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Emergency Plan of Action Operation Update

Syria: Complex Emergency

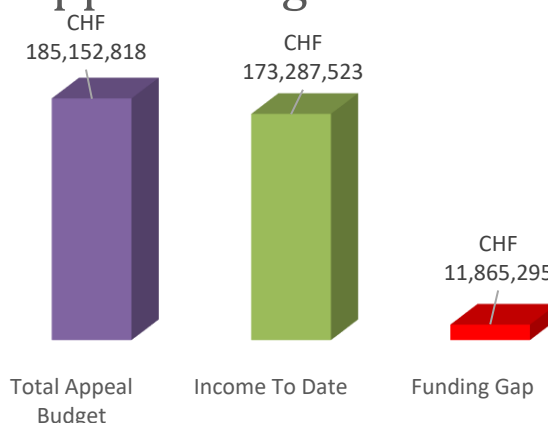


Emergency appeal n° MDRSY003	GLIDE n° OT-2011-00025-SYR
Operations update n° 16	Timeframe covered by this update: 01 September 2018 - to 31 May 2019
Operation start date: 6 July 2012	Operation timeframe: July 2012 to 31 August 2019
Overall operation budget: CHF 185.1 Million	This Emergency Appeal was initially launched on 6 July 2012 for 27.5 million Swiss francs and revised to 185.1 million
N° of people being assisted: 1,140,819	
Red Cross Red Crescent Movement partners actively involved in the operation: 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.	
Other partners actively involved in SARC operation: UN agencies such as 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.	

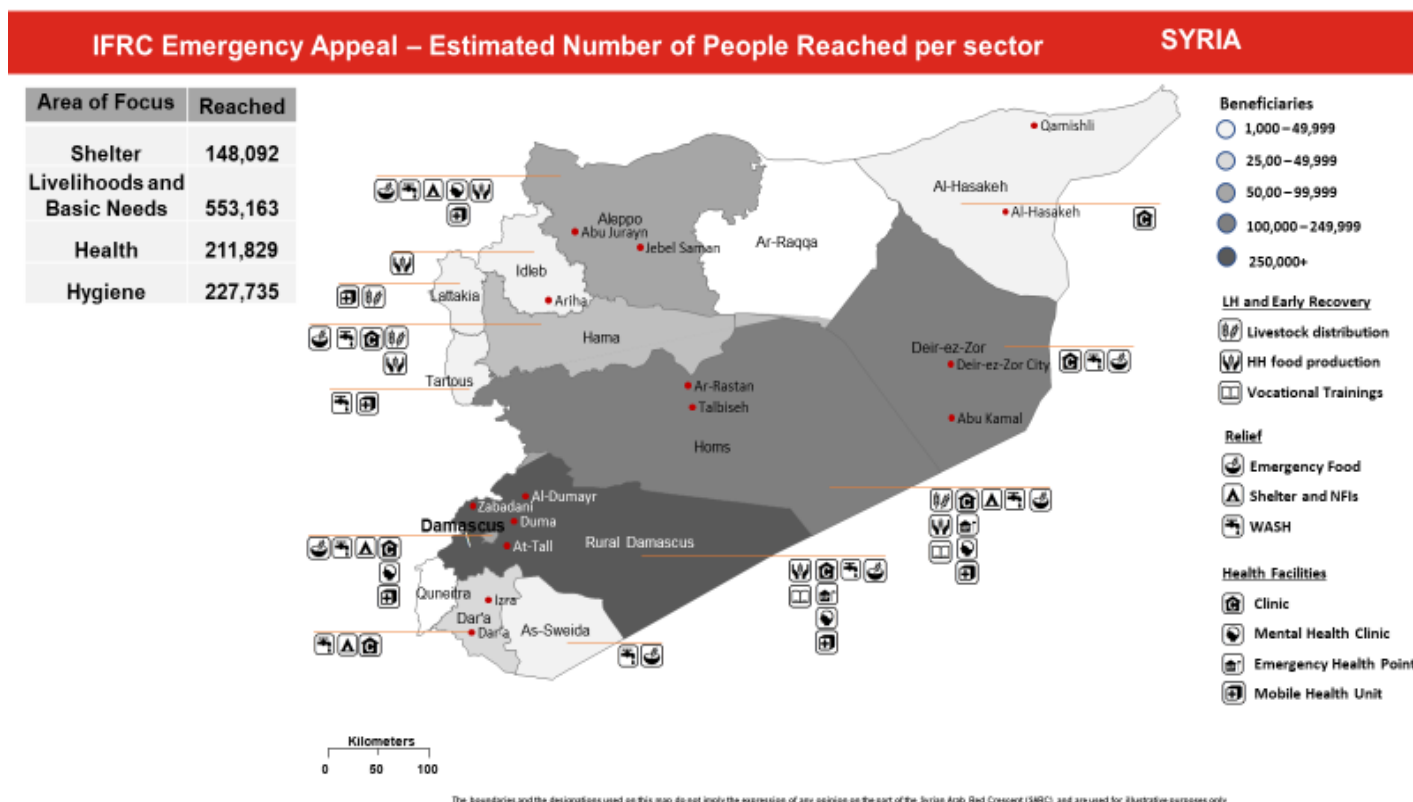
This operations update:

1. Provides a summary of key results achieved against objectives of the IFRC Syria Complex Emergency Plan of Action from September 2018 until May 2019.
2. Extends the timeframe of this Emergency Appeal (MDRSY003) until 31 December 2020 in order to continue supporting the Syrian Arab Red Crescent (SARC) in providing lifesaving assistance to meet acute humanitarian needs of conflict-affected people in Syria, while recognizing and supporting longer-term organizational needs of SARC and its sustainability as well. A revised emergency appeal and accompanying plan of action, complemented by a country operational plan, will be presented for consultation with partners in September and issued by Q4 2019.
3. Informs on the deployment of surge to support the Country Office in its transition planning with SARC and in cooperation with Movement partners active in Syria.
4. Funds raised for Syria on the complex emergency appeal (Appeal MDRSY003) since its launch in 2012 amounted to CHF 173.29 million against budget of 185.15 million, with a current estimated gap of CHF 11.9 million [as at 31 of May 2019]. All remaining balances relating to emergency response activities will be utilized under this emergency appeal while the funds allocated for national society development and long-term resilience will be transferred to the IFRC Syria operational plan. The exact balance transferred will be confirmed at the earliest opportunity. Partners and donors who have any queries or require further clarification regarding this reallocation of the balance of funds per above are kindly requested to contact IFRC within the next 30 days prior to integration of this balance into the operational plan.

Appeal Budget vs Income



IFRC urgently seeks funds to address the current emergency appeal's funding shortfall of **11.9 million Swiss francs** (as at 31 May 2019) needed to guarantee uninterrupted provision of primary health care—including emergency and basic services across Syria as well as timely lifesaving and life sustaining emergency relief response in the most affected areas. This includes food items, NFIs, family winterization 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. It is envisaged that the revised emergency appeal to be issued in Q4 will include a revised budget to reflect the new timeframe and targets.



In the context of a rapidly evolving operating context, IFRC is undergoing review of our focus and approach in Syria to ensure continuity of support to Syrian Arab Red Crescent (SARC) as it adapts to these changes. To enable deep reflection and forward-planning, IFRC has deployed a surge team consisting of a team leader, humanitarian analyst and a planning, monitoring, evaluations and reporting (PMER) specialist to support the Country Office in its transition planning with SARC and in cooperation with Movement partners active in Syria. The primary purpose of the surge deployment is to work with SARC and Movement partners and engage with other key humanitarian actors to gather and analyze information on the current operational context and outlook projections in Syria. The outcome is to ensure IFRC's approach is consistent with the overall humanitarian approach in Syria, reflects SARC's strategic planning and aspirations, and complements and contributes to Movement coordination. The results and recommendations from the 2019 evaluation of this appeal will also be factored into planning considerations.

The surge team will work with the Country Office to a) revise and right-size Syria: Complex Emergency Appeal (EA) to be published in October 2019, and b) develop an operational plan (OP) to capture long term resilience and SARC development priorities. Operational plans are standard annual and multi-year planning tools of the IFRC and the introduction of an OP for 2020 is part of IFRC's transition strategy for Syria. It is intended that the OP will include a holistic National Society development plan that will capture the multiple activities by the Movement already underway as well as identify further activities required to continue SARC organizational strengthening. Where appropriate and in close communication and coordination with partners and donors, funding balances under the EA for activities more suited to the OP will be transferred to the OP budget.

It is recognized that having been open and active for seven years, the EA no longer captures clearly the current operating context. Recognizing that Syria is still in a complex emergency dynamic and that emergency humanitarian needs remain

extraordinarily high, IFRC has made the decision to consolidate the reporting against the Appeal from its launch in July 2012 to the proposed Q3 2019 (final timeline yet to be confirmed) with a consolidated report issued for this period. The revised Appeal will be relaunched with a fresh focus and budget, inclusive of funding allocations still active in the Appeal, to provide a clearer picture of ongoing needs and planned response, moving forward.

A. SITUATION ANALYSIS

Description of the disaster

The scale, severity and complexity of humanitarian needs of people in Syria remain extensive. This is the result of continued hostilities in localized areas, new and protracted displacement, increased self-organized returns and the sustained erosion of communities' resilience over eight years of crisis. Across Syria, an estimated 11.7 million people need various forms of humanitarian assistance, with certain population groups facing particularly high levels of vulnerability.

The humanitarian situation in north-west Syria (Idlib, Aleppo and northern Hama), an area estimated to host a population of three million people, has been significantly impacted by the escalation of hostilities between the Government of Syria (GoS) forces and non-state armed groups (NSAGs) in addition to the displacement of population from Eastern Ghouta, Rural Damascus and from the South of Syria. Hundreds of thousands of new IDPs have arrived in Idlib governorate following changes of political control in other parts of the country. This has resulted in IDPs now accounting for more than half of Idlib's population. Many have suffered conflict-related injuries that required hospitalization, placing a further strain on severely overstretched health care facilities in the governorate.

Response to the humanitarian needs has been increasingly challenging due to multiple displacements, overstretched services, ongoing inter-factional fighting, high crime rates and air strikes some of which have targeted health, education and market facilities. The second half of the year was characterized by a prospect of military operations in Idlib and the subsequent establishment of a Turkish-Russian agreed demilitarized zone (DMZ) along conflict lines in north-west Syria. However, the DMZ which hosts an estimated one million people has witnessed continued clashes between the parties involved despite the agreement reported as being upheld.

While it is estimated that 1.4 million Syrian refugees returned home in 2018, many are still reluctant to do so because of the uncertainty around security and living conditions. There has been increasing pressure from neighbouring countries for the refugees to leave, but there are concerns from international organisations over the safety and protection of returnees. As the security situation has somewhat normalised the talk has shifted to recovery and reconstruction. The needs are massive and will cost billions, but it is unclear where the funds will come from to support with this, especially as the current political situation remains contentious for many potential donor governments.

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 in the form of food and non-food items for shelter, hygiene items and hardware.

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 fourteen 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, branches and active sub-branches.

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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.

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. Seven partner National Societies have delegates in Syria: the British, Canadian, Danish, Finnish, German, 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 five offices in Syria, employing international staff and resident staff. The main areas of support to SARC are emergency assistance, economic security, health (First Aid, PRP, mental health, and 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, as described in the excerpt to the right from SARC's 2017 Annual Report.

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>Access and increasing stability extend throughout the country. Opportunity for more sustained programming and continuing need for health services, and water infrastructure.</p> <p>Response to this scenario includes 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 food provision, health care provision and restoration of livelihoods, where possible.</p>	<p>Lack of resources and limited access to markets, particularly in the north-west of the country, as well as access to health services.</p> <p>As access continues to improve 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 (funded by other donors/partners), so the needs addressed by this appeal will focus on sustaining and improving health services, and the provision of relief as 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 proposed program, as the situation in Syria is still volatile in some areas. The security situation and access to areas can change during implementation. This emphasizes the need to be flexible and adaptable to changes on the ground. 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	Medium/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. Promotion of inclusive and social cohesive programming (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	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	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 turnover	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 International Humanitarian Law 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 overall strategy for the reporting period remain unchanged as spelt out in the [Emergency Plan of Action](#)

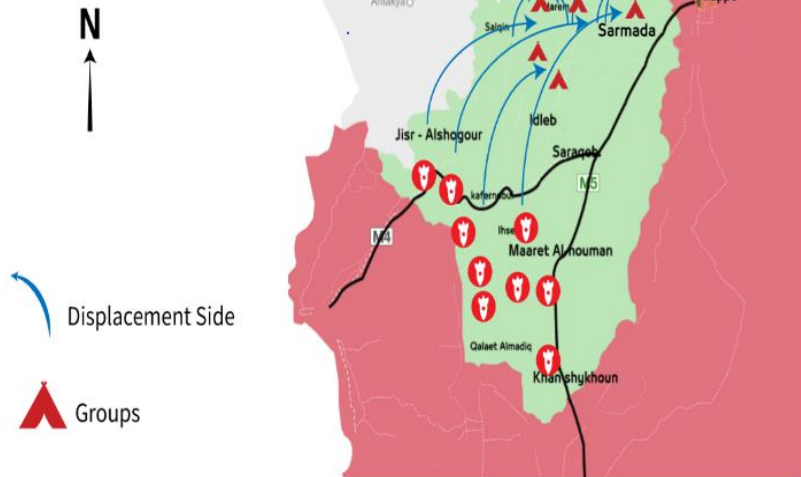
However, moving forward and with the recent [Evaluation of the IFRC Syria complex Emergency Appeal 2012-2018](#) concluding with seven recommendations including one to explore multi-year planning and funding, and subsequent discussions between the IFRC and SARC, it was agreed that a surge deployment to Syria should take place to support the IFRC country office in analysis and planning efforts with SARC.

The specific objectives of this deployment are as follows:

- Conduct an in-depth gap analysis and landscape scanning of the humanitarian context in Syria to develop clear scenarios and to identify priority intervention (short, medium and long term) areas for SARC/IFRC continued/future engagement.
- Undertake a detailed response options analysis to understand the range of possible intervention options, including a priority ranking of potential program/s.
- To use the response options analysis to develop detailed and comprehensive plan of actions, logframe and budgets using an integrated “cross-sectoral” programming approach in close collaboration with SARC management and technical teams and other movement partners.
- To develop resourcing scenarios and projections to support the roll-out of the agreed plan of action using IFRC plan and budget 2016-2020 approach.

IDLEB RESPONSE

Displacement Side



The humanitarian situation in Idlib has been significantly impacted by the escalation of hostilities between the Government of Syria (GoS) forces and non-state armed groups (NSAGs) in addition to the displacement of population from Eastern Ghouta, Rural Damascus and from south of Syria. Hundreds of thousands of new IDPs arrived in Idlib governorate following changes of political control in other parts of the country. IDPs accounted for half of Idlib's population. Many had suffered conflict-related injuries that required hospitalization, placing a further strain on severely overstretched health care facilities in the governorate.

Response to the humanitarian needs has been increasingly challenging due to multiple displacements, overstretched services, ongoing inter-factional fighting, high crime rates and air strikes some of which targeting health and education facilities. The second half of the year was characterized by a prospect of military operations in Idlib and the subsequent establishment of a Turkish-Russian agreed demilitarized zone (DMZ) along conflict lines in north-west Syria. However, the DMZ which hosts an estimated one million people has witnessed continued clashes between the parties involved despite the agreement reported as being upheld.

IFRC through the Emergency Appeal supported SARC's readiness and response action to provide life-saving humanitarian assistance to approximately 500,000 people affected by the increased hostilities including those displaced inside of Idlib with focus on emergency and basic health care including first aid ambulance services and referrals; food and non-food relief; water and sanitation, nutrition, mental health, psychosocial support.

SARC humanitarian operations are already at or above capacity under considerable strain and will need further support to continue providing services to both the newly displaced individuals and the existing caseload in host communities. Partners are encouraged to support SARC's Idlib response plan to enable SARC bridge 91% funding gap as shown below;



C. DETAILED OPERATIONAL PLAN



Shelter

People reached: 148,092

Male: 65,556

Female: 82,536

Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety through emergency NFI provision

Indicators:	Appeal Target	Reporting period Actual
# households provided with emergency shelter and settlement assistance	155,000	35,378

Output 1.1: Short and medium-term shelter assistance is provided to affected households

Indicators:	Appeal Target	Reporting period Actual
# of people provided with emergency shelter items	775,000	148,092
# of children provided with winterization kits	100,000	42,099

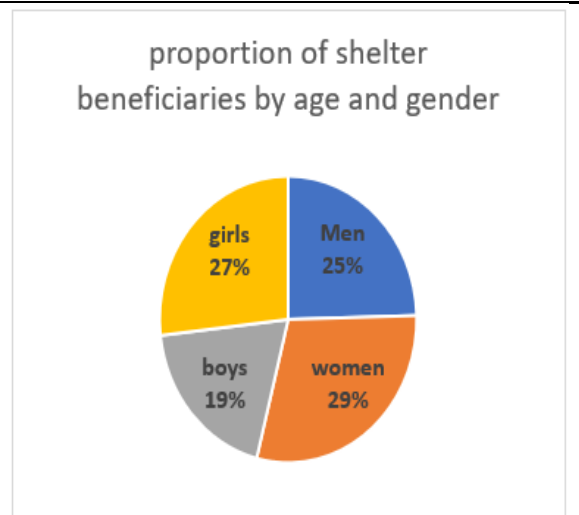
Progress towards outcomes

According to Humanitarian Needs Overview (HNO) 2019, the shelter situation in Syria continues to worsen, in terms of the available shelter capacity, the adequacy of shelter conditions, the ability of people to repair or rehabilitate their own damaged house, and the affordability of rent. Over 4.7 million (2.3 million men, 2.4 million women, 0.5 million children) need shelter in 2019. People had their shelter infrastructure damaged on a massive scale, especially after the heavy bombardment of densely populated urban environments such as Aleppo, Al Bab, and Ar-Raqqa. Continued emergency needs exist for populations displaced in/from areas such as northeast Syria and areas where local agreements are reached. On the other hand, a significant number of IDPs were able or would like to return to their communities of origin, increasing the need to repair and rehabilitate damaged shelters.

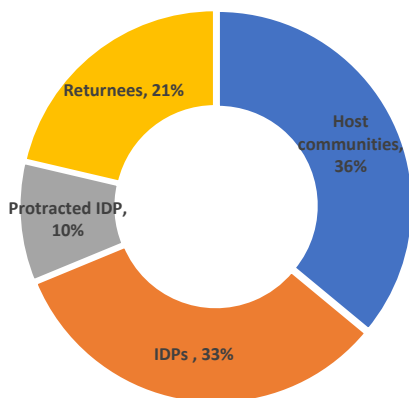
SARC continuous assessment found that many of the newly displaced reported to have no shelter, exposing them to various protection risks and harsh weather conditions. IDPs also reported to live in makeshift tent settlements without sanitation and lack winterisation equipment. IDP sites were often targeted by airstrikes causing extensive damage, which exacerbated shelter needs and caused further displacement.

In the reporting period, IFRC supported SARC distribute non-food items and kits, specifically looking to ensure all clothing, kitchen sets, blankets and bedding materials met the most personal human needs for shelter from the climate and the maintenance of health, privacy and dignity. **IFRC contributed to the shelter related NFI sector of SARC's response with 25,945 mattresses, 70,345 blankets, 9,703 kitchen sets, and 42,099 winter clothes kits for children, which reached approximately 148,092 vulnerable people across Syria.**

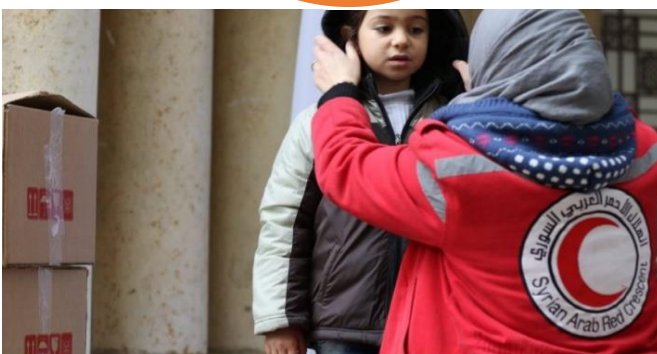
Number of shelter beneficiaries by items distributed					
	Blanket	Kitchen Set	Mattress	Winter Clothes	Total
Aleppo				13469	13,469
As-Sweida	281	111			392
Damascus	1440	790	720	1517	4,467
Dar'a		1658		15000	16,658
Deir-ez-Zor	67595		17785	4965	90,345
Hama		544	32	1633	2,209
Homs			1730		1,730
Idleb				3000	3,000
Lattakia		53	5678	15	5,746
Quneitra				2500	2,500
Rural Damascus	1029	6547			7,576
Total	70,345	9,703	25,945	42,099	148,092



The winter-kits consisted of high thermal clothes and rubber boots to enable children cope with the cold weather and to attend schools and other recreational activities during winter in 11 governorates – Aleppo, Hama, Homs, Lattakia, Idleb, As-Sweida, Damascus, Quneitra, Deir-ez-Zor, Dar'a and Tartous. Assistance was prioritized for newly displaced vulnerable families (including people displaced multiple times), people living in hard-to-reach areas mainly in Abu Kamal in Deir-ez-Zor, Dumair in Rural Damascus and Izra and Dar'a city in Dar'a governorate. Priority was also accorded to people in sub-standard shelters, spontaneous and self-organized returnees, as well as people in newly accessible locations who have not been assisted in the past.



- 58% of beneficiary reached were girls while boys represented 42% of people reached in the reporting period.
- Most of the children supported (36%) were from host communities' households, 33% were from newly displaced households, 21% from returnees' households while 10% were from protracted displaced households while



Nour (8 years) lives in Gharb Al-Mashtal neighborhood in Hama city with her family. Her father is disabled and unable to work, her brother is suffering from mental illness while Nour herself is battling blood cancer. Her mother is the only breadwinner and she struggles to find work to sustain the family as a result of the ongoing conflict. During the winter, temperatures in the area may reach as low as 0 °C which, together with electricity infrastructure challenges, and lack of access to fuel makes it impossible for Nour and other children to cope with the cold weather, attend schools and engage in recreational activities. Nour was among the 22,231 boys and 30,701 girls who received high thermal clothes and rubber boots across 11 conflict affected governorates across Syria.



Livelihoods and basic needs

People reached: 553,163

Male: 239,490

Female: 313,672

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

Indicators:	Appeal Target	Reporting period Actual
# of people reached by food security and livelihoods initiatives, including emergency response food provision	2,350,000	553,163

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.

Indicators:	Appeal Target	Reporting period Actual
# of people trained in vocational skills trainings or receiving assets to increase their income sources	200 HH	761 HH

Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicators:	Appeal Target	Reporting period Actual
# of people reached with emergency food assistance	2,250,000	414,543

Output 1.3: Household livelihoods security is enhanced through food production and income generating activities

Indicators:	Appeal Target	Reporting period Actual
# households supported to improve household food production	25,000 HH	22,063 HH
# households supported with livestock for income generating activities	900 HH	700 HH

Progress towards outcomes

Output 1.1: Vocational Trainings

a) Vocational trainings in SARC Community centres

IFRC continued supporting vocational training activities in Ghizlaniya, Homs, and Al-Tall community centres during the reporting period. The main criteria for beneficiary selection were youths between 18 and 35 years old and vulnerable families with children (especially women head of households), and at least one of the main vulnerability criteria:

- Fragile economic situation: monthly income is not enough to cover family needs
- Belonging to families who have children who have dropped out of school
- Youth, with one or more disabled family members or chronic disease
- Youth who belongs to extended families and/or several families living in one home

In addition, youth with a solid knowledge, motivation and previous experience but lacking means to restart their economic activities received toolkits in order to replace the assets lost as a result of the conflict.

Community Centre	Vocational Training	Selected Applicants	Duration	Sessions	Status
Al Tall	Tailoring	10	3 months	60	Completed
	Embroidery	6	2 months	25	Completed
	Mobile Maintenance	12	2 months	40	Completed
	Barber	12	2.5 months	60	Completed
	Upholstering	12	2.5 months	55	Completed
Ghizlaniya	Tailoring	8	3 months	60	Completed
	Sweet Production	25	25 days	25	Completed
	Dairy Production	25	20 days	20	Completed
	Bag Manufacturing	10	4months	48	In progress
	Barber	12	2.5 months	60	In progress
	Mobile Maintenance	12	2.5 months	40	Pending
	Electricity	10	2.5 months	60	Pending
Homs	Electric extensions	15	3 months	48	Completed
	Tailoring	30	Ongoing	40	In progress
	Mobile Maintenance	12	2.5 months	60	Pending
TOTAL		211			

b) Carpet manufacturing project

The project targeted 300 female headed household affected by the conflict in Rural Damascus and Hama by supporting them diversify their technical skills in carpet manufacturing with the aim of reducing their vulnerability and improve their standard of living. This will be achieved through provision of vocational training in carpet manufacturing and distribution of small looms and raw materials to the trainees who complete the training satisfactorily for one production cycle to restart the economic activity. SARC is working closely in all stages of the project with the Ministry of Social Affair as this will ensure the sustainability of the project beyond the implementation period. In the reporting period, SARC livelihood teams in Rural Damascus and Hama Branches supported by IFRC carried out dissemination sessions and held meeting with potential beneficiaries to explain the objectives, selection criteria, implementation modality, beneficiaries' entitlements and responsibilities, roles and responsibilities of the involved actors and project duration.



SARC Livelihood team in Rural Damascus during dissemination meeting with community members. Project leaflets were also shared wide and posted in different location to sensitize and encourage community members to register for the programme. Photos: SARC

c) Vocational Training for Job Creation in Aleppo Governorate.

The objective of this project is to contribute to restart the livelihoods activities of the most vulnerable returnees and IDPs affected by the conflict in Aleppo City. The intervention aims to reduce their vulnerability in the long term by supporting in diversifying their technical skills which will contribute to enhance their standard of living.

The project provides different vocational trainings (carpentry, electricity, plumbing, hair dressing, aluminum) to improve the skills which will help 100 targeted beneficiaries to go into the labour market or start an economic activity. Additionally, the project will provide toolkits to the trainees who finish the training satisfactorily. The trainings are implemented through a private vocational training center that provides official certificates. The professions have been selected based on the findings of a labour market assessment conducted by SARC Livelihoods Volunteers.

Potential beneficiaries have been targeted through project leaflets posted in different points where SARC run its activities as well as in SARC Aleppo Branch Facebook. Interested people registered for the project and an application interview for each potential beneficiary took place to reach the final list of beneficiaries. The selection criteria are as a following:

- Must be returnees to Aleppo City or from the IDP Community.
- Individuals from 18 to 35 years old.
- No have permanent work.
- High motivation to improve their living conditions.
- Individuals who are not included in similar programs.
- Family with 4 members or more.

d) Rehabilitation of the Traditional Crafts Affected by the crisis in Damascus Governorate.

This project targets traditional crafts that have been affected by the crisis, 150 skilled people in leader, cooper, wooden work and traditional painting glasses will be supported to restart the craft activity. During the reporting period, the dissemination stage has been done through posting leaflets in handicraft markets, SARC relief points and SARC Damascus Branch Facebook.

Interested people registered for the project and an application interview for each potential beneficiary took place to reach the final list of 150 beneficiaries, being the selection criteria:

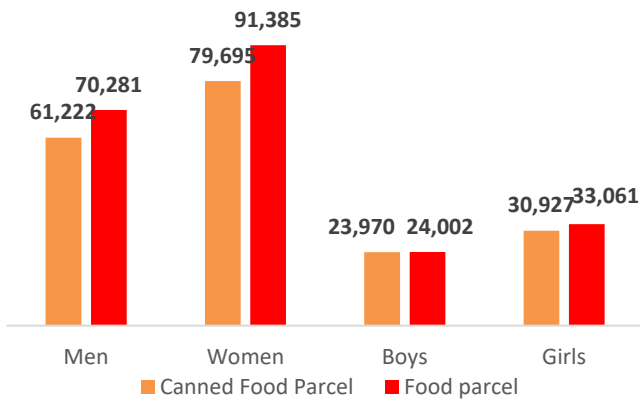
- It is a must to be experienced in the different selected crafts
- Families displaced to Damascus or with their workshop in Damascus
- Affected families from the local community
- Women-headed households

Priority is given to families with large numbers (6 member or more), families with special needs (chronic diseases, disabilities, etc) and youth from 18 to 35 years old.

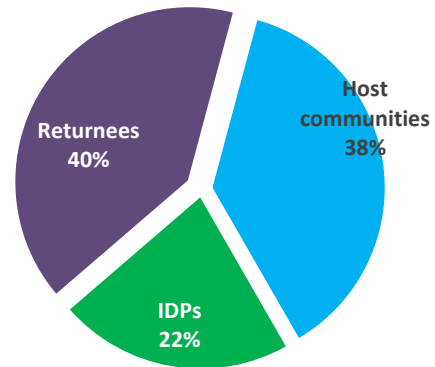
Output 1.2: Emergency Food Assistance

According to the continuous assessments conducted by SARC, IDP's and host communities residing in conflict areas, had adopted severe coping strategies a result of many years of conflict, and were registering severe malnutrition symptoms, insufficient incomes, decreased purchasing power, limited employment opportunities, scarce livelihood opportunities and limited agricultural recovery have continued to impact on these households' food security. Communities reported spending savings, running up debts, buying on credit, depleting household assets and reducing food consumption as the most common negative coping strategies to compensate for the lack of livelihoods. During the reporting period, SARC volunteers and staff distributed **195,694 parcels** of food items to **414,543 people (131,503 men, 171,080 women, 47,972 boys and 63,988 girls)** in Aleppo, Hassakeh, As-Sweida, Damascus, Dar'a, Deir-ez-Zor, Hama, Homs, Idleb, Lattakia, and Rural Damascus Governorate.

SARC Food beneficiaries by food type



Proportion of food beneficiaries by displacement status

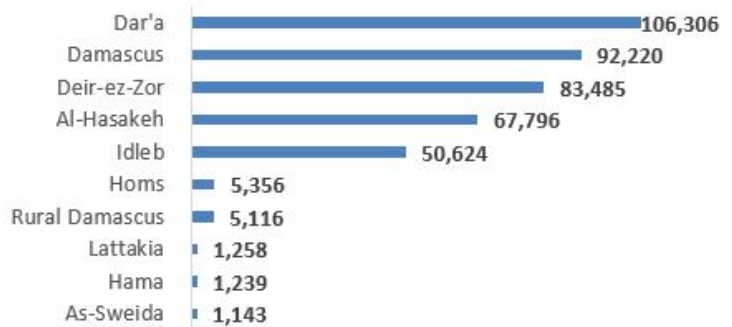


Most of the beneficiaries of the emergency food aid (canned food parcels and standard food parcels) were household who were returning to their home governorates at **40%** of total beneficiaries, they were mainly in As-Sanamayn and Izra areas in Dar'a governorate; Deir-ez-Zor governorate; Al Mara and Harim areas in Idleb governorate. 22% of the beneficiaries were IDPs located in the governorates of Rural Damascus, Damascus, Homs and Deir-eZ-Zor. The continued absence of economic opportunities and dilapidated essential services in many areas means that displacement is expected to continue. Persons in situations of protracted displacement continue to significantly rely on humanitarian assistance and services, with the erosion of IDPs' coping mechanisms further increasing the burden on host communities.



SARC volunteers deliver food parcel in hard to reach areas of Duma city, over 400,000 people have received emergency food assistance across Syria in the reporting period. Photo: SARC

Emergency food beneficiaries by Governorate



Output 1.3: Food security and community-based livelihoods interventions

Home-based vegetable production

IFRC supported 8,300 returnees, IDP and host community households (about 35,000 people) in Homs, Hama, Rural Damascus, Aleppo and Quneitra in home gardening, dedicated to food self-provision during 2018. Findings from post harvesting monitoring of the project indicated;

- **100%** of beneficiaries from Idleb and **71.5%** in Homs, Hama, Rural Damascus, Aleppo and Quneitra reported that the assistance received contributed to improved household food consumption and in addition 2% of the respondent also reported that the assistance generated income for the households.

- 100% of household in Idleb reported that the assistance has contributed immensely in improved household food consumption
- No beneficiary reported to have sold their seeds with most of them either planting or storing the seeds.
- Seed germination rate was over 60%
- 74% of responded reported to be 'very satisfied' or 'satisfied' with the assistance provided by IFRC.

Governorate	Target Households	Households Reached
Homs	2,000	2,000
Hama	5,000	5,000
Damascus	500	500
Quneitra	1,000	1,000
Hassakeh	1,000	838
Rural Damascus	3,000	3,000
Total	12,500	12,338

In 2019, home gardening project for summer and winter 2019 targets is targeting **12,500 households** (mainly IDPs and returnees in hard-to-reach/besieged, rural, urban, and peri-urban areas, with the possibility to include also vulnerable farmers of the host community provided that they have access to no more than 3 donum of land) in Hama (5,000 HH), Hassakeh (1,000 HH), Rural Damascus (3,000 HH), Quneitra (1,000 HH), Damascus (500 HH), Homs (2,000 HH) governorates through provision of gardening tools, fertilizer and seeds. Additionally, 8,000 (Hama 5,000, Hassakeh 1,000 and Rural Damascus 3,000) households in the same governorates have received irrigation kits. The key objective of this intervention is to improve the nutritional conditions of the most affected households who are food insecure or at risk of being food insecure.

Each Beneficiary (HH) received a kit composed of (10 varieties) of vegetables seeds for the summer season basic tools (1 hoe, 1 rake and 1 watering can) and 10 kg of fertilizers. The allocated quantities of seeds will serve a land size of (300 – 500 m²) of arable land suitable for vegetable production. Additionally, each beneficiary (HH) received a drip irrigation system enough to serve up to 300 m² of land. The following table highlights the content of the kit per governorate for Damascus, Rural Damascus, Hama, Homs, Quneitra and Hassakeh:

Location	Content (variety and weight of each package of seed) + tools and fertilizer
HOMS	parsley (100gr), spinach (250gr), peas (800gr), fava beans (1000gr), cabbage (3gr), cucumber (30gr), tomato (2gr), okra (80gr), zucchini (40gr), green beans (800gr), 1 hoe, 1 rake, 1 watering can, 10 kg compound fertilizer (NPK)
HAMA	parsley (100gr), spinach (250gr), peas (800gr), fava beans (1000gr), cabbage (3gr), cucumber (30gr), tomato (2gr), okra (80gr), zucchini (40gr), green beans (800gr), 1 hoe, 1 rake, 1 watering can, 10 kg compound fertilizer (NPK), 1 drip irrigation kit for 200 m ²
RURAL DAMASCUS	parsley (100gr), spinach (250gr), peas (800gr), fava beans (1000gr), cabbage (3gr), eggplant (3gr), tomato (2gr), Rocca (30gr), zucchini (40gr), watermelon (20gr), 1 hoe, 1 rake, 1 watering can, 10 kg compound fertilizer (NPK), 1 drip irrigation kit for 200 m ²
QUNEITRA	parsley (100gr), spinach (250gr), onion (80gr), green peas (800gr), fava beans (1000gr), cucumber (30gr), tomato (2gr), okra (80gr), zucchini (40gr), green beans (800gr), 1 hoe, 1 rake, 1 watering can, 10 kg compound fertilizer (NPK)
HASSAKHE	parsley (100gr), spinach (250gr), peas (800gr), fava beans (1000gr), cabbage (3gr), cucumber (30gr), tomato (2gr), okra (80gr), zucchini (40gr), green beans (800gr), 1 hoe, 1 rake, 1 watering can, 10 kg compound fertilizer (NPK), 1 drip irrigation kit for 200 m ²
DAMASCUS	parsley (100gr), spinach (250gr), peas (800gr), fava beans (1000gr), cabbage (3gr), cucumber (30gr), tomato (2gr), okra (80gr), zucchini (40gr), green beans (800gr), 1 hoe, 1 rake, 1 watering can, 10 kg compound fertilizer (NPK)



SARC volunteers distribute home gardening kits including seeds and farm tools in Hama Governorate. The choice of seeds distributed was based on community preference. In the reporting period, 354 Beneficiary households in Hama received a kit composed of (10 varieties) of vegetables seeds for the summer season basic tools (1 hoe, 1 rake and 1 shovel) and 10 kg of fertilizers. The allocated quantities of seeds will serve a land size of (300 – 500 m²) of arable land suitable for vegetable production. Additionally, each beneficiary (HH) will receive a drip irrigation system enough to serve 200 m² of land. Photo: SARC

a) Restoration of Livelihoods in Hama, Homs, Aleppo, Rural Damascus and Sweida Governorate- Sheep Distribution

The project targeted 700 conflict affected families through distribution of sheep. The selected community are among the most affected in Hama, Aleppo, Rural Damascus, Al Sweida, and Homs, living below poverty threshold. The household economies are mainly based on agriculture and livestock, mainly for self-consumption and daily wages. Distribution of the beneficiaries per Governorate is as a following:

Governorate	Geographical area	Target population
Aleppo	Quneitran, Alsamiriah and Khorbat Almaajeer	150
Homs	Houlia	200
Hama	Marzef	125
Rural Damascus	Al Tal	125
Al Sweida	Kherbet Awwad and Al Mghayyer	100

The selection of household for the project was done considering the following;

Vulnerability criteria

- Household headed by a woman.
- Families with no source of income

Socio economic Criteria

- Families must be permanently resident in these villages
- Have access to a place or shelters to raise livestock
- Have a previous experience in agricultural and/or livestock activities.
- High motivation to improve their living conditions.
- The HHs who are not included in the similar programs

In December 2018, SARC distributed 2 pregnant sheep, 200 kg of feed to 700 targeted families. Another 200 kg of feeds was distributed April 2019 and further round of distribution of 200 kg feed per family in will be distributed July 2019. During the implementation period, SARC provided veterinary services to all targeted families (including medicines and vaccines)

The situation of the livestock by the end of May is as a following;

Sheep Project

Follow up table: December 2018-15 May 2019

LOCATION	Village name	HHs Supported	Sheep Distributed	Lambs born					Dead Sheep	(%)
				Total	Female	Male	Death	(%)		
Homs	Hawlaya	200	400	212	112	97	3	1.42	8	2
Hama	Merzaf	125	250	101	49	41	11	11.5	11	4.4
Swedia	Almogaier	50	100	79	43	29	7	10.7	3	3
	Korbat Awad	50	100	96	39	49	8	8.70	2	2
Aleppo	Quneitran	93	186	108	45	47	16	15.2	2	1
	Korbat Almaajeer	12	24	19	8	9	2	10.5	0	0
	Al smairia	45	90	61	29	23	10	16.6	1	1
Rural Damascus	Al tall	125	250	187	80	84	30	16.04	11	4.4
TOTAL		700	1400	863	405	379	87	10	38	2.7

An end line survey to measure intermediate outcome of the project was conducted. The findings from the survey are summarized below;

- Of the 600 sheep distributed, **520 delivered 534 lambs** resulting in an **83%** increase in the number of sheep
- **27%** of the HHs increased their income by at least 20% with the livestock activity
- **71%** of the HHs have increased the number of meals
- **77%** of the HHs have increased the quantity and quality of meals
- **72%** of the HHs eat animal proteins in weekly or monthly basis
- **85%** of the households reported that they found it very profitable raising sheep and that men reduced their period of leaving their homes to seek employment opportunities elsewhere in Hama city or surrounding villages.

b) Improve food security and enhance livelihoods activities among the most vulnerable households in Jaba Community, Quneitra Governorate-Poultry Distribution

The aim of the project is to provide support to the poultry farmers affected by the conflict through the provision of assets to restore their livelihoods and restart income generating activities. Specifically, the project aims to increase production of the meat and eggs and thus the access to protein nutritious commodities by the affected population and mitigating the food insecurity of the targeted community.

In the reporting period, 200 the families that live permanently in Jaba Community were targeted. According to the baseline survey conducted by SARC, 77% of the target households belong to the host community, 21.5% returnees and 1.5% IDPs households. Additionally, 61% of the targeted household were female headed.

Each family received the following as per the table below;

Item	Quantity	Unit
Egg-laying hens	19	Head
Hen Feed	150	Kg
Vitamins	1	Liter
Roster	1	Head
Vet Services	Regular basis	Service

Beneficiary Story – Restoring Livelihood in Rural Aleppo

Khaled Hussein is from Quneitran village in the South-East Rural Aleppo. A father of 6 and worked as a schoolteacher before the conflict and had to flee with his family to the city of Aleppo. His displacement was very difficult on him and his family. He had to sell some of the few belongings they had taken with them and had to borrow money to be able to spend on basics.

Khaled and his family were finally able to return Quneitran in March 2017. The financial burden remains nonetheless very high. Khaled's eldest son has been diagnosed with diabetes since the age of 3. The cost of chronic medicine for his son, as well as the costs of living for his family of 8 and his accumulating debts necessitated Khaled to sell a piece of agricultural land. Khaled shared during a visit by SARC Livelihoods teams, "As I have a limited income, I wasn't able to meet all the basic needs of my family, so we had to cope by reducing how much food we ate, and we had to limit ourselves to only one main meal a day".



Khaled had to adopt several coping strategies as his limited and single income is not enough. He prioritizes medicine and drinking water, that he needs to buy as potable water is still not available in his village. In return, he restricts the amount of food and meals his family eat, often not eating meat except for only occasionally. When possible and available, Khaled also depends on food aid to help feed the family, but that help is becoming less regular. In December 2018, through support from the IFRC, Khaled and families like his, benefited from a project that helps restore livelihoods in Rural Aleppo. 150 families received two pregnant sheep, feed and veterinary care to help subsidize the cost of raising the sheep.

During the assessments carried out by the SARC Livelihoods Teams from Aleppo, Khaled was asked if he had thought of finding other means to support his family. Khaled responded "I wanted to buy some sheep to help provide the family some food without requiring me to buy it from the market. But I can't afford the cost to buy the sheep and the increased cost of their needs, nor am I able to borrow more money as I still haven't paid back my debts".

Khaled now shares "After the visit of SARC, I was registered to benefit from the sheep project. I felt such joy and relief, especially since SARC also provided feed and veterinary care, since without that support, I wouldn't have been able to bear the costs of raising these two sheep and their lambs". "One of our new sheep has now given birth to a lamb. My family and I are so excited and are waiting for the second lamb to be born. My eldest son is helping me by taking care of and brushing the sheep daily. And now, we can use the milk and milk products to help feed the family and will be able to sell it later in the market".

Community land rehabilitation:

The objective of this project is to contribute to the rehabilitation of the lands of the targeted families living in the Northern District of Deir Baalbeh and reduce their long-term vulnerability by providing water pumps and other inputs for irrigation. The intervention targets the families that live permanently in the selected rural community of Deir Baalbeh who have access to wells and lands.

SARC conducted a baseline survey for all the 243 HHs targeted by the project. The purpose of the survey is to provide an information base against which to monitor and assess the land rehabilitation project activities' progress and effectiveness during implementation and after the activities are completed, including obtaining the data against which to measure the degree and quality of change during implementation.

In the reporting period, IFRC finalized the procurement and distribution of the required 57 water pumps as per the laid down procedures.



SARC distribute and conduct installation of a water pumps in Deir Baalbeh. 49 water pumps were installed, and agreement signed with both well owners and beneficiaries. Photo: SARC



Health

People reached: 296,058

Male: 148,498

Female: 153,560

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

Indicators:	Appeal Target	Reporting period Actual
# of people reached by FA and emergency health services	-	61,528

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

Indicators:	Appeal Target	Reporting period Actual
# of response centres supported	10	34

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:	Appeal Target	Reporting period 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:	Appeal Target	Reporting period Actual
# of medical services provided to vulnerable children, men, and women in Syria	-	333,321

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

Indicators:	Appeal Target	Reporting period Actual
SARC has updated health facility assessments and distribution plans for medical stock	34	34

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

Indicators:	Appeal Target	Reporting period Actual
# of people provided with medical services	450,000	163,602

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

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

Progress towards outcomes

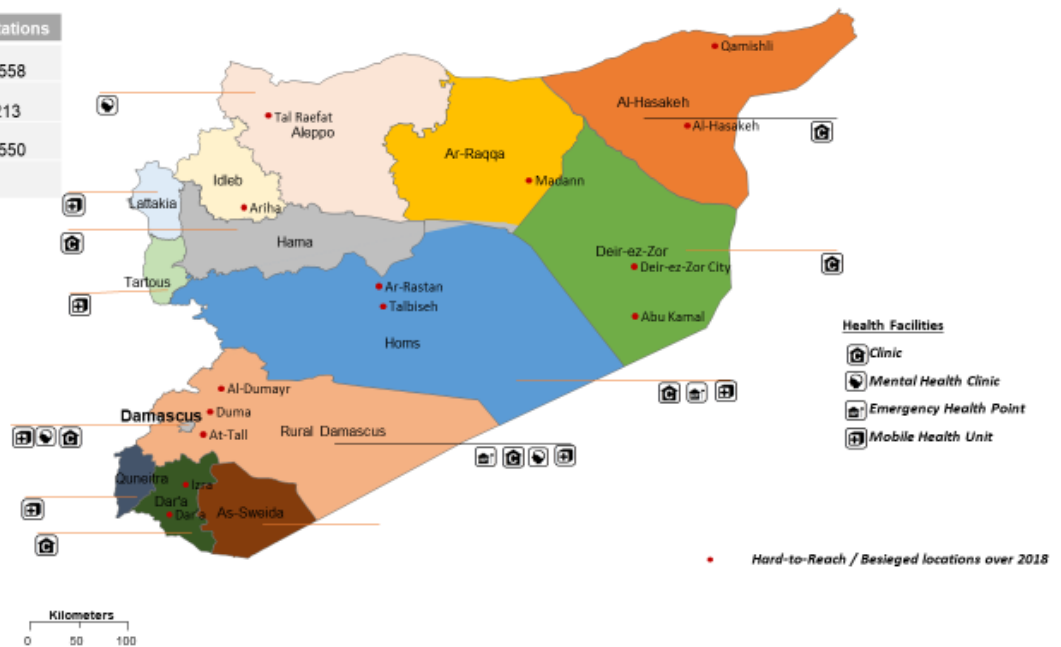
More than six million IDPs in Syria are living in overcrowded temporary settlements that lack adequate water, sanitation and health care. Another 1.1 million people in hard-to-reach areas have only limited access to basic services. Millions of children who have been displaced or who live in besieged or hard-to-reach areas have not been vaccinated and in many areas of the country, vaccination teams have not been able to reach children for several years. All these factors have created conditions that allow for the rapid spread of disease. In 2018, there were outbreaks of acute bloody diarrhea (in Deir-ez-Zor governorate), typhoid fever (in Hassakeh) and hepatitis A (in Aleppo and Dar'a governorates). Rates of cutaneous leishmaniasis, a disease which is endemic in Syria, rose sharply. These diseases are almost always the result of unclean water and poor sanitation. In addition, several outbreaks of measles across the country reflected low vaccination coverage rates among children.

In the reporting period, 26 of SARC's health facilities supported by IFRC were operational. The facilities provided special medical care for the people who are more vulnerable because of age and gender, and to children, women and men with mental and physical disabilities.

IFRC Emergency Appeal –Number of People Reached by Health Services September 2018-May 2019

SYRIA

Facility	Patients	Consultations
PHC clinics	80,981	186,558
MHU's	26,253	38,213
EHPs	51,332	108,550
Mental Health	5,036	

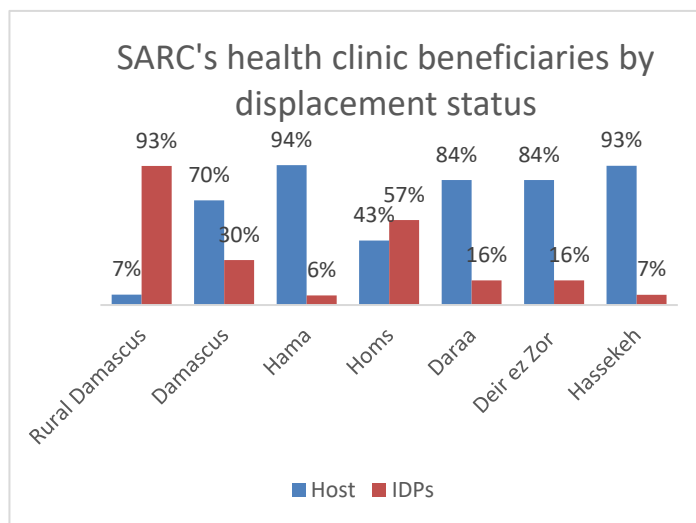


SARC Primary Health Care (PHC) Clinics

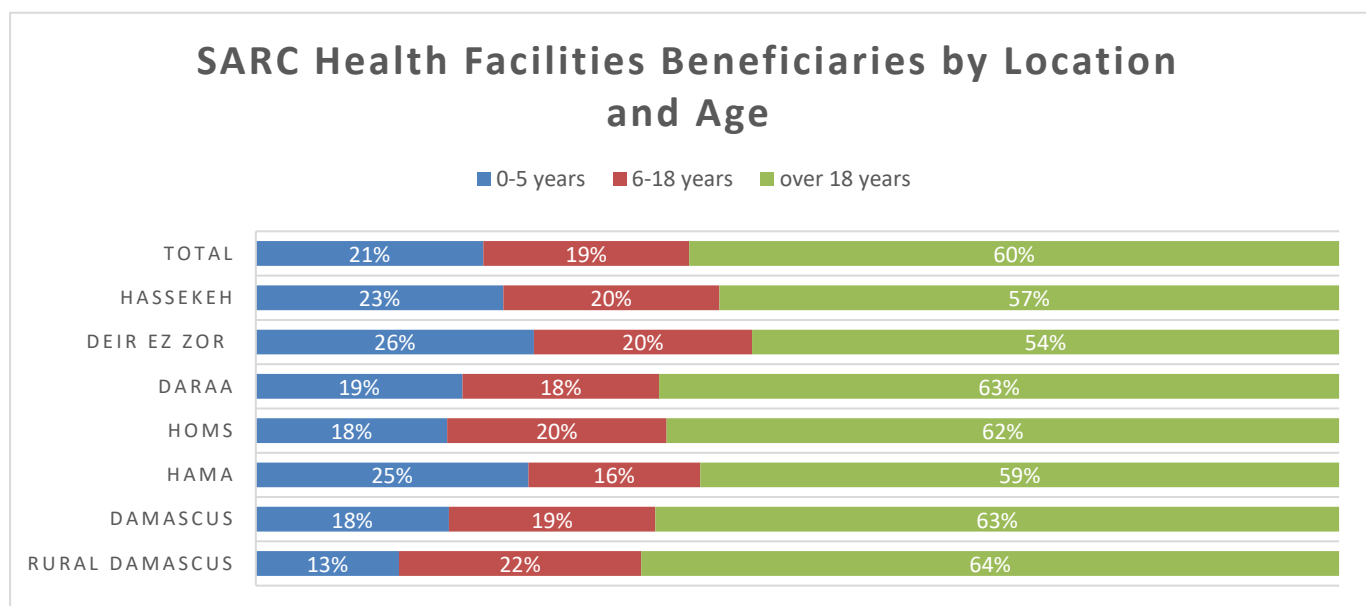
These are permanent facilities with several services such as health, gynecology and pediatrics. Depending on availability of specialists, SARC clinics provide services such as of dental health, ENT, ophthalmology, physiotherapy, neurology, nephrology (including renal dialysis) dermatology, psychiatry and cardiology. Vaccination services are provided at some clinics in collaboration with MOH. Services are provided 6 days per week, from 0830h to 1500h.

In the reporting period, **11 health clinics** in Rural Damascus, Damascus, Hama, Homs, Hassakeh Dar'a and Deir ez Zor governorate were supported through this pledge. Overall, **80,981 patients** received treatment and **186,558 medical consultations** done in IFRC supported clinics.

Clinic Location	Number of Patients			Consultations
	Female	Male	Total	
Al Gouta	2938	1509	4447	11712
Al Shamas	8831	4493	13324	34451
Al Zahraa	3926	2197	6123	13002
As-Salamiyeh	3308	2219	5527	11411
Dar'a	8198	4272	12470	22195
Deir-ez-Zor	4952	3164	8116	15173
Douwayl'a	3413	1575	4988	16959
Jaramana	11315	5691	17006	40164
Mazraa	1378	1144	2522	12787
Quamishli	3085	1283	4368	6173
Salhab	1223	867	2090	2531
Total	52,567	28,414	80,981	186,558



In the reporting period, all the clinics provided internal medicine, Gynecology, Pediatric and Pharmacy. Ophthalmic service was provided in Jaramana and Duilaa clinics; X-Ray service was provided in Jaramana and Al-Ghouta clinics; dental services were provided in Jaramana, Al-Shamas, Al-Ghouta, Salamiah, Dara'a clinics; Jaramana clinic provides 11 services including (internal, gynecology, pediatric, dental, neurological, urinary, dermatology, ENT, ophthalmic, laboratory and x-ray) in addition to nutrition.



60% of the patients treated in SARC's clinics were over 18 years, with children under-5 years consisting 21% of the patients treated in the reporting period across the clinics. Additionally, as of 2018, nutrition services are integrated into SARC primary health care clinics which include nutrition screening and treatment for both moderate acute malnutrition (MAM) cases and severe acute malnutrition (SAM) cases targeting both children under 5 and pregnant and lactating women. The program includes outpatient therapeutic and supplementary feeding for MAM cases and nutrition counselling for SAM cases. The nutrition teams are comprised of a pediatrician, nutritionist and three volunteers along with the required nutrition supplies and related drugs. This has increased SARC's operational capacity by broadening its nutrition service coverage to recently liberated areas that serve many IDPs and vulnerable

communities. The preventive aspect of the nutrition program includes provision of supplements including supplementary spread- plumpy sup 100g, Fortified spread-plumpy doz 50g, Therapeutic spread 92g and Zinc Fant 20mg-100 tabs. Pregnant and lactating women received preventative micronutrient deficiency supplementation.

In March 2018, 42 nurses from SARC clinics attended a two-days training on Infection prevention and control (IPC) which is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers.

Mental Health

According to the Ministry of Health (MoH) statistics, there is no increase of the severe mental disorders (psychosis and bipolar and severe depression) rate, but an increase of PTSD and anxiety disorders was reported. WHO estimates that one in 30 people in Syria is suffering from a severe mental health condition and at least one in five is suffering from a mild to moderate mental health condition as a result of prolonged exposure to violence. The mentioned trends are confirmed by SARC through the information from SARC mental health clinics. Mental health services continue to be in short supply across Syria. In north-west Syria, just over a fifth of PHC clinics can offer basic mental health care. Only two hospitals in north-west Syria provide services for patients with severe mental health disorders. SARC has adopted WHO standards through integration of mental health and psychosocial support (MHPSS) services into PHC centres across the country by training health care and community workers and providing follow up supervision.

In the reporting period, IFRC also supported 44 doctors in SARC health facilities to be trained on WHO Mental Health Gap Action Programme (mhGAP) which aims at scaling up services for mental, neurological and substance use disorders. SARC integrated mental health services in some of its clinic to support community members' well-being and ensure every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Training courses include considerations of gender equality and counselling for victims of gender-based violence.

Through this Emergency Appeal, IFRC supported SARC's mental health clinics to function (two of them, providing double shifts) and cater to the needs of people while providing professional mental care in Damascus, Rural Damascus and Aleppo. These governorates host the highest number of IDPs in the country, and host communities that are severely affected by the conflict. SARC's mental clinics supported by this pledge are:

- Al-Othman Clinic, in Damascus, which hosts two mental health clinic shifts
- Jaramana Clinic, in Rural Damascus which hosts two mental health clinic shifts
- Duilla Clinic, in Rural Damascus
- Jebel Saman Clinic, in Aleppo

5,036 people were treated in SARC mental clinics during the reporting period as shown in the table below:

Clinic	Number of people reached from July-December 2018					TOTAL
	Case Study	Psychotherapist	Psychiatrist	speech and language specialist	Social worker	
Jaramana	143	220	273	204	116	956
Jebel Saman	140	100	145	179	104	668
Duilla	103	231	354	197	91	976
Othman morning	118	156	388	211	90	963
Othman evening	94	189	263	333	48	927
Aleppo	104	136	20	200	86	546
TOTAL	702	1,032	1,443	1,324	535	5,036

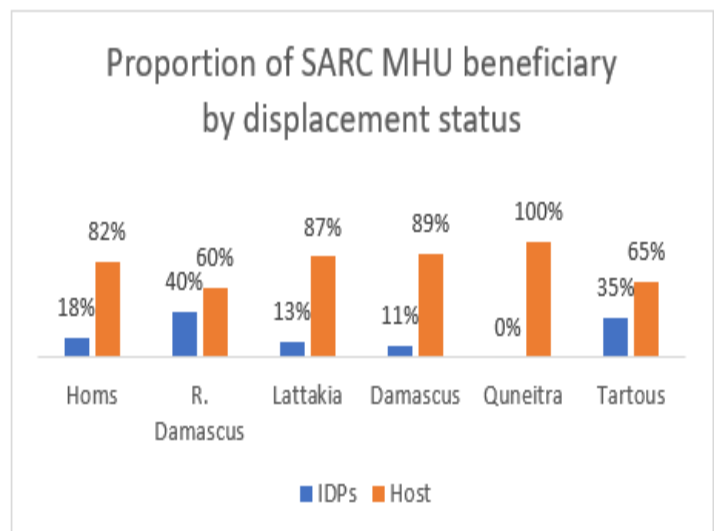
According to the data, of the patients seen in the facilities, 16% of them were new cases. Among all patients 57% were children, 37% - adults and 6% - adolescents. Most of the cases, 29%, in the mental health were handled by

psychiatrists. 26% of the cases were handled by speech and language specialists, 21% by psychotherapist while 10% by social workers in the 4 mental health clinics.

Mobile Health Units (MHUs)

SARC MHU's are fully equipped mobile teams that focus on providing primary health care services to populations in shelters and rural areas, reaching out to communities with no 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, MNCH, gynecological 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. In the reporting period, IFRC supported operation costs for SARC MHUs across Tartous, Damascus, Homs, Lattakia, Quneitra, and Rural Damascus governorates covering **26,253 patients** (13,617 female, 12,636 male) who received treatment and **38,213 medical consultations**.

Clinic Location	Number of Patients			Consultations
	Female	Male	Total	
Homs	2733	2939	5672	7450
R. Damascus	3139	3062	6201	6889
Lattakia	1502	1125	2627	4838
Damascus	2349	1746	4095	5788
Quneitra	2606	2729	5335	7378
Tartous	1288	1035	2323	5870
Total	13617	12636	26253	38213



This period marked the first time that a mobile health clinic accompanying a convoy managed to enter Duma to support the medical health team and help in providing basic health care and medicine for children, adults and the elderly. The health system is severely disrupted in Rural Damascus with thousands of people relying on SARC health facilities (supported by IFRC) and the free medication dispensed by these facilities. As such, the IFRC-supported health facilities in Rural Damascus are the only health care facilities that thousands of people can access for adequate and quality health care and medicines.

21% of the patients treated in SARC mobile units were IDPs while 79% were from the host communities. Overall, 51% of all the patients treated and received consultation through the mobile clinics were female while 49% were male beneficiaries.



Eight years of conflict has resulted in wide-spread damage of health and medical facilities across Syria. People with chronic illness and injuries are among subgroups whose need is the most urgent. According to the 2019 HNO, there are more than 11.7 million people in need in Syria, of which 5 million are in acute need. 15-year-old Barakat is one of them. The young man was injured when fleeing the conflict in Afrin with his family. The injury left him with damaged legs and in need of medications and painkillers. Due to lack of health facilities nearby, Barakat was forced to frequently travel long distances from Tal Qrah Camp to Aleppo city in order to get proper needed treatment and medicine in a hospital.

Fortunately, SARC mobile clinics reached his remote area and made regular visits to his temporary residence. Barakat no longer needs to travel to get medical management. SARC mobile clinics offer different specialties (internal, pediatric and ophthalmologic medicine) medical services to needy people in different areas including remote countryside, such as Aurem, Tal Refaat, Nubol, Dair Hafer and Al-Atareb. Those clinics work daily to provide free medical examination and medications to all age groups.

Syria's health system is severely impacted by the crisis, with some 46% of health facilities not fully functional, as a direct result of hostilities. Displacement of medical personnel has further compromised the capacity to provide medical assistance. This pledge from Finnish Red Cross supported operation costs for SARC MHUs across Tartous, Damascus, Homs, Lattakia, Quinetra, and Rural Damascus governorates covering 44,271 patients who received treatment and 69,296 medical consultations.

Emergency health points (EHPs)

EHP	Gender	# Patients	Consultations
Rastan	Male	5,827	11,909
	Female	7,109	15,579
Ein Mneen	Male	2,357	4,865
	Female	3,025	5,986
Al Tall	Male	4,480	11,406
	Female	7,121	17,217
Dhameer	Male	3,350	5,242
	Female	4,705	8,010
Kisweh	Male	6,943	14,715
	Female	6,415	13,621

SARC emergency health points provide improved access to emergency medical assistance for rapid management of injuries, and to primary health care for people residing in areas with high vulnerability. Services include emergency surgical interventions available 24 hours daily with two ambulances on stand-by, as well as most medical services available at clinics.

IFRC Emergency Appeal funds allowed SARC to secure the required stocks of essential pharmaceuticals, such as antibiotics, anticonvulsant, to treat respiratory disorders, among others. The medicines procured allowed the vulnerable population to receive holistic primary health and emergency care in SARC facilities, where the health services are severely affected, and population were not able to obtain medicines.

Services offered at EHPs clinics

- Pediatric clinic
- Internal clinic
- Gyn/Obs clinic
- Pharmacy
- Laboratory
- Emergency room: surgeons with minor surgery cover 24h, 2 Ambulances with first Aid team

Staffing at SARC EHPs:

Internal Doctor(1); Pediatrician(1); Gynecologist(1); Surgeons(4); Pharmacist(1); Pharmacy assistant(1); Nurses(3); Data Entry(1); Admin & finance officer(1); Receptionist(1); Guards(2); Cleaners(2); Lab technician(2)

Additional Services in selected EHPs;

- Al Tall EHP: ENT clinic, Dermatological clinic, Dental Clinic, Gastro clinic, Ophthalmic clinic
- Rastan EHP: Dental clinic
- Talbiseh EHP: Dental clinic, Incubator, Maternity, kidney dialysis
- Duma EHP: ENT clinic, Ortho clinic, XRay, Kidney dialysis

In the reporting period, **51,332** (28,375 female, 22,957 male) patients received treatment and **108,550 medical consultations** done in IFRC supported Ein Mneen, Dhameer, Kisweh, Al Tall and Rastan Emergency Health Points (EHPs). With 55 % of patient receiving treatment and consultation across the EHPs being female and 45% male. The SARC EHPs supported by this pledge ensured uninterrupted provision of emergency and basic health care complementing community-based efforts which were also supported by SARC through CBHFA activities.

IFRC Emergency Appeal also supported the capacity building activities targeting SARC EHP staff who received trainings and attended workshops. These trainings are geared towards improvement of health system capacity for support of continuity of care and strengthen resilience and response to IDP movements and disease outbreaks in Syria. The trainings conducted in the reporting period included;

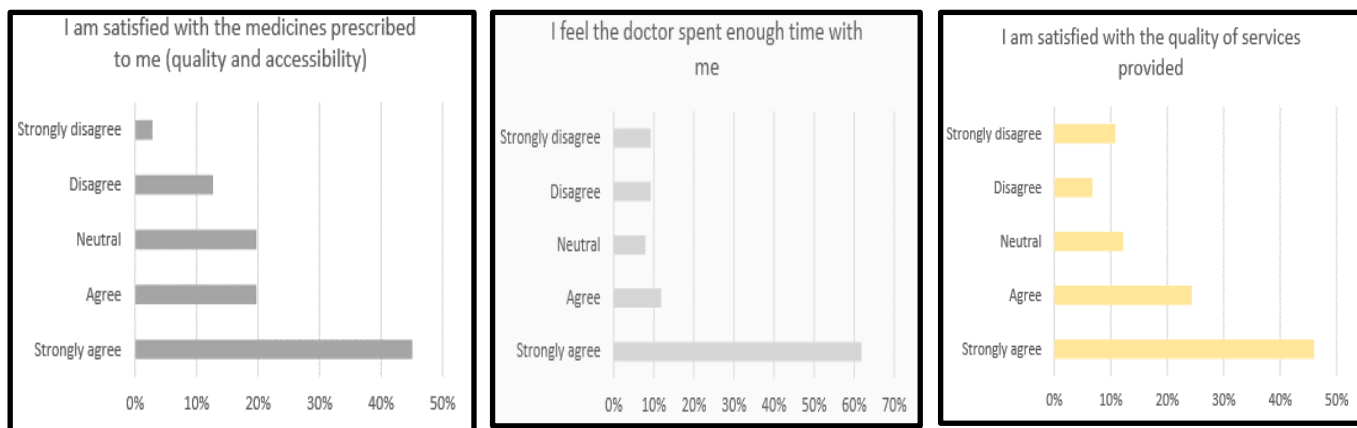
Training conducted in 2018 to date

Name	Date	Duration	Venue	Participants	Target
Diabetes Management	December 2018	2 days	Al Sheraton Hotel	12	Doctors
Infection Prevention Training	March 2018	2 days	Al Sheraton Hotel	14	Nurses
Mental health gap management	July 2018	5 days	Al Sheraton Hotel	7	Doctors
Malnutrition training	May 2018	3 days	Al Tall EHP	11	Pediatricians
Rational use of drugs	October 2018	2 days	Al Sheraton Hotel	25	pharmacists



SARC EHP staff attend to patients in Duma health point. Over **75,000** patients received treatment and **169,267 medical consultations** in SARC EHPs across Syria in the reporting period. Photo: SARC.

In 2018, SARC health team conducted patient satisfaction surveys in the EHPs, The purpose of these surveys was to collect information from beneficiaries on the quality and appropriateness of the health services provided in SARC health facilities but also to gather general quantitative data on the general living situation of the targeted beneficiaries. This information allows a better understanding of the living conditions of populations affected by the crisis, in addition to monitoring the appropriateness and quality of the provision of essential health services.



Findings from the survey included;

- 88% of the respondents took less than 30 mins to reach the EHPs
- 72% of the respondents either 'strongly agree' or 'agree' that SARC's EHPs operating time was convenient
- 57% of the respondents were either 'strongly satisfied' or 'satisfied' with the wait time to see a doctor with 74% of the respondents indicated that it took less than 1 hour wait to see a doctor.
- 70% of respondents were satisfied with the quality of services provided at the SARC EHPs.
- 74% felt that the doctor at the EHP spent enough time with them
- 65% of the respondents were satisfied with medicines prescribed to them in terms of quality and accessibility.

SARC Ambulance Services and First Aid

Ambulance services were provided through SARC's EHPs in Kisweh, Douma, Dumair, Ain Mneen, Al Rastan and Talbesah. During the reporting period these ambulance services reach a total of **10,206 patients (5239 male and 4967 female), with on average 1,275 patients per month**. Ambulances represents an important service with human impact.

Governorate	Facility Name	Male	Female	Hot Cases	Cold Cases
Homs	Rastan	221	209	200	230
	Talbesah	42	48	35	55
Rural Damascus	Aeen Mneen	725	671	922	474
	Douma city	1,113	1,263	1,199	1,177
	Dumair city	1,285	1,196	1,123	1,358
	Kisweh	1,853	1,580	2,008	1,425
Grand Total		5,239	4,967	5,487	4,719

According to the finalized SARC health strategy, by the year 2023, SARC aims to build a country-wide unified and standardized network of dispatch centres and a fleet of modern ambulances, equipped and maintained according to the highest possible standards, operated by teams of qualified health professionals and trained SARC volunteers.

Provision of eyeglasses

Through the Emergency Appeal, SARC initiated the eyeglasses project that provided eyeglasses mainly to children and youth in scholar ages who suffer from sight problems affecting their learning process and daily lives. The concept behind the service is to provide a solution for many families who can no longer afford eye examinations, glasses and prescriptions, due to the increasing inflation rates both for basic consumer items and private medical services. These services were provided in SARC clinics located in Rural Damascus: Jaramana Clinic, Duilla Clinic and At-Tall Clinic. **574 people (312 female and 262 male)** were reached through this project in the reporting period.

Psychosocial Support through SARC Community Centres

IFRC and other movement partners continued the support of 15 SARC Community Centers which aims to ensure persons can 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 as described below;

Creative and Recreational activities					
Females			Males		
13-17 years	Adult +18	5-12 years	13-17 years	Adult +18	5-12 years
241	275	664	146	3	639
Resilience Sessions					
Female			Male		
years 13-17	Adults +18	Children 5-12	Adolescents 13-17	Adults +18	Children 5-12
23	37	70	1	3	24
Caregivers Sessions					
Females			Males		
13-17 years	Adult +18	5-12 years	13-17 years	Adult +18	5-12 years
162	73	455	101	3	473
Life skills Sessions					
Females			Males		
13-17 years	Adult +18	5-12 years	13-17 years	Adult +18	5-12 years
62	23	6	0	0	2

- **Recreational activities** follow a specific and clear schedule for children. These can be sport activities, providing a meeting place for village elders or establishing a “safe space” for children to play. The basic idea is that these activities by themselves support social interaction, provide meaningful occupations, and encourage the return to routine everyday activities. In the reporting period, the number of children and adults reached through recreational activities is as shown in table above.
- **Restoration of play and art for children and youth:** It builds on restoring playfulness/creativity as a main objective. Researchers in this field point out that play and art are the main source of resilience and coping for children. Play and art give the opportunity to explore and develop children’s initiative and creativity as well as letting children express and process worries, anxieties, grief, and confusion. In the reporting period, **158 children** were reached through these activities.
 - For Children (5-11):** The activities help children create bonds with other children in the community, contribute in developing their self-confidence, enhance their sense of security, increase their ability to cope with stress, and contribute in reducing their troubling thoughts and feelings. These consist, but are not limited to, child protection awareness, drawing, and self-expression (puppet, drama, play-dough, singing and music), art sessions, sports activities, book discussions and story reading.

For Adolescents (12-17): Activities for adolescents are like those for children and can include sports and other recreational initiatives. These focus on establishing an encouraging and safe environment, building cooperation and trusting relationships among participants.



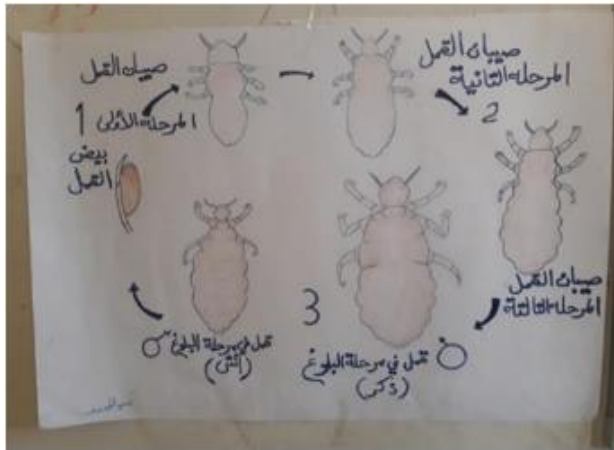
The implementation of (my beautiful garden) initiative in the Al-Ghizlaniyah area, during which a revitalization of a public park took place by planting it with many seedlings and trees, and cleaning and decorating it with drawings

- **Open Days:** The open days and community workshops target the IDPs communities, women and men, girls and boys. Open Days are packed with engaging activities for children to play games with their peers, as well as from the host population, etc. The aim of such activities is to strengthen the bonds amongst community members. These can also be an International day of significance to target population and host population alike as Universal Children's Day. In the reporting period, **897 people** were reached through open days activities.
- **Children's Resiliency Program-CRP:** Although the center is **already implementing child resiliency activities**, the new model focused on updating and re-structuring the concept as follows: children participate in 10 sessions which run on a regular basis or attend awareness raising sessions. Children and their caregivers/guardians are to be involved in the planning and the content of sessions. These sessions are offered to children between the ages of 10 and 18 years. The aim of these sessions was to contribute to improving the psychosocial well-being of children and caregivers. The sessions cover the path of protection from abuse and exploitation. The number of beneficiaries reached is **158** as shown in the table above.
- **Caregivers Sessions** were conducted for vulnerable caregivers to improve parenting skills and promote child protection awareness in order to protect children against violence and abuse. In addition, the sessions support caregivers in improving their coping mechanisms, building bonds with others in the community and reinforce their relationship with their children. In 2018, **1,267 caregivers** were reached through awareness sessions as shown in table above.
- **Life Skills** sessions for adolescents aged 14 to 24, which include sessions that promote pro-social behavior, group solidarity, protection of the body, relationships and communication with parents and conflict resolution. In the reporting period, **93 people** were reached through life skills sessions as shown in table above.
- **Volunteers and Staff Open Days/Team Building:** As part of SARC's plan to support volunteers and staff, and given the increased pressures they are facing, an open day was set up in some branches to strengthen relationships and connections among different departments to develop a comprehensive work plan based on harmony and cooperation. In the reporting period, **350 SARC volunteers and staff in Hama and 383 in Tartous** participated in these activities.

Community-based health and first aid (CBHFA)

To achieve the goal “to contribute to reduce morbidity and mortality related to diseases and injuries among targeted vulnerable populations in Syria during emergency and post-emergency situations” the SARC CBHFA team implemented CBHFA activities at national, branch level and community levels, as well as through enhanced capacity of the communities to adopt healthy lifestyles through an established CBHFA network in 18 communities. The following main activities took place during the reporting period:

- SARC CBHFA team adapted 11 topics on priority issues to be addressed through IEC material on communicable and non-communicable diseases, as well as on hygiene promotion and nutrition (breast-feeding and nutrition for pregnant women).
- Total 23 (13 male, 10 female) SARC CBHFA staff and volunteers –18 SARC staff (CBHFA coordinators from 8 branches and CBHFA PMER officers) and 5 SARC volunteers- were trained on TOT CBHFA and tasked with cascading the training to volunteers in the targeted communities. The TOTs subsequently, organized CBHFA trainings targeting 349 (159 male, 190 female) community volunteers across the targeted project areas.
- HQ CBHFA coordinator was deployed to the Jordanian RC for peer to peer exchange to learn from successful CBHFA implementation in Jordan.



Drawings drawn by SARC volunteers to be used as illustrative tools for lice in children (Homs-September 2018)



Drawings drawn by SARC volunteers to be used as illustrative tools for handwashing in children (Homs -September 2018)

In the reporting period CBHFA community volunteers carried out **75,038 household (HH) visits, facilitated 6,721 group meetings and conducted sessions in 21 schools making 179,789 contacts with the targeted 6,854 households** through different services including dissemination information on health-related topics such as diarrhoea, lice, acute respiratory infection, hygiene promotion and first aid. The health topics were identified during the need's assessment as priorities by the community members and are included in the community plans that were developed by each community

Implementation of health promotion activities in 18 communities of eight governorates started in June 2018 as shown in the table below;

Governorates	Communities	# of HH	total HH	# of volunteers and volunteer team leaders
Tartous	Sheikh Saad	359	659	17
	Wadi Alshater	300		14
Lattakia	Alda'ator 1	367	679	18
	Hai Alba'ath	312		14
Homs	Om Alqasab	245	672	13
	Al hasawiva	67		6
	Al worood	360		13
Al Sweida	Anz	313	624	19
	almugr	198		11
	Khrbit Awad	113		5
Rural Damascus	Jdaida Alfadl	226	614	13
	Aliub	388		12
	Alahmar(Ashrafia)			8
Damascus	Alma'asara	181	910	7
	Nahr Aisha	186		16
	Dummer	543		23
Hama	Alkhalidia	491	491	12
Aleppo	Sulaiman Alhalabi	206	419	12
	Alhmdania	213		12
Total			6,854	233

A total **1,563 persons** (418 male, 941 female and 204 children) were reached with health services through the SARC mobile clinics that were invited by CBHFA volunteers to the respective communities in need. It is important to note that appropriate first aid, surgical assistance and follow-up was often delayed or unavailable resulting in complications including permanent disabilities before the CBHFA project. In the reporting period, SARC trained First Aid teams responded to all urgent calls in the communities which saw **581 persons** (195 male and 386 female) suffering mainly from fractures, haemorrhage, burns and epistaxis receiving first aid while **4,142 people** (936 male 3,206 female) were referred by the community volunteers to the health facilities for a medical support. Some of the most common cases referred were Diabetes, Diarrhoea, Cardiovascular, Acute Respiratory infections among others. CBHFA implementation within SARC health facility catchment area links through referral systems to achieve a greater impact on the health outcomes, and boosts the disease surveillance system to identify, report and respond timely to potential disease outbreaks.

Cleaning activities in 9 communities were initiated and supported by the community volunteers. Community volunteers together with community committees (community committees are established in all 18 communities implementing CBHFA) communicated with the local authorities to get their support in community mobilization and environmental cleaning in the surrounding of their living areas.



Basic First Aid training for SARC CBHFA volunteers and staff in Homs Governorate, October 2018. Photo: SARC

Challenges:

After eight years of conflict, the maintenance of technical medical equipment is a challenge at all levels of the health system. The disruption of technical equipment can be life-threatening. Similarly, rehabilitation centres that are treating an increasing number of people with disabilities are facing continuous shortages. Health partners also issue alerts on the lack of orthopaedic surgical equipment such as external fixators and plates which are necessary to treat complex bone fractures. SARC continues to partner with other movement partners and stakeholder leveraging on its presence across Syria to respond to health needs at facility level and through establishing and strengthening community networks.



Water, sanitation and hygiene

People reached: 227,735

Male: 103,462

Female: 124,273

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

Indicators:	Appeal Target	Reporting period Actual
# of people provided with a set of essential hygiene items	1,200,000	227,735

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:	Appeal Target	Reporting period Actual
# of households provided with a set of essential hygiene items	240,000	108,479

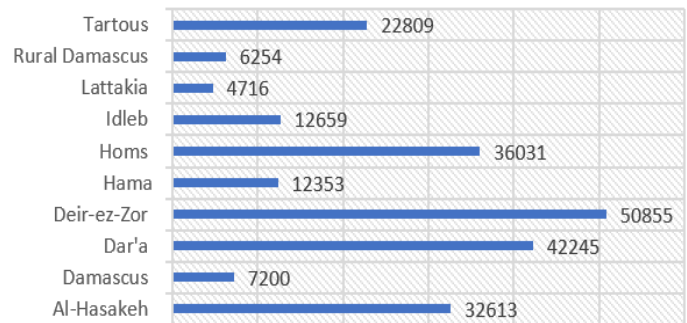
Progress towards outcomes

The IFRC Emergency Appeal supported SARC procure and distribute 42,862 household hygiene kits to 227,735 people (103,462 men, 124,273 women). Overall, most of the beneficiaries 57% were protracted displaced households followed by host communities at 31% while returnees were 10% of the total hygiene kits beneficiaries. Majority of the beneficiaries were from Deir-ez-Zor and specifically in communities living in Deir-ez-Zor city, Hajin, Mreiyeh and in southeastern Deir-ez-Zor, where as of January 2019, large numbers of civilians continued to be killed and injured due to airstrikes and ground fighting which escalated significantly towards the end of 2018. The fighting left thousands of individuals trapped near front lines in locations largely inaccessible to humanitarian organizations which has had a significantly disproportionate impact on civilians and civilian infrastructure.

Beneficiaries in Damascus governorate were all protracted displaced households residing in Abou Rummaneh IDP camps. Homs and Latakia had also high numbers of protracted IDPs who received hygiene kits. Idleb governorate beneficiaries consisted of returnee households residing in Tal Khanzir, Hawa, Seraa and Sanjar locations. This were among the more than 50,000 displaced Syrians who returned to Idleb in September 2018 after Turkey and Russia signed an agreement to create a 15-20-kilometer demilitarized zone in the area.

Governorate	Host Community	Protracted IDPs	New IDPs	Returnees
Al-Hasakeh	93.9%		6.1%	0.0%
Damascus		100.0%		
Dar'a		0.3%		99.7%
Deir-ez-Zor	91.6%	7.6%		0.8%
Hama	91.2%	8.8%		
Homs		99.9%		0.1%
Idlib				100.0%
Lattakia	17.6%	82.4%		
R. Damascus	13.8%	44.7%		41.5%
Tartous	66.4%	33.6%		

Hygiene Kits Beneficiaries by Governorate



As highlighted in the CBHFA section above, it's important to note that besides hygiene kit distribution, the CBHFA approach utilizes health and hygiene as the entry point to enhance community self-reliance and contribute towards community resilience. Organized village committees act as effective coordination in participatory planning, organizing of community affairs, and building of resilience. Communities are targeted with the aim of improving knowledge, change the behavior 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.



SARC volunteer distributes aid package consisting of hygiene kits and personal hygiene kits to a beneficiary in Deir ez Zor city. Over 42,000 households received hygiene kits from SARC across Syria in the reporting period. Photo: SARC

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.

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.**

SARC Livelihoods Structure

- **HQ Staff:** Agriculture Officer, Vocational Training Coordinator, Livelihoods Coordinator, Livelihoods Manager, Livelihoods Field Officers (2)
- **Branch Staff:** Livelihoods Coordinators in eight branches (Homs, Sweida, Quneitra, Hassakeh, Damascus, Lattakia, Hama and Idleb).
- **Community Centre Staff/ Volunteers:** Three LLH Officers and five 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.

Comprehensive Capacity Building

IFRC continues to work together with SARC in the development of capacity building plans in the reporting period. These plans involved areas such as livelihoods, health (including CBHFA), logistics, procurement and information management. At the end of the reporting period, a number of trainings, workshops and special learning opportunities were conducted and facilitated targeting different cadres of staff and volunteers, directly funded by the Emergency Appeal.

IFRC technical staff developed more comprehensive plans for 2019, together with SARC counterparts. These plans are taking on 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

To make strategic decisions on how to remain relevant and responsive to health needs in a constantly changing internal and external environment, SARC underwent an insightful process to formulate the SARC Health Strategy 2018-2023. The health strategy focuses on identifying, strengthening and developing those SARC health services that are expected to be particularly relevant once some form of peace and reconciliation in Syria is achieved. If the conflict continues, SARC would continue providing essentially the same range of health services as now, expanding or reducing their scope and/or geographical coverage depending on the situation.

SARC Health Mission

SARC's mission is to provide high quality health services for all the population in need, especially the most vulnerable, in times of peace, during conflict and recovery phase, to help communities improve their health status.

SARC Health Vision

By the year 2023 SARC aspires to become the lead player in delivering high quality health services in Syria by consistently focusing on the health needs of the most vulnerable, providing a wide range of health services throughout the country, filling the gaps in the overall health system in accordance with its mandates, becoming the leader and the role model in providing health services.

Strategic direction 2018-2023

SARC aims at increasing primary health care coverage within affected communities by building an integrated system of providing a wide range of essential curative and preventive primary health care services for the most vulnerable groups across Syria, delivered through its country-wide network of existing and planned health facilities, supported by a network of community volunteers.



(A snapshot of the finalised Health strategy 2018-2013)

Enhancing Systems and Processes: Livelihoods

The Emergency appeal supported the overarching livelihoods capacity building as spelt out the revised capacity building plan for SARC Livelihoods staff and volunteers. The plan is based around the following areas:

Implementation of livelihoods programming: SARC branches and sub-branches will continue with the implementation of the livelihood interventions but SARC will emphasize the following points as a part of learning by:

- Improving monitoring and the internal and/or external revisions of the livelihoods programming.
- Document and disseminate lessons learnt and best practices of the livelihoods programming implemented by SARC with the support of ICRC, IFRC and others.
- Use lessons learned and best practices as inputs while developing new livelihoods programming.

Technical Trainings: of which during the reporting period, two were conducted:

a). **Training of Trainers (ToT) for Livelihoods Programming Course (LPC)** 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 facilitate the LPC to 51 participants. The ToT training is aimed improve capacities of Syrian Arab Red Crescent Staff with basic theoretical and practical knowledge to deliver LPC Trainings, both at national and international levels. In turn, the eight participants facilitated 2 LPC trainings to improve capacities of 51 staff and volunteers with basic theoretical and practical knowledge to identify and design livelihood projects.

b). **Livestock Emergency Guidelines and Standards (LEGS) Training.** The aim of the 3-day training was to build capacity to support the saving of lives and livelihoods among livestock owning communities affected by disasters for 24 SARC and 2 ICRC staff. 100% of the participants reported that the training was relevant to their work.

Enhancing Systems and Processes: Information Management

Through 2013 to 2018 SARC IM Department has grown and adapted to increasingly complex operational needs, mainly with support of the IFRC. As the scope of SARC services gets more specialized, so do the needs from partners in terms of accuracy, accountability and detail. After reviewing these needs between headquarters, branches and sub-branches, the department has created a development plan to address them based in three areas of focus:

- Securing optimal personnel resources
- Developing specialists' networks; and
- Conducting a structured capacity building approach for all personnel.

To achieve this, IFRC and Red Cross Red Crescent partners in-country expects this plan will both fit the evolving IM needs of 2019, as well as to prepare for 2020. The following trainings are planned for in the reporting period;

Training	participants	Partner	Location / Duty / Recipient
Strengthening Analytical Thinking (SAT) Training and Workshop with Programmes and Operations	45	IFRC	Damascus: Facilitated by IFRC IM Geneva, involving IM staff, and programmes and operations staff
Databases for Distribution and Warehousing	70	GRC	Damascus: For sub-branch volunteers
Specialists Training: Better Assessment Methodology	15	DRK	Damascus: Team of 10 IM experts across Syria
Specialists Training: Mobile Data Collection	15	CanCross	Damascus: Team of 10 IM experts across Syria
Specialists Training: Relational Databases	15	DRK	Damascus: Team of 10 IM experts across Syria
SAT Methodology for Reporting	70	GRC	Damascus: For sub-branch volunteers
Specialists Training: GIS	15	DRK	Damascus: Team of 10 IM experts across Syria
SAT Follow-up for 2020 Planning	45	IFRC	Damascus: Facilitated by IFRC IM Geneva, involving IM staff, and programmes and operations staff
Annual Meeting	100	IFRC	Damascus: All SARC Staff / Lessons learned and sharing experiences

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.

Enhancing Systems and Processes: Monitoring, Evaluation, Accountability and Learning

IFRC Planning Monitoring Evaluation and Learning (PMEAL) delegate continued to work with SARC to enhance tools and guidelines for effective monitoring and learning. The delegate supported SARC to institutionalize monitoring and beneficiary accountability as key aspect of SARC's programmes and operations.

Additionally, with the support from the MENA PMER team, SARC is conducting a Monitoring, Evaluation, Accountability & Learning (MEAL) Capacity Assessment planned for the 25th to 30th of August 2019. The workshop will use a modified version of the IFRC NS PMER Capacity Assessment Tool. This is a tool to assist National Societies (NS) to assess their capacities in planning, monitoring, evaluation, accountability and learning. Ultimately it is meant to inform action planning to improve these processes for better NS service delivery to people in need. It is important to note that this version of the tool was adapted based on the Syrian Arab Red Crescent (SARC) needs and context. This information will also be used to guide the development of a MEAL capacity building strategy that meets the needs of the National Society. The workshop will include participants from all the 14 SARC branches with a separate session with SARC volunteers.

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 continued to process items needed for the IFRC Emergency Appeal operation 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.

Coordination and cooperation

Movement cooperation and coordination in the sectors of livelihoods, health and care, community service and organizational development have progressed in harmony. 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 meetings 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

Evaluation of IFRC Complex Emergency Appeal

The evaluation was implemented between December 2018 – April 2019 by a team consisting of an external team leader, a member of the IFRC Disaster & Crisis (DCPRR) department and a member of the British Red Cross Planning Monitoring Evaluation Accountability and Learning (PMEAL) team. The key recommendation from the evaluation exercise were as follows;

Recommendation 1: IFRC should initiate discussions with SARC about the appropriateness of community engagement and accountability, protection and gender inclusion (PGI) mainstreaming in livelihoods and CBHFA programmes in recovery programming.

Recommendation 2: IFRC should initiate discussions with SARC's PPSU department (PMEAL), Information Management Unit and Operations Department to allow for results monitoring at beneficiary level and impact measurement.

Recommendation 3: IFRC should develop and apply multi-year funding modalities and a National Society Development Plan, based on a Movement-wide agreed SARC strategic plan or framework.

Recommendation 4: IFRC needs to strengthen its approach to risk management, and create an institutional environment (systems and mindset) in which risks are identified and communicated upfront (e.g. by indicating the risk levels at the top of each Operational Update) and introduce dedicated sections on risk monitoring and mitigation in these updates. IFRC needs to be in a position to discuss risks with SARC in an open and transparent manner with a view to improving risk management.

Recommendation 5: IFRC should negotiate a Status Agreement as a condition for launching an Appeal.

Recommendation 6: IFRC should undertake a (possibly independent and external) procurement audit or compliance review of all IFRC's procurement under the Appeal.

Recommendation 7: IFRC Geneva needs to promote more awareness of the mandatory nature of the Council of Delegates SMCC recommendations in Syria and ensure their implementation.

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 5 rounds of data.

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.

D. BUDGET

Reference documents

Click here for:

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

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

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In the IFRC

- **IFRC Head of Country Office**, Paula Fitzgerald; phone: mobile phone: +963 959 999 869; email: paula.fitzgerald@ifrc.org
- **IFRC Programme Officer:** Nuran Higgins, Programme Coordinator, email: nuran.higgins@ifrc.org

In IFRC Geneva

- **Programme and Operations focal point:** Tiffany Loh, Senior officer, Operations coordination, tiffany.loh@ifrc.org;

For IFRC Resource Mobilization and Pledges support:

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For In-Kind donations and Mobilization table support:

- **IFRC Mena Regional Logistics Unit:** Dharmin Thacker, Acting Head of Logistics, Procurement and Supply Chain Management, Phone: +961 5 428 505, email: dharmin.thacker@ifrc.org

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

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



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



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



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

Emergency Appeal

Interim FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2012/1-2019/5	Operation	MDRSY003
Budget Timeframe	2012/1-2019/12	Budget	APPROVED

Prepared on 25 Jul 2019

All figures are in Swiss Francs (CHF)

MDRSY003 - Syria - Syria Complex Emergency

Operating Timeframe: 06 Jul 2012 to 31 Aug 2019; appeal launch date: 06 Jul 2012

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	74,415,416
AOF2 - Shelter	8,071,291
AOF3 - Livelihoods and basic needs	61,374,135
AOF4 - Health	29,422,693
AOF5 - Water, sanitation and hygiene	3,872,042
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	6,681,069
SFI2 - Effective international disaster management	505,667
SFI3 - Influence others as leading strategic partners	586,180
SFI4 - Ensure a strong IFRC	224,324
Total Funding Requirements	185,152,817
Donor Response* as per 25 Jul 2019	173,105,365
Appeal Coverage	93.49%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	74,415,369	74,415,369	0
AOF2 - Shelter	6,876,675	5,941,820	934,855
AOF3 - Livelihoods and basic needs	39,542,214	36,116,296	3,425,918
AOF4 - Health	25,535,527	21,941,232	3,594,295
AOF5 - Water, sanitation and hygiene	8,789,547	8,217,002	572,545
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	8,264,437	7,192,790	1,071,646
SFI2 - Effective international disaster management	860,513	611,924	248,588
SFI3 - Influence others as leading strategic partners	612,588	256,377	356,211
SFI4 - Ensure a strong IFRC	7,771,509	7,558,785	212,724
Grand Total	172,668,379	162,251,595	10,416,783

III. Operating Movement & Closing Balance per 2019/05

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	171,407,314
Expenditure	-162,251,595
Closing Balance	9,155,719
Deferred Income	2,021,396
Funds Available	11,177,115

IV. DREF Loan

* not included in Donor Response	Loan :	Reimbursed :	Outstanding :
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