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# Emergency Plan of Action Operation Update

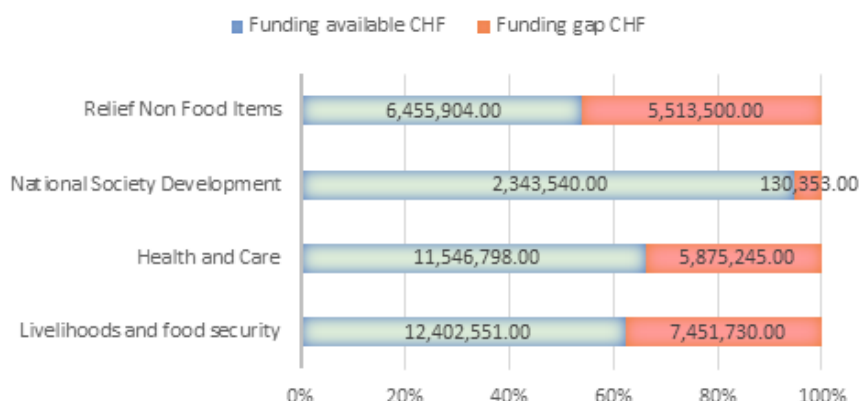
## Syria: Complex Emergency

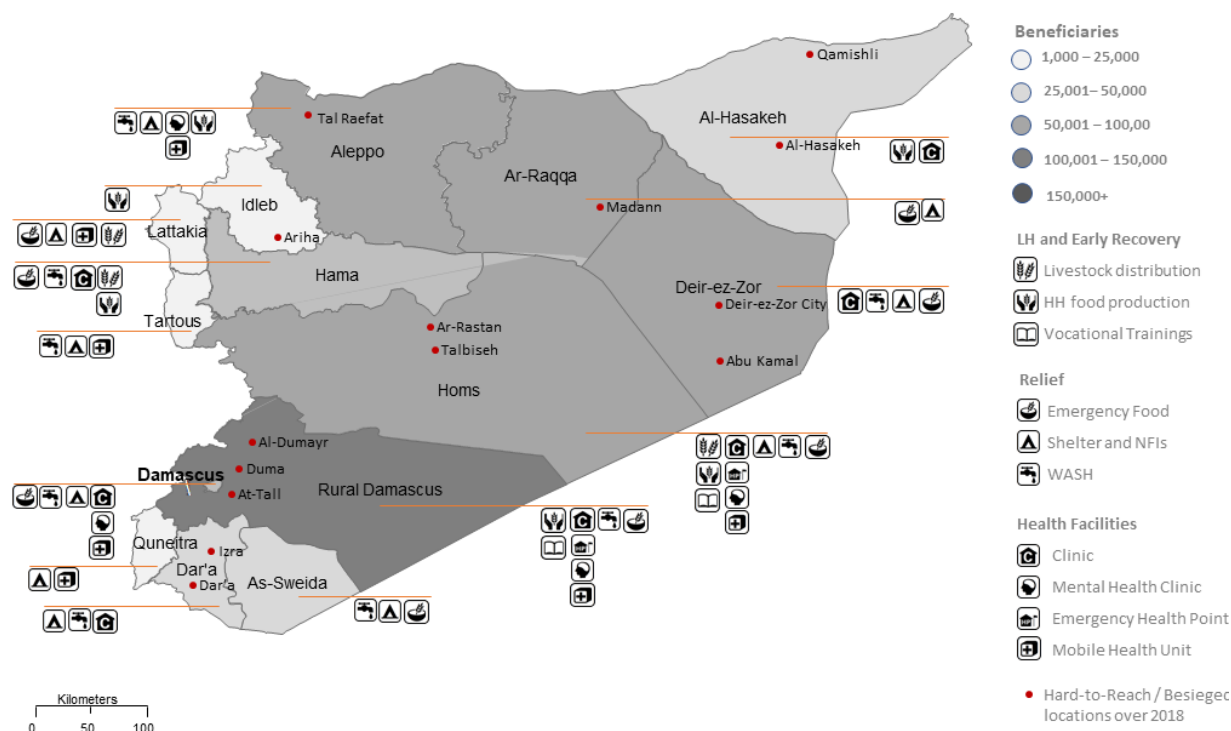


<b>Emergency appeal n° MDRSY003</b>	<b>GLIDE n° OT-2011-000025-SYR</b>
<b>Operations update n° 15</b> 14 December, 2018	<b>Timeframe covered by this update:</b> 01 December 2017 - to 31 August 2018
<b>Operation start date: 6 July 2012</b>	<b>Operation timeframe:</b> 31 December 2018, extended to 31 August 2019
<b>Overall operation budget: CHF 185.1 million</b>	<b>This Emergency Appeal was initially launched on 6 July 2012 for 27.5 million Swiss francs and revised to 185.1 million</b>
<b>N° of people being assisted: 3 million</b>	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> Australian Red Cross, Austrian Red Cross, British Red Cross, Canadian Red Cross, Czech Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Irish Red Cross Society, International Committee of the Red Cross, Italian Red Cross, Japanese Red Cross Society, Netherlands Red Cross, Norwegian Red Cross, Swedish Red Cross, Taiwan Red Cross Organisation. DG-ECHO, USAID-OFDA, Irish Aid, Austrian Development Agency, Japanese Government, Canada's Department of Foreign Affairs, Trade and Development, private and corporate donors contribute to the emergency appeal. Other National Societies provide support bilaterally to SARC, as detailed in the corresponding section below.	
<b>Other partners actively involved in SARC operation:</b> UN agencies such as FAO, UNDP, UN OCHA, UNFPA, UNHCR, UNICEF, WHO, WFP, and INGOs such as Action Contre la Faim (ACF), ADRA, MEDAIR, Danish Refugee Council, GVC, HELP, IECD, IMC, PU, Secours Islamique France, Terre des Hommes and Armadilla.	

This Operations Update extends the timeframe of the Emergency Appeal (MDRSY003) until 31 August 2019 to continue support for Syrian Arab Red Crescent (SARC) in providing emergency humanitarian assistance to conflict-affected people in Syria. An evaluation of the Emergency Appeal is due to start in January 2019 and will review the operation from the beginning in 2012 up until 2018. Future Syria objectives and modalities of IFRC support will be revised in the first half of 2019 based on the recommendations of the evaluation, ensuring that support is fit for purpose. The 2018 budget of CHF 51.71 million is funded at 63% with a significant funding gap of CHF 18.97 million. With the extension of the timeframe of the Emergency Appeal, IFRC will continue to mobilize resources towards the targets outlined in the current plan and budget as they remain highly relevant to the humanitarian needs of the population in most affected areas in Syria.

IFRC urgently seeks funds to address the Emergency Appeal's funding shortfall of 18.97 million Swiss francs. The figure at right shows the gaps per sector against the current targets. Funds are needed to guarantee uninterrupted provision of primary health care—including emergency and basic services across Syria as well as timely life-saving and life-sustaining emergency relief response in the most affected areas. This includes food items, NFIs, hygiene kits, family winterization and children's winter items, as well as household and community-based livelihood interventions. Equally relevant to the humanitarian response are contributions to sustain and enhance SARC's operational capacity. The map below depicts operational areas, sectors and scale of beneficiaries.





## A. SITUATION ANALYSIS

### Description of the disaster

The crisis in Syria remains the largest population displacement in decades. Results from inter-agency assessments estimate that more than 1.7 million Syrians were displaced from their homes or place of residence over the course of 2017. A further 1.2 million were displaced over the first six months of 2018. Over the last quarter of 2017 and first quarter of 2018, the country saw a decrease in hostilities both in number and intensity, which is reflected in the reduction of hard-to-reach areas and UN-declared besieged areas, noting however, that some areas are not habitable due to land mines and unexploded ordnance. Nonetheless, the impact of close to seven years of conflict has deeply affected the lives of people and to this day there are 13 million people in need of humanitarian assistance - 40% of these are experiencing acute needs, especially in terms of access to food, shelter, health services and recovery of their livelihoods.<sup>1</sup>

Over the first quarter of 2018, the situation of people in Eastern Ghouta and North Aleppo deteriorated after a marked increase in hostilities and increased displacement, persistent at the time of drafting of this report. Escalation of hostilities in Dara'a required immediate response, which focused on deployment of mobile health services and humanitarian convoys



SARC Convoy Operation to reach communities in Rural Ar-Raqqa, distributing food, hygiene and winter items from contributions by different Red Cross Red Crescent Partners. **Credit: SARC**

<sup>1</sup> Humanitarian Response Plan Monitoring Report, from January to June 2018. Prepared by the Whole of Syria Inter-Sector Coordination Group, for the Strategic Steering Group. August 2018.

with emergency relief. SARC is now preparing further responses to possible increases in humanitarian needs in Idleb, Rural Aleppo and Northwest Syria.

According to latest reports by the Syria Health Working Group, led by WHO, the healthcare system in Syria is still severely affected by the consequences of the protracted crisis. At the end of July 2018, out of 1,810 assessed public health centres, 20% are partially functioning and 34% completely out of service.<sup>2</sup> People most at risk due to health care shortages include people wounded in the conflict, people who live with chronic and non-communicable diseases, unvaccinated children, pregnant women and neonates without access to life-saving obstetric care, girls and women with poor access to essential reproductive health care; and those in need of mental health and psychosocial support.<sup>3</sup>

There are additional urgent needs for health and hygiene promotion, deeply interlinked to the deteriorating health situation. These are especially prevalent in high-population density locations, such as the city centres and collective centres, as well as in sparsely populated rural areas. Displaced people and host communities require hygiene kits as well as hygiene promotion activities as communities slowly re-establish themselves and build resilience.<sup>4</sup>

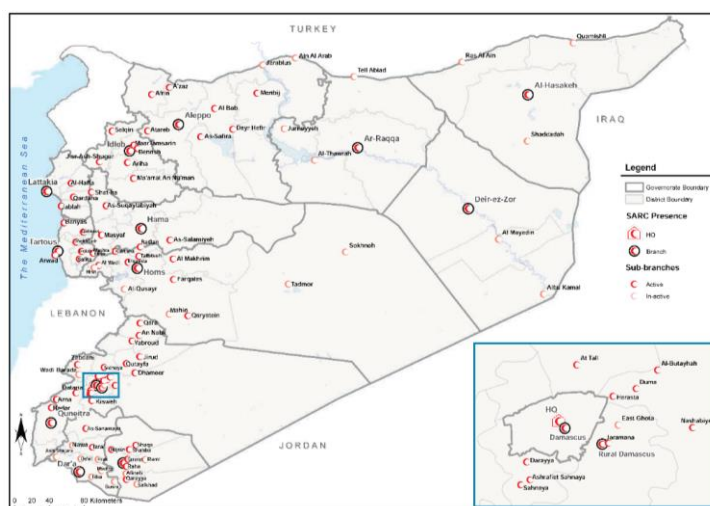
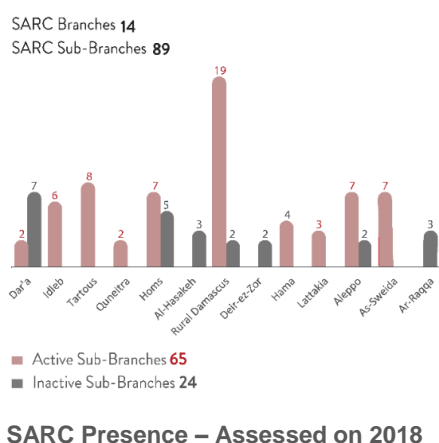
Children have been forced to replace school attendance with work as many become family breadwinners, exposing them to child labour and exploitation. Early marriages are increasingly common for girls. Many men and boys have been forced to join armed groups, either through fear or as a source of income where little other choices are left, and women are becoming increasingly vulnerable to sexual exploitation.<sup>3</sup>

The livestock and agricultural sectors, which for many years were of key importance to household and community economies, have also been seriously affected. Depletion of government veterinary services and the short supply of vaccines and other livestock medicines have combined to reduce livestock numbers in the country. Poultry production is estimated to be down by more than 50 percent from 2011, and sheep and cattle numbers are down approximately 35 percent and 25 percent respectively. The combination of conflict and severe drought has made 2018's wheat crop the smallest in three decades, resulting in a drop of production of 30%<sup>5</sup>. Most Syrians have been left with extremely limited strategies to cope with the ongoing crisis. Affected families not able to meet food needs have been forced to engage in negative coping strategies such as reducing the number of meals per day, eating lower quality and less nutritious food, buying food on credit or borrowing money to purchase food and a reduction in essential non-food expenditures.<sup>6</sup>

## Summary of current response

### Overview of Host National Society

Founded in 1942, the Syrian Arab Red Crescent (SARC) is an independent humanitarian organization in Syria. SARC was recognized by the International Committee of the Red Cross in Geneva (ICRC) in 1946 and it is committed to the Geneva Conventions and the seven Fundamental Principles of the International Movement of Red Cross and Red Crescent (RCRC Movement). SARC has its headquarters in Damascus, with 14 branches in the fourteen governorates of Syria, and 65 active sub-branches. SARC has more than 12,000 staff and active volunteers working across its headquarters, and branches and active sub-branches.



<sup>2</sup> Functionality of the public health centres has been assessed by WHO, through Health resources and services availability mapping system (HeRAMS) data, at three levels: fully functioning, partially functioning, or not functioning.

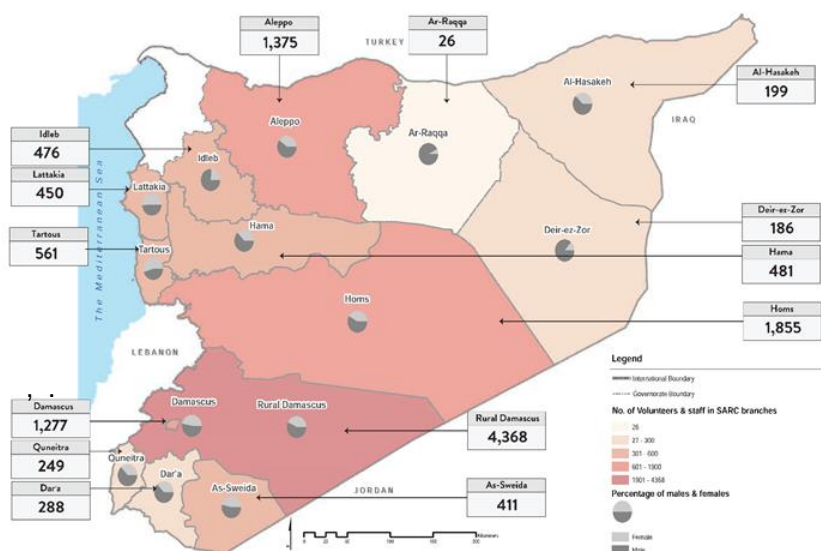
<sup>3</sup> 2018 Humanitarian Needs Overview: Syrian Arab Republic [EN/AR]

<sup>4</sup> SARC WASH department technical and participatory rapid assessments conducted in North, North-western and South Syria.

<sup>5</sup> FAO/WFP Crop and Food Security Assessment Mission to the Syrian Arab Republic, 9 October 2018 <http://www.fao.org/emergencies/resources/documents/resources-detail/en/c/1157035/>

<sup>6</sup> Consolidated information from WFP's mobile Vulnerability Analysis and Mapping (mVAM), and information from SARC livelihoods and food security projects' end-line and baseline reports across two and a half years.

SARC continues to be the main humanitarian actor in Syria. Through its network of staff and volunteers and with SARC's assigned coordination mandate and its presence across most of the country, it is currently the largest national provider of humanitarian services in Syria. SARC works closely with local communities providing humanitarian assistance to more than 5 million internally displaced people, affected host communities and returnees. SARC is the main national facilitator to international humanitarian assistance, with formal coordination and cooperation with 29 partners between the International Red Cross Red Crescent Movement, UN agencies and international non-governmental organisations. This assistance is based around the provision of food and non-food items for shelter, hygiene items and hardware. SARC also provides medical services through more than 110 health facilities. In addition, SARC water projects provide services to close to 80% of people in Syria.



**Personnel:** 12,622  
**Active volunteers:** 9,248  
**Staff in branches:** 2,954  
**Staff in HQ:** 420

SARC Personnel Capacities – Assessed on 2018 (capacity building figures correspond to total 2017 trainings, collated and quantified on March 2018)

More than 513 trainings in 2017, including first aid (218), DM (92), WASH (37), PSS (33), Livelihoods (15), IHL (15), Information Management (11), among others.

## Overview of Red Cross Red Crescent Movement in country

IFRC has been present in Syria since the mid-1990s with a permanent representation office since 2007. Currently the IFRC has a dedicated team based in Syria and is supported by an office in Beirut which supports the response operation and capacity building initiatives from the MENA office. The IFRC team in Syria is integrated with SARC to support the National Society from its Headquarters and coordinates operational matters with partner National Societies and International Committee of the Red Cross (ICRC). IFRC participates as an observer in the Humanitarian Country Team meetings and in technical sector meetings. Six partner National Societies have delegates in Syria: the Danish, German, Canadian, Finnish, Norwegian and Swiss Red Cross Societies.

The ICRC has been present in Syria since 1967 and is working as a key operational partner with SARC. The ICRC has four offices in Syria, employing international staff and resident staff. The main areas of support to SARC are emergency assistance, economic security, health First Aid, Prosthesis Rehabilitation Program (PRP), mental health, and public health care (PHC), water and habitat, risk education (WEC), restoring family links, forensic, promoting humanitarian values and strengthen SARC capacities.

## Overview of non-RCRC actors in country

SARC works with many international organizations and agencies present in-country, such as UN Agencies including FAO, UNDP, UN OCHA, UNFPA, UNHCR, UNICEF, WHO, WFP, and INGOs such as Action Contre Faim (ACF), ADRA, MEDAIR, Danish Refugee Council, GVC, HELP, IECD, IMC, PU, Secours Islamique France, Terre des Hommes and Armadilla,

It should be stressed that besides functioning as an implementing partner for these organizations, SARC participates in cluster meetings and working groups for health, shelter and non-food items, information management, among others. Activities conducted are carried out in coordination with local, national and international stakeholders active in the relevant sectors.

## Scenario Planning

Number of stable areas increase, as well as access for improved programmes	Urgent humanitarian needs remain and aggravated during cold weather	Localized escalation of conflict, further aggravation of humanitarian needs and new displacement
<p>As new areas are open for access, and those previously accessible are progressively more stable. Opportunity for more sustained programming, high need to for health services, and water infrastructure.</p> <p>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. The main needs to address in this scenario include also food provision, health care provision and restoration of livelihoods, within possibilities.</p>	<p>Lack of resources and extremely limited access to markets as well as access to health services.</p> <p>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 WASH services already cover close to 80% of the country, so the needs addressed by this 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.</p>	<p>Needs during sudden displacements may be summarized in RTE food (canned, if possible), shelter items and hygiene items for the duration of the process, on-site provision of first aid and basic health services. 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.</p>

## Operation Risk Assessment

There is high risk associated with the ongoing operation, as the situation in Syria is still volatile in some areas. The security situation and access to areas can change during the course of implementation. This emphasises the need to be flexible and adaptable to changes on the ground. The shifting realities means that the IFRC needs to take stock of progress to date, though an externally led evaluation of the Emergency Appeal. The evaluation will also be used to analyse the response options moving forward, with best fit to the evolving needs and challenges. The volatile security context continues to impact the safety of SARC staff and volunteers and their ability to conduct emergency relief and ongoing programming. Since the beginning of the crisis, humanitarian access has been challenging and dangerous, restricted either by violence or by parties to the conflict denying access. The shifting frontlines and allegiances up to local level lead to unpredictable and ever-changing power structures, in turn affecting the negotiation of humanitarian access. SARC, supported by Movement partners led by ICRC and IFRC, continue to ensure close dialogue with all armed groups and parties to the conflict, to ensure the safety of volunteers, staff and goods, to the extent of what is possible in such a context.

Risk	Assumptions	Likelihood	Mitigation
Volatile and further deteriorating security situation	The volatile security context impacts the safety of SARC staff, volunteers, and sometimes their ability to conduct emergency relief and provide services	High	The overall situation is continuously evaluated through regular security meetings with Movement partners, with security analysis inputs by ICRC Syria delegation, and informed by external sources such as the UN agencies and local parties to the conflict.

Violent extremism	Direct threat to staff, volunteers and operations	Medium/high	Adherence to security rules, detailed procedures in place for field missions, and aborting missions where necessary. Promotion of IHL and the Humanitarian Fundamental Principles livelihoods and social integration initiatives for youth).
Institutional sustainability of SARC	The NS is increasing its scope for strategic planning, beyond its focus on emergency response or lack of long-term economic security, possible changes in mandate.	Medium	Movement partners coordinate, and resource capacity strengthening initiatives in strategic planning and seek multi-year funding, continuous institutional gap analysis.
Perception of Fundamental Principles jeopardised	The perception of Movement partners is damaged, implementation is compromised, and threats to personal safety and security of staff and volunteers increased, leading to limits in implementation	Medium	Wider Movement engagement in and commitment to promoting the Fundamental Principles to ensure identity, mandate and role are clearly understood and respected.
Limited or no access	This affects humanitarian operations' ability to provide humanitarian assistance and for monitoring and reporting purposes	Medium/high	Partners routinely assess programme risks and geographic access and engage in negotiations with various groups party to the conflict at multiple-levels. Working through volunteers who are part of the community themselves increases acceptance and is an advocacy for unimpeded access. Donor and partner flexibility.
Disrupted and delayed procurement and supply chain	Restrictions and reinforced administrative regulations for importing humanitarian assistance and equipment	high/high	Full compliance of partners with new import administrative regulations, participation in logistics cluster meetings, distribution plans incorporate possible delays in procurement and appropriate contingency stock is managed, and notification to donors of significant delays.
Operational capacity of staff and volunteers is weakened	Overstretched and burned out staff and volunteers operating under extreme personal and professional stress with limited equipment and support structures leads to high turn-over	Medium/high	Staff and volunteers receive adequate management and support, including psychosocial support, training and fit-for-purpose equipment and tools.

In order to ensure that the Fundamental Principles of the Red Cross Red Crescent Movement are not at risk of being compromised, leading to a reputational and security risk to staff and volunteers. SARC is assessing every context carefully and considering the suspension of activities as needed until the necessary guarantees are in place to enable them to operate in line with its mandate and Fundamental Principles. The operation is flexible in approach, ensuring the adaptability to changing context. Furthermore, close collaboration with ICRC ensures that the Fundamental Principles as well as the principles of IHL are disseminated with relevant parties and communities.

SARC and other Movement senior officials keep regular dialogue with authorities to facilitate international procurement of goods, following appropriate procedures. This is an ongoing challenge affecting relief items from across the Movement as well as other agencies. Nevertheless, for the distribution of goods, SARC and its partners rely on a well-functioning and advanced logistics tracking system following international standards. This system monitors goods from the supplier down to the beneficiary. Additional challenges with local procurement processes for small quantities of goods (such as livelihoods inputs – looms, irrigation kits, etc.) also affect the implementation of activities. A joint effort from Movement partners - spearheaded by the Norwegian Red Cross - is currently in process, which aims to improve financial and procurement functions in SARC, including the implementation of an Enterprise Resource Planning (ERP) System.

## B. OPERATIONAL STRATEGY

### Proposed strategy

The external evaluation planned to start in early 2019 is expected to provide clear direction for improving support to SARC at operational and organizational levels. In the interim, IFRC will continue with the two-track approach used during the past few years. The approach enables IFRC to support SARC emergency operations, while also identifying opportunities and activities that support longer-term outcomes. As such, the focus of the operation will be to:

#### 1. 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.

**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.



One of the first SARC Mobile Health Units working inside Eastern Ghouta, after the recent escalation of hostilities, supported by the Emergency Appeal. Credit: SARC

#### 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 (HH) reached by SARC's livelihoods programme has made solid incremental advances since the project inception in 2016, which began at the pilot phase with 558 HH and has grown to 9,485 HH in 2018.

**(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 context-based realities.

**(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).



Activities that contribute to increasing child resilience, providing safe spaces for learning and recreation are one of the main components of work in the Al-Ghizlaniya Community Centre supported by Netherlands Red Cross through the Emergency Appeal.

Credit: SARC


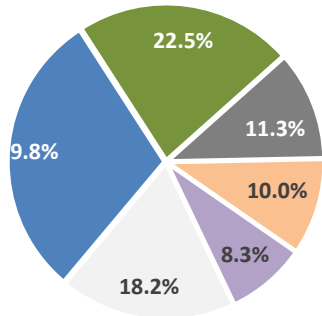
**(d) Contribute towards enhancing SARC capacities** by providing coordinated capacity building initiatives in all programme activities related to the revised Emergency Appeal, as well as sectors such as **health, finance, information management, logistics and procurement**.

## Two-track approach

(1) to ensure a continued and coordinated provision of life-saving and life-sustaining humanitarian assistance:	(2) Enhance SARC's early recovery efforts and contribute towards improving resilience of vulnerable people by
<ul style="list-style-type: none"> <li>• <b>Emergency response</b>-scaling up emergency food assistance</li> <li>• <b>Emergency health services</b>: expand the emergency and primary medical services provided by SARC in areas with little or no access to medical services, and experiencing direct consequences of the conflict</li> <li>• <b>sustain and increase SARC's operational and structural capacity</b>: technical support, and means for SARC headquarter, operations of branches and sub-branches</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Scaling up the food security and livelihoods initiatives and broadening its scope</b></li> <li>• Supporting SARC's provision of essential health services               <ul style="list-style-type: none"> <li>✓ increase its support to the <b>network of clinics and mobile health units, including mental health.</b></li> <li>✓ CBHFA</li> <li>✓ Capacity development in health/ developing health 5-years strategy</li> </ul> </li> <li>• <b>Community Centres</b>: PSS, learning opportunities, vocational trainings               <ul style="list-style-type: none"> <li>• focus children and youth</li> </ul> </li> <li>• <b>Capacity building/NSD</b>: IM, volunteers management, logistics, finance, strategic planning</li> </ul>

It should be noted that the **ICRC has also 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.

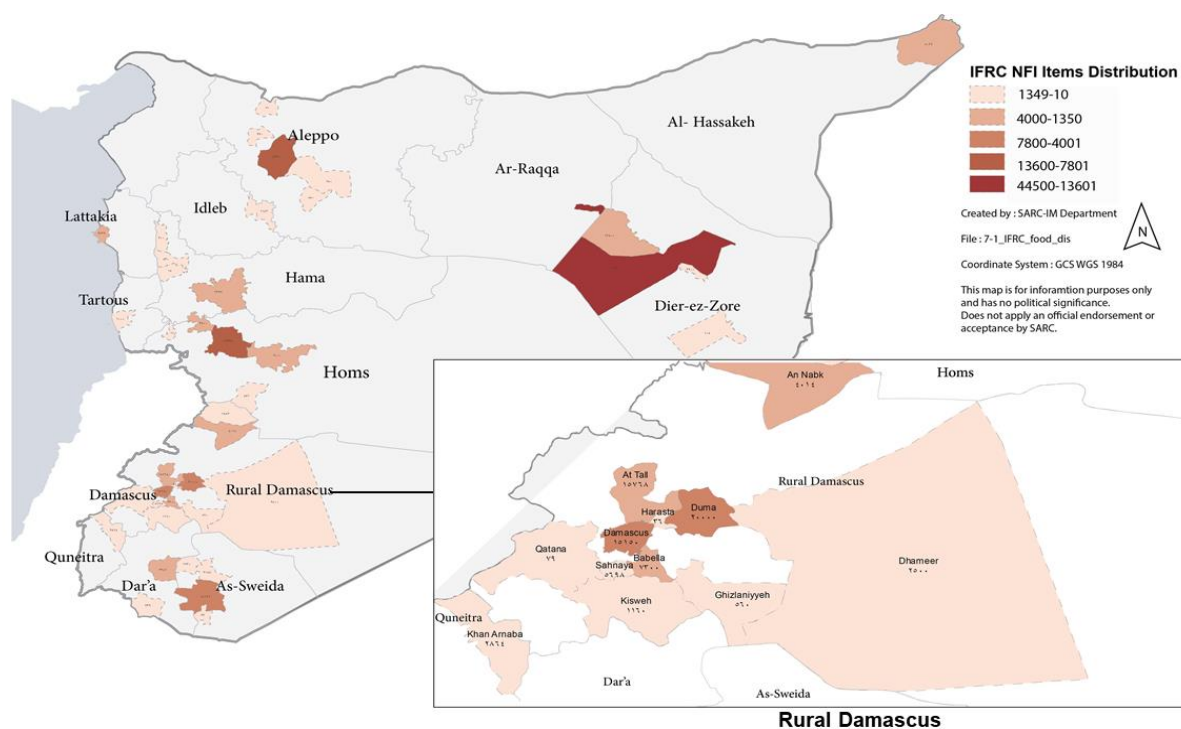
## C. DETAILED OPERATIONAL PLAN

 <p><b>Shelter</b> People reached: 479,122 Male: Female:</p>		
<b>Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety through emergency NFI provision</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# households provided with emergency shelter and settlement assistance	155,000	85,663
<b>Output 1.1: Short and medium-term shelter assistance is provided to affected households</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people provided with emergency shelter items	775,000	363,689
# of children provided with winterization kits	100,000	29,770
<b>Progress towards outcomes</b>		
<p>During the reporting period, IFRC contributed to the shelter-related NFI sector of SARC's response with 48,045 mattresses, 58,248 blankets, 18,752 kitchen sets, and 18,879 winter clothes kits for children, which reached approximately 363,689 vulnerable people across Syria.</p>		
	<p>Close to 82% of all distributions were conducted in humanitarian response operations areas such as Ar-Raqqa, Deir-ez-Zor, Rural Damascus, Aleppo and Homs, targeting internally displaced persons, extremely vulnerable host communities (such as those previously besieged for extended periods), and people trying to rebuild their lives in areas that were severely affected by the conflict. Although hard to properly disaggregate, most of the 11.3% of the Rural Damascus response is linked with 3% from the Damascus response (within 'others'), which went towards the Eastern Ghouta operation in the first two quarters of 2018.</p>	
<ul style="list-style-type: none"> <li>■ Ar-Raqqa الرقة</li> <li>■ Rural Damascus ريف دمشق</li> <li>■ Homs حمص</li> <li>■ Deir-ez-Zor دير الزور</li> <li>■ Aleppo حلب</li> <li>■ Others</li> </ul>	<p>It should be stressed that the 'others' slice represent every governorate in Syria. In some cases, this was not part of specific emergency operations, but went towards supporting vulnerable families in communities with severely strained resources.</p>	



**Left:** Winterization support for people in Deir-ez-Zor through early 2018. Temperatures in the area may reach as low as 0 C° which, together with electric infrastructure challenges, and lack of access to fuel, make distributions especially meaningful. **Credit: SARC**

**Below:** Heat map of NFI distribution at sub-district level across Syria, including a snapshot of Rural Damascus.



### Challenges:

1. Establishment of Framework Agreements for Food and NFIs took much longer to establish than anticipated. This together with the need to reinforce a solid supply chain management system remains one of the key priorities moving into 2019 for IFRC and Movement partners in supporting SARC's overall logistics and procurement capacity.
2. IFRC's own institutional systems and procedures have also posed challenging in being able to deliver Food and NFIs in a timely manner. A review of understanding the bottlenecks will be carried out to ensure better operational effectiveness in 2019.



## Livelihoods and basic needs

People reached: 566,948

### Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Indicators:	Target	Actual
# of people reached by food security and livelihoods initiatives, including emergency response food provision	2,350,000	566,948
<b>Output 1.1: Livelihoods and basic needs Output 1.1: Vocational skills training and productive assets to improve income sources are provided to target population.</b>		
Indicators:	Target	Actual
# of people trained in vocational skills trainings or receiving assets to increase their income sources	200 HH	126 HH
<b>Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities</b>		
Indicators:	Target	Actual
# of people reached with emergency food assistance	2,250,000	525,322
<b>Output 1.3: Household livelihoods security is enhanced through food production and income generating activities</b>		
Indicators:	Target	Actual
# households supported to improve household food production	25,000 HH	8,300 HH
# households supported with livestock for income generating activities	-	0

### Progress towards outcomes

#### Output 1.1: Vocational Trainings

Throughout the year, vocational trainings supported by the Emergency Appeal were conducted in three SARC Community Centres Ghizlaniya, At-Tall - both in Rural Damascus - and Homs City (Bab Amr). The locations were selected as areas of high need and uses existing SARC community centres to provide these services. Most heads of household range between 20 to 28 years old. At the end of the reporting period, several vocational trainings had finished or are currently ongoing, as described below. An end-line survey will be conducted in 2019 to analyse the impact of the training on the economic security of the families through self-employment or labour market integration. In all areas, excepting embroidery, participants receive a toolkit to enable business start-up.

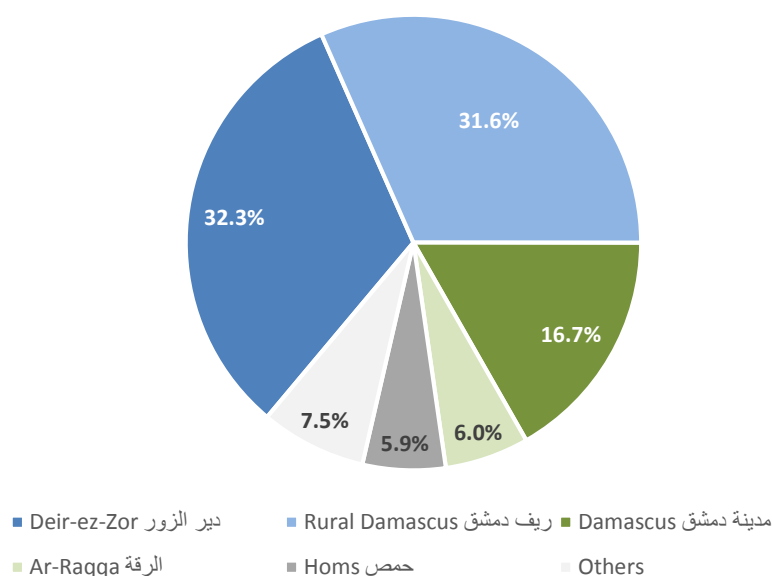
Community Centre	Vocational Training	HH	Status	Duration	Sessions
At-Tall	Mobile Phone Maintenance	12	On-going	2 months	40
	Embroidery	6	Done	2 months	25
	Sewing	10	Done	3 months	60
Ghizlaniya	Handbag manufacture	10	On-going	4 months	48
	Dairy products	25	On-going	20 days	20
	Sweets and Candies	25	On-going	25 days	25
	Tailoring	8	Done	3 months	41
Homs	Electric extensions	15	On-going	3 months	48
	Clothes manufacture	30	Pending approval	2.5 months	40

Other vocational trainings complementary to the above are also in progress, financed by other Red Cross Red Crescent partners, but supported by the IFRC Livelihoods Delegate. These include:

Community Centre	Vocational Training	HH	Status	Duration	Sessions
Qatana	Sweet and Candies	12	Pending	3 months	60
	Wool knitting	20	In progress	4 months	48
	Barbers	10	In progress	3 months	60
Dwella	Make up	12	Done	2.5 months	30
	Mobile Phone Maintenance	10	Done	1.5 months	20
	Sewing	30	Pending approval	3 months	52

### Output 1.2: Emergency Food Assistance

From January to August 2018, IFRC supported SARC's response by facilitating the distribution of food parcels and canned food parcels (CFP). The Emergency Appeal directly supported the distribution of 32,674 CFP and 67,772 standard food parcels, which reached mainly Deir-ez-Zor and Rural Damascus governorates.



Most standard food parcels and CFP distributed reached people in Deir-ez-Zor, including both Deir-ez-Zor City and Abu Kamal. People living in these areas, after three years of ongoing siege, had adopted severe coping strategies, and were registering severe malnutrition symptom. Over the first months of 2018, however, thanks to the aid provided by several agencies', assessments indicated that the prevalence and frequency of practicing other negative coping mechanisms had declined especially for skipping days without eating and sleeping hungry. The situation however remains precarious due to the increasing influx of returnees and the limited availability of livelihood options. Latest information from WFP rapid assessments indicate that market functionality of food availability is still very limited. For example, key wholesalers reported that most of the warehouses in Deir-ez-Zor are empty, as traders cannot afford to buy more than their daily sales levels.

Food parcels in Rural Damascus (as well as those reaching Damascus Governorate) focused mainly in different areas related to the Eastern Ghouta response and overall Duma district, as well as others such as Babella, which borders the Yarmouk Camp and includes areas such as Sayyidah Zaynab, al-Sabinah and Yalda. Overall, Rural Damascus hosts more than 1.3 million IDPs, which are mostly living in Markaz Rif Dimashq (especially Kisweh, Babella and Jaramana), and At-Tall (whole district) and Duma (whole district, except currently besieged). People living in these areas, have very limited food availability and financial development opportunities. At the start of the year, the overall price of basic food basket was 23 percent above August 2015 and eight times above pre-crisis levels.

### Output 1.3: Food security and community-based livelihoods interventions

#### Home-based vegetable production

Vegetable production can provide home-grown and highly nourishing food and therefore become relevant alternatives to increase household's food and nutrition security. In order to avoid further deterioration of the Household Dietary Diversity Score (HDDS) and Food Consumption Score (FCS), IFRC supported SARC in a project designed to strengthen food production capacities at household level. This intervention has focused specifically on the provision of an initial set of inputs which can quickly improve the household's food availability and income (i.e. vegetable gardens). The primary objective of this program is not for income generation, although any existing surplus from the production might be sold to increase the income of the targeted households.

The home gardening kits contents have been agreed and standardized in cooperation with the ICRC, in order to provide a consistent quality of assistance to households across Syria. Governorates supported during the summer season 2018 with this intervention were as a following (with the exception of Idleb, which has a special status in the process and, as such, different content):

Governorate	Households
Homs	1,000
Aleppo	2,000
Hama	1,000
Quneitra	2,000
Idleb	1,000
Rural Damascus	1,300
<b>Total</b>	<b>8,300</b>

IFRC-SARC Backyard Gardening Program		
	Items	Weight/Units
1	<b>Vegetable seeds package</b>	
	Tomato	1.5 grams
	Cucumber	20 grams
	Zucchini	35 grams
	Okra	150 grams
	Bean	500 grams
	<b>Total</b>	<b>706.5</b>
2	<b>Fertilizers (liquid or soluble in crystal form)</b>	5 kg
3	<b>Irrigation kit</b>	300 sq. meter

**Below:** Images from home gardening from summer seeds from communities in Rural Damascus taken during a monitoring visit. **Credit: SARC**



A complementary project designed for the winter season of 2018 is currently in the first phases of implementation and will be reported upon the next operations update.

#### **Livestock distribution and support**

During June and July 2018 assessments were conducted by the SARC Livelihoods Team in the governorates of Hama, Homs, Aleppo, Rural Damascus and Sweida. Key stakeholders such as community leaders, affected families and members of the agricultural directorates were interviewed to identify geographic areas, needs and

major problems as well as possible solutions. Although this project is also under the first phase of implementation, tentative areas and targets include:

- Aleppo (Umm Al-Garn – Sumairiya – Khirbat) - 342 HHs - Target: 250 HHs (100 HHs SRC)
- Homs (Houlaya) - 650 HH – Target: 200 HHs
- Hama (Muzafir) - 600 HHs – Target:125 HHs
- Rural Damascus (Al Tal) – 500 HHs – Target:125 HHs
- Sweida (Kherbet Awwad and Al Mghayyer) - 412 HHs – Target: 100 HHs

### Other livelihoods initiatives

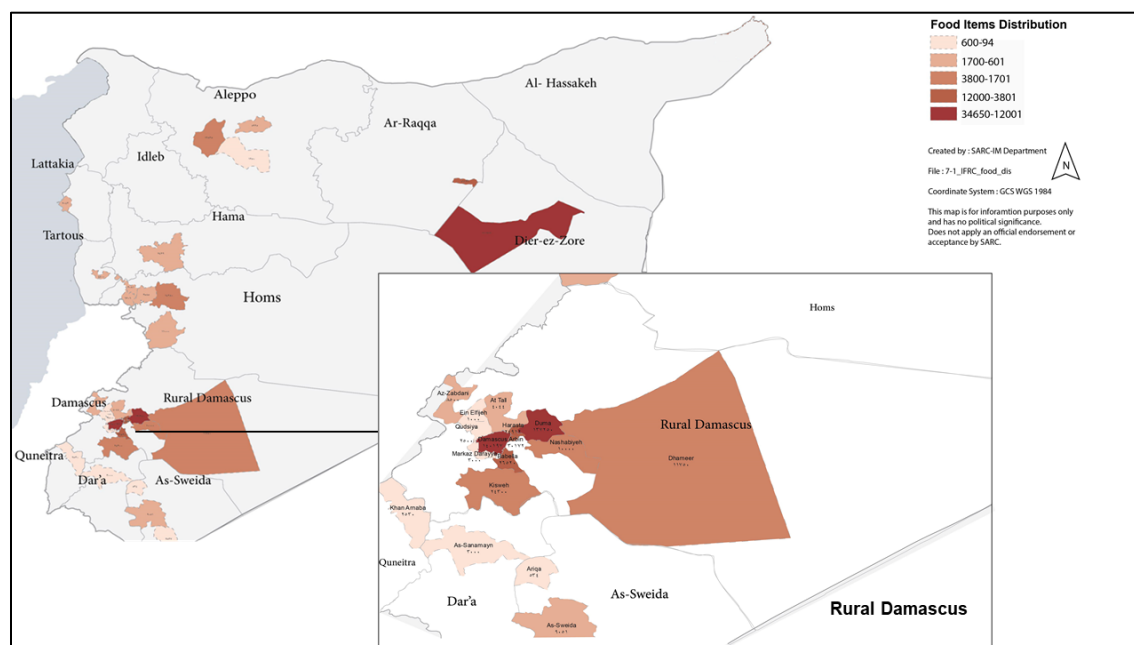
The IFRC Livelihoods Delegate works together with SARC and involved partners in the development of different proposals for vocational trainings and community-based livelihoods interventions. Some of these are already in implementation, while others face delays, described in the section below dedicated to challenges. The main proposals developed this year include:

- **Vocational trainings in Aleppo (100 heads of household):** The project will provide different vocational trainings (carpentry, electricity, plumbing, hair dressing, aluminium) to improve the skills which will help the targeted beneficiaries to go into the labour market or start an economic activity by themselves, as well as will distribute to the trainees who finish the period training satisfactorily with toolkits.
- **Cultural Heritage in Damascus (150 heads of household):** With this proposal the goal of safeguarding the cultural heritage, is to ensure that the knowledge and skills associated with traditional handicrafts are passed on to future generations so that crafts can continue to be produced within the communities, providing livelihoods to their makers. The intervention will focus on five crafts: wooden handicrafts, traditional copper crafts, leather, embroidery, traditional glass painting. Related toolkits will also be provided to participants.
- **Land Rehabilitation in Homs (243 households):** The objective of this project is to rehabilitate affected land in the Northern District of Deir Baalbah and reduce long-term vulnerability by providing water pumps and other inputs for irrigation. It targets all the families that live permanently in the selected rural community of Deir Baalbah, who have access to wells and lands. The selected communities are among the most affected in Homs, living below poverty threshold. The household economies are mainly based on agriculture, mainly for self-consumption, daily wages and food parcel distributed by NGOs and INGOs.
- **Carpet manufacturing in Hama (200 heads of households):** The objective of this project is restart the livelihoods activities of the women head of household affected by the conflict in Hama City (IDPs) and Taibah Al-Imam City (returnees) and reduce their vulnerability in the long term by supporting in diversifying their technical skills in carpet manufacturing. By providing looms and toolkits and training, standard of living for these vulnerable women and their families will be enhanced. The Ministry of Social Affairs will be involved in the project implementation which will help with the sustainability of the project.
- **Carpet manufacturing in Rural Damascus (100 heads of households):** The objective of this project is to contribute to restart the livelihoods activities of the most vulnerable women head of household affected by the conflict in Madaya, Al Zabadani, Bludan and Bqin and reduce their vulnerability in the long term by supporting in the diversification of their technical skills in carpet manufacturing which will contribute to enhance their standard of living.

**Right:** Delivery of food assistance and hygiene parcels for people in Rural Syria. Other services are also delivered in parallel, when possible, such as assistance with mobile clinics. **Credit: SARC**

**Next page:** Heat map of food distribution at sub-district level across Syria, including a snapshot of Rural Damascus. **Credit: SARC**





### Case story: Tailoring Vocational Training in Ghizlaniya Community Centre

**Name:** Ezza Al Essa

**Age:** 33 years

Mrs. Azza is from Hititat Al Turkman village, she lost her husband as a result of the events in Syria and settled down in Ghizlania with her four children since the beginning of the crisis. Her 12-year-old son was forced to leave school to support his family.

When she heard about the opening of the Ghizlania Centre of the Syrian Arab Red Crescent, she applied for the vocational training project – (sewing training) announced by the Livelihood Team and was accepted within the established criteria.

Mrs. Azza finished the three-month training period successfully and obtained the tools provided by the project, which is a (sewing machine, a tool kit consisting of threads, scissors, rulers, etc.)

Mrs Ezza said "I was very excited to end the training period and start my private sewing job through my gained experience. Actually, when I received the machine, I began to advertise my work through the relatives, neighbours and the family itself, then I started repairing the clothes that became a good source of income for me and for the family. Also, I gained more of self-confidence and new friends from the region. Now I am trying to settle in one place after the many moves from one house to another because of the difficulty of affording the rent of the house, and my son will return to school at the beginning of next year."



"I am satisfied and with great optimism to improve our living situation after this work" she added.

#### Challenges:

1. Delays in the procurement processes which affect in the planting season in case of the agro-interventions. Financial delays in the payment to the staff and volunteers at Branch level, affecting to the regular livelihoods activities.
2. Greater turn over on the on the livelihoods staff and volunteers at Branch and HQ level, affecting to the stability on the implementation of the livelihoods programming.



## Health

People reached: 630,000

### Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of people reached by FA and emergency health services	-	62,281

#### Output 1.1: Target population is provided with rapid medical management of injuries and diseases

Indicators:	Target	Actual
# of response centres supported	10	7

#### Output 1.2: Enhance SARC's capacity to provide relevant health care support to vulnerable households

#### Output 1.3: Psychosocial support provided to the people affected by the conflict

Indicators:	Target	Actual
# of people reached by psychosocial support	-	4,032

#### Health Output 1.4: Support SARC in addressing acute malnutrition of people affected by the conflict, especially children and PLW.

### Outcome 2: The medium-term risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of medical services provided to vulnerable children, men, and women in Syria	-	310,400

#### Output 2.1: The health situation and immediate risks are properly assessed

Indicators:	Target	Actual
SARC has updated health facility assessments and distribution plans for medical stock	YES	YES

#### Output 2.2: Gaps in medical infrastructure of the affected population filled

Indicators:	Target	Actual
# of people provided with medical services	450,000	221,353

#### Output 2.3: Community-based disease prevention and health promotion measures provided.

Indicators:	Target	Actual
# of communities implementing CBHFA interventions	23	18

### Progress towards outcomes

SARC has yet to release official figures and it is expected that SARC will have reached **more than 630,000 people with more than 740,000 medical consultations**. It should be stressed that these figures are not official, and still need refining – especially due to the high number of services provided during interventions in the Eastern Ghouta Response, Northern Aleppo and Dara'a.

The approach considered in the IFRC Syria Complex Emergency Appeal, has supported **the delivery of quality health services through 12 Mobile Health Units, 11 clinics and 7 emergency health points, which include ambulances**. The medical services in the health facilities provide special attention for the people who are more vulnerable because of age and gender, and to the children, women and men with mental and physical disabilities. The scope of each facility is as follows:

- **SARC Clinics** are permanent facilities with several services such as internal medicine, gynaecology and paediatrics. Depending on availability of specialists, clinics may also provide services such as of dental healthcare, ophthalmology, physiotherapy, neurology, nephrology (including renal dialysis) dermatology, psychiatry and cardiology. SARC assesses the needs in each area and refits clinics according to needs, available resources and security related to the evolution of the crisis. Vaccination services are provided at some clinics in collaboration with MOH. Services are provided six days per week, from 0830h to 1500h.

- **Mobile Health Units (MHU)** are mobile, fully equipped mobile teams that focus their service on IDP shelters and rural areas, reaching out to beneficiaries who lack regular access to health care. The core of the MHU is that it is a first aid ambulance team - however it also provides internal medicine services, New-born and Child health, gynaecological services, simple diagnostic services and medicine referrals. In some cases, MHUs also provide referral to secondary and tertiary care facilities. MHU services operate 6 days per week from 0830h to 1500h, travelling to different locations.
- **SARC emergency health points (EHPs)** provide improved access to emergency medical assistance for rapid management of injuries and provides primary health care for people residing in areas with high vulnerability. Services include emergency surgical interventions available 24/7 with two ambulances on stand-by, as well as most medical services available at clinics, such as maternal, neo-natal and child health (MNCH) (including antenatal and post-partum care), internal medicine, mental health (case management towards referral), full laboratory and diagnostic services, and referral for severe cases to secondary or tertiary care.
- IFRC is also supporting **4 SARC mental health clinics** in Damascus (Dwella and Al-Othman), in Rural Damascus (Jaramana) and Aleppo. Some of the key services provided include medicine provision, psychotherapy, speech and language rehabilitation and other forms of therapy.

Additional support has been provided over recent years for the National Society to develop its own health information system (HIS). Although the system is still not active in all health facilities operated by SARC, provisional information for the period is available. The reach of the Emergency Appeal in this regard, includes:

- Approximately **221,353 people** were received medical services (consultation and visit numbers are still pending) through the network of IFRC-supported health facilities between January and August 2018.
- Emergency health services were provided to **62,281 people (up to 100,805 consultations)** through functioning Emergency Health Points and Mobile health units that were active during the Eastern Ghouta and Northern Aleppo responses.
- At least 4,000 children have received psychosocial support and community services from SARC's Ghizlaniya and Bab Amr community centres supported by IFRC.
- Over the period, CBHFA was rolled out across 18 different communities, involving more than 300 community volunteers, 8 branch coordinators and facilitators, and health committees in every community. Approximately 28,810 people have been reached with the services.

### **Continuous improvement of SARC Community Centres**

Whenever there is an emergency or a crisis where loss of life, asset and livelihoods occur, there will be human suffering. Such humanitarian settings impose heavy emotional, social, and spiritual burdens on children and their families that are associated with death, separation and loss of parents and caregivers, disruption of organized patterns of living and meaning, attack and victimization, destruction of homes, and economic ruin.

In these settings, it is imperative to have a real-time understanding of the context and identification of specific protection needs. Men, women, girls, and boys of different ages and abilities each experience a crisis and/or traumatic events in different ways. It is important to understand their differences in needs, risks, and vulnerabilities in order to formulate an appropriate and effective response to ensure programming will affect optimal impact. And to understand who is under threat by whom and why; who is most vulnerable to the threats; what capacities exist for protection; in addition to an examination of overall trends of protection concerns.

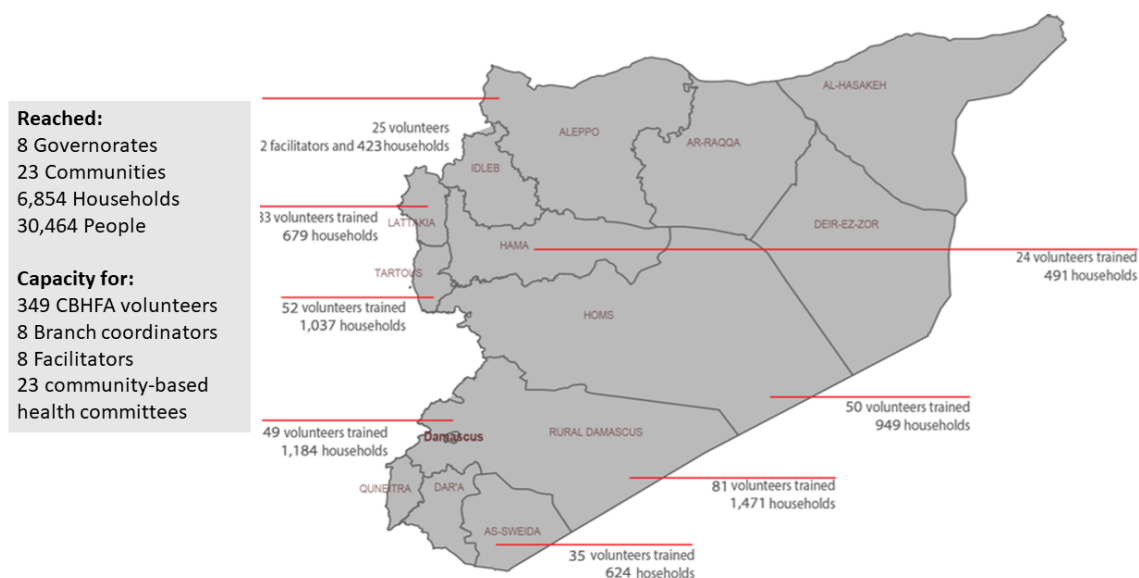
The inclusive, holistic approach in SARC Community Centres aims to do just that. **Danish Red Cross (DRC) has been working closely with SARC** over the past years to ensure that services provided are delivered in the best way possible. The goal is to help strong, resilient and self-sufficient individuals that can contribute positively in their families and their communities. As such, DRC and SARC have aligned services in the centres with international standards set forth in the IASC Guidelines in humanitarian settings, contributing to ensure persons are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. SARC Community Centres target particularly vulnerable groups, including children, youth and their families. As such, all 15 SARC community centres, including Ghizlaniya and Bab Amr community centres supported by this Emergency Appeal, are currently providing a broad range of services - also described below to people in need.



Mohammad (9) attended awareness and psychosocial support sessions for two months with his twin brother Ahmad (9), who for some time was his only friend. Now they are having wonderful time with 250 other children in the open day celebrated at the end of the sessions. "I'm no longer ashamed to communicate with other people. Now I have a lot of friends", he said to SARC volunteers.

### Community-based health and first aid

Up to the end of the reporting period, 243 community volunteers (initially 349, in January 2018) were actively involved in CBHFA activities. A CBHFA Coordinator has also been appointed in each branch, with a national coordinator in the headquarters in Damascus. IFRC has also recruited a dedicated CBHFA delegate (based in Damascus) to support SARC with the process.



The Emergency Appeal also supported SARC's staff and volunteers with the skills and tools to implement community-based health and first aid, building on support from other Red Cross Red Crescent partners, such as Finnish, Italian and Canadian Red Cross.



CBHFA volunteer training in Sweida (southern Syria), November 017. Credit: SARC

Findings from data analysis of the baseline assessment identified several areas of opportunity for SARC CBHFA programming. For example, only a tiny minority of respondents (2%) possessed recent first aid training, indicating a need for SARC first aid courses. Only 18% of respondents said that they would treat a small child suffering from diarrhoea with oral rehydration salts, suggesting the need to continue awareness campaigns in this area. There was also a relatively low level of awareness on how to prevent leishmaniasis (a disease more prevalent in northern Syria).

SARC CBHFA volunteers supported with trainings, uniforms and boots, also responded to the East Ghouta crisis with two campaigns in three IDP shelters during the emergency response. These volunteers prioritised areas of concern that had been raised in focus groups and ensured additional volunteers and community health committees (drawn from the IDP population) collaborated on an awareness campaign to control and prevent diarrhoea through enhanced personal hygiene and hand washing, in addition to a second campaign to fight head lice amid the crowded shelter conditions.

According to a SARC CBHFA expert, the campaigns contributed to the near-elimination of cases of diarrhea and head lice in the three shelters. A new round of CBHFA activities began in late June 2018 (after Ramadan) SARC has also completed the production of a set of communications materials to raise awareness about community health issues that is being rolled out in current activities.

<b>CBHFA Services in E.G. Shelters</b>	
Service	People reached
Hygiene brochures	10,046
ORS	9,563
Health education	48,374
Anti-lice shampoo	4,369
Referrals	1,624

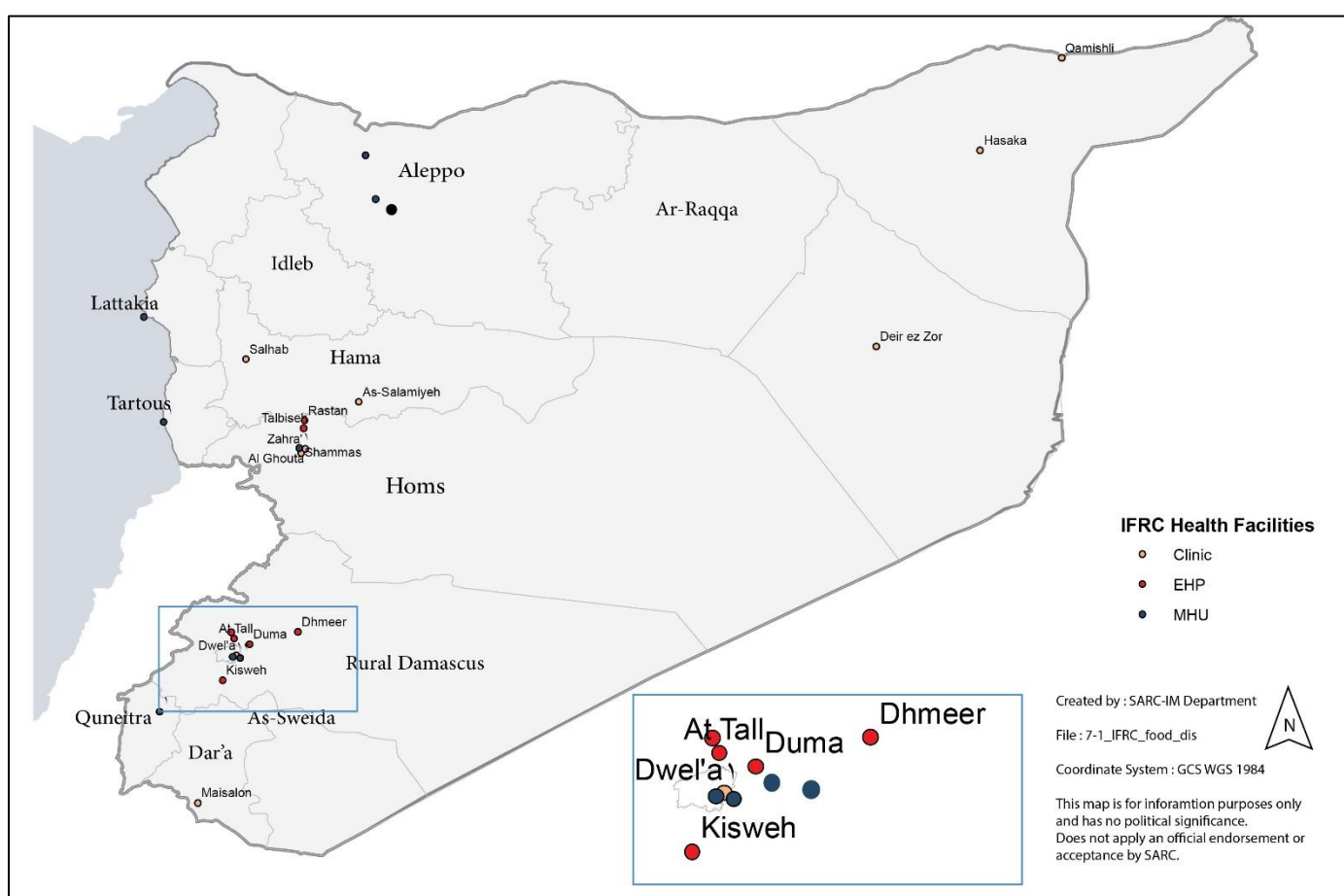


It should be noted that during mid-2018, the number of communities had to be revised down from 23, to 18, due to lack of earmarked funding for CBHFA or because of community access challenges due to security. Plans for next year will aim to reclaim these communities, as funding allows. For the purpose of this reporting period, all communities are represented on the map, for better understanding of the context, but only the final 18 are counted in the indicators dedicated to the progress towards outcomes.

IFRC also supports SARC in acquiring medical stock, including equipment and medicines for health facilities that are needed the most. For example, the governorate of Rural Damascus, which houses the highest number of IDPs in the country – close to 1.3 million displaced persons. The equipment encompasses areas of need assessed by SARC's biomedical engineer, including services such as: neonatal care, biochemistry, microscopy, haematology and serology.

**Challenges:**

1. Financial issues delayed the procurement process and payment of salaries for staff and allowances for volunteers at the branch and community levels. The same issue is also present in for some of the staff in health facilities. IFRC management and finance staff is currently working on a more permanent solution to avoid this.
2. Eastern Ghouta and North Aleppo crises affected routine programming as resources at HQ and branches were diverted towards responding to emergency health needs of IDPs. Workshops and other activities were suspended during this period.
3. Some crucial vacancies especially obstetrics and gynaecology remain challenging to fill. In addition, limited access to some hard to reach facilities such as Tablisi and Rastan hampered adequate assistance.



Locations of IFRC-supported SARC health facilities



## Water, sanitation and hygiene

People reached: 152,862

### Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

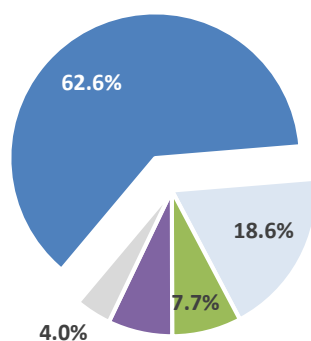
Indicators:	Target	Actual
# of people provided with a set of essential hygiene items	1,200,000	152,862

### Output 1.1: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

Indicators:	Target	Actual
# of households provided with a set of essential hygiene items	240,000	30,894

### Progress towards outcomes

Over the course of this year, IFRC provided SARC with 32,969 hygiene items, including both family hygiene parcels and women emergency kits, that were distributed to some 152,862 people. Most of the stock was distributed during the Eastern Ghouta Response in the Douma district. As people exited from the besieged area, the sanitation situation was a special matter of concern, especially for those living in temporary shelter solutions.



■ Rural Damascus ريف دمشق ■ Homs حمص ■ As-Sweida السويداء ■ Aleppo حلب ■ Others

It should be stressed that besides hygiene kit distribution, which has proved a challenge from the procurement perspective, the CBHFA approach will use health and hygiene as the entry point to enhance community self-reliance and contribute towards community resilience. Organized village committees will support as effective coordination in participatory planning, organizing of community affairs, and building of resilience. The work of community volunteers will support case management and referrals to the nearest, most relevant SARC health facilities, also supported by the project.

Under the scope of this project, 18 communities in eight governorates (close to 28,810 beneficiaries), are targeted with the aim of improving knowledge, change the behaviour towards personal hygiene and clean water, and to empower community with the necessary skills to prevent/decrease vulnerability against the communicable diseases and injuries, as well as tackle other health issues. The targeted locations are within the catchment areas of SARC primary health care (PHC) facilities. Thus, the action will benefit from strengthened linkages with SARC PHC, mobile health services and mental health services. In some locations, where Ministry of Health (MOH) facilities are accessible, collaboration will be established with MOH, in collaboration with district health offices.

## Strengthen National Society

**Outcome 1: SARC capacities and organizational development objectives are facilitated towards building ethical and financial foundations, systems and structures to plan and perform**

**Output 1.1: SARC has effective and motivated volunteers who are protected**

**Output 1.2: SARC has the necessary corporate infrastructure and systems in place to effectively respond to the humanitarian consequences of the conflict**

**Output 1.3: SARC has an up to date strategic plan, statute and governance structure**

### **Progress towards outcomes**

#### **Support to SARC core structure, staff and volunteers**

This Emergency Appeal **supported 8,000 active SARC volunteers with access insurance** when performing their duties with the National Society, which is close to 85% of all current SARC volunteers. At the same time, it has **provided support for three sub-branches in Rural Damascus**, which included staff, volunteer incentives and running costs. Additional support was provided to the sub-branches in terms of needed furniture, IT equipment, software, fuel costs (both for winter and transportation), warehousing and operational needs dedicated to distribution of emergency relief. Sub-branch development is an important process supported by Red Cross Red Crescent partners, spearheaded by Danish Red Cross (which supports more than 20 SARC sub-branches and SARC Points), and further supported by British Red Cross and IFRC.

#### **SARC Livelihoods Structure**

- **HQ Staff:** Agriculture Officer, Vocational Training Coordinator, Livelihoods Coordinator, Livelihoods Manager, Livelihoods Field Officers (2)
- **Branch Staff:** Livelihoods Coordinators in 8 branches (Homs, Sweida, Quneitra, Hassakeh, Damascus, Lattakia, Hama and Idlib).
- **Community Centre Staff/ Volunteers:** 3 LLH Officers and 5 volunteers in At-Tal and Ghizlaniyah community centres.
- **Branch Volunteers:** 74 volunteers across nine different governorates.

#### **SARC Information Management Structure**

- **HQ Staff:** IM Coordinator, GIS Specialist, Warehouse Specialist, Distribution Specialist, Visualization Specialist and Data Collection Specialist.
- **Branch Staff and volunteers:** 14 IM Branch Coordinators and 12 IM Branch Assistant Coordinators, who work on a volunteer basis with full shifts.
- **Sub-branch volunteers:** Reporting volunteers for 27 unsupported sub-branches across ten different governorates.

Key positions in SARC headquarters were also covered through the Appeal, looking to improve the quality of technical advice provided to branches and sub-branches, enhance financial accountability and support services. As such, this included SARC staff dedicated to **finance and accounting, support services for Red Cross Red Crescent partners (e.g.: liaison with MoFA for field visits), health technical advisors both related to medical services and CBHFA, and logistics staff.**

#### **Comprehensive Capacity Building**

Through the last quarter of 2017, IFRC worked together with SARC in the development of capacity building plans for 2018. These plans involved areas such as livelihoods, health (including CBHFA), logistics, procurement and information management. At the end of the reporting period, more than 34 trainings, workshops and special learning opportunities were conducted and facilitated, reaching more than 600 staff and volunteers, directly funded by the Emergency Appeal. The events were not only technical in nature, but also platforms for branch-level-planning, awareness sessions, sharing of experiences and a special workshop dedicated to Strategic Planning for SARC which will be expanded upon later below.

Level	Subject	Course	Days	Participant type	Total	Men	Women
National	IM	MS Access and Databases	4	Staff	33	15	18
National	IM	SPSS Statistics for IM	5	Staff	26	12	14

National	IM	Advanced Excel for Data Analysis	3	Staff	52	21	31
National	Livelihoods	Cash Transfer Programmes Workshop	2	Staff and Volunteers	30	18	12
National	Livelihoods	ToT(Training of Trainers)	3	Staff and Volunteers	8	5	3
National	Livelihoods	Livelihood Programming Course	3	Staff and Volunteers	26	14	12
National	Livelihoods	Livelihood Programming Course	3	Staff and Volunteers	26	13	13
National	Management	Strategic Planning Workshop	2	Staff	35	27	8
National	Health	MHU Annual Meeting	2	Staff	28	10	18
National	Health	TOT Master Advanced CBHFA	3	Staff	19	n/a	n/a
National	Health	Infection Prevention	2	Staff	22	3	19
National	Health	Infection Prevention	2	Staff	19	1	18
National	Health	Health Promotion	3	Volunteers	31	n/a	n/a
National	Health	Health Promotion	3	Volunteers	27	n/a	n/a
National	Health	Health Promotion	3	Volunteers	29	n/a	n/a
National	Health	Health Promotion	3	Volunteers	25	n/a	n/a
National	Health	Health Promotion	3	Volunteers	34	n/a	n/a
National	Health	Health Promotion	3	Volunteers	38	n/a	n/a
National	Health	Health Promotion	3	Volunteers	22	n/a	n/a
National	Health	Health Promotion	3	Volunteers	22	n/a	n/a
National	Health	Health Promotion	3	Volunteers	22	n/a	n/a
National	Health	Health Promotion	3	Volunteers	22	n/a	n/a
National	Health	Health Promotion	3	Volunteers	28	n/a	n/a
National	Health	Health Promotion	3	Volunteers	26	n/a	n/a
National	Health	Health Promotion	3	Volunteers	26	n/a	n/a
National	Health	Health Promotion	3	Volunteers	26	n/a	n/a
Branch – Homs	Health	Data analysis	1	Volunteers	9	7	2
Branch – Homs	Health	Planning	2	Volunteers	17	9	8
Branch – Homs	Health	Planning	2	Volunteers	26	21	5
Branch – Homs	Health	Planning	3	Volunteers	26	6	20
Branch – Homs	Health	Planning	3	Volunteers	23	5	18
Branch - Lattakia	Health	Planning	3	Volunteers	34	14	20
International	Health	M & E	3	Staff	2	1	1
International	Health	Exchange visit within the MENA region	7	Staff	1		1

IFRC technical staff are developing more comprehensive plans for 2019, together with SARC counterparts. These plans for 2019 are now taking more coordinated approaches and including enabling actions such as the development of specialist networks, sharing of experiences and integration of both SARC programmes and

support services in the same activities, in looking towards developing better internal processes in the National Society.

### Enhancing Systems and Processes: Health and care

The health delegate supports SARC technical staff to conduct regular health facility assessments, in line with the draft standard operating procedures for each facility. The delegate was involved in the development of this SOPs and in the involvement of partners active in health in these assessments to identify challenges and possible mitigation actions, which will be relevant for the current and upcoming interventions. These assessments provide insight regarding: operational context of the health facilities, catchment area, menu of services and staffing.

As mentioned in the Areas of Focus, the Emergency Appeal also supported **SARC's HIS, which records every service provided by SARC health facilities, including both beneficiary and consultation information**. At the moment, HIS is already an in-house service handled by SARC's IT department, IM department and Health IM focal point. To this day, close to 70 health facilities report with HIS.

Condition	EHP Ain Mneen	EHP Al-Shahbaa	EHP Alwadi	EHP Areeha	EHP ArRastan	EHP Dara'a	EHP Dumair	EHP Homs city	EHP Izraa	EHP Jaramana	EHP Kisweh	EHP Quatana	EHP Talbiseh
A01 Pain general/multiple sites	4	1,182	67	40	2	5,263	21	3	149	687	14,351	1	20
A04 Weakness/tiredness general	455	248	1	1,507	1	2	382	223	496	18	36	476	0
A97 No disease	355	1,517	11	40	95	0	0	73	30	1	0	718	74
A99 General disease NOS	8	2,379	0	123	0	0	1,878	3	2,865	0	1	1,437	0
B80 Iron deficiency anaemia	900	94	158	120	165	0	515	15	794	0	33	0	682
B81 Anaemia, Vitamin B12/folate def.	2	0	0	3	1	0	0	0	0	0	0	0	0
B82 Anaemia other/unspecified	3	5	0	1	20	0	0	0	0	0	157	0	2
D01 Abdominal pain/cramps general	287	728	176	999	0	481	513	0	618	14	3	1,256	257
D01 Abdominal Pain	0	0	0	0	0	0	0	589	0	0	1,029	0	0
D03 Heartburn	571	99	52	259	0	31	1	102	837	0	2	3	6
D09 Nausea	16	5	0	52	0	0	1	15	10	0	0	28	0
D10 Vomiting	178	188	32	349	0	40	182	703	321	0	16	236	27
D11 Diarrhoea	276	735	43	445	25	1	335	314	218	0	38	760	45
D12 Constipation	162	116	11	105	3	0	25	0	30	0	37	89	6
D19 Teeth/gum symptom/complaint	95	38	0	18	0	0	0	0	106	0	0	0	87
D73 Gastroenteritis presumed infection	1,027	1,035	0	263	992	870	1,030	260	2,572	112	1,151	285	1,770
D82 Teeth/gum disease	11	1	16	32	60	0	0	121	24	0	1	0	0
F17 Glasses symptom/complaint	0	0	0	1	0	0	0	0	35	0	0	0	0
F71 Conjunctivitis allergic	8	1	12	34	74	0	0	15	365	0	40	4	231
K02 Pressure/tightness of heart	16	9	68	10	0	0	1	19	817	125	259	13	1
K74 Ischaemic heart disease w. angina	60	1,615	0	10	0	0	192	0	0	1	0	2	10
K76 Ischaemic heart disease w/o angina	224	1	1	5	0	0	3	0	0	1	0	0	0
K85 Elevated blood pressure	2,604	1,900	2	284	3,379	45	2,184	2,819	974	2	524	34	139
K86 Hypertension uncomplicated	1	4	560	189	0	0	1	0	3	0	0	1,511	0

Example HIS report with information about top morbidity on some SARC EHPS

ICRC and IFRC have also coordinated with SARC health department to find ways to ensure the organization is able to better manage its medical equipment stock. The recruitment of a biomedical engineer -supported by ICRC- has already developed tools to assess the inventory of health facilities and find ways to optimize maintenance and procurement of new needed items. The overall objectives for this process include:

- Attempt to maximize performance of production equipment efficiently and regularly
- Prevent breakdown or failures
- Maximize useful life of equipment
- Keep equipment safe and prevent safety hazards
- Minimize frequency and severity of interruptions.

### Enhancing Systems and Processes: Information Management

Two members of SARC IM department were supported by IFRC to attend a pilot training of a new methodological approach conducted in Malaysia, named "Strengthening Analytical Thinking (SAT)" - a course for emergency assessments, which aims to equip them with the essential processes, skills and knowledge required to answer strategic questions and make sense of available information in humanitarian challenges, through exposure to most relevant strategies, tools and techniques available in the Movement.

Two additional participants from IM department from HQ and branches also joined a follow-up training in Thailand in the fourth quarter of 2018. The department will include SAT as core part of its development plan for 2019, starting by conducting a national level training in January, joining all 14 branches. This training will be facilitated by the IFRC Surge Information Management Support (SIMS) System and IFRC IM in Geneva. It will consist of a 5-day intensive session with all IM staff, followed by a 3-day workshop with participants from operations and programme staff to jointly improve how they work together in better information management processes.

### Enhancing Systems and Processes: Livelihoods

As part of the capacity building plan and related trainings described above, a **Training of Trainers (ToT) for Livelihoods Programming Course (LPC)** was delivered by the IFRC Livelihoods Resource Centre to increase SARC capacities and pool of trainers ready to deliver LPC. This included 3-day guidance to **8** trainers, who then facilitated the LPC to **26** participants.

The ToT training aimed to improve capacities of Syrian Arab Red Crescent Staff with basic theoretical and practical knowledge to deliver LPC Trainings, both at national and international levels. Three key aspects considered are:

- Familiarize participants with the most common concepts, terminology and approaches about adult training.
- Understand the standards expected by the LRC when delivering trainings.
- Examine the different capacities and abilities among potential trainers so specific recommendations can be made for them to improve their performances.

The main recommendation from this was that all participants acknowledged as “ready to train” should start delivering livelihoods trainings in country as soon as possible, initially with the support and supervision of IFRC Livelihoods delegate. There were also two potential trainers who can become international trainers for the region. After this they can conduct their first international training, accompanied by an expert to make sure that the quality and representation of the Livelihoods Resource Centre is as expected. This process, if carried forward and supported by partners, will help not only improve SARC capacities and positioning, but also National Societies in the MENA region in introducing and expanding (where existing) their livelihoods initiatives.

In addition, a **cash awareness workshop was facilitated by British Red Cross and IFRC for 31 livelihoods practitioners from SARC and ICRC**. The objective of the workshop was to promote improved understanding of cash as a modality for delivering humanitarian assistance. Sessions included reviewing the benefits, risks of the modality, and presenting the overall systems and procedures required to implement cash programmes. As the collective response to the crisis evolves, and mechanisms are in place in country, this workshop will prove essential to move forward the modality in future interventions.

### Enhancing Systems and Processes: Logistics

The IFRC and German Red Cross are continuing to provide technical assistance to the SARC Logistics department to find ways to ensure the organization better manages its Relief (food, Non-food and medical items/equipment) stocks and human resource at country level for rapid response to any emergency situations.

Also, as part of the capacity building plan and related trainings described above, the LOGIC - Warehouse Inventory Control System training is delivered by the IFRC Logistics Delegate to increase the national staff capacity to ensure stocks are properly managed, track and report from the moment they are identified in the SARC logistics supply chain —pipeline, until they are distributed to beneficiaries. Also, LOGIC software assist field management to provide detailed operational information to assist in decision making and coordination with Relief/Operations personnel.

The second logic training was finalized and staff from Homs, Damascus, Aleppo and Tartous branch have been trained. They will slowly start using the logic software while in parallel they still keep excel sheets for the transition period. HQ with support of Tartous warehouse to monitor closely this process.

## International Disaster Response

**Outcome S1: Effective and coordinated international disaster response is ensured**

**Output 1.1: Supply chain and fleet services meet recognized quality and accountability standards**

**Output 1.2: Coordinating role of the IFRC within the international humanitarian system is enhanced**

**Outcome 2: The complementarity and strengths of the Movement are enhanced**

**Output 2.1: In the context of large-scale emergencies the IFRC, ICRC and SARC enhance their operational reach and effectiveness through new means of coordination.**

## Progress towards outcomes

### Warehousing processes

IFRC/SARC logistics team supported RCRC Movement partners (multilateral or bilateral), as well as some of SARC's overseas contributions with either international procurement or pipeline management. Over the reporting period, the hubs of the Tartous Warehouse processed more than 4.5 million items (approx. volume 47,000 CBM and Weight 11,000,000 kg – including relief items, hardware and protection equipment, medical stock and vehicles.

SARC quality assurance (QA) staff in Tartous regularly conduct tests on relief items and follow up with HQ. Quality assurance is also a key aspect of all local tendering processes, prior to accepting the samples provided. When the procurement is international, upon arrival of the consignments the Tartous central warehouse performs a detailed QA inspection and there is an additional QA inspection the moment the items are dispatched from Tartous central warehouse to the different branches.

During this period SARC Logistics has developed tools to assess the warehouse capacity at the country level with the support of the IFRC and German Red Cross. The warehouse assessment questioner has been sent to all SARC warehouses, including branch level warehouses to define the needs and current capacity of the warehouses. After compilation of the assessment reports, the SARC Logistics together with the IFRC and German Red Cross prioritize the needs and prepare the plan of action for SARC Logistics.

### Coordination and cooperation

Through 2017, Movement cooperation and coordination in the sectors of livelihoods, health and care, community service and organizational development have progressed in harmony. At strategic level, SARC, ICRC and IFRC, jointly participated in a video highlighting SMCC progress to date that was shown at the Council of Delegates meeting in Antalya in November. Dialogue with in-country partners is ongoing to continue to strengthen collaboration and coordination in support of SARC plans.

The IFRC team for Syria is continuously engaged in dialogue with partners working in Syria and supporting the IFRC Syria Emergency Appeal. as IFRC is sharing premises with SARC and the PNSs present in Syria, this facilitates daily cooperation on operational matters:

- IFRC head of office and programme manager conduct regular coordination meetings with partners working in-country to align efforts and take advantage of available resources.
- IFRC Syria is part of a consortium with Danish and German RC for SARC implementation of DG-ECHO grants and was actively supporting and participating in coordination meetings.
- The Livelihood steering committee meetings were facilitated by the Livelihoods Movement Delegate involving Movement partners and INGOs working with SARC on in livelihood.
- Close cooperation with ICRC continued with the Head of Syria Country Office regular meeting the ICRC Head of Delegation, and technical delegates coordinating with their counterparts at ICRC.
- Regular health sector meeting are conducted to coordinate between ICRC, IFRC and all PNSs working with SARC in the sector. And IFRC and Partner National Societies support and accompany SARC when needed to sector working groups and cluster meetings (e.g.: health, IM, NFI, etc.)
- IFRC in Damascus facilitated several visits by National Societies to Syria and SARC and held meetings to discuss the context and needs.

## Influence others as leading strategic partner

**Outcome 1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.**

**Output 1.1: IFRC and SARC are visible, trusted and effective advocates on humanitarian issues**

**IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.**

**Outcome 2: The programmatic reach of SARC and the IFRC is expanded.**

**Output 2.1: Resource generation and related accountability models are developed and improved**

**Progress towards outcomes**

**Mobile Data Collection (also SF1) and Post-ex exercises**

- **Danish Red Cross, as lead of the ECHO consortium (with IFRC and GRC)** coordinated with SARC's health information management officer a **patient satisfaction survey covering four Emergency Health Points** supported by DRC and IFRC in Rural Damascus and Dara'. Findings from the exercise will help inform decision making to improve services in the facilities and enhance future planning.
- During the reporting period SARC IM Department and IT Department worked together to install Open Data Kit (ODK) in SARC servers and coordinated with branches to pilot it by **conducting a post-distribution monitoring (PDM) for special needs hygiene kits provided by German Red Cross (GRC)**. The PDM included close to 500 households in the governorates of Damascus and Homs. Before the end of the year the teams will conduct an additional workshop based on Mobile Data Collection, looking towards scaling up capacities in 2019, including developing technical guidelines a standard to work with partners in the coming years.

**Movement-wide reporting mechanisms for Syria Crisis.**

SARC has been an active participant of the [Movement Wide Reporting \(MWR\) mechanism for Syria Crisis](#). The mechanism was created in line with the Council of Delegates Resolution on Strengthening Movement Cooperation and Coordination (**SMCC**) and the subsequent Movement Communication Strategy for MENA region.

The MWR mechanism aims to provide a comprehensive overview of the Movement's collective response, to facilitate Movement positioning among other humanitarian actors and to attract additional resources to the ongoing work of National Societies involved in the response to the Syria Crisis in Syria and the affected neighbouring countries (Syria, Egypt, Lebanon, Iraq, Jordan, and Turkey).

The reporting mechanism, including 15 indicators and an interactive dashboard for visual representation have been developed. MWR mechanism for Syria Crisis is now operational and provides information on the collective Movement response to Syria Crisis, till now, it has successfully collected five rounds of data.

**Other resource mobilization initiatives**

During the last month of the reporting period, IFRC Resource Mobilization and Relationship Management delegate was seconded 50% to support SARC. Up to the end of this period, this initiative allowed:

- Improved resource mobilization efforts by the National Society towards partners both inside and outside the country.
- Development of a response plan for possible upcoming emergencies.
- Starting the conceptualization and development of a programme an project support unit, that will take the lead in proposal development and MEAL processes.

This initiative will be further developed in the coming months.

**Effective, credible and accountable IFRC**

**Outcome 1: The IFRC enhances its effectiveness, credibility and accountability**

**Output 1.1: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders**

**Output 1.2: Staff security is prioritised in all IFRC activities**

**Progress towards outcomes**

This Emergency Appeal now supports the Administration and Finance Delegate position based in Damascus. The delegate works day to day with SARC financial staff, ranging from management to field accountants, providing feedback and drafting recommendations to improve finance processes related to the operation and to build capacity in the National Society. Additional coordination with Norwegian Red Cross, which is the lead partner in the development of an Enterprise Resource Planning system for the National Society.

Up to the end of the reporting period the head of delegation conducted meetings with partners in-country and ICRC, together with SARC to monitor the evolution of the security situation in the country. ICRC provides regular security updates, alerts and on-request briefings, as needed based on the normal context and specific phenomena, such as the Eastern Ghouta situation over the first quarter of 2018.

## **D. BUDGET**

Budget remains unchanged from most recent revision. See attached interim financial report showing expenditure to date.

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

### In the Syrian Arab Red Crescent

- Secretary General; Khaled Erksoussi, [khaled.erksoussi@sarc-sy.org](mailto:khaled.erksoussi@sarc-sy.org)

### In the IFRC

- **IFRC Regional Office for DCPRR:** Pitambar Aryal, Acting Head of DCPRR, [Pitambar.aryal@ifrc.org](mailto:Pitambar.aryal@ifrc.org), +961 70538233
- **IFRC Country Office:** Paula Fitzgerald, Head of Country Office, [paula.fitzgerald@ifrc.org](mailto:paula.fitzgerald@ifrc.org), +963 965 555 499

### In IFRC Geneva

- **Programme and Operations focal point:** Tiffany Loh, Operations Coordinator, [tiffany.loh@ifrc.org](mailto:tiffany.loh@ifrc.org)

### For IFRC Resource Mobilization and Pledges support:

- Karina Lapteva, Quality Assurance & Resource Mobilization Delegate for Syria, phone: +961 71 802 914, email: [karina.lapteva@ifrc.org](mailto:karina.lapteva@ifrc.org)

### For In-Kind donations and Mobilization table support:

- **Global Logistics Services** – Wisam Obayes, Manager, [wisam.obayes@ifrc.org](mailto:wisam.obayes@ifrc.org), + 961 5 428 453

### For Performance and Accountability support (planning, monitoring, evaluation and reporting)

- FRC Regional office for MENA: Robert Ondrusek, MENA PMER Coordinator; phone: +961 79 300561; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

## 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 (NGOs) 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.

## Disaster Response Financial Report

## MDRSY003 - Syria - Syria Complex Emergency

Timeframe: 06 Jul 12 to 31 Dec 18

Appeal Launch Date: 06 Jul 12

## Interim Report

## Selected Parameters

Reporting Timeframe	2012/1-2018/10	Programme	MDRSY003
Budget Timeframe	2012/1-2019/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		<b>60,991,202</b>	<b>106,096,910</b>			<b>167,088,112</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
Airbus				37,652		37,652	
American Red Cross		49,627	1,029,202			1,078,830	
Andorran Red Cross			7,576			7,576	
Australian Red Cross		750,809	253,038			1,003,847	
Austrian Red Cross			1,206			1,206	
Austrian Red Cross (from Austrian Government*)		1,359,513	1,664,765			3,024,278	
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			283			283	
BG Group			570			570	
British Red Cross		1,352,377	7,786,569			9,138,946	
British Red Cross (from British Government*)		2,307,955	1,196,335			3,504,290	
British Red Cross (from DEC (Disasters Emergency Committee)*)		199,710	1,503,156			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	
China Red Cross, Hong Kong branch			70,943			70,943	
Danish Red Cross		369,573	256,088			625,660	
Danish Red Cross (from Danish Government*)			12,000			12,000	
Danish Red Cross (from European Commission - DG ECHO*)		1,159,734	6,546,900			7,706,634	
Danish Red Cross (from Ramboll Group A/S*)			137,922			137,922	
Dawn Al-Sayyad		143,077				143,077	
European Commission - DG ECHO			11,727,600			11,727,600	
Finnish Red Cross		126,407	685,857			812,264	
Finnish Red Cross (from Finnish Government*)		177,833	3,791,903			3,969,736	
France - Private Donors			2,469			2,469	
German Red Cross		11				11	
Germany - Private Donors		100	437			537	
Great Britain - Private Donors			4,306			4,306	
ICRC			300,000			300,000	
IFRC at the UN Inc		976				976	
International Arab Charity			7,439			7,439	
Ireland - Private Donors			1,238			1,238	
Irish Government		1,695,620	820,189			2,515,809	
Irish Red Cross Society		330,615	145,822			476,437	
Italian Government Bilateral Emergency Fund			181,089			181,089	
Italian Red Cross			381,446			381,446	
Italian Red Cross (from Italian Government*)		182,880	328,767			511,647	
Japanese Government		1,025,560	1,007,212			2,032,772	84
Japanese Red Cross Society		910,752	624,195			1,534,947	
JK Group Inc.			447			447	
Kuwait Red Crescent Society			457,792			457,792	
Luxembourg Government			124,797			124,797	
Luxembourg - Private Donors			153			153	
Netherlands - Private Donors			11			11	
New Zealand Red Cross			302,036			302,036	
Norwegian Red Cross		1,693,352	969,257			2,662,610	

## Disaster Response Financial Report

## MDRSY003 - Syria - Syria Complex Emergency

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Split by funding source	Y	Project	*
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Norwegian Red Cross (from Norwegian Government*)	9,760,876	3,120,173	12,881,049
On Line donations	165,943	150,392	316,335
On Line donations (from Aland Islands - Private donors*)		78	78
On Line donations (from Albania - Private donors*)		3	3
On Line donations (from Andorra - Private Donors*)		11	11
On Line donations (from Antigua And Barbuda - Private donors*)		3	3
On Line donations (from Argentina - Private Donors*)		13	13
On Line donations (from Armenia - Private Donors*)		1	1
On Line donations (from Australia - Private Donors*)	4,343		4,343
On Line donations (from Austria - Private Donors*)		81	81
On Line donations (from Azerbaijan Private Donors*)		18	18
On Line donations (from Bahrain - Private Donors*)	1,364		1,364
On Line donations (from Bangladesh - Private Donors*)		5	5
On Line donations (from Barbados - Private Donors*)		28	28
On Line donations (from Belarus - Private Donors*)		10	10
On Line donations (from Belgium - Private Donors*)		227	227
On Line donations (from Bermuda - Private Donors*)		107	107
On Line donations (from Bhutan - Private donors*)		20	20
On Line donations (from Bolivia Private Donors*)		1	1
On Line donations (from Botswana - Private donors*)		22	22
On Line donations (from Brazil - Private Donors*)		788	788
On Line donations (from British Indian Ocean Territory - Private donors*)		4	4
On Line donations (from Brunei - Private Donors*)		930	930
On Line donations (from Bulgaria - Private Donors*)		238	238
On Line donations (from Cambodia - Private Donors*)		2	2
On Line donations (from Canada - Private Donors*)		3,991	3,991
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*)		68	68
On Line donations (from China - Private Donors*)		1,817	1,817
On Line donations (from Colombia - Private Donors*)		49	49
On Line donations (from Costa Rica - Private Donors*)		37	37
On Line donations (from Croatia - Private Donors*)		31	31
On Line donations (from Cuba - Private donors*)		1	1
On Line donations (from Cyprus - Private Donors*)		539	539
On Line donations (from Czech private donors*)		115	115
On Line donations (from Denmark - Private Donors*)		116	116
On Line donations (from Dominican Republic - Private Donor*)		14	14
On Line donations (from Dominica Private Donors*)		6	6
On Line donations (from Ecuador - Private Donors*)		93	93
On Line donations (from Egypt - Private Donors*)		741	741
On Line donations (from Estonia - Private donors*)		4	4
On Line donations (from Falkland Islands (Malvinas) - Private donors*)		5	5
On Line donations (from Fiji Private Donors*)		15	15
On Line donations (from Finland - Private Donors*)		186	186
On Line donations (from France - Private Donors*)	1,890		1,890
On Line donations (from French Guiana - Private donors*)		98	98
On Line donations (from Georgia Private Donors*)		6	6
On Line donations (from Germany - Private Donors*)		726	726
On Line donations (from Ghana Private Donors*)		2	2
On Line donations (from Gibraltar - Private donors*)		31	31
On Line donations (from Great Britain - Private Donors*)		12,447	12,447

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Subsector:	*		

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On Line donations (from Greece - Private Donors*)	488	488
On Line donations (from Greenland - Private donors*)	4	4
On Line donations (from Guam - Private donors*)	4	4
On Line donations (from Guatemala Private donors*)	3	3
On Line donations (from Guernsey - Private donors*)	14	14
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*)	1,055	1,055
On Line donations (from Hungarian - Private Donors*)	82	82
On Line donations (from icelandic RC*)	3	3
On Line donations (from India - Private Donors*)	1,697	1,697
On Line donations (from Indonesia - Private Donors*)	275	275
On Line donations (from Ireland - Private Donors*)	445	445
On Line donations (from Isle Of Man - Private donors*)	3	3
On Line donations (from Israel - Private Donors*)	40	40
On Line donations (from Italy - Private Donors*)	269	269
On Line donations (from Japan - Private Donors*)	1,124	1,124
On Line donations (from Jersey - Private donors*)	3	3
On Line donations (from Jordan - Private Donors*)	56	56
On Line donations (from Kazakhstan - Private Donors*)	182	182
On Line donations (from Kenya - Private Donors*)	21	21
On Line donations (from Kosovo - Private donors*)	3	3
On Line donations (from Kuwait - Private Donors*)	1,301	1,301
On Line donations (from Latvia - Private Donors*)	10	10
On Line donations (from Lebanese - Private Donors*)	132	132
On Line donations (from Lithuania- Private Donors*)	48	48
On Line donations (from Luxembourg - Private Donors*)	131	131
On Line donations (from Macao - Private donors*)	16	16
On Line donations (from Malaysia - Private Donors*)	2,119	2,119
On Line donations (from Maldives Private Donors*)	6	6
On Line donations (from Malta - Private Donors*)	120	120
On Line donations (from Mauritius Private Donors*)	16	16
On Line donations (from Mexico - Private Donors*)	171	171
On Line donations (from Moldova, Republic Of - Private donors*)	3	3
On Line donations (from Morocco Private Donors*)	30	30
On Line donations (from Myanmar - Private Donors*)	22	22
On Line donations (from Namibia - Private Donors*)	5	5
On Line donations (from Nepal Private Donors*)	10	10
On Line donations (from Netherlands Antilles - Private donors*)	1	1
On Line donations (from Netherlands - Private Donors*)	272	272
On Line donations (from New Caledonia Private Donors*)	26	26
On Line donations (from New Zealand - Private Donors*)	531	531
On Line donations (from Nicaragua Private Donors*)	1	1
On Line donations (from Nigeria private donors*)	16	16
On Line donations (from Norway - Private Donors*)	492	492
On Line donations (from Oman - Private Donors*)	412	412
On Line donations (from Pakistan Private Donors*)	261	261
On Line donations (from Panama Private donors*)	647	647
On Line donations (from Peru - Private Donors*)	29	29
On Line donations (from Philippines - Private Donors*)	143	143
On Line donations (from Poland - Private Donors*)	500	500

## Disaster Response Financial Report

## MDRSY003 - Syria - Syria Complex Emergency

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Selected Parameters			
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Budget Timeframe	2012/1-2019/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

On Line donations (from Portuguese - Private Donors*)		185	185
On Line donations (from Puerto Rico - Private donors*)		113	113
On Line donations (from Qatar Private Donors*)		1,509	1,509
On Line donations (from Republic of Korea - Private Donors*)		146	146
On Line donations (from Reunion - Private donors*)		29	29
On Line donations (from Romania Private Donors*)		120	120
On Line donations (from Russia - Private Donors*)		423	423
On Line donations (from Saint Helena - Private donors*)		1	1
On Line donations (from Saudi Arabia - Private Donors*)		1,609	1,609
On Line donations (from Serbia - Private Donors*)		2	2
On Line donations (from Seychelles private donors*)		29	29
On Line donations (from Sierra Leone - Private Donors*)		17	17
On Line donations (from Singapore - Private Donors*)		4,142	4,142
On Line donations (from Slovakia Private Donors*)		19	19
On Line donations (from Slovenia - Private Donors*)		15	15
On Line donations (from South Africa - Private Donors*)		355	355
On Line donations (from Spain - Private Donors*)		563	563
On Line donations (from Sri Lanka - Private Donors*)		51	51
On Line donations (from St Kits and Nevis Private donor*)		5	5
On Line donations (from Swedish - Private Donors*)		702	702
On Line donations (from Switzerland - Private Donors*)		2,180	2,180
On Line donations (from Syria Private Donors*)		90	90
On Line donations (from Taiwan - Private Donors*)		940	940
On Line donations (from Tajikistan - Private Donors*)		5	5
On Line donations (from Tanzania - Private Donors*)		1	1
On Line donations (from Thailand - Private Donors*)		529	529
On Line donations (from Trinidad & Tobago - Private Donors*)		768	768
On Line donations (from Tunis Private Donors*)		1	1
On Line donations (from Turkey - Private Donors*)		371	371
On Line donations (from Ukraine private donors*)		31	31
On Line donations (from Unidentified donor*)		2,104	2,104
On Line donations (from United Arab Emirates - Private Donors*)		10,455	10,455
On Line donations (from United States - Private Donors*)		89,393	89,393
On Line donations (from Uruguay - Private Donors*)		5	5
On Line donations (from Venezuela - Private Donors*)		5	5
On Line donations (from Vietnam - Private Donors*)		80	80
On Line donations (from Zimbabwe - Private Donors*)		2	2
OPEC Fund For International Development-OFID		389,667	389,667
Other	-1,672	1,332,129	1,330,457
Poland - Private Donors		147	147
Procter & Gamble		48,964	48,964
Red Crescent Society of the Islamic Republic of Iran		30,000	30,000
Red Cross of Monaco		14,472	14,472
Romanian Red Cross		241	241
Runtastic		71	71
SAP		27	27
Singapore Red Cross Society		14,467	14,467
Spanish Red Cross	18,035	148,156	166,191
Suncor Energy Inc.		238,691	238,691
supreme master ching hai international association		58,386	58,386

## Disaster Response Financial Report

## MDRSY003 - Syria - Syria Complex Emergency

Timeframe: 06 Jul 12 to 31 Dec 18

Appeal Launch Date: 06 Jul 12

Selected Parameters			
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Budget Timeframe	2012/1-2019/12	Budget	APPROVED
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Subsector:	*		

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Swedish Red Cross	5,337,135	16,791,021	22,128,156	
Swedish Red Cross (from Radiohjälpem (Sveriges Television (SVT) Foundation*)	686,424		686,424	
Swedish Red Cross (from Swedish Government*)	5,480,744	1,768,128	7,248,872	
Switzerland - Private Donors	800	1,900	2,700	
Taiwan Red Cross Organisation	329,166	103,663	432,829	
The Canadian Red Cross Society		598,012	598,012	
The Canadian Red Cross Society (from Canada - Private Donors*)		53,951	53,951	
The Canadian Red Cross Society (from Canadian Government*)	148,185	9,742,180	9,890,365	
The Netherlands Red Cross	6,232,079	1,750,027	7,982,106	
The Netherlands Red Cross (from Nederlandse Publieke Omroep (NPO)*)	1,197,526	1,044,642	2,242,168	
The Netherlands Red Cross (from Netherlands Government*)	10,944,446	3,886,608	14,831,054	
The Red Cross Society of Bosnia and Herzegovina		2,466	2,466	
United States Government - USAID	2,828,677	6,357,697	9,186,374	3,521,388
United States - Private Donors	248	14,100	14,347	
<b>C1. Cash contributions</b>	<b>56,965,093</b>	<b>90,650,716</b>	<b>147,615,812</b>	<b>3,521,472</b>
<b>Inkind Goods &amp; Transport</b>				
American Red Cross		144,105	144,105	
Belgian Red Cross (Flanders)		155,518	155,518	
British Red Cross	1,406,441	9,225,027	10,631,467	
China Red Cross, Hong Kong branch		79,072	79,072	
Danish Red Cross	149,851		149,851	
Finnish Red Cross	121,209	899,163	1,020,372	
Norwegian Red Cross	39,125	23,307	62,432	
Spanish Red Cross	128,370	386,416	514,785	
The Canadian Red Cross Society		121,195	121,195	
The Netherlands Red Cross		2,944,865	2,944,865	
<b>C2. Inkind Goods &amp; Transport</b>	<b>1,844,995</b>	<b>13,978,667</b>	<b>15,823,662</b>	
<b>Inkind Personnel</b>				
British Red Cross		23,017	23,017	
Finnish Red Cross		282,960	282,960	
Other		0	0	
Swedish Red Cross		410,710	410,710	
The Canadian Red Cross Society		113,290	113,290	
<b>C3. Inkind Personnel</b>		<b>829,977</b>	<b>829,977</b>	
<b>Other Income</b>				
Fundraising Fees		-16,689	-16,689	
Write off & provisions	-141,073		-141,073	
<b>C4. Other Income</b>	<b>-141,073</b>	<b>-16,689</b>	<b>-157,762</b>	
<b>C. Total Income = SUM(C1..C4)</b>	<b>58,669,016</b>	<b>105,442,673</b>	<b>164,111,689</b>	<b>3,521,472</b>
<b>D. Total Funding = B + C</b>	<b>58,669,016</b>	<b>105,442,673</b>	<b>164,111,689</b>	<b>3,521,472</b>

\* 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>B. Opening Balance</b>							
<b>C. Income</b>		58,669,016	105,442,673			164,111,689	3,521,472
<b>E. Expenditure</b>		-51,655,866	-102,064,401			-153,720,266	
<b>F. Closing Balance = (B + C + E)</b>		7,013,150	3,378,273			10,391,423	3,521,472

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Reporting Timeframe	2012/1-2018/10	Programme	MDRSY003
Budget Timeframe	2012/1-2019/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

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## III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	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	
<b>BUDGET (C)</b>			<b>60,991,202</b>	<b>106,096,910</b>			<b>167,088,112</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	1,702,018		782,419	822,146			1,604,566	97,453
Construction - Facilities	9,586							9,586
Clothing & Textiles	18,784,265		6,176,886	10,895,959			17,072,845	1,711,421
Food	51,335,930		23,057,653	25,430,258			48,487,910	2,848,020
Seeds & Plants	3,295,840		1,900,663				1,900,663	1,395,177
Water, Sanitation & Hygiene	13,979,081		7,567,052	5,427,826			12,994,878	984,203
Medical & First Aid	18,563,512		3,468	16,830,624			16,834,092	1,729,420
Teaching Materials	420,664		24,942	81,762			106,705	313,959
Utensils & Tools	2,951,726		838,198	918,353			1,756,551	1,195,175
Other Supplies & Services	1,023,221		517,809	541,229			1,059,038	-35,817
<b>Total Relief items, Construction, Sup</b>	<b>112,065,843</b>		<b>40,869,091</b>	<b>60,948,157</b>			<b>101,817,247</b>	<b>10,248,595</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	2,554,335		69,236	2,247,157			2,316,393	237,943
Computers & Telecom	306,879		5,784	324,947			330,731	-23,851
Office & Household Equipment	369,858		260	391,810			392,070	-22,212
Medical Equipment	429,337			205,856			205,856	223,481
<b>Total Land, vehicles &amp; equipment</b>	<b>3,660,409</b>		<b>75,280</b>	<b>3,169,769</b>			<b>3,245,049</b>	<b>415,360</b>
<b>Logistics, Transport &amp; Storage</b>								
Storage	4,539,040		1,637,019	2,021,527			3,658,546	880,494
Distribution & Monitoring	4,216,790		842,690	3,599,533			4,442,223	-225,433
Transport & Vehicles Costs	2,011,285		761,434	988,680			1,750,114	261,170
Logistics Services	3,702,959		1,460,220	2,358,158			3,818,378	-115,419
<b>Total Logistics, Transport &amp; Storage</b>	<b>14,470,074</b>		<b>4,701,362</b>	<b>8,967,899</b>			<b>13,669,261</b>	<b>800,813</b>
<b>Personnel</b>								
International Staff	6,655,569		601,883	5,483,546			6,085,429	570,140
National Staff	259,142		6,152	255,249			261,401	-2,259
National Society Staff	6,013,806		146,995	4,237,966			4,384,961	1,628,845
Volunteers	2,690,500		103,117	1,817,247			1,920,364	770,136
Other Staff Benefits				101,311			101,311	-101,311
<b>Total Personnel</b>	<b>15,619,016</b>		<b>858,147</b>	<b>11,895,319</b>			<b>12,753,465</b>	<b>2,865,551</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	126,056		11,851	89,214			101,064	24,991
Professional Fees	389,160		5,521	254,544			260,065	129,095
<b>Total Consultants &amp; Professional Fees</b>	<b>515,215</b>		<b>17,372</b>	<b>343,758</b>			<b>361,129</b>	<b>154,086</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	1,534,829		102,687	628,784			731,471	803,357
<b>Total Workshops &amp; Training</b>	<b>1,534,829</b>		<b>102,687</b>	<b>628,784</b>			<b>731,471</b>	<b>803,357</b>
<b>General Expenditure</b>								
Travel	428,486		27,262	374,977			402,239	26,246
Information & Public Relations	103,657		12,342	133,528			145,870	-42,213
Office Costs	1,694,046		39,550	1,280,002			1,319,552	374,494
Communications	195,917		18,357	160,145			178,502	17,415
Financial Charges	561,601		70,711	612,387			683,099	-121,498
Other General Expenses	43,822		72	43,751			43,823	0
Shared Office and Services Costs	354,198		7,243	343,607			350,850	3,348
<b>Total General Expenditure</b>	<b>3,381,726</b>		<b>175,538</b>	<b>2,948,397</b>			<b>3,123,935</b>	<b>257,791</b>

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Split by funding source	Y	Project	*
Subsector:	*		

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## 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	
<b>BUDGET (C)</b>			<b>60,991,202</b>	<b>106,096,910</b>		<b>167,088,112</b>		
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies	4,557,832			4,557,832		4,557,832	0	
<b>Total Contributions &amp; Transfers</b>	<b>4,557,832</b>			<b>4,557,832</b>		<b>4,557,832</b>	<b>0</b>	
<b>Operational Provisions</b>								
Operational Provisions	258,731		1,395,797	1,852,242		3,248,040	-2,989,308	
<b>Total Operational Provisions</b>	<b>258,731</b>		<b>1,395,797</b>	<b>1,852,242</b>		<b>3,248,040</b>	<b>-2,989,308</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recovr	10,060,334		3,131,944	6,112,234		9,244,178	816,156	
<b>Total Indirect Costs</b>	<b>10,060,334</b>		<b>3,131,944</b>	<b>6,112,234</b>		<b>9,244,178</b>	<b>816,156</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee	855,948		293,780	563,223		857,003	-1,055	
Pledge Reporting Fees	108,154		34,867	76,787		111,654	-3,500	
<b>Total Pledge Specific Costs</b>	<b>964,102</b>		<b>328,647</b>	<b>640,010</b>		<b>968,657</b>	<b>-4,555</b>	
<b>Operational Forecasting</b>								
Operational forecasting	0						0	
<b>Total Operational Forecasting</b>	<b>0</b>						<b>0</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>167,088,112</b>		<b>51,655,866</b>	<b>102,064,401</b>		<b>153,720,266</b>	<b>13,367,846</b>	
<b>VARIANCE (C - D)</b>			<b>9,335,336</b>	<b>4,032,510</b>		<b>13,367,846</b>		

**Disaster Response Financial Report****MDRSY003 - Syria - Syria Complex Emergency**

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Subsector:	*		

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**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Food security	60,991,202		58,669,016	58,669,016	51,655,866	7,013,150	1,810,850
Subtotal BL2	60,991,202		58,669,016	58,669,016	51,655,866	7,013,150	1,810,850
<b>BL3 - Strengthen RC/RC contribution to development</b>							
Disaster risk reduction	74,415,416		75,816,954	75,816,954	74,415,416	1,401,538	
Health	23,927,572		21,705,649	21,705,649	20,850,242	855,407	1,710,623
Organizational development	7,753,923		7,920,071	7,920,071	6,798,743	1,121,327	
Subtotal BL3	106,096,910		105,442,673	105,442,673	102,064,401	3,378,273	1,710,623
<b>GRAND TOTAL</b>	<b>167,088,112</b>		<b>164,111,689</b>	<b>164,111,689</b>	<b>153,720,266</b>	<b>10,391,423</b>	<b>3,521,472</b>