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Emergency appeal revision Syria: Complex emergency

 International Federation
of Red Cross and Red Crescent Societies

Revised Appeal n° MDRSY003

3 million people to be assisted

Appeal launched June 2012

Glide n° [OT-2011-00025-SYR](#)

185.1 million Swiss francs revised Appeal budget
(51.7 million Swiss francs for 2018)

Revision n° 7 issued April 2018

32 million Swiss francs funding gap

Appeal ends December 2018

This revised Emergency Appeal seeks 51.7 million Swiss francs for 2018 (increased from 49 million Swiss francs in 2017) to support the Syrian Arab Red Crescent (SARC) in providing assistance to **3 million people focusing on live-saving emergency food assistance, shelter household items, and hygiene items; as well as access to emergency and basic health services, community services and livelihoods activities.** This revised plan and budget, will enable SARC to continue providing essential services when and where needed throughout Syria until the end of December 2018. It takes in to account the coordinated interventions of in-country partners from the International Red Cross and Red Crescent Movement, including the International Committee of the Red Cross (ICRC) and Partner National Societies active in Syria. New aspects of this revised appeal include:

- Scale-up services needed the most, such as **food security and livelihoods**, as well as **emergency and basic health care**.
- Support newly introduced concepts, such as **community-based health and first aid (CBHFA)**, **mental health**, and **small-scale rehabilitation** projects.
- Conduct a review of the impact and relevance of the Emergency Appeal and identify opportunities to improve **National Society Development** support and recommendations to address **emerging needs**.

The crisis and the Red Cross Red Crescent response to date

July 2012: Emergency Appeal is launched to support SARC to assist over 200,000 people.

December 2012: The Emergency Appeal is revised to help SARC to assist up to 650,000 people.

July 2013: The Emergency Appeal is revised to support SARC reach up to 910,000 people. People in need reach 6M.

November 2013: The Emergency Appeal is revised to support SARC reach up to 5M people. People in need reach 9M.

December 2014: The appeal is revised to support SARC reach up to 8M people. People in need reach 12M.

May 2016: IFRC Emergency Appeal is revised to support SARC in reaching 3M people in 2016. People in need reach 13M.

December 2016: IFRC Emergency Appeal is revised to support SARC in reaching 3M people in 2017. People in need remain at 13M.

December 2017: IFRC Emergency Appeal is extended until December 2018.

April 2018: IFRC Emergency Appeal is revised to support SARC in reaching 3M people in 2018 and respond to new emergencies in Eastern Ghouta and North Aleppo. People in need remain at 13M.



Above: People leaving Eastern Ghouta towards collective centres, supported by SARC volunteers. At the start of the last offensive, UN figures estimated close to 400,000 people in need of assistance in the area. Credit: SARC.

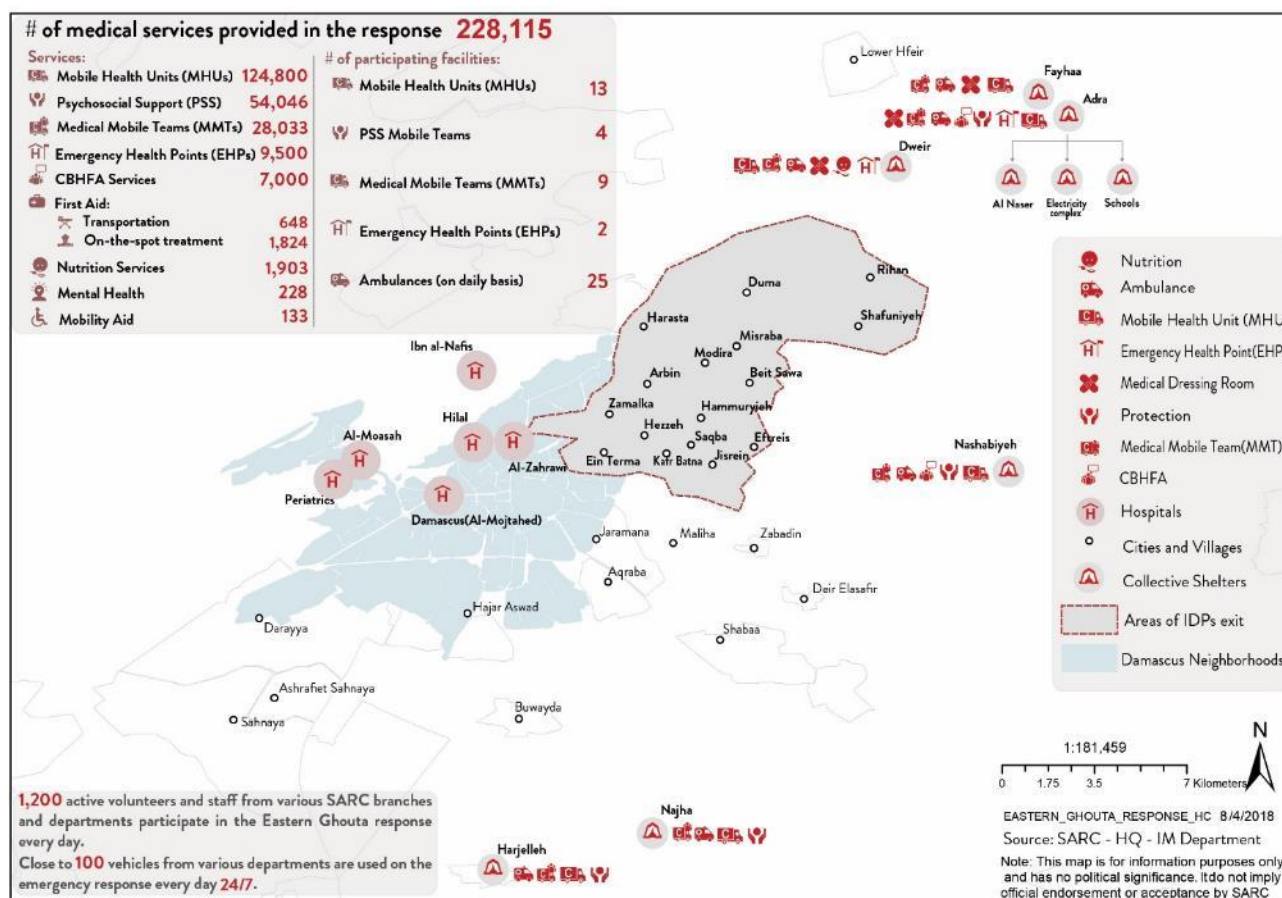
SARC is the main humanitarian actor in Syria, working closely with the local communities providing humanitarian assistance to **more than 5 million internally displaced people, affected communities and returnees every month**. This assistance is based around the provision of food and non-food items for shelter, hygiene items and hardware. As well as the provision of medical services, which reach approximately **325,000 people every quarter**. In addition, SARC water projects provide services to close to **80% of people in Syria**. These actions are supported **by 29 different partners** who implement their project through SARC's network of branches and sub-branches, through the work of more than 7,000 active volunteers. These include Red Crescent Movement partners in-country, agencies from the United Nations and INGOs.

Over the last year, SARC continued to expand the capacity of branches and sub-branches across the country, providing essential humanitarian assistance and responding to the changing needs of the population. Every day thousands of Syrian Arab Red Crescent (SARC) volunteers and staff take life-threatening risks to deliver much needed humanitarian assistance to the most vulnerable people and communities trapped in hard to reach areas, military encircled and besieged areas where the level of security risk involved is very high. At the time of writing, 65 SARC staff and volunteers have lost their lives duty as well as 8 PRCS Syria branch volunteers.

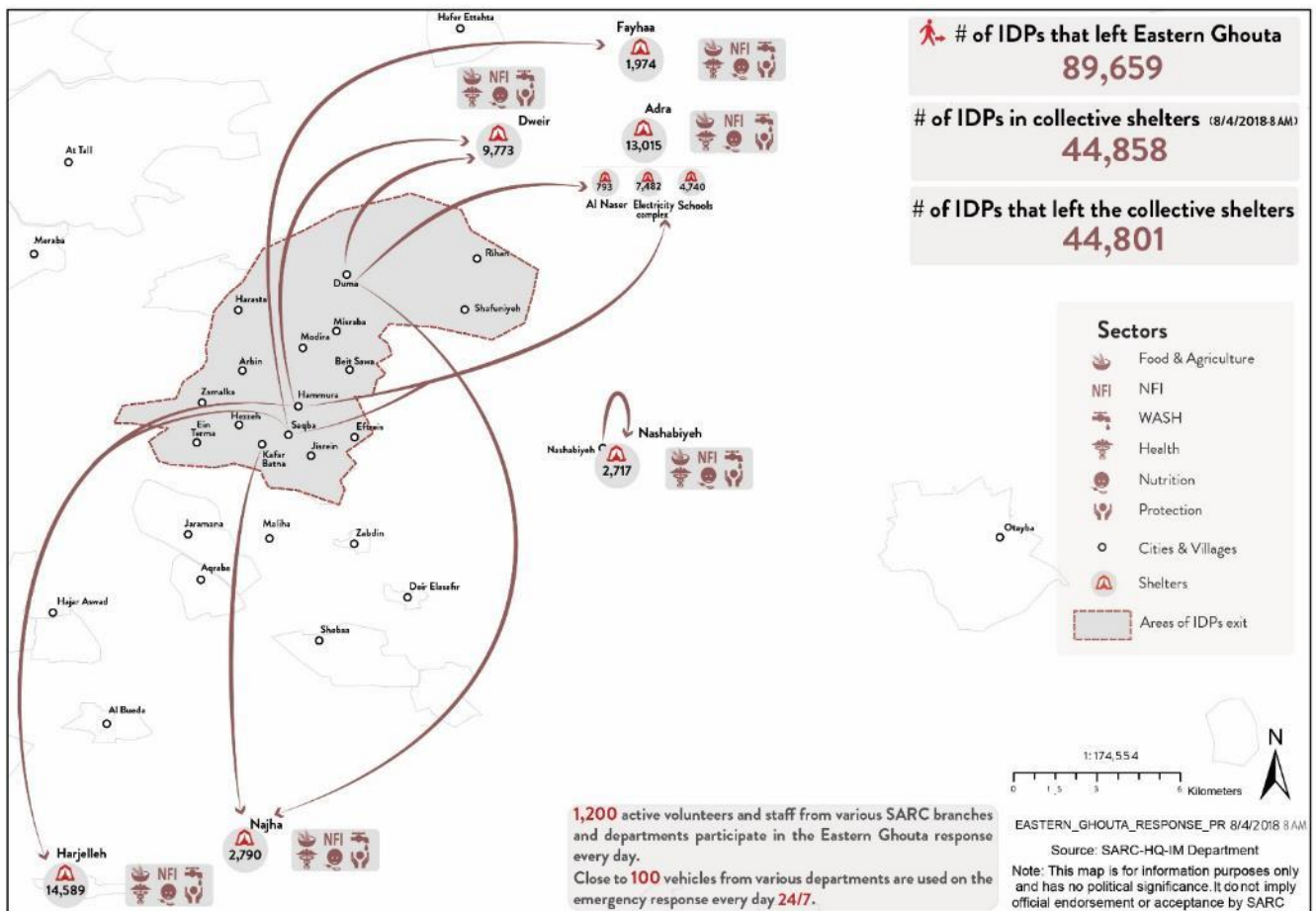
Eastern Ghouta and North Aleppo

SARC is responding to emergency needs of the people leaving Eastern Ghouta and Afrin at the same time. As numbers of people moving out of Eastern Ghouta and Afrin increased, SARC workload has been multiplied in order to meet basic needs of close to 90,000 people mobilizing from Eastern Ghouta and 260,000 people mobilizing from Afrin. For the last month days, all SARC's teams have been on full alert to conduct emergency convoys and evacuations, in dire circumstances. During March, the total number **medical evacuations from Eastern Ghouta to hospitals reached more than 2,073 cases**, including accompanying family members.

In addition, **six convoys were conducted during March: three to Eastern Ghouta, one to Ar-Raqqa, one to Homs and one to Northern Aleppo for more than 45,000 families**. However, it should be stressed that assistance to people in Northern Aleppo is provided daily by SARC staff and volunteers from the branch.



Above: All activities related to health conducted by the SARC in Eastern Ghouta from March until 08 April, 2018.
Credit: SARC.



Above: IDP Movement and SARC presence in Eastern Ghouta from March until 08 April, 2018. Credit: SARC.

In Eastern Ghouta

- There are 1,200 active volunteers and staff from SARC headquarters and the branches of Damascus, Rural Damascus, Sweida, Quneitra and Dara'a who are working day and night to provide assistance for an increasing number of people affected by the offensive.
- Eleven SARC mobile health units provide primary health care services in Al-Wafedeen camp and makeshift shelters in Ad-Dwair, and Al-Siaqa school in Adra. Three SARC emergency health points were set up in shelters. This period marked the first time that a mobile health clinic accompanying a convoy managed to enter Douma to support the medical health team and help in providing basic health care and medicine for children, adults and elderly
- SARC in cooperation with partners delivered three humanitarian aid convoys Eastern Ghouta during March 2018. The convoys consisted of more than 60 trucks loaded with tons of food items (food parcels and flour) and live-saving medical stock.



SARC volunteers active in Eastern Ghouta. Credit: SARC.

In Northern Aleppo

- There are 300 active volunteers and staff from SARC Aleppo branch are working around the clock to provide food and non-food items, as well as medical and first aid services in cooperation with SARC points in Nobul, Al-Zahraa and Tal Refaat.
- SARC has presence in areas hosting majority of IDPs, and an emergency sub-branch has been established in Tal Refaat to coordinate the response efforts in the area. SARC is the main local humanitarian actor providing response on the ground and coordinating the required assistance to this end.
- The focus of the response is to provide more than 250,000 people with basic shelter, access to health care, water and sanitation facilities and hygiene with the support of the ICRC, UN and IFRC. The ICRC is working closely with the SARC team in Aleppo.

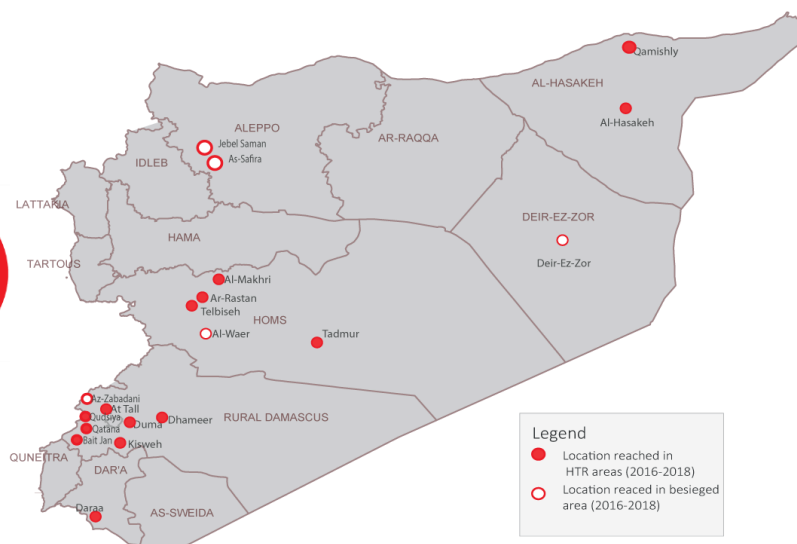


SARC Aleppo branch establish water stations for the IDPs from Afrin. Credit: SARC.

Summary of Red Cross Red Crescent Actions

Overall coverage of the Emergency Appeal

-  Emergency Food Assistance
More than 1,250,00 Food Parcels
-  Non-food Items
More than 1,000,000 NFIs
-  Hygiene Kits and Women Emergency Kits
More than 1,100,000 hygiene items
-  Medical consultations in IFRC-supported SARC Health Facilities
More than 3 million medical services



Information covering 2012 until 2018. Areas in the Map include those considered by UN as HTR or besieged between 2016 and 2017.

Since 2015, SARC started implementing different livelihoods interventions. Given the scale of livelihood needs in Syria, SARC is scaling up the response, enhancing the livelihoods of affected communities and households by strengthening or restarting agricultural activities for income generations or/and improving the food security of the households by distributing seeds, fertilizers, livestock and feed as well as promoting the labour integration of the vulnerable population in Syria affected by the ongoing crisis by improving their skills through vocational trainings and distributions of toolkits. In 2017, IFRC-supported projects reached more than 7,500 households were reached with livelihoods and food security initiatives.



Overview of non-RCRC actors in country

During 2017, more than 200 Syrian NGOs, more than 20 international NGOs and eleven United Nations agencies were engaged in the provision of assistance across Syria. However, as humanitarian and protection needs continue to grow in scale, severity, and complexity, humanitarian organizations have prioritized interventions with immediate life-saving impacts. Since the beginning of the crisis, SARC has been tasked with the role to coordinate and facilitate registered INGOs operating out of Damascus. SARC's role with the INGO community includes acting as the operational implementing partner and providing administrative support.

The operational strategy

Health care as a priority need

After more than six years of conflict, the healthcare system in Syria has been severely weakened by the consequences of the protracted crisis. Closing October 2017, **less than 50% of the public health centres and of the public hospitals were fully functional**. Overall, throughout 2017, the health situation in Syria continued to deteriorate. People most at risk in the health sector include survivors of trauma, including the war wounded, people who live with chronic diseases; children who are not vaccinated; pregnant women and neonates who have **no access to life-saving obstetric care**; girls and women with poor access to essential reproductive health care; and those in need for mental health and psychosocial support. All through 2017 damage and destruction of health infrastructure continued causing major disruption and closure of services, limiting further the ability of vulnerable people to access essential lifesaving medical assistance. This includes essential medical support for basic health care needs and the ability to provide swift medical referral through ambulance services. Many wounds remain untreated, and it is reported that **30% of trauma is linked with a permanent disability outcome**; the remaining survivors of trauma suffer temporary physical disability. In addition, one in five Syrians is at risk of developing moderate mental health issues, and **1 in 30 persons are at risk of developing severe or acute mental health problems**.

Food security and livelihoods remain a high priority

Provision of food assistance remains the main life-saving intervention in-country, although the start-up of food security and livelihoods initiatives is consistently growing and having meaningful impact at small-scale. According to assessments from WFP, food production has dropped to an all-time low in Syria. Many farmers have had to abandon their land, unable to afford the soaring costs of seeds, fertilizers and tractor fuel. There is a growing need to provide food to displaced people, affected communities, and people living in hard-to-reach (HTR) areas and areas under siege, in order to save lives and prevent severely damaging coping mechanisms.

Food prices have soared, with particularly grave consequences for the poorest and most vulnerable people. During market assessments conducted in Kafr Batna (in eastern Ghouta) at the end of last year, results pointed towards very limited food stocks, with severe shortages of staple foods such as rice, pulses, sugar and oil. The same situation translates to other areas experiencing escalation of the conflict, such as Rural Damascus and Rural Homs and Hama.

Beneficiary selection

The level of vulnerabilities of selected beneficiaries is also assessed based on considerations around their gender, education level, income, the number of children and their health conditions. Once selected the beneficiaries receive a distribution cards, usually distributed once per year for each family. There are also tailored responses for different situations.

Supporting documents to verify the circumstances of the household are also requested where possible. SARC branches and sub-branches conduct careful beneficiary registration where/when possible. Distributions are managed through distribution and beneficiary identification cards. Considering context-specific vulnerabilities in each governorate, adapt their common templates using core beneficiary selection criteria, such as:

- Internally Displaced Persons (IDPs) and host communities
- Youth, female-headed households, elderly and people with disabilities
- People who lost their homes/assessment of current shelter conditions
- Others directly affected (e.g. injured) by the conflict
- People suffering from chronic illness or other serious medical conditions
- Family size/number of dependents
- Access to source(s) of income

Sector-specific details on needs and beneficiary targeting are available in the Emergency Plan of Action.

National Society Development

Since the launch of the first Emergency Plan of Action for this Emergency Appeal, IFRC has supported SARC headquarters, branches, sub-branches to respond to the crisis in an appropriate and timely manner. Nevertheless, the protracted nature of the crisis and the scaling-up of SARC services to respond to its effect have increased the needs in this regard. At the moment, stand-alone capacity building plans and initiatives for improved institutional support have allowed:

- To broaden the coverage of SARC services, such as health services and warehouses both for relief and medical stock, by small-scale rehabilitation of infrastructure.
- The development of monthly information management products that allow SARC operational and managerial staff to improve decision-making.
- Collaboration with partners, such as the Norwegian Red Cross and the British Red Cross, to review SARC's financial processes and the possibilities of cash-based programming in the country.
- Collaboration with all partners in-country, including ICRC to support SARC in ensuring volunteer's safety and wellbeing.

The situation in the country has also had its impact on SARC staff and volunteers; therefore, attention needs to be paid on retaining and supporting them. SARC must continuously recruit, train and equip staff and volunteers to ensure that they can effectively respond. The ICRC has been supporting SARC institutional capacity both at HQ and branches level. The support includes the running cost of 13 branches, 13 disaster management units, as well as SARC key positions. Furthermore, ICRC supports all Disaster Management Units across Syria, including volunteer incentives. In addition, under the safer access framework (SAF) umbrella, ICRC is supporting SARC to update its procedures for safety and risk management. As such, for the coming year, new coordination mechanisms will be explored to improve this support and avoid potential overlapping.

Possible Scenarios considered in for 2018:

1. Urgent humanitarian needs remain and aggravated during cold weather

Likely, localized / Major impact

Response to this scenario includes scaling-up the support to vulnerable displaced persons. The priority is relief items to address lack of resources and extremely limited access to markets as well as access to health services. Shelter items and support appear at the top of the needs for the affected households. The main needs to address in this scenario include food provision, health care provision and restoration of livelihoods, within possibilities. The **geographical area for emergency response** will include Rural Homs, Rural Damascus, Aleppo, Ar-Raqqa and Deir-ez-Zor. The **likely duration** of response for this scenario is a 6-12-month period, followed by revised response planning. The geographical area for winter response is country-wide, between September and April.

2. Number of stable areas increase, as well as access for improved programmes

Highly likely, country-wide / Severe impact

As new areas are open for access, and those previously accessible are progressively more stable, the main priority is to be able to cover the current gap in health services, and infrastructure services. SARC water sanitation and hygiene (WASH) services already cover close to 80% of the country, so the needs addressed by this Emergency Appeal will focus on scaling-up and improving health services, and the provision of relief whenever needed. Psychosocial support and mental health services, as well as livelihoods and food security are also considered, as these needs increase in proportion to the hostilities decrease. The **geographical area for this scenario** is country-wide, on par with related SARC health services. **Likely duration** of response for this scenario is a 6-12-month period, followed by revised planning.

3. Localized escalation of conflict, further aggravation of humanitarian needs and new displacement

Likely, yet localized / Major impact

Needs during sudden displacements may be summarized in ready to eat food (canned, if possible), shelter items and hygiene items for the duration of the process, an on-site provision of first aid and basic health services. Recently displaced persons seek refuge in different settings, such as un-finished buildings, formal camps, informal settlements, transit camps and collective centres. These settings are characterized by offering very little personal space, limited access to water and standard sanitation installations. People living in collective centres, for example, are only separated by plastic sheeting. The **geographical area** will be limited to the current areas facing constant conflict. The **likely duration** of response is between 3-6 months, followed by a revised response, according to the evolution of hostilities.

Proposed Areas for intervention

The overall objective is to respond to the most urgent needs during emergencies and displacements, and contribute to improve resilience of people affected by the crisis in Syria by enhancing SARC's capacity

In line with the overall objective, the IFRC will **continue supporting SARC's humanitarian response and programmes**. In parallel, increased focus is to increase operational capacities for service delivery. This includes supporting a medium-to-long-term strategic planning process in collaboration with Movement partners to set priorities and define enabling actions to achieve them. This process has already started in the first months of 2018 and will continue through the year, including an in-depth review of the IFRC Syria operation that will inform IFRC efforts to leverage its support to the objectives of the National Society.

This revised appeal also aims to sustain and increase SARC's operational and structural capacity for a continued and efficient emergency response through technical support, and means for SARC headquarter, operations of branches and sub-branches.

Syria was selected as a pilot country to implement the SMCC plan of action (Strengthening Movement Coordination and Cooperation) adopted at the Council of Delegates 2015. SARC, IFRC and ICRC in-country have jointly agreed to a framework relevant to the context to ensure an increased coordinated approach in Movement support to the National Society, which will be led by a facilitator. The SMCC process will be key in the operational strategy of this plan of action, especially in regard to supporting SARC in looking at medium and long-term priorities and ensure a coordinated approach to long term capacity development.

The IFRC continues in 2018 the two-track approach supporting the efforts of the SARC:

(1) to ensure a continued and coordinated provision of life-saving and life sustaining humanitarian assistance through:

(a) Emergency relief: support SARC emergency response by scaling up the provision of **standard family food parcels and canned food parcels** for response to sudden displacements and convoy operations. Emergency response also considers **shelter items** and **special kits for children** designed to cover their needs during winter; as well as **hygiene items**. These items will also be used by SARC to support people during emergencies, as needed. The overall concept of relief is to support SARC with timely response in situations, such as the first convoy to Deir-ez-Zor city during September 2017 and subsequent convoys to Ar-Raqqa.

(b) Emergency health services: support SARC to expand primary and emergency **medical services** for people in areas with little access to medical services, or still experiencing direct humanitarian consequences of the conflict. Some clinics, although not focused on provision of emergency services, also tend of the needs of people in complex areas (e.g.: Al-Hassakeh). This includes provision of medicines, medical equipment and essential medical stock for all supported facilities. IFRC will also support SARC to further develop the concept of **emergency health points, scale-up their coverage and relevance** under standard technical specifications and operating procedures.

(2) Enhance SARC's capacity to support early recovery efforts and contribute towards improving resilience of vulnerable people by:

(a) Scaling up SARC's food security and livelihoods programme and broadening its scope. The number of households reached by SARC's livelihoods programme has increased by more than 2,000%¹ (now close to 32,000 households) since its original pilot. IFRC and partners have supported introducing new methodologies, documented their impact and shared learning from the programme. This year, the range of community-based livelihoods interventions will be broadened, based on assessments; vocational trainings will also be scaled-up and enhanced.

(b) Supporting SARC's provision of essential health services. IFRC will increase its support to the **network of clinics and mobile health units** operated by SARC across Syria. IFRC and SARC seek to improve the reach of SARC's primary health services, including mental health, and provide integrated services based on needs and

¹ The percentage involves all of SARC's efforts with partners operating in Syria. IFRC's own reach has increased by close to 500%.

context-based realities. The CBHFA programme will be further developed for a wider outreach. IFRC will continue working with SARC health to develop a health strategy for the next five years.

(c) Continue providing **community services** under the Community Centre delivery model, which includes psychosocial support, access to learning opportunities for children, youth and adults, to support livelihoods restoration and diversification (in the form of vocational trainings). It should be stressed that the centres have a special focus on youth.

(d) Contribute towards **enhancing SARC capacities** by providing coordinated capacity building initiatives in all **programme activities related to the revised Emergency Appeal**, as well as sectors such as finance, information management, logistics and procurement. An enhanced National Society development plan will be developed as the operation is further reviewed in the second semester of the year. This review will also benefit from the strategic planning process which has started in cooperation with ICRC and partners.

Areas of Focus



Shelter

People targeted: Approximately 775,000

Male: Approximately 308,250

Female: Approximately 441,750

2018 Requirements (CHF): 8,071,291.34

Rationale

More than 4.2 million people need adequate shelter and more than 4.5 million require essential non-food items, especially long-term IDPs and host communities whose resources are strained. Unemployment, inflation and other economic pressures worsen this need. Although accessibility of non-food items (NFIs) is more stable than the previous year, needs in this sector remain substantial. The Humanitarian Needs Overview (HNO) for 2018, describes more than 5.5 million people living in shelters with multiple inadequacy issues including a lack of necessary bathing or cooking facilities, inadequate space, lack of privacy, lack of heating and a lack of insulation.

Needs during sudden displacements may be summarized in two phases: first the relocation phase, which usually means evacuation or transportation, depending on the context. Recently displaced persons seek refuge in different settings, such as formal camps, informal settlements, transit camps and collective centres. These settings are characterized by offering very little personal space, limited access to water and standard sanitation installations. Households living in collective centres, for example, are only separated by plastic sheeting. Winter conditions usually worsen these needs, and thermal clothing, blankets and mattresses are needed to avoid some of the worst consequences of the cold. According to data from inter-agency assessments, 20% of newly displaced in 2017 sought shelter in IDP sites as option of last resort, indicating the reduced resources amongst IDPs and host communities.

Proposed Intervention

The total population to be assisted will be close to 700,000 people in need. IFRC will provide SARC contingency stock of shelter items, as follows:

- 140,000 Mattresses to reach some 350,000 people. The usual distribution process will include two mattresses, per family during emergencies.
- 380,000 Blankets to reach some 380,000 people. These are ideally distributed one-to-one during emergencies; yet distributions may vary towards three per family, per SARC considerations.
- 100,000 Children Winter Kits, which include rubber boots, woollen socks and thermal underwear, to reach the same number of children during winter months; and in preparation for winter.
- 22,800 Kitchen Sets to reach 111,000 people, usually those recently displaced with no means to recover their essential household items.

Items and kits distributed consider sphere standards in regard to NFIs, especially looking to ensure all clothing, blankets and bedding materials meet the most personal human needs for shelter from the climate and the

maintenance of health, privacy and dignity. This applies to the winter kits for children (which contain sets of thermal clothing and boots), the winterization shelter items (blankets and mattresses) and kitchen sets, which are distributed according to the type of shelter solution people are using – or to support host communities which host IDPs, and returnees according to the above described scenarios. IFRC and SARC will be closely coordinate the implementation of this component with other Movement partners providing NFIs, such as ICRC, Danish Red Cross, and British Red Cross.

For the response to Eastern Ghouta and North Aleppo, IFRC has included support to SARC's NFI intervention across the different shelters currently hosting people in Syria. It will also support SARC staff and volunteers, who are active 24/7 supporting people affected in this population movement.



Livelihoods and basic needs

People targeted: Approximately 2.35 million people

Male: Approximately 940,000

Female: Approximately 1,410,000

2018 Requirements (CHF): 19,784,346.73

Rationale

Seven years of hostilities have had a significant impact on the Syrian economy. Between 2011 and 2017, Syria's cumulative GDP losses amounted to more than US\$260 billion, more than four times Syria's 2010 GDP. In addition, opportunities for safe and sustained access to livelihoods have reduced, ultimately contributing to increased levels of poverty in Syria and persistent food insecurity among large segments of the population. Before the crisis, about 25 per cent of households spent over half their annual income on food. In 2017, an estimated 90 per cent of households spent more than half of their annual income on food. About 50 per cent of households have reduced the number of meals they consume each day, and more than 30 per cent have restricted the consumption of adults to allow children to eat.

At the end of 2017, some 6.5 million people were facing acute food insecurity and large food consumption gaps. In some areas of the country there is an increase of average food basket prices up to 800%, when compared to pre-crisis levels. In addition, more than 4 million people are at risk of becoming food insecure due to asset depletion to maintain food consumption. Inter-agency assessments reveal that 69% of population living in extreme poverty, with 90% of households spending more than 50% of their annual income on food. Overall, over 50% of Syrians are currently unemployed.

Proposed Intervention

IFRC approach is to continue providing food parcels as priority items for dispatch on short notice, for sudden onset internal displacement and new isolated locations opening for humanitarian relief, and overall emergency situations. IFRC items will be used by SARC in a flexible manner in emergency situations. This support will be a combination of 300,000 food parcels and 150,000 canned food family parcels (ready to eat) aiming to reach 1.9 million vulnerable children, men and women.

For Livelihoods and food-security related initiatives, specific beneficiary selection criteria may slightly vary depending on particularities of each project, for example, one project may consider access to land; while other projects may prioritize access to functioning markets, or previous experience with agriculture and livestock. However, the core criteria, shared by all projects includes key vulnerability insights such as:

- Families headed by women.
- Families with no source of income.
- Families with disabled children.
- Families with big number of children (5 and more).
- One of the family members at least should be under the age of 60.

The actions described below will focus on 22,000 households in the governorates of Aleppo, Homs, Hama, Al-Hasakeh, Rural Damascus, Quneitra and Idleb. Projects focused around livestock and agricultural input provision will be based in rural areas, while projects based on community-based vocational trainings (such as heritage-based handcrafts) productive grants will be implemented in SARC community centres, in urban areas.



Health

People targeted: 500,000 people

Male: Approximately 200.000

Female: Approximately, 300.000

2018 Requirements (CHF): 17,275,291.40

Rationale

The healthcare system in Syria has been weakened by the protracted crisis that continues to impact every component of the health system, reducing the capacity of public and private health care sectors to deliver services. Inadequate health financing for health professionals, support systems and supplies continue contribute towards this critical lack of access. Only close to half of health centres were fully functional as of end of December 2017. The quality of health care is further compromised by the deterioration in the functionality of medical equipment due to the lack of spare parts and maintenance shortages of staff, drugs and medical supplies, particularly for those without support from local or international agencies. In HTR and besieged areas, lack of essential medicines and qualified health personnel (especially surgeons and physicians) is one of the key barriers to the provision of basic quality health care services - for example, in the Eastern Ghouta region of Rural Damascus. As further detailed in the need analysis for this Emergency Appeal, trauma injuries are one of the main causes of mortality and morbidity in all assessed health facilities. There is an increased risk that wounds are not treated due to lack of facilities and personnel, resulting in an estimated 30% developing permanent disabilities. These areas of the region are usually reached by inter-agency convoys, which bring much needed medicines and relief.

There is a significant increase in returnees to areas such as Aleppo and increased displacement from other governorates such as Aleppo, Rural Damascus, Ar-Raqqa and Deir-ez-Zor towards the west of the country. People most at risk in the health sector is marked by an increase in survivors of trauma who are usually IDPs. Case incidence according to SARC's own treatment records on health facilities and inter-agency assessments also register a link to displacement with disability and mental health morbidity - this last point being critical for those who go untreated. The figures also report that one in five people living in Syria is at risk of developing moderate mental health issues, and 1 in 30 is at risk of developing severe or acute mental health problems. The period has also recorded an increase in needs from people living with chronic diseases (e.g.: access to insulin is critical in some HTR areas, and could mean the difference between life and death).

Proposed Intervention

In 2018, IFRC will support SARC in expanding and improving health care services provided through different SARC health facilities, with a total of 36 facilities supported. SARC will provide health care in the IFRC-supported health facilities to an estimated 500,000 vulnerable children, men and women over the course of the year. This figure includes people treated in 13 SARC EHPs, 11 clinics, 6 mental health clinics and 15 Mobile Health Units (MHUs), it also includes people reached by psychosocial support activities under the community centre model described in the operational strategy, and community-based health and first aid initiatives. This revised appeal seeks to enhance the reach of SARC health care services by:

- Maintaining an uninterrupted supply of essential pharmaceuticals and medical supplies to SARC health facilities.
- Renovation and provision of medical equipment to selected SARC facilities, based on assessments.
- Conducting health related training for staff
- Enhancing capacity of SARC health services department to manage health facilities and identify priorities and plan for a sustainable health strategy
- Increasing the capacity of SARC to provide quality services including emergency medical response to frequent calls to enter hard-to-reach and besieged areas. This includes the promotion CBHFA programmes, increase the reach of mental health support and access to dialysis treatment.
- Supporting SARC health facilities with running costs and human resources.

SARC is in the process of developing updated processes and standards for all health facilities. This process includes developing Standard Operating Procedures (SOPs) for clinics, health points and mobile health units. The SOPs include improved human resource standards, according to the scope each clinic. Some, such as At-Tall and Jaramana will work as compound clinics with a broad range of services that include services such as ophthalmology, neurology and X-rays. At the same time, they reach a much broader number of beneficiaries.

Meanwhile, other clinics will operate as regular facilities with basic primary health services, such as internal medicine, gynaecology and paediatrics.



Water, sanitation and hygiene

People targeted: 1.200.000 people

Male: Approximately 516.000

Female: Approximately, 684.000

2018 Requirements (CHF) 3,872,041.77

Rationale

More than 7 million people need assistance related to water, sanitation and hygiene. Access to safe water remains limited and fluctuating as the frontlines change in the crisis. Overall, the incidence of waterborne diseases is comparable to last year, with general improvements in the situation. However, moderate increases in the incidence of waterborne diseases have been recorded in north, north-east Syria, and Rural Damascus. Close to 35% of population is relying on unsafe water sources to meet daily water supply needs and, in some areas of the country, families are spending up to 15% of their incomes to secure access to an average of 57 litres of water per person per day. At the same, in some of the areas assessed, hygiene items were very expensive, compared to pre-crisis, which places further strain on the limited financial resources of families.

Proposed Intervention

SARC's water projects, supported by partners both internal and external to the Movement support close to 80% of people in Syria by facilitating access to water – this is done through trucking, infrastructure rehabilitation, distributions and well installation.

As such, this pipeline will be used to support 240.000 households (approximately 1.2 million people), according to the beneficiary criteria for relief (focused on hygiene), stated above. Emergency response will focus hygiene items for sudden onset internal displacement and new isolated locations opening for humanitarian relief, and overall emergency situations. IFRC items will be used by Close coordination is being kept with partners in-country currently mobilizing hygiene items, such as the ICRC, German Red Cross, Danish Red Cross and Norwegian Red Cross. Close coordination is being kept with partners in-country currently mobilizing hygiene items, such as the ICRC, German Red Cross, Danish Red Cross and Norwegian Red Cross.

Strategies for Implementation

2018 Requirements: CHF 2,692,685.60

Since the beginning of the conflict, the IFRC, ICRC and Partner National Societies have provided valuable support to maintain and increase SARC organizational structure and operational capacity. The IFRC approach is focusing on enhancing SARC capacity to efficiently and effectively respond to evolving needs according to its humanitarian mandate. This includes support to SARC headquarters, branches and sub-branches, as described throughout this document.

1. The IFRC will provide support to maintain and enhance **SARC institutional capacity** at operational and strategic levels. This includes contributing to **SARC's organizational structure and operational capacity** in headquarters, branches, sub-branches, and health facilities. And provide support to **strategic planning, long term capacity development volunteer management and policies and guidelines in coordination with Movement partners through the SMCC.**

2. IFRC also aims to further **enhance SARC technical capacity through building skills and knowledge** of SARC staff and volunteers in the programme areas where SARC is actively engaged to respond to the crisis. Support will be provided through trainings, workshops, mentoring, on-the-job coaching in the following technical areas:

- Logistics (including medical logistics)
- Information Management and Reporting
- Livelihoods and food security

- Health (including CBHFA)
- Procurement and Rehabilitation
- Communications
- Monitoring and Beneficiary Accountability
- Finance procedures

The coming year will see a significant increase coherent Movement-wide National Society Development, based on evidence. As such, the review process planned for 2018 will include a new revised Emergency Plan of Action will include as one of its outcomes; as well as a roadmap to provide National Society Development support jointly and comprehensively with ICRC and Partner National Societies through the coming years.

In 2018, SARC is embarking upon a strategic planning process that will culminate in a strategic plan for 2018-2020 that includes visioning beyond 2020. The two-year strategic plan will establish priorities for the period, which is anticipated to be a one of change in Syria and for the National Society. The strategic planning process commences in March 2018 and is expected to be completed by mid-2018. A Strategic Planning Group has been established with SARC, ICRC and IFRC representatives to direct and supervise the process. It is anticipated that a National Society Development Plan, to which Movement partners can all participate, will be an outcome of the strategic planning process.

More details are in the Emergency Plan of Action.

Budget

See attached IFRC Secretariat budget (**Annex 1**) for details.

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

For further information, specifically related to this operation please contact:

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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

Syria Complex Emergency
MDRSY003

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	1,735,566			1,735,566
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	11,854			11,854
Construction - Materials	0			0
Clothing & Textiles	23,500,074			23,500,074
Food	60,702,887			60,702,887
Seeds & Plants	2,999,291			2,999,291
Water, Sanitation & Hygiene	11,682,326			11,682,326
Medical & First Aid	23,320,702			23,320,702
Teaching Materials	503,368			503,368
Utensils & Tools	3,416,532			3,416,532
Other Supplies & Services	790,542			790,542
Emergency Response Units	0			0
Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	128,663,142	0	0	128,663,142
Land & Buildings	0			0
Vehicles	2,440,091			2,440,091
Computer & Telecom Equipment	306,879			306,879
Office/Household Furniture & Equipment	367,132			367,132
Medical Equipment	726,625			726,625
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	3,840,727	0	0	3,840,727
Storage, Warehousing	4,725,289			4,725,289
Distribution & Monitoring	4,024,742			4,024,742
Transport & Vehicle Costs	1,945,268			1,945,268
Logistics Services	3,472,954			3,472,954
Total LOGISTICS, TRANSPORT AND STORAGE	14,168,252	0	0	14,168,252
International Staff	6,431,641			6,431,641
National Staff	213,845			213,845
National Society Staff	6,271,382			6,271,382
Volunteers	3,247,613			3,247,613
Other Staff Benefits	101,311			101,311
Total PERSONNEL	16,265,792	0	0	16,265,792
Consultants	147,600			147,600
Professional Fees	429,831			429,831
Total CONSULTANTS & PROFESSIONAL FEES	577,432	0	0	577,432
Workshops & Training	1,651,100			1,651,100
Total WORKSHOP & TRAINING	1,651,100	0	0	1,651,100
Travel	412,656			412,656
Information & Public Relations	98,269			98,269
Office Costs	1,765,673			1,765,673
Communications	194,338			194,338
Financial Charges	552,702			552,702
Other General Expenses	41,759			41,759
Shared Office and Services Costs	344,707			344,707
Total GENERAL EXPENDITURES	3,410,104	0	0	3,410,104
Partner National Societies	4,557,832			4,557,832
Other Partners (NGOs, UN, other)	0			0
Total TRANSFER TO PARTNERS	4,557,832	0	0	4,557,832
Programme and Services Support Recovery	12,018,435	0	0	12,018,435
Total INDIRECT COSTS	12,018,435	0	0	12,018,435
TOTAL BUDGET	185,152,817	0	0	185,152,817
Available Resources				
Multilateral Contributions	153,057,413			153,057,413
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	153,057,413	0	0	153,057,413
NET EMERGENCY APPEAL NEEDS	32,095,404	0	0	32,095,404