the reporting period, a **Livelihoods** Feasibility Study has been conducted with the British Red Cross, with the aim at assessing, analyzing and prioritizing potential livelihoods intervention response options. The mentioned study, has provided SARC/IFRC with the technical guidance in terms of analysis capacities, the human resources structure, possible response options for Livelihoods Programming as well as designing a concept note for a pilot livelihood project based on the needs and priorities identified by different branches.

In order to appropriately coordinate a coherent and consistent approach to livelihoods support both internally and externally, the following structure has been put in place:

1. Dedicated HQ livelihoods resource/unit, comprising:
 - SARC Livelihoods unit: 2 staff have been recruited:
 - Livelihoods Officer, with strategic and planning role
 - Livelihoods Field Officer, working closely with the branches which are implementing the pilot projects.
 - RC/RC Movement Livelihoods Delegate
2. RC/RC Movement Livelihoods Steering Committee: is responsible for overall livelihoods policy and positioning; coordinating and harmonizing all livelihoods support led or supported by SARC; and appropriate internal and external coordination on the livelihoods file This Committee is comprised of SARC/IFRC/ICRC/BRC

Up to the present, 11 livelihoods pilot projects from Homs, Aleppo, Tartus and Rural Damascus Branches have been submitted to the Livelihoods Steering Committee for revision and approval. Out of these 11 projects 5 have been approved for further assessments and all of them are in progress of implementation. A new concept note has been submitted by Rural Damascus branch and it is pending revision by the Steering Committee. The target groups of these pilot projects are mainly returnees, IDPs and vulnerable host families, prioritizing women heads of households and people living with disabilities. The support provided to the target groups is mainly through vocational training and income generating activities via provisioning or/and replacing productive assets.

During this period, the livelihoods capacity building plan has been developed to equip staff and volunteers with adequate knowledge in the development and implementation of livelihood projects within an emergency and early recovery phase after a disaster or crisis. The trainings are focused on livelihoods and cash transfer programming, market assessment and project planning.

Planned activities: The activities will be mainly focusing on the implementation of the pilot projects as well as conducting the trainings “Introduction to Livelihoods” and “Cash Transfer Programming”. Based on the best practices and lesson learnt from the pilot projects, another area of focus will be to work on the strategy of SARC for scaling up the livelihoods programming.

In the area of **infrastructure**, together with Norwegian Red Cross, and other RCRC Movement partners, a feasibility study was conducted. The consultant has assessed together the situation of SARC infrastructure and a number of project proposals for construction and rehabilitation projects were shared with SARC. The recommendations of the study are pending approval of SARC management, and that will influence the activities as well for next year.

The infrastructure project is a cross-cutting project, as it is very much related to logistics and medical logistics, sub-branch support, and health support to SARC. Prior to any selection of projects, IFRC (and the PNSs) are exploring areas and supporting SARC in developing a comprehensive strategy in construction/rehabilitation of infrastructures: identification of area of interest (medical, trainings, administration/offices), geographical areas, identifying and preparing a list of possible local suppliers.



Programme support services

Logistics

Outcome 12: Maintained optimal logistics mobilization and pipeline management for both bilateral and multilateral consignments

Output 12.1: Consolidated and standardized mobilization and pipeline management

Output 12.2: SARC response capacity is strengthened through logistics support and coordination

Logistics support to NS

The IFRC Logistics support is well unified within SARC logistics emergency response standing capacity, core support is to maintain optimal logistics mobilization and pipeline management for both bilateral and multilateral consignment that are imported, handled for reception, stored in central warehouse hubs in Tartous and dispatched for distribution to branches and sub-branch level. The IFRC Logistics Team, in close coordination with IFRC Global Logistics Service both Dubai Office and Geneva, plans, executes and monitors the supply chain for Syria with the consignments arriving to the port in Lattakia or transiting through / from Lebanon and being imported via the following borders: Jdeidet Yabous and Al Arida, depending on the final destination. The Mobilisation Table has been regularly updated with new items identified by the National Society according to agreed specifications.

IFRC Logistics Team work in partnership with SARC Logistics Emergency Response team in Damascus managing mobilization and in Tartous managing warehouse operations. This current structure below is established to focus on the logistics mobilization of goods arriving to country and central warehouse operations which is the backbone of the Syria Crises complex emergency operation. A robust technical support is provided to keep the momentum of the operation and cater for the inquiries for relief and other similar to medicines, also noting that German Red Cross underwrites the warehouse infrastructure in terms of staff salaries and hardware component to keep the warehouse hubs up and running.

The IFRC / SARC

Logistics together with other personnel engaged in operations management,

invest

thoroughly on continuous

validation of the samples

provided by IFRC Global

Logistics and other PNS

as part of the ongoing

tendering process for

Food Items and NFI,

moreover a surge

support from SARC

Damascus Branch is

provided to SARC HQ

and participating in

mentioned exercise

which helped to develop

logistics quality

assurance for relief items

where sample evaluation is

taking place as part of

tendering conducted by

GLS and other PNS, including

validation

upon reception of goods in

country. The final

specification is updated

and listed to the standard

items or kits which are

disseminated to PNS

including other INGO's

having partnership with

SARC contributing to the

overall operation.

Standardisation is well

appreciated by all

counterparts and more

work is planned ensuring

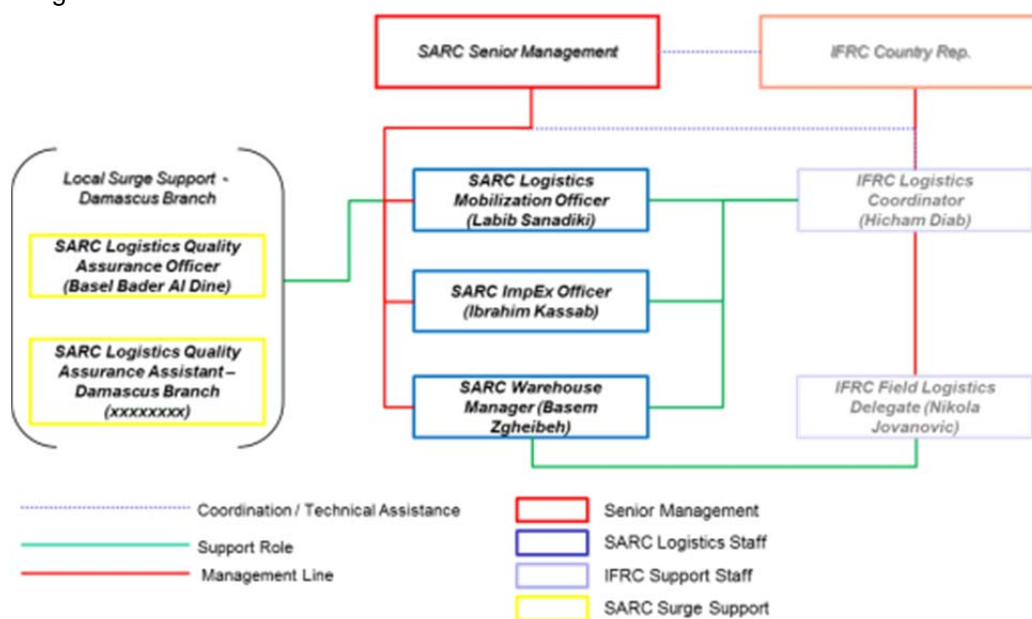
all major items / kits

are reviewed based on

familiarity, beneficiary

feedback and best

practices.



where sample evaluation is taking place as part of tendering conducted by GLS and other PNS, including validation upon reception of goods in country. The final specification is updated and listed to the standard items or kits which are disseminated to PNS including other INGO's having partnership with SARC contributing to the overall operation. Standardisation is well appreciated by all counterparts and more work is planned ensuring all major items / kits are reviewed based on familiarity, beneficiary feedback and best practices.

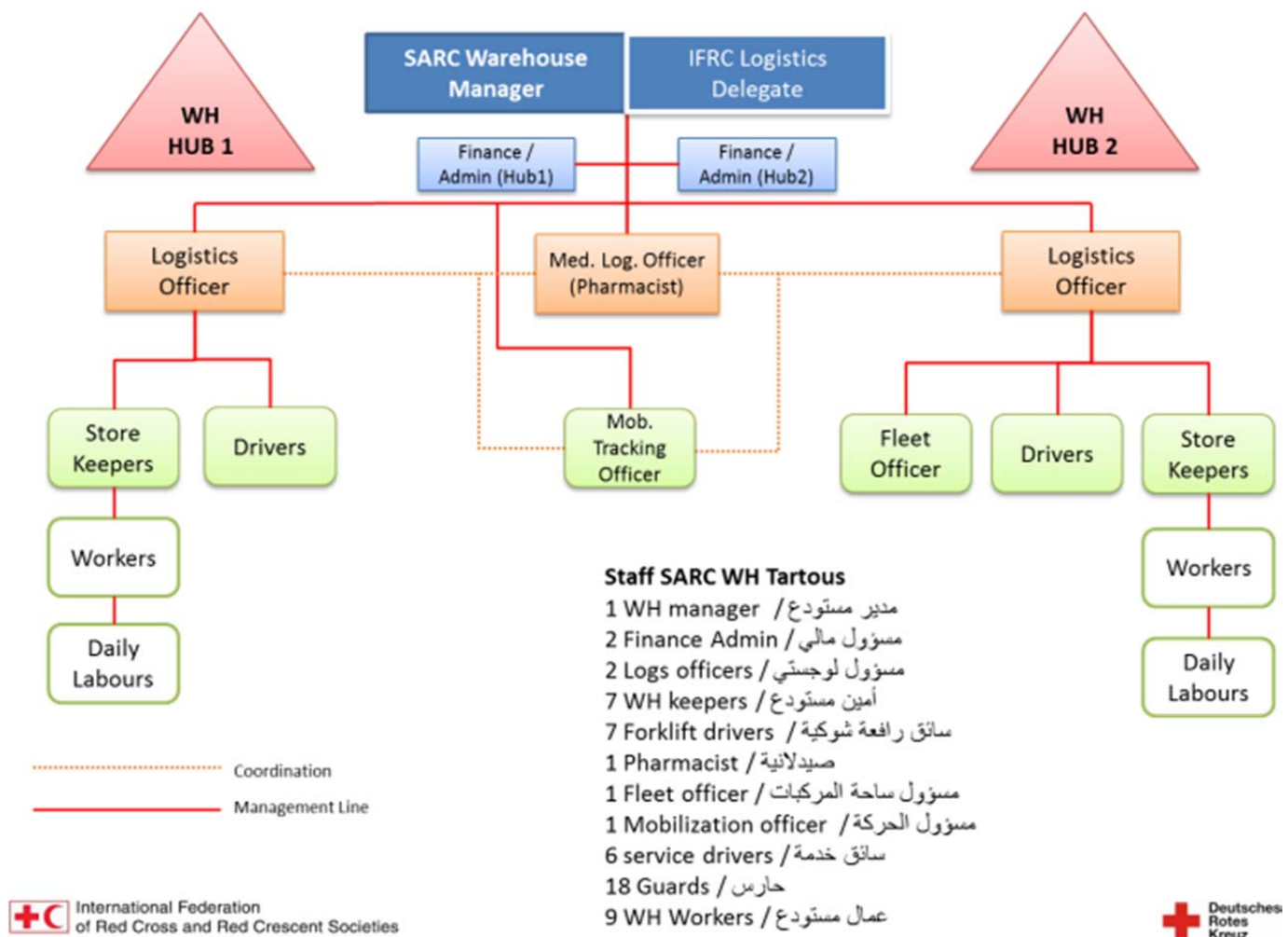
Turnover of relief aid mobilized

During 2015, multilateral relief items mobilized (excluding bilateral relief items) and received in Syria as part of the complex emergency appeal are nearly **265,000** Food Parcels, **178,000** Hygiene Kits, **171,000** Blankets, **13,000** Kitchen Sets, **100,000** Sleeping Mats, **100,000** Mattresses, **44,000** Tarpaulins, **7,000** Women Emergency Kits, 45 Unit Generators and additionally medicines

Total turnover for both multilateral and Bilateral goods is: Total volume of 79'129.77 CBM, Total weight of 24'197 metric tons with approximate total Value of CHF 43 million, which involved handling of 651 container upon reception and 687 trucks dispatched for distribution.

It is worth noting that the quality of relief items supplied to date by GLS has been acknowledged by SARC as meeting their required standard for operational needs. While retendering from one year to another, it is continuously assessed to explore alternative supplier options, enabling shortening of the delivery timeline and ensuring additional flexibility in the supply of food commodities.

Following is the central warehouse operation set-up, which is maintained, and that continues to be the main attention of logistics support and capacity building to be able to cope with the scale up of operations:



In line with the warehouse development plans, a high bay racking system was installed utilizing a floor space of 29mx24m (696 sqm) where capacity increased to take 38 x 40' container load (up to 1,200 pallets), increasing the mentioned floor space to 310%.

In addition, for handling capacity, mechanisms were enhanced which enabled the following KPI that demonstrates a very active machine making SARC Central warehouse in Tartous an exclusive :

- Loading time of a truck is 25 minutes per truck (SOPs implementation)
- Maximum turnover per day is 60 trucks (in and out)

Freight Arrangements for Shipments

The entry points for freight of relief aid is mostly arranged by SEA via Latakia and shipments transiting in Lebanon can be imported by road via Al Arida which is closer to Tartous, otherwise Jdeidet Yabous boarder for goods heading to Damascus HQ or Branch warehouses or when also in some cases Alrida boarder is congested. The freight tracking is delicate and requires continuous monitoring and coordination with consigners and freight forwarders but SARC also is facilitating the import processes which has been well arranged and continue to be managed through their expertise.

Further planning

The IFRC country team continues to support SARC operational response as incorporated in the Syria Complex Emergency Appeal through capacity building and staff support in addition to Health care activities and provide Food Parcels together with other relief items.

Throughout the four years of the operation and due to the scale of the humanitarian needs, SARC logistics and more specifically their warehousing infrastructure has continued to expand immensely, and Tartous central warehouse has increased with capacity of 55 staff and 12'750 sqm, warehouse space for holding stock for IFRC and Movement partners. This is exclusive of the other warehouses managed by SARC holding stock for other UN agencies and INGO's in addition to the 14 branches that receive relief items for distribution in the field.

With this brief enlightenment on the volume, it is evident that the physical infrastructure is huge but also recognized that it requires reinforcement of the warehousing management systems and constant technical support which is a necessity to uphold the performance quality control and to be proficient enough. In addition there are other crucial areas similar to medical logistics where it lacks the infrastructure and medical logistics expertise to develop such specialized areas, that currently is attained by general logistics expertise on board. Following forecasted plans on warehousing:

- Reinforce the pool of expertise by positioning a Medical logistics delegate to oversee the management of medical stock, tracking of relevant shipments and distributions, and support the field on medical logistics technical issues
- Restructure the emergency logistics operation team at HQ and reinforce with a logistics officer to handle the administrative matters and a Logistics quality assurance officer to take the lead on sample evaluation and verification of relief items supplied, while the current logistics mobilization officer oversees the mentioned activities and having a wider spectrum with further engagement and support to branch and sub-branch logistics staff / volunteers.
- Continue mapping the other warehouses at the branch level and assess their capacity to plan further support where necessary.
- Locate the pool of staff and volunteers involved in logistics or warehousing operations in field and engage in workshops to unify the technical language and use of SOP's, moreover to enrol in standard logistics training and field exercise or on-job training utilizing Tartous Central warehouse as a training centre.
- Expand the tools including the LogIC inventory control system to be implemented at SARC branch level where each branch will be compiling the relevant data from their respective field point or sub-branches holding stock. Conduct Quarterly standard logistics trainings for staff and volunteers undertaking warehouse management responsibilities on branch and sub-branch level.
- In cooperation with the health counterparts, establish a medical logistics infrastructure to accommodate medical supply in Tartous handling reception and distributions in timely manner. In addition to secure a convenient space for the repositioning of medical stock at the HQ level while utilizing the current space of Qudsaya and start exploring a better space to relocate
- Reinforce the pool of expertise with medical logistics delegate to support on the establishment of the relevant infrastructure, recruit and train adequate people to take over core positions of the specialized hubs and finally to assist the logistics team to monitor the ongoing medical logistics operations, moreover develop the necessary guidelines and SOP's

IFRC Logistics Coordinator continued supporting SARC as well as Partner National Societies in procurement and relevant planning to ensure uninterrupted supply chain. During 2015, multilateral relief items procured internationally with the support service of IFRC Global Logistics Service in Dubai and GVA, utilizing funds toward the complex emergency appeal with a nearly total of **CHF 15.4 million** of procurement orders. In terms of forecasted plans for procurement as follows:

- As the crisis is extending in time, the situation inside the country is rapidly deteriorating and with the current situation in Syria and neighbouring countries the local market is dysfunctional and unreliable for sourcing major relief supply neither capable to cope with the demand where prices can be inflated. Therefore the supply chain strategy to use a hybrid supply chain model, continuing running the international supply chain and simultaneously increase the regional supply chain through the IFRC Global logistics Service. In particular to Food Parcels, Winterization items (Blankets, Mats and Mattresses), medicines and Medical items and Hygiene supplies (Hygiene Kits, Baby kits, Women emergency kits)
- Consolidate the global RCRC needs to (i) achieve competitive prices and ensure value for money for the benefit of RCRC partners and ultimately for beneficiaries, (ii) enhance strong coordination of RCRC activities and simplify pipeline management and receipt of goods by SARC; (iii) enable strong contract management and ensure the required quality of supplies. By that will be able to ensure standardization in the quality of requested goods, reduce complexity in management of multiple supply chains and maximize flexibility for re-routing goods in case of sudden change of situation, operating partners are encouraged to use GLS services.

Global Logistics Service office in Dubai will continue to support through their setup which is composed of procurement, logistics and global fleet units. To date, GLS support to Syria operation has included: procurement and delivery of requested relief items, supply of vehicles and ambulances, mobilization and coordination of in-kind donations (multilateral and bilateral) and coordination of pipeline of all consignments to the operation.

One the situation and context permits, a revive attempt is planned to explore the local procurement capacities and recommend a reinforced future strategy in order to ensure support to local economy if possible and most importantly reposition SARC logistics capacities to primary source the essential day to day services and in transition to source certain relief items locally as a support to the IFRC supply chain.

Reference documents



Click here for:
 Previous Appeals and updates
 Emergency Plan of Action (EPoA)
 Mobilisation table

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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:



Save lives,
 protect livelihoods,
 and strengthen recovery
 from disaster and crises.



Enable **healthy**
 and **safe** living.



Promote **social inclusion**
 and a culture of
non-violence and **peace**.

EMERGENCY APPEAL

07/12/2015

MDRSY003

Syria -Syria - Syria Complex Emergency Syria Crisis

Budget Group	Multilateral Response	Bilateral Response	Appeal Budget CHF
Shelter - Relief	1,580,133		1,580,133
Shelter - Transitional	0		0
Construction - Housing	0		0
Construction - Facilities	0		0
Construction - Materials	0		0
Clothing & Textiles	13,121,907		13,121,907
Food	38,723,578		38,723,578
Seeds & Plants	0		0
Water, Sanitation & Hygiene	10,072,841		10,072,841
Medical & First Aid	12,756,133		12,756,133
Teaching Materials	600,510		600,510
Utensils & Tools	1,327,291		1,327,291
Other Supplies & Services	515,230		515,230
Emergency Response Units	0	10,219,368	10,219,368
Cash Disbursements	0		0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	78,697,624	10,219,368	88,916,992
Land & Buildings	46,452		46,452
Vehicles	2,268,774		2,268,774
Computer & Telecom Equipment	288,642		288,642
Office/Household Furniture & Equipment	310,044		310,044
Medical Equipment	0		0
Other Machinery & Equipment	0		0
Total LAND, VEHICLES AND EQUIPMENT	2,913,911	0	2,913,911
Storage, Warehousing	4,400,877		4,400,877
Distribution & Monitoring	3,682,247		3,682,247
Transport & Vehicle Costs	950,307		950,307
Logistics Services	2,753,132		2,753,132
Total LOGISTICS, TRANSPORT AND STORAGE	11,786,562	0	11,786,562
International Staff	4,036,537		4,036,537
National Staff	291,353		291,353
National Society Staff	3,969,876		3,969,876
Volunteers	1,148,055		1,148,055
Total PERSONNEL	9,445,820	0	9,445,820
Consultants	48,532		48,532
Professional Fees	196,383		196,383
Total CONSULTANTS & PROFESSIONAL FEES	244,915	0	244,915
Workshops & Training	824,427		824,427
Total WORKSHOP & TRAINING	824,427	0	824,427
Travel	263,589		263,589
Information & Public Relations	267,450		267,450
Office Costs	618,409		618,409
Communications	99,681		99,681
Financial Charges	497,941		497,941
Other General Expenses	60,000		60,000
Shared Office and Services Costs	284,182		284,182
Total GENERAL EXPENDITURES	2,091,253	0	2,091,253
Partner National Societies	4,557,832		4,557,832
Other Partners (NGOs, UN, other)	0		0
Total TRANSFER TO PARTNERS	4,557,832	0	4,557,832
Programme and Services Support Recovery	7,186,552		7,186,552
Total INDIRECT COSTS	7,186,552	0	7,186,552
Pledge Earmarking & Reporting Fees	508,837		508,837
Total PLEDGE SPECIFIC COSTS	508,837	0	508,837
TOTAL BUDGET	118,257,732	10,219,368	128,477,100
Available Resources			
Multilateral Contributions	98,496,859		98,496,859
Bilateral Contributions		10,219,368	10,219,368
TOTAL AVAILABLE RESOURCES	98,496,859	10,219,368	108,716,227
NET EMERGENCY APPEAL NEEDS	19,760,873	0	19,760,873

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 15

Appeal Launch Date: 06 Jul 12

Annual Report

Selected Parameters

Reporting Timeframe	2012/7-2015/10	Programme	MDRSY003
Budget Timeframe	2012/7-2016/12	Budget	BUDGET9
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		103,156,347	15,101,387			118,257,734	
B. Opening Balance							
Income							
Cash contributions							
Airbus		37,136				37,136	
American Red Cross		1,029,202				1,029,202	
Andorran Red Cross		7,576				7,576	
Australian Red Cross		517,502				517,502	
Austrian Red Cross		1,206				1,206	
Austrian Red Cross (from Austrian Government*)		964,733				964,733	
Austria - Private Donors		975				975	
Belgian Red Cross (Flanders)		69,384				69,384	
Belgian Red Cross (Francophone) (from Belgian Federal Government*)		358,399				358,399	
Belgium - Private Donors		11				11	
British Red Cross		7,404,503	364,145			7,768,648	
British Red Cross (from British Government*)		672,888	1,354,009			2,026,897	
British Red Cross (from DEC (Disasters Emergency Committee)*)		1,702,866				1,702,866	
British Red Cross (from Great Britain - Private Donors*)		4,140				4,140	
British Red Cross (from Unidentified donor*)		27,207				27,207	
Canadian Red Cross		394,081	54,188			448,269	
Canadian Red Cross (from Canadian Government*)		5,401,941	1,835,088			7,237,029	
China Red Cross, Hong Kong branch		70,943				70,943	
Danish Red Cross		170,088				170,088	
Danish Red Cross (from Danish Government*)		12,000				12,000	
Danish Red Cross (from European Commission - DG ECHO*)		2,417,494	1,295,405			3,712,898	
European Commission - DG ECHO		11,727,600				11,727,600	
Finnish Red Cross		298,814	34,702			333,516	
Finnish Red Cross (from Finnish Government*)		705,880				705,880	
France - Private Donors		2,469				2,469	
Germany - Private Donors		85				85	
Great Britain - Private Donors		4,306				4,306	
International Arab Charity		7,439				7,439	
Ireland - Private Donors		1,238				1,238	
Irish Government		1,419,415				1,419,415	
Irish Red Cross Society		91,822				91,822	
Italian Government Bilateral Emergency Fund		181,089				181,089	
Italian Red Cross		120,120				120,120	
Italian Red Cross (from Italian Government*)		511,647				511,647	
Japanese Government		231,459	0			231,459	270,886
Japanese Red Cross Society		233,872	390,323			624,195	
Kuwait Red Crescent Society		457,792				457,792	
Luxembourg Government		124,797				124,797	
Luxembourg - Private Donors		153				153	
New Zealand Red Cross		173,443				173,443	
Norwegian Red Cross		1,143,901				1,143,901	
Norwegian Red Cross (from Norwegian Government*)		3,119,499				3,119,499	
On Line donations		150,392				150,392	
On Line donations (from Andorra - Private Donors*)		1				1	
On Line donations (from Argentina - Private Donors*)		7				7	
On Line donations (from Armenia - Private Donors*)		1				1	
On Line donations (from Australia - Private Donors*)		1,149				1,149	

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On Line donations (from Austria - Private Donors*)	35	35
On Line donations (from Azerbaijan Private Donors*)	5	5
On Line donations (from Bahrain - Private Donors*)	922	922
On Line donations (from Bangladesh - Private Donors*)	1	1
On Line donations (from Barbados - Private Donors*)	13	13
On Line donations (from Belarus - Private Donors*)	8	8
On Line donations (from Belgium - Private Donors*)	18	18
On Line donations (from Bermuda - Private Donors*)	52	52
On Line donations (from Bhutan - Private donors*)	1	1
On Line donations (from Bolivia Private Donors*)	1	1
On Line donations (from Brazil - Private Donors*)	373	373
On Line donations (from Brunei - Private Donors*)	5	5
On Line donations (from Bulgaria - Private Donors*)	147	147
On Line donations (from Cambodia - Private Donors*)	2	2
On Line donations (from Canada - Private Donors*)	1,180	1,180
On Line donations (from Cayman Islands - Private Donors*)	1	1
On Line donations (from Chad - Private donors*)	1	1
On Line donations (from Chile Private Donors*)	14	14
On Line donations (from China - Private Donors*)	395	395
On Line donations (from Colombia - Private Donors*)	48	48
On Line donations (from Costa Rica - Private Donors*)	26	26
On Line donations (from Croatia - Private Donors*)	2	2
On Line donations (from Cyprus - Private Donors*)	4	4
On Line donations (from Czech private donors*)	31	31
On Line donations (from Denmark - Private Donors*)	37	37
On Line donations (from Dominican Republic - Private Donor*)	10	10
On Line donations (from Ecuador - Private Donors*)	3	3
On Line donations (from Egypt - Private Donors*)	731	731
On Line donations (from Estonia - Private donors*)	4	4
On Line donations (from Fiji Private Donors*)	15	15
On Line donations (from Finland - Private Donors*)	58	58
On Line donations (from France - Private Donors*)	353	353
On Line donations (from Georgia Private Donors*)	6	6
On Line donations (from Germany - Private Donors*)	206	206
On Line donations (from Great Britain - Private Donors*)	3,115	3,115
On Line donations (from Greece - Private Donors*)	396	396
On Line donations (from Greenland - Private donors*)	4	4
On Line donations (from Guatemala Private donors*)	2	2
On Line donations (from Guernsey - Private donors*)	1	1
On Line donations (from Guyana Private Donors*)	1	1
On Line donations (from Holy See (Vatican City State) - Private donors*)	1	1
On Line donations (from Hong Kong - Private Donors*)	468	468
On Line donations (from Hungarian - Private Donors*)	59	59
On Line donations (from icelandic RC*)	2	2
On Line donations (from India - Private Donors*)	737	737
On Line donations (from Indonesia - Private Donors*)	63	63
On Line donations (from Ireland - Private Donors*)	217	217
On Line donations (from Israel - Private Donors*)	19	19
On Line donations (from Italy - Private Donors*)	86	86
On Line donations (from Japan - Private Donors*)	728	728
On Line donations (from Jersey - Private donors*)	1	1
On Line donations (from Jordan - Private Donors*)	28	28
On Line donations (from Kazakhstan - Private Donors*)	20	20

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<i>On Line donations (from Kenya - Private Donors*)</i>	20	20
<i>On Line donations (from Kosovo - Private donors*)</i>	3	3
<i>On Line donations (from Kuwait - Private Donors*)</i>	463	463
<i>On Line donations (from Latvia - Private Donors*)</i>	5	5
<i>On Line donations (from Lebanese - Private Donors*)</i>	16	16
<i>On Line donations (from Lithuania- Private Donors*)</i>	9	9
<i>On Line donations (from Luxembourg - Private Donors*)</i>	16	16
<i>On Line donations (from Macao - Private donors*)</i>	16	16
<i>On Line donations (from Malaysia - Private Donors*)</i>	344	344
<i>On Line donations (from Maldives Private Donors*)</i>	6	6
<i>On Line donations (from Malta - Private Donors*)</i>	6	6
<i>On Line donations (from Mauritius Private Donors*)</i>	11	11
<i>On Line donations (from Mexico - Private Donors*)</i>	77	77
<i>On Line donations (from Moldova, Republic Of - Private donors*)</i>	3	3
<i>On Line donations (from Morocco Private Donors*)</i>	1	1
<i>On Line donations (from Myanmar - Private Donors*)</i>	4	4
<i>On Line donations (from Namibia - Private Donors*)</i>	5	5
<i>On Line donations (from Nepal Private Donors*)</i>	10	10
<i>On Line donations (from Netherlands - Private Donors*)</i>	108	108
<i>On Line donations (from New Zealand - Private Donors*)</i>	168	168
<i>On Line donations (from Nicaragua Private Donors*)</i>	1	1
<i>On Line donations (from Nigeria private donors*)</i>	14	14
<i>On Line donations (from Norway - Private Donors*)</i>	143	143
<i>On Line donations (from Oman - Private Donors*)</i>	360	360
<i>On Line donations (from Pakistan Private Donors*)</i>	21	21
<i>On Line donations (from Panama Private donors*)</i>	26	26
<i>On Line donations (from Peru - Private Donors*)</i>	9	9
<i>On Line donations (from Philippines - Private Donors*)</i>	45	45
<i>On Line donations (from Poland - Private Donors*)</i>	179	179
<i>On Line donations (from Portuguese - Private Donors*)</i>	50	50
<i>On Line donations (from Puerto Rico - Private donors*)</i>	24	24
<i>On Line donations (from Qatar Private Donors*)</i>	1,362	1,362
<i>On Line donations (from Republic of Korea - Private Donors*)</i>	83	83
<i>On Line donations (from Romania Private Donors*)</i>	22	22
<i>On Line donations (from Russia - Private Donors*)</i>	165	165
<i>On Line donations (from Saint Helena - Private donors*)</i>	1	1
<i>On Line donations (from Saudi Arabia - Private Donors*)</i>	438	438
<i>On Line donations (from Serbia - Private Donors*)</i>	2	2
<i>On Line donations (from Sierra Leone - Private Donors*)</i>	17	17
<i>On Line donations (from Singapore - Private Donors*)</i>	1,201	1,201
<i>On Line donations (from Slovakia Private Donors*)</i>	6	6
<i>On Line donations (from Slovenia - Private Donors*)</i>	11	11
<i>On Line donations (from South Africa - Private Donors*)</i>	72	72
<i>On Line donations (from Spain - Private Donors*)</i>	231	231
<i>On Line donations (from Sri Lanka - Private Donors*)</i>	45	45
<i>On Line donations (from St Kits and Nevis Private donor*)</i>	5	5
<i>On Line donations (from Swedish - Private Donors*)</i>	564	564
<i>On Line donations (from Switzerland - Private Donors*)</i>	639	639
<i>On Line donations (from Syria Private Donors*)</i>	3	3
<i>On Line donations (from Taiwan - Private Donors*)</i>	367	367

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Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 15

Appeal Launch Date: 06 Jul 12

Annual Report

Selected Parameters			
Reporting Timeframe	2012/7-2015/10	Programme	MDRSY003
Budget Timeframe	2012/7-2016/12	Budget	BUDGET9
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

<i>On Line donations (from Tajikistan - Private Donors*)</i>	5		5	
<i>On Line donations (from Tanzania - Private Donors*)</i>	1		1	
<i>On Line donations (from Thailand - Private Donors*)</i>	238		238	
<i>On Line donations (from Trinidad & Tobago - Private Donors*)</i>	19		19	
<i>On Line donations (from Tunis Private Donors*)</i>	1		1	
<i>On Line donations (from Turkey - Private Donors*)</i>	66		66	
<i>On Line donations (from Ukraine private donors*)</i>	20		20	
<i>On Line donations (from Unidentified donor*)</i>	13		13	
<i>On Line donations (from United Arab Emirates - Private Donors*)</i>	2,505		2,505	
<i>On Line donations (from United States - Private Donors*)</i>	25,662		25,662	
<i>On Line donations (from Uruguay - Private Donors*)</i>	5		5	
<i>On Line donations (from Venezuela - Private Donors*)</i>	5		5	
<i>On Line donations (from Vietnam - Private Donors*)</i>	56		56	
<i>On Line donations (from Zimbabwe - Private Donors*)</i>	2		2	
<i>Other</i>	1,330,318		1,330,318	
<i>Poland - Private Donors</i>	147		147	
<i>Red Crescent Society of Islamic Republic of Iran</i>	30,000		30,000	
<i>Red Cross of Monaco</i>	14,472		14,472	
<i>Romanian Red Cross</i>	241		241	
<i>Singapore Red Cross Society</i>	14,467		14,467	
<i>Spanish Red Cross</i>	148,156		148,156	
<i>Suncor Energy Inc.</i>	238,260		238,260	
<i>supreme master ching hai international association</i>	58,386		58,386	
<i>Swedish Red Cross</i>	13,883,436	412,898	14,296,335	
<i>Swedish Red Cross (from Swedish Government*)</i>	1,001,230	1,661,600	2,662,829	
<i>Switzerland - Private Donors</i>	1,700		1,700	
<i>Taiwan Red Cross Organisation</i>	432,817		432,817	
<i>The Netherlands Red Cross</i>	5,937,491		5,937,491	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>	3,623,983	521,430	4,145,413	
<i>The Red Cross Society of Bosnia and Herzegovina</i>	2,466		2,466	
<i>United States Government - USAID</i>	4,314,930	2,448,209	6,763,139	
<i>United States - Private Donors</i>	13,590		13,590	
C1. Cash contributions	73,065,400	10,371,997	83,437,401	270,886
Inkind Goods & Transport				
<i>American Red Cross</i>	144,105		144,105	
<i>Belgian Red Cross (Flanders)</i>	155,518		155,518	
<i>British Red Cross</i>	9,586,713		9,586,713	
<i>Canadian Red Cross</i>	121,195		121,195	
<i>China Red Cross, Hong Kong branch</i>	79,072		79,072	
<i>Finnish Red Cross</i>	899,163		899,163	
<i>Norwegian Red Cross</i>	23,307		23,307	
<i>Spanish Red Cross</i>	386,416		386,416	
<i>The Netherlands Red Cross</i>	2,964,503		2,964,503	
C2. Inkind Goods & Transport	14,359,991		14,359,991	
Inkind Personnel				
<i>Finnish Red Cross</i>	125,680	66,080	191,760	
<i>Other</i>	0		0	
<i>Swedish Red Cross</i>	253,510		253,510	
C3. Inkind Personnel	379,190	66,080	445,270	
Other Income				
<i>Fundraising Fees</i>	-16,689		-16,689	
C4. Other Income	-16,689		-16,689	
C. Total Income = SUM(C1..C4)	87,787,896	10,438,077	98,225,973	270,886
D. Total Funding = B + C	87,787,896	10,438,077	98,225,973	270,886

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

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Appeal Launch Date: 06 Jul 12

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Selected Parameters

Reporting Timeframe	2012/7-2015/10	Programme	MDRSY003
Budget Timeframe	2012/7-2016/12	Budget	BUDGET9
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

* 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		87,787,896	10,438,077			98,225,973	270,886
E. Expenditure		-82,074,733	-1,699,485			-83,774,218	
F. Closing Balance = (B + C + E)		5,713,163	8,738,592			14,451,755	270,886

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Budget Timeframe	2012/7-2016/12	Budget	BUDGET9
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)			103,156,347	15,101,387		118,257,734		
Relief items, Construction, Supplies								
Shelter - Relief	1,580,133		822,146			822,146	757,987	
Clothing & Textiles	13,121,907		11,007,716			11,007,716	2,114,191	
Food	38,723,578		29,094,031			29,094,031	9,629,547	
Water, Sanitation & Hygiene	10,072,841		6,217,222			6,217,222	3,855,619	
Medical & First Aid	12,756,133		6,958,337	339,615		7,297,952	5,458,182	
Teaching Materials	600,510		510			510	600,000	
Utensils & Tools	1,327,291		947,257			947,257	380,034	
Other Supplies & Services	515,230		511,780			511,780	3,450	
Total Relief items, Construction, Sup	78,697,624		55,558,999	339,615		55,898,614	22,799,010	
Land, vehicles & equipment								
Land & Buildings	46,452						46,452	
Vehicles	2,268,774		1,759,890			1,759,890	508,883	
Computers & Telecom	288,642		278,518			278,518	10,124	
Office & Household Equipment	310,044		284,043			284,043	26,000	
Total Land, vehicles & equipment	2,913,911		2,322,452			2,322,452	591,459	
Logistics, Transport & Storage								
Storage	4,400,877		2,224,914	174		2,225,087	2,175,789	
Distribution & Monitoring	3,682,247		3,004,110	23,744		3,027,854	654,393	
Transport & Vehicles Costs	950,307		784,916	11,309		796,225	154,082	
Logistics Services	2,753,132		2,007,486	10,234		2,017,720	735,412	
Total Logistics, Transport & Storage	11,786,562		8,021,425	45,461		8,066,886	3,719,677	
Personnel								
International Staff	4,036,537		2,214,057	511,276		2,725,333	1,311,204	
National Staff	190,042		144,455	18,229		162,684	27,358	
National Society Staff	3,969,876		1,464,402	190,297		1,654,699	2,315,177	
Volunteers	1,148,055		308,939	44,646		353,585	794,470	
Other Staff Benefits	101,311		101,311			101,311	0	
Total Personnel	9,445,820		4,233,163	764,448		4,997,612	4,448,209	
Consultants & Professional Fees								
Consultants	48,532		38,307	618		38,924	9,608	
Professional Fees	196,383		115,367	4,763		120,130	76,254	
Total Consultants & Professional Fees	244,915		153,674	5,380		159,054	85,861	
Workshops & Training								
Workshops & Training	824,427		70,254	1,431		71,684	752,742	
Total Workshops & Training	824,427		70,254	1,431		71,684	752,742	
General Expenditure								
Travel	263,589		168,512	17,915		186,427	77,162	
Information & Public Relations	267,450		24,878	833		25,712	241,739	
Office Costs	618,409		48,318	741		49,059	569,350	
Communications	99,681		67,585	15,500		83,085	16,596	
Financial Charges	497,941		494,508	566		495,074	2,867	
Other General Expenses	60,000		35,070	8		35,078	24,922	
Shared Office and Services Costs	284,182		205,744	23,659		229,403	54,778	
Total General Expenditure	2,091,253		1,044,615	59,222		1,103,838	987,415	
Contributions & Transfers								
Cash Transfers National Societies	4,557,832		4,557,832			4,557,832	0	

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Budget Timeframe	2012/7-2016/12	Budget	BUDGET9
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)			103,156,347	15,101,387		118,257,734		
Total Contributions & Transfers	4,557,832		4,557,832			4,557,832	0	
Operational Provisions								
Operational Provisions			739,031	374,895		1,113,926	-1,113,926	
Total Operational Provisions			739,031	374,895		1,113,926	-1,113,926	
Indirect Costs								
Programme & Services Support Recov	7,186,552		4,931,760	99,084		5,030,844	2,155,709	
Total Indirect Costs	7,186,552		4,931,760	99,084		5,030,844	2,155,709	
Pledge Specific Costs								
Pledge Earmarking Fee	457,717		391,009	7,447		398,456	59,261	
Pledge Reporting Fees	51,120		50,519	2,501		53,020	-1,900	
Total Pledge Specific Costs	508,837		441,528	9,948		451,476	57,361	
TOTAL EXPENDITURE (D)	118,257,734		82,074,733	1,699,485		83,774,218	34,483,516	
VARIANCE (C - D)			21,081,614	13,401,902		34,483,516		

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

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Budget Timeframe	2012/7-2016/12	Budget	BUDGET9
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	74,383,787		76,322,665	76,322,665	74,319,182	2,003,483	320
Food security	18,305,090		6,485,835	6,485,835	5,111,639	1,374,196	
Recovery	10,467,470		4,979,396	4,979,396	2,643,912	2,335,484	207,773
Subtotal BL2	103,156,347		87,787,896	87,787,896	82,074,733	5,713,163	208,093
BL3 - Strengthen RC/RC contribution to development							
Health	11,402,637		7,739,279	7,739,279	1,020,467	6,718,813	62,793
Organizational development	3,698,750		2,698,797	2,698,797	679,019	2,019,779	
Subtotal BL3	15,101,387		10,438,077	10,438,077	1,699,485	8,738,592	62,793
GRAND TOTAL	118,257,734		98,225,973	98,225,973	83,774,218	14,451,755	270,886