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Emergency appeal operation update

Syria Crisis

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRSY003
GLIDE n° OT-2011-000025-SYR

Operation update n°1
23 August 2012

Period covered by this Ops Update:
7 July to 19 August 2012.

Appeal target (current): CHF 27.5 million in cash, kind and services; [<click here to view the attached Emergency Appeal Budget>](#)

Appeal coverage: 11%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- This Emergency Appeal was initially launched on 6 July 2012 for **CHF 27.5 million** for 12 months to support the Syrian Arab Red Crescent National Society (SARC) to directly assist over 200,000 beneficiaries and to strengthen its capacity to respond to the needs of more than 1.5 million people.
- The Syria Crisis Appeal is a continuation and scaling-up of activities initially undertaken as part of the Middle East & North Africa Civil Unrest Appeal (MDR82001). Due to the worsening humanitarian situation and growing needs in Syria, the current Syria Crisis Appeal essentially builds on and broadens the scope of activities undertaken as part of the previous Civil Unrest appeal. The Syria component of the MENA Civil Unrest appeal was closed at the end of June 2012. All remaining funds that had been allocated to the Syria component will be transferred to the new Syria appeal, with donor approval. This is expected to be in the region of CHF 1.7m including provisions for working advances not cleared at the end of June. Final balances are in the process of being calculated and will be confirmed in the next operations update.
- In the interests of continuity and to provide a complete picture of operations in Syria, the present Operations Update will present an overview of achievements in Syria under the previous appeal (MDR82001), as well as activities to date under the current appeal (MDRSYR003). Future operations updates will focus on activities undertaken specifically as part of the Syria Crisis Appeal.



SARC volunteers from Jaramana (Rural Damascus) carrying-out psycho-social activities with IDP children. Source: Homam Azzaam, SARC.

Summary: SARC continues to respond tirelessly to the growing needs of Syrians displaced or trapped by the on-going conflict, with support from IFRC and ICRC, as well as UN partners. SARC volunteers are the main providers of emergency and basic health care in many areas across the country, often at great personal risk. Two

more volunteers were killed in recent weeks, in Der Ezzour and Aleppo, bringing the total to six SARC volunteers having tragically lost their lives during the course of their humanitarian duties.

SARC branches are now distributing food and non-food relief items to more than 850,000 people each month, with support from the Movement (ICRC / IFRC), as well as in their capacity as implementing partner for UN agencies (WFP, UNHCR, and UNICEF).

Main SARC response activities during the reporting period, as supported by IFRC under the current Appeal, have focused on:

- **Food and non-food relief distributions** to displaced Syrians in the central and north eastern regions, as well as in areas of Rural Damascus consisting of 10,000 food parcels, 7,900 hygiene kits and 5,600 mattresses, reaching **over 50,000 people**.
- Emergency ambulance services, providing **first aid to over 2,300 people** in July;
- Emergency and basic health care provided by **four Mobile Health Units, to over 3,886 people** in July;
- **Primary health care**, through SARC's network of 11 clinics (originally aimed at assisting Iraqi refugees), which are providing consultations to an increasing number of displaced Syrians, particularly in areas surrounding Aleppo, Raqa'a and Rural Damascus. Between **January and June 2012, over 18,000 consultations** were provided to displaced Syrians, of which 80% were at no cost. It is worth noting that the proportion of Syrian cases versus Iraqi refugees and others is approximately 40% overall, and particularly high in clinics in Menbej (Aleppo) and Raqa'a (both over 90%), Rural Damascus (Al Tal - 83%) and Dara'a (50%).

Supplies for SARC September distributions are in the pipeline from IFRC's regional logistics hub in Dubai. SARC has recently received one additional ambulance thanks to a bilateral contribution from Swiss Red Cross. Another two are being procured through this Appeal with contributions from Norwegian RC. Furthermore, plans are underway to support SARC with another eight ambulances, an additional six MHUs, and establish five new Medical Health Points to ensure on-going emergency and primary health care to people trapped by conflict and/or accommodated in shelters, who no longer have access to such services. With ECHO support, Danish Red Cross is currently supporting three medical health points, and intends to set up an additional seven, as well as procure 10 more ambulances. Due to an increasing scarcity of medicines, IFRC is working with SARC as a matter of priority to determine exact needs for procuring a contingency stock for the National Society.

Furthermore, SARC logistics capacity is being enhanced, with plans underway to set up three warehouses in Der Ezzour, Tartous and Hasakeh, along with the necessary human and physical resources, through German RC with ECHO funding. Two Mercedes Atego 1517 trucks were handed over to SARC in early August. IFRC is also currently recruiting a Logistics Delegate to work alongside SARC and reinforce much-needed capacity, given the ever-increasing scope of relief operations.

The situation

Since March 2011, Syria has been experiencing an increasingly pervasive and violent situation of unrest, which initially began in the southern governorate of Dara'a and has inexorably heightened ever since, currently affecting most governorates with varying intensity. February 2012 marked a severe worsening of the crisis, in terms of the levels of violence, numbers affected and extent of needs, which have continued to rise. The violence and displacement escalated further in July 2012, seriously affecting Damascus and Aleppo in particular, as well as the surrounding areas. The governorates of Dara'a, Rural Damascus, Damascus, Deir Ezzor, Homs, Idleb, Aleppo and Hama have been most seriously hit by the crisis to date, with population displacement also spilling over into other governorates.

People in severely affected areas have faced extreme violence, leading to loss of life, injuries and displacement. Due to the sensitive nature of the situation in Syria, exact figures are difficult to confirm. However media sources report that more than 20,000 persons have lost their lives (up to July 2012). According to SARC/UN estimates, some 2.5 million people are now in need of support, of which children represent a substantial proportion.

Road access in parts of the country is increasingly difficult and erratic. Communications are sometimes cut, and basic services have become less and less available. Houses and buildings have been destroyed – affecting both living conditions and the resumption of livelihoods. Protracted fighting and/or severe violence have led many families to re-settle in poorer and/or rural neighborhoods, where employment opportunities are

scarce, and health facilities overstretched. People caught up in neighborhoods affected by violence have often limited access to food, water, health care and other basic needs. Movement restrictions caused by the conflict have also seriously affected availability of basic items on markets: shops have been closing down, prices rising, and the supply chain is being disrupted.

With the unrest shifting into new areas, some previously displaced families have had to move more than once. Most families fled with very few possessions and, as the conflict continues, their vulnerability increases further, especially with many people distanced from traditional family support mechanisms. Local resources are stretched, and communities are seeing their social and physical infrastructure erode.

In this challenging situation, SARC volunteers have been working tirelessly, and often at great personal risk, to support the affected population throughout the country. Six SARC volunteers have lost their lives during the course of their duties since September 2011.

SARC has been steadily scaling-up its response to meet the growing needs, and by the end of July 2012 was estimated to be providing assistance to more than 850,000 persons on a monthly basis, in the areas of emergency and basic health, and food and non-food relief distributions, reaching all affected areas across the country, through its 14 branches and 80 sub-branches. ICRC and the Federation are working in close coordination with SARC, to actively support its on-going emergency response operation.

The situation remains highly volatile and unpredictable. This has obvious consequences for the overall humanitarian response, as conditions in the country continue to deteriorate. For this reason, IFRC, in consultation with SARC, decided to launch this Syria Crisis appeal (MDRSYR003), building and expanding on activities undertaken under the previous MENA Civil Unrest appeal (MDR82001) to meet ever-increasing needs. Planned actions continue to focus on basic and emergency health and food and non-food relief distribution, whilst increasing support for and enhancing SARC capacity, and planning for recovery, primarily in the area of livelihoods.

Red Cross Red Crescent partners who have contributed to this operation through cash contributions and in-kind donations are: Danish Red Cross, Swedish Red Cross, Belgian Red Cross, American Red Cross, British Red Cross, Japanese Red Cross, Iranian Red Crescent, Netherlands Red Cross and Canadian Red Cross. Contributions to this operation have also been received from corporate partners such as Suncor Energy Inc.

Other institutional partners, including the European Commission's Directorate General of Humanitarian Aid and Civil Protection (DG ECHO) are in the process of signing an agreement with the Federation as a contribution for the Syria Crisis appeal. Other contributions were done bilaterally to the Syrian Arab Red Crescent (SARC), including from the Czech Red Cross. Current funding coverage of the Syria crisis appeal is 11% as a total of hard pledges in cash and in-kind. On behalf of SARC, IFRC would like to thank all partners for their generous and invaluable contributions to this appeal. Partners are encouraged to make further cash contributions to support the overall response to the on-going crisis in Syria.

Coordination and partnerships

SARC has been playing a unique role, as national coordinator of humanitarian aid in Syria, and remains the main humanitarian organization able to reach all parts of the country.

SARC has the lead role for Movement response, and works as an implementing partner for the UN (WFP, UNHCR, UNICEF, UNFPA), as well as 'facilitator' for a number of INGOs. The International Federation participates in key UN Coordination meetings, in the areas of Shelter/NFIs, Food, as well as planning for water and sanitation interventions.

A Letter of Understanding was signed on 7 June between SARC, ICRC and IFRC to strengthen the existing Movement coordination mechanism, clarify respective roles and responsibilities, and ensure that the complementary capacities of each are utilized effectively. There is a good cooperation between Movement partners in Syria. The large needs and SARC's special role has prompted a spirit of cooperation and a flexible approach. Danish RC, German RC (intermittently) and Iraqi RC (supporting the population of displaced Iraqis) are currently the three PNSs active in Syria.

ICRC is supporting SARC in response operations, as well as with coordination and safety management, while IFRC's role is to support organizational development, as well as providing complementary support to SARC

operations through planning and funding - in particular of relief, and emergency and basic health care activities. SARC continues to work in line with the principles of the Red Cross and Red Crescent Movement, including neutrality, independence and impartiality, which are fundamental to reaching all those in need of assistance in the current context.

Red Cross and Red Crescent action

Overview

Since the beginning of the crisis, SARC has focused on providing emergency and primary health care, and food and non-food relief items to those most affected, even in hard to reach and unstable areas. The key ambulance provider in many parts of Syria, SARC has been supplying first aid, carrying out emergency health and ambulance services to wounded and sick people trapped by the violence. In addition, SARC has been filling a growing gap in the provision of basic health care to people displaced by the crisis, who do not have access to primary health care, either because existing facilities are over-stretched, or because they are no longer accessible (i.e. damaged / no longer staffed / unavailable), through its mobile health units, its network of clinics and its newly-established medical health points.

With stock from its own reserves and with on-going replenishment thanks to the support of partners - particularly ICRC, IFRC and UN agencies - SARC has been providing food and non-food relief on a monthly basis, progressively scaling-up to reach over 850,000 affected people across Syria by the end of July 2012.

As part of this Appeal, IFRC support to SARC continues to focus on relief, emergency and basic health care, and reinforcing SARC capacity. Response in these areas is being scaled-up to meet the increasing scope and scale of needs, as a continuation of the previous MENA Civil Unrest Appeal, the Syria component of which was officially closed on 30 June 2012... In addition, livelihoods support will become increasingly important, as people's existing resources erode, and as they try to re-establish their lives under very trying and unstable conditions. Planning and training in anticipation of much-needed livelihoods support is expected to become more of a priority over the coming months.

Progress towards outcomes

| Relief distributions (food and basic non-food items) | |
|---|--|
| Outcome: Food and basic non-food items are distributed to up to 30,000 families (150,000 beneficiaries). | |
| Outputs (expected results) | Activities planned |
| The immediate needs of up to 30,000 families are met through relief distributions. | <ul style="list-style-type: none"> • Develop beneficiary targeting strategy and support SARC registration system to deliver intended assistance. • Support SARC relief distributions and supply movements from point of dispatch to end user. • Monitor and evaluate the relief activities and provide reporting on relief distributions. • Enhance SARC preparedness through pre-positioning of contingency relief items for an additional 5,000 families. • Develop an exit strategy. |

Progress:

IFRC support to SARC distributions continues to focus on food and non-food relief to displaced Syrians in the Central and North-Eastern parts of the country, as well as increasingly in Rural Damascus, where there has been a dramatic increase in IDPs over the month of July. In addition, IFRC relief items are released to fill urgent gaps in needs as they arise, to complement ICRC/SARC distributions – as was the case in July, for distribution of 2,800 mattresses to meet the sudden rise in IDPs in and around Aleppo.

A three-month distribution plan (to the end of September 2012) was developed jointly between SARC/IFRC to meet the most urgent needs in areas being covered by IFRC-supported distributions (as agreed jointly between SARC/ICRC/IFRC). All quantities of food and non-food items related to the August distribution plan were dispatched by 16 August to SARC branches and, in some cases, to the final drop points of distribution, with the

exception of two areas - Al Bukamal and Ma'raba (Rural Damascus), where access has been proving difficult due to the situation.

IFRC and SARC are currently finalizing distribution plans for the period October-December 2012, to ensure timely procurement with no disruptions in the supply chain, so that needs continue to be met in a seamless manner. Most relief items are being procured regionally, with the exception of some food parcels and mattresses, which continue to be procured locally by SARC.

Although SARC branches are assessing needs and registering beneficiaries as per standard procedures, overall beneficiary numbers are not available at present. This is due to difficulties in regular communications with branches in affected areas, and challenges in compiling data at headquarters level – particularly as SARC had to move its headquarters in mid-July as a matter of urgency, due to the worsening security situation in the surrounding areas. This led to a brief disruption in office operations, affecting internet services and data tracking. IFRC has been working closely with SARC branches to obtain information, and is working with SARC HQ to streamline information management over the coming months.

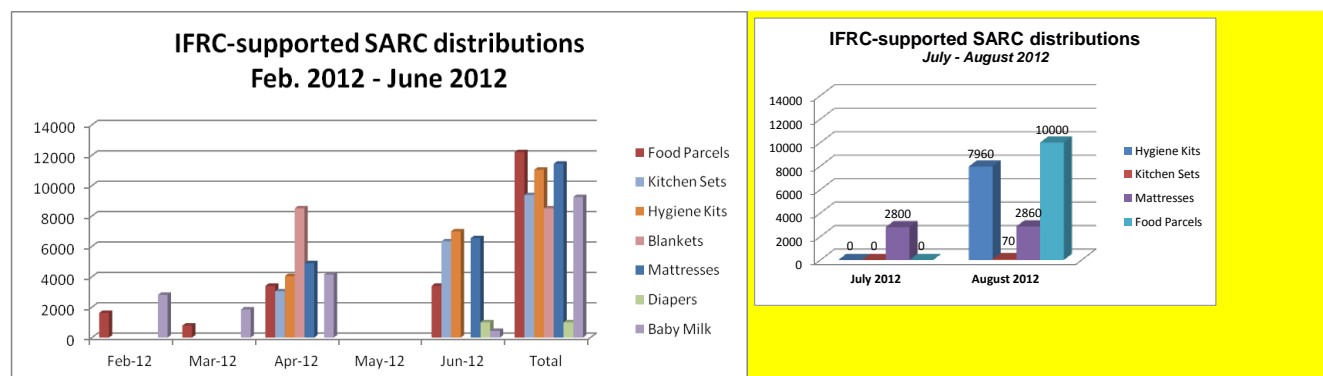
To date, IFRC-supported distributions are estimated to have reached at least 75,000 beneficiaries (although this is likely to be an under-estimation). Assessments of needs are carried out where possible (in most places) and assistance is provided according to needs. Hence, not all families receive all the items listed below, which suggests that the number of beneficiaries is likely to be higher than estimated above.

For the period July 2011 to June 2012, IFRC-supported relief distributions by SARC branches under the previous Appeal (MDR82001) were as follows:

| IFRC Contributions to SARC Relief Distributions - July 2011 to June 2012 | | | | | | | | |
|--|--------------|--------------|-------------|--------------|-------------|-------------|--------------|--|
| No. of Items | Hygiene Kits | Kitchen Sets | Blankets | Mattresses | Diapers | Baby Milk | Food Parcels | Areas covered by distributions |
| Branches | | | | | | | | |
| Rural Damascus | 4200 | 4227 | 900 | 4700 | 0 | 1824 | 3200 | Jeroud / Q'ara / Yabroud / Adra Alabald / Q'atan / Harasta / Alkiswa / Sahraya / Dirotehie / Jaramana / El Atal. |
| Homs | 5193 | 3450 | 6500 | 5140 | 1000 | 5434 | 8020 | Homs / Ekrima / Al Zahraa / Palmyra / Al Qaryatien / Mhien / Alwadi / Al Mshrfeh / Rabah / Al Sawaneh |
| Der Eizzour | 150 | 150 | 100 | 100 | 0 | 504 | 680 | Der Eizzour / Al Bukamal |
| Raqqa | 500 | 1100 | 500 | 1000 | 0 | 504 | 500 | Raqqa |
| Hama | 1000 | 1200 | 0 | 1000 | 0 | 0 | 1500 | Hama |
| Al Hassaka | 0 | 100 | 0 | 500 | 0 | 0 | 100 | Al Hasakeh / Qamishly |
| Dara'a | 200 | 0 | 500 | 0 | 0 | 0 | 0 | Dara'a |
| Idlib | 0 | 0 | 0 | 0 | 0 | 0 | 1000 | Idlib |
| Tartous | | | | | | | 200 | Banyas |
| Damascus | | | | | | | 984 | Damascus |
| Total | 11243 | 10227 | 8500 | 12440 | 1000 | 9250 | 15200 | |

An overview of distributions by food and non-food relief items is presented below for:

- Previous Appeal (MDR82001), from February 2012¹ to the end of June 2012, and
- Current Appeal (MDRSYR003) for July/August 2012:



¹ Contributions for NFI to the Appeal (MDR82001) were only received as from February 2012.

Challenges:

The shifting and growing nature of the crisis in Syria poses a number of important challenges, which volunteers in SARC branches are working tirelessly to address, either directly or through partnerships with local NGOs to ensure access to IDPs and those trapped by fighting. Key challenges include:

- Difficulty of access to people trapped in areas of conflict, due to fighting and serious insecurity.
- Unpredictable cuts in road access and communications in certain areas. IFRC has been looking into alternate supply routes, should main roads become inaccessible. In addition, plans are underway to decentralize SARC warehousing, to ensure on-going supply, in particular to affected areas in the north.
- Shifts in areas affected by fighting, which lead to unpredictable movements of IDPs, with people moving to new places, or back to their original locations, in search of more secure shelter.
- Beneficiary numbers remain hard to collect, due to a number of factors, including poor communications, security concerns, and a lack of consistent information management procedures. More standardized reporting is being developed and National Society capacity will be reinforced to address some of these issues.

| Emergency health | |
|--|--|
| Outcome: The immediate risks to the health of the affected population are reduced through the provision of emergency and basic medical services. | |
| Outputs (expected results) | Activities planned |
| At least 45,000 persons benefit from SARC support to emergency and basic health care. | <ul style="list-style-type: none"> • Identify the need for emergency and basic health services to fill the constantly shifting gaps, including risk of communicable diseases. • Support SARC in recruiting and training specialised health volunteers and staff. • Work with SARC to develop a plan for sustaining the ambulance services. • Procure health-related items and equipment in coordination with the logistics team (i.e. medical consumables and medicines¹). • Continue supporting 4 existing SARC mobile health units (MHU) already operating. Establish an additional 6 mobile health units. • Enhance SARC fleet with an additional 12 ambulances. Support SARC health department to develop an additional 5 health points at community level, to complement the 10 health points (existing and planned) supported bi-laterally by Danish RC. • Support the existing primary health care clinics, providing access to basic health care for displaced people. |
| Psycho-social support is provided to population and staff/volunteers of the operational local branches engaged in emergency response. | <ul style="list-style-type: none"> • Advise and coordinate with existing SARC Psycho-Social Support Programme.² • Support SARC in addressing any gaps due to growing PSP needs, through coordination and advocacy for further bi-lateral or multilateral support, as needed - and including Psychological Support to staff and volunteers of branches engaged in emergency response (with focus on "Help the Helpers" approach), and training of staff and volunteers engaged in emergency response on PSP programmes on basic psycho-social support projects for people affected by the crisis, with particular focus on children. |

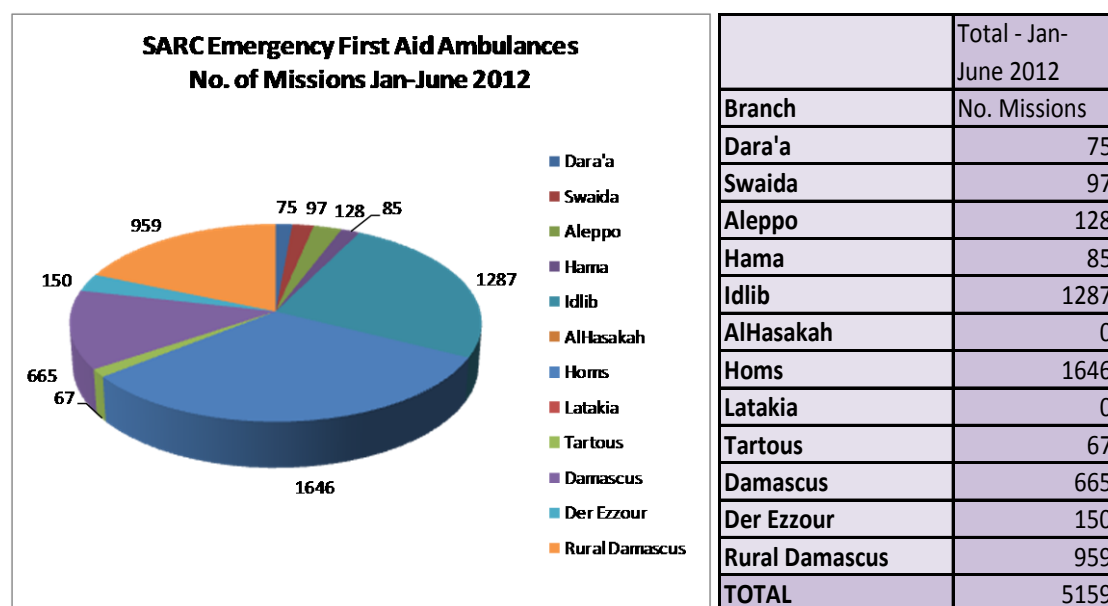
Progress:

First Aid and Ambulance Services

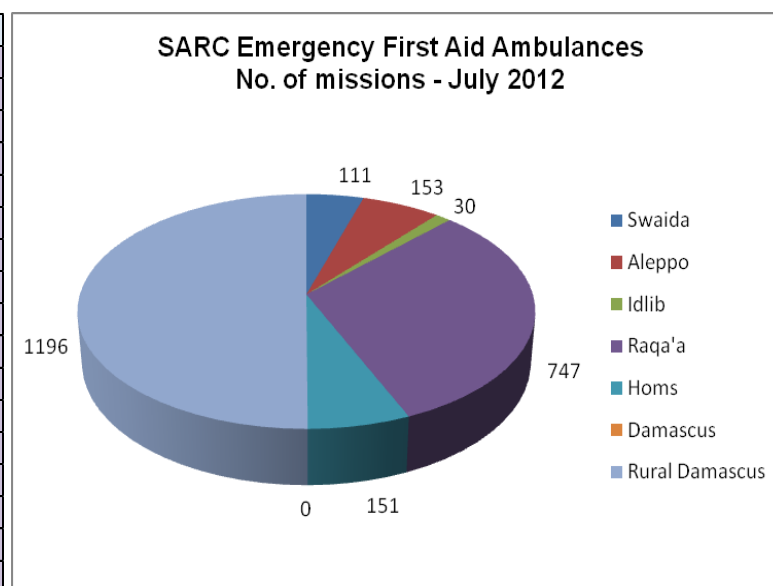
- SARC has been and remains one of the few organizations able to reach the injured and ill in conflict-affected areas. One of the main priorities under both the previous and current Appeals has therefore been to increase SARC's ambulance capacity.
- Twenty-two new fully-equipped ambulances were procured under the previous Appeal (MDR82001). These were dispatched to SARC branches across the country and are actively being used, as they

are often better equipped and in better working condition than SARC's existing fleet. Three additional ambulances are currently being procured, thanks to contributions from Swiss and Norwegian RC, and an additional eight are to be funded through ECHO under the current appeal. Moreover, Danish RC is planning another contribution of 10 ambulances to SARC with ECHO support. The current location of ambulances (and mobile health units) according to branches and sub-branches is set out in Annex 1.

- Since the up-surge in violence at the beginning of the year, SARC ambulance teams have assisted **over 7,500 people** – of which **over 2,300 in July²** alone (see tables below), despite the fact that certain branches had to suspend ambulance services for a period of time due to intense fighting (notably in Aleppo, Dara'a, Der Ezzour, and Hama).



| SARC Ambulance Missions | |
|-------------------------|--------------|
| | Jul-12 |
| Branch | No. Missions |
| Dara'a | 0 |
| Swaida | 111 |
| Aleppo | 153 |
| Hama | 0 |
| Idlib | 30 |
| Der Ezzou | 0 |
| Raqa'a | 747 |
| Hasakah | 0 |
| Qunaitra | 0 |
| Homs | 151 |
| Latakia | 0 |
| Tartous | 0 |
| Damascus | 0 |
| Rural Dam | 1196 |
| TOTAL | 2388 |

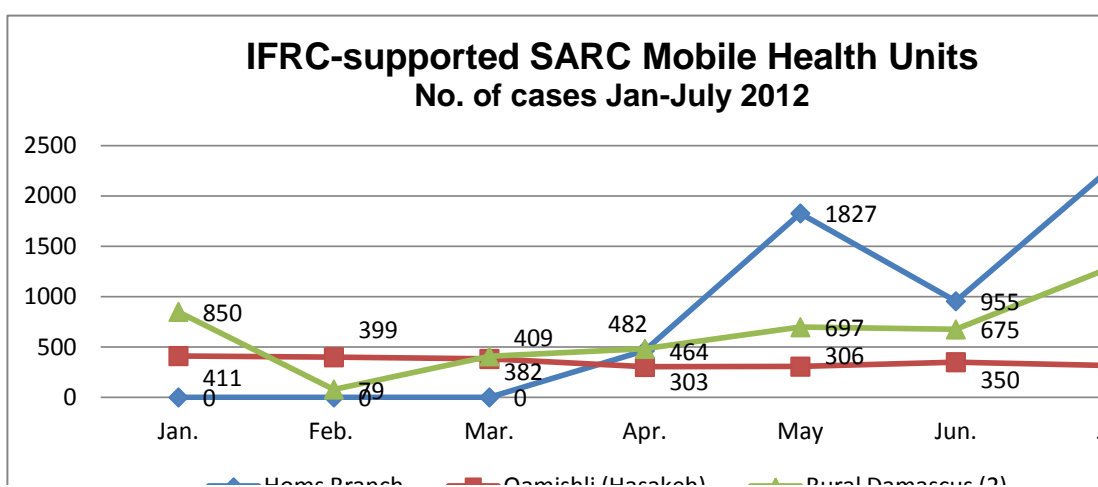


² Note: Due to the conditions on the ground, data was not available from some branches at the time of reporting, including Damascus Branch, which carried out a number of missions over the period.

Mobile Health Units (MHUs)

- Four SARC MHUs, originally established in 2007 to provide free health care to Iraqi refugees, were re-assigned to provide emergency and basic health care to Syrian IDPs in the areas of Rural Damascus (2³), Homs and Qamishli (See Annex 1). SARC MHUs are increasingly being used among displaced communities or populations trapped in conflict areas, where medical evacuation is a challenge or basic health care unavailable (i.e. in shelters). MHUs have proved to be an effective method of treating the injured, as well as providing basic health care to displaced. Over the period January to July 2012, the 4 IFRC-supported MHUs assisted **over 12,500 people**, with a dramatic **increase in July 2012, with close to 4,000 people** receiving health assistance through the MHUs in one month alone, as shown below.
- Under the current appeal, an additional 6MHUs are to be procured to ensure greater reach and access to the growing number of Syrian IDPs, for use by SARC branches in Idlib, Dara'a, Rural Damascus, Homs, Damascus, and Der Ezzour.

| | SARC MHUs - IFRC supported | |
|-------------------------------|----------------------------|---------------------------|
| | Civil Unrest MDR82001 | Syria Crisis MDRSYR003 |
| | Jan-June 2012 | July 2012 |
| Homs Branch | 3246 | 2279 |
| Qamishli (Hasakeh) | 2151 | 316 |
| Rural Damascus (2) | 3192 | 1291 |
| Total | 8589 | 3886 |



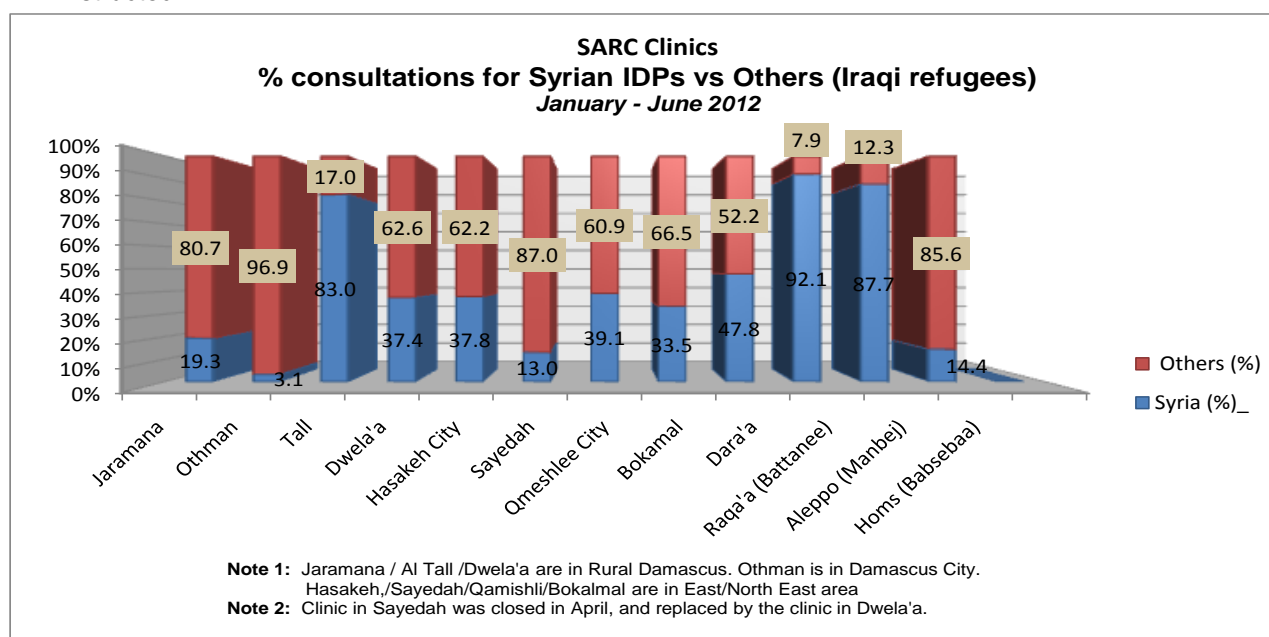
Primary Health Care (SARC Clinics)

- Originally established to assist Iraqi refugees, 11 SARC clinics have increasingly been meeting the needs of Syrians - providing basic health care to Syrian IDPs and other vulnerable groups through its network of clinics across the country (see map in Annex 2). IFRC, through ECHO, will continue supporting SARC in the provision of free health care to these groups, and in particular the costs of medication in the 11 existing clinics, and total costs for establishing two additional clinics (in Hama and Telbisi (Homs)). The clinics have continued to serve the local population, while meeting the dramatic increase in basic health

³ One of the MHUs in Rural Damascus is being supported by Danish RC from the beginning of 2012 until 31 August 2012, when IFRC again takes over responsibility for all 4 MHUs.

care needs of over 10,000⁴ displaced Syrians over the past 6 months. Staff support and running costs of the 11 clinics, as well as health services provided mainly to the Iraqi refugee population, continue to be supported by the United States Department of State - Bureau of Population, Refugees and Migration (PRM) and Swedish Red Cross.

- Data from the clinics is collected through SARC's Clinic Information Management System. Due to the general situation of unrest and disruptions at local level, data for July has not yet been compiled. Nevertheless, the table below sets out an estimation of clinic activity for the period January to June 2012 (see footnote), and provides a useful indication of increased basic health care consultations to displaced Syrians in key areas, most particularly in Rural Damascus (Al Tall), areas around Aleppo (Manbeij), Raqqa and Dara'a, as shown below.
- Consultations to Syrian IDPs represented 40% of all consultations between January and June 2012, totalling **18,028 consultations** - of which 14,318 (80%) were free of charge. Syrian IDPs do not generally pay for consultations and medication – and all clinics have been so instructed.



Medicines

- IFRC has procured 20 Inter-Agency Emergency Health Kits (IEHKs), complemented by 20 Surgical Health Kits (SHKs), sufficient to assist 200,000 people, thanks to ECHO funding under the previous Appeal. These have been distributed to SARC sub-branches to meet specific needs as assessed by SARC health coordinators, together with branches and in consultation with IFRC. Each kit is sufficient to assist 10,000 people. Overview of distribution to SARC branches is as follows:

| SARC Branch (Number sub-branches assisted) | IEHK | SHK |
|---|-----------|-----------|
| Rural Damascus (6) | - | 6 |
| Homs (5) | 4 | 1 |
| Aleppo (8) | 5 | 3 |
| Der Ezzour (2) | 1 | 1 |
| Dara'a (7) | 4 | 3 |
| Idlib (4) | 2 | 2 |
| Hama (2) | 1 | 1 |
| TOTAL distributed | 17 | 17 |
| Remaining contingency | 3 | 3 |

⁴ This is likely to be an under-estimation, as all clinics have not fully submitted their data over the past months, due to difficulties in communications and overall insecurity. Figures will be adjusted once all data has been collected.

- According to a recent WHO report, Syria is experiencing critical shortages in medicines and pharmaceutical products, due to substantial damage to pharmaceutical plants located in rural Aleppo, Homs and Rural Damascus. Syria normally produces 90 per cent of its medicines and drugs locally. Due to an anticipated shortage of medicines, IFRC is looking to support SARC in building up its medical contingency stocks as a matter of priority. SARC is currently preparing a list of the most urgently needed medicines, which will be filled with support from MENA Zone and partner National Societies, as per IFRC standards for procurement or donations of medicines.

Medical Health Points (MHPs)

- To meet basic health care needs going unmet because people are unable to travel freely in and out of certain areas, SARC has established two 'medical health points' (with a third one planned) in Rural Damascus, supported bi-laterally by the Danish Red Cross (as part of ECHO grant). These are small one-room clinics set up within neighbourhoods where access to health care has become difficult. These clinics focus on providing first aid as well treating chronic diseases, and offer basic health care where there is, at present, no other option due to the crisis. At the same time, MHPs provide SARC with better access, since they are based within community boundaries, and serve to reduce the movement of SARC First Aid teams and ambulances during periods of escalation in fighting.
- The two existing MHPs are located in the Damascus neighbourhoods of Qaboun and Moadamiya, both severely affected by violence. They have been operational since spring 2012, although both have had to suspend services from time to time, due to the unsafe situation on the ground, and have resumed activities as soon as feasible. The MHP in Qaboun will however require some rehabilitation, as facilities have recently been damaged.
- MHPs are proving to be an effective approach to delivering medical care to severely affected communities, and the two points implemented so far has been widely accepted by the communities which they serve. Exact patient numbers have not yet been collated, due to disruptions in services, and need to give priority given to treatment.
- As part of the present Appeal, IFRC will assist SARC in setting-up 5 more Medical Health Points, to complement an additional 7 being supported by Danish RC, for a total of 15 across the country, thanks to ECHO funding. These additional MHPs will be located in the governorates of rural Damascus, Dara'a, Homs, Idlib and Aleppo.

Psycho-Social Programming

- A number of SARC branches are carrying out psycho-social activities, primarily with IDP children in shelters. PSP activities were carried out in 18 schools sheltering IDP children during Ramadan.
- SARC PSP capacity has been supported bi-laterally by Danish RC, and this is on-going (with support from ECHO). Trainings are held on a regular basis in psychological first aid. In addition, group and individual 'defusing sessions' are organized for SARC volunteers in affected branches, to help them talk about and come to terms with their experiences in the field, under the current difficult and dangerous conditions. Since March 2012, more than 600 volunteers were assisted in this way – of which some 85 during the current reporting period.

Challenges

- Severe violence and fighting has led to the suspension of ambulance and medical health point services in certain areas. As a contingency, certain SARC branches are setting up emergency points near shelters, to provide as much emergency and basic health care as possible under very difficult circumstances.
- There have been reports of outbreaks of watery diarrhoea and scabies in shelters in Rural Damascus. This is currently being investigated.
- There are concerns regarding shortages of medicines. Plans are underway to establish a SARC contingency stock of essential medicines.
- Patient data is proving hard to obtain, despite the existence of standard SARC clinic information system reports. This is due to the overload in new cases, and disruptions in communications, which are causing delays in obtaining information from the field. Similarly, medical health points have not been able to report in detail on patient numbers. A simple information management system is being finalized for use by MHPs.
- In terms of preventive measures, SARC carried out vaccinations in Qaboun (Rural Damascus) and Homs. Vaccinations are also on-going, as part of regular SARC clinic services.

Livelihoods

| | |
|--|--|
| Outcome1: Livelihoods of the people affected by the crisis are restored to enhance their self-sufficiency and recovery ability. | |
| Outputs (expected results) | Activities planned |
| Targeted households are supported with livelihood projects, including asset replacement and income-generation activities. | <ul style="list-style-type: none"> • Support SARC in assessing feasible livelihood interventions, beneficiary targeting, and promote the inclusion of DRR in planning and implementation. • Train volunteers and staff in income generation programming and asset replacement interventions. • Provide technical support to the planning and management of the livelihoods intervention, according to the agreed strategy (income generation activities, asset replacement programmes). |
| Outcome2: Families who have left their homes are supported with adequate shelter solutions | |
| Outputs (expected results) | Activities planned |
| Basic shelter support provided for both host and displaced families. | <ul style="list-style-type: none"> • Promote appropriate support for displaced persons living with host families. • Enable the provision of safe and adequate locally-appropriate shelter solutions, through relevant programming methodologies (e.g. distribution of materials and tools, training, etc). • Ensure shelter programming includes access to required water and sanitation services and communal facilities, in coordination with ICRC and other operational partners. • Develop contingency plans and support for emergency water and sanitation services (including hygiene promotion), in line with changing needs. |

Progress: No activities have been undertaken to date in the area of livelihoods, since the focus has been (and remains) on providing emergency relief and health care to displaced Syrians and those trapped by conflict. Nevertheless, due to the on-going and lengthening disruption to people's lives and livelihoods, this is anticipated to become an increasingly important area of assistance. IFRC is planning to recruit a Livelihoods Delegate to begin planning, so that activities can be undertaken as soon as the situation allows.

SARC branches in certain areas (including Damascus, Rural Damascus, and Aleppo) have become increasingly involved in temporary shelter management. ICRC has been taking the lead on water and sanitation assistance in support of SARC. IFRC is dispatching its WATSAN emergency response kit No.5 to Syria to be used by SARC in areas hosting IDPs, with a capacity of up to 5000 persons. This kit is part of MENA contingency stocks in Dubai GLS.

Challenges:

- Operational focus is currently on emergency relief and health care. There is little capacity at present within the National Society to begin working on livelihoods interventions.
- As the crisis continues, and as houses / businesses are increasingly destroyed, longer-term shelter solutions will become a growing need. In addition, the conditions in existing shelters are inadequate for the longer-term. Furthermore, a number of shelters are located in schools or on university campuses – which may need to re-open once the school year begins in mid-September. The current situation of instability does not provide for any apparent solutions to these imminent problems.

National Society Capacity-building

| | |
|---|---|
| Outcome: National Society HQ and branches have received support for their infrastructure and well-functioning. | |
| Outputs (expected results) | Activities planned |
| Volunteers involved in the operation are well supported and promoted. | <ul style="list-style-type: none"> • Enhance SARC volunteer and branch leadership capacity in key operational areas through training in the areas of: needs assessment in emergencies, relief (registration, distribution, reporting and monitoring), shelter management, WATSAN, and disaster management, and further enhance knowledge and practice of RC/RC principles and values (around 350 volunteers). • Provision of Volunteering in Emergencies training package (a critical |

| | |
|---|---|
| | <p>element in the current situation).</p> <ul style="list-style-type: none"> • Provide modern communication tools and capacities to enhance connectivity and networking among the volunteers (i.e.VHF). • Provide minimum protection arrangements and equipment (e.g. insurance, survival kits, uniforms, etc.) for volunteers, especially for volunteers serving in high-risk areas. • Analyse and promote the contribution of volunteers through the different means of knowledge-sharing locally, regionally and internationally, especially within the RC/RC global network, if the situation allows. • Maximize opportunities to enable SARC to attract and retain volunteers representing the diversity of the communities. |
| Safety Support is delivered to all field workers in SARC | <ul style="list-style-type: none"> • Assist SARC with development of safety management plans for staff and volunteers in a way which complements support being provided by ICRC. • Safety support will revolve around the capacity to provide ongoing assessments and advice, both prior to implementation of operating plans and throughout the operation. |
| HQ and overall SARC operational capacity is enhanced to meet the increased needs of the ongoing crisis. | <ul style="list-style-type: none"> • Provide national and international staff to support overall operational capacity in the following priority areas: <ul style="list-style-type: none"> ○ Reporting and Information Management ○ Relief ○ Disaster Management ○ Resource Mobilization ○ Livelihoods ○ Finance ○ Logistics (warehousing / fleet) • Enhance operational capacity in branches with support for 12 branch Operational Support Coordinators, and 14 Information and Reporting Coordinators. |
| A contingency SARC / IFRC HQ is established to ensure continuity of operations. | <ul style="list-style-type: none"> • Provide financial support to SARC for alternative HQ, and relocation of staff and premises, as needed |

Progress:

- SARC branches continue to organize trainings to incorporate new volunteers and enhance skills of existing volunteers (focusing on first aid, advanced first aid and disaster management).
- A contingency SARC/IFRC headquarters was set up in central Damascus, in mid-July, due to on-going insecurity and difficulties of access to the main HQ in Harasta, and to ensure continuity of operations. Rent for the first 6 months has been covered by ICRC, while IFRC has been asked to support the following 6 months, if needed. IFRC has also supported SARC HQ to ensure continuation of operations, when there have been gaps.
- IFRC is currently recruiting delegates in the areas of Resource Mobilization and Logistics, as well as a replacement for the current Reporting/Information Management Delegate, to support SARC operations and enhance capacity in these key areas.
- Some 685 active SARC volunteers continue to be covered under IFRC insurance support.
- IFRC has provided SARC with 120 copies of the Volunteer Safety Guide (in English and Arabic), with another 500 being dispatched.

Challenges:

- The current challenging situation on the ground and the urgent needs in terms of response are an impediment to extensive training at this time. Nevertheless, SARC volunteers are being provided with material and physical support, and branches are training new recruits on an on-going basis.

Logistics

| | |
|---|---|
| Outcome1: Logistics support provided following IFRC procedures to ensure the efficient and timely delivery of goods and services for the success of the operation. | |
| Outputs (expected results) | Activities planned |
| Coordinated mobilization of international relief goods; Coordinated reception of all incoming goods; warehousing and further dispatch to branches and distribution points. Report on supply chain status and needs. | <ul style="list-style-type: none"> • Coordinate the mobilization of international supply chain. • Procure goods according to IFRC standards and procedures of procurement, and ensure that goods specifications follow international standards. • Support SARC in monitoring the reception, warehousing and dispatch of goods from the main warehouse to branches, and in producing relevant and accurate reports. • Manage the supply chain according to international standards. |
| Outcome 2: SARC overall logistics capacity is developed and strengthened to provide effective and efficient logistics services, and the institutional capacity is enhanced to meet RC Movement standards in addressing SARC and Movement partners' logistics requirements in the future. | |
| Outputs (expected results) | Activities planned |
| SARC logistics capacity is strengthened through training, workshops, and technical support (including tools, equipment and human resources). | <ul style="list-style-type: none"> • Support SARC to enhance the logistics/relief interface coordination, in close cooperation with partners. • Support SARC on the management of logistical technical information, to ensure quality of information on fleet, supply chain, and warehousing, at HQ and branch levels. • Support SARC to enhance its stock management system at HQ and branch levels. • Improve warehousing operations and conditions, by providing human resources, vehicles, and equipment (furniture, forklifts, computers, generators, software, and tools, including implementation of the Federation Warehouse Information System). • Support the recruitment of logistics staff by SARC and provide training according to recognized standards, at HQ and branch levels. • Encourage SARC to enhance its fleet management system at HQ and branch levels, and look into fleet expansion and vehicle replacement policy as per needs. • Start the project to establish a new SARC HQ warehouse in Damascus (in space already owned by SARC), plus two additional regional warehouses. • Equip all warehouses with fire and alarm systems. |

Progress:

- General logistics support is provided by MENA Zone and the Regional Logistics Hub in Dubai, to support relief operations, as reported earlier. The supply of non-food items, under the emergency appeal and mob table, continues from Dubai without any problems so far.
- As the main provider of humanitarian assistance in Syria, SARC has had to scale-up its response capacity quickly and extensively. There is therefore a great need to enhance the National Society's logistical capacities, in terms of its human resources, equipment, storage facilities and training of staff. These needs will be addressed between German Red Cross and IFRC in close coordination and to complement activities of other partners (specifically WFP), through ECHO funding. Warehouses are planned for three branches (Deir Ezzor, Tartous and Hassakeh), and activities will include training and provision of equipment to ensure that warehouses are functional, and SARC overall logistics capacity is strengthened.
- IFRC is currently recruiting a Logistics Delegate for the Syria operations, to be based in Damascus.
- Two Mercedes Atego 1517 trucks were handed over to SARC in early August.

Communications – Advocacy and Public Information

- Bi-weekly Syria Update Bulletins are produced for limited circulation to Movement partners, providing regular updates on the situation and activities being undertaken in-country.
- A special Syria section has been created on DMIS, to facilitate access to the latest information for donors and RCRC partners, on:
https://www.secure.ifrc.org/DMISII/Pages/02_Disaster_tracking/0203_operations/OT2011000025SYR.aspx
- Two slideshows showing the Syrian Arab Red Crescent support in different parts of Syria have been published on IFRC's OWYM blog.
<http://www.ifrcmedia.org/blog/syrian-arab-red-crescent-health-and-aid-support-for-the-displaced-people-at-aleppo-university-campus/> and <http://www.ifrcmedia.org/blog/syrian-arab-red-crescent-in-action/>
Photos are available in cumulus as well:
<https://av.ifrc.org:443/pincollection.aspx?collectionName={bc4ce10b-f89d-4e10-82c2-ec8434e26df3}> and <https://av.ifrc.org:443/pincollection.aspx?collectionName={0e3737b9-e601-4d48-a913-e1267e60f33b}>.
- Due to the sensitive nature of the situation on the ground, and the importance of ensuring the Movement's neutrality and independence under very difficult circumstances, IFRC has not been actively pursuing media coverage at this time. Requests for interviews and information are responded to, and close liaison is ensured with SARC and ICRC.

ANNEX 1

**Location of IFRC-supported SARC Ambulances and MHUs
(End July 2012)**

| SARC | | Ambulances | | MHUs | |
|----------------|--------------|------------|---------------|-----------|----------------|
| Branch | Sub-branch | Total | IFRC-supplied | Total | IFRC-supported |
| Rural Damascus | Jaramana | 1 | 1 | 2 | 2 |
| | Harasta | 1 | 1 | | |
| | Douma | 2 | 1 | | |
| | Annabik | 1 | - | | |
| | Inmi' | 1 | - | | |
| Dara'a | | 3 | 1 | - | - |
| Swaida | Swaida | 1 | 1 | - | - |
| | Rami | 1 | - | | |
| Qunaitra | | 1 | - | - | - |
| Hasakeh | Hasakeh | 2 | 1 | 1 | - |
| | Qamishli | - | - | 1 | 1 |
| Lattakia | | 1 | 1 | - | - |
| Tartous | Tartous | 3 | 1 | 1 | - |
| | Sawda | 1 | - | | |
| Aleppo | Aleppo | 5 | 2 | 1 | - |
| | Assfira | 1 | - | | |
| | Manbij | 1 | 1 | | |
| Idlib | | 3 | 1 | - | - |
| Hama | | 2 | 1 | 1 | - |
| Raqa'a | | 1 | 1 | - | - |
| Der Ezzour | | 1 | 1 | - | - |
| Damascus | | 4 | 3 | 1 | |
| Homs | Homs | 4 | 3 | 2 | 1 |
| | Talbisa | 2 | - | | |
| | Palmyra | 1 | 1 | | |
| | Mheen | 1 | - | | |
| | AlQuariatain | 1 | - | | |
| TOTAL | | 46 | 22 | 10 | 4 |

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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 Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
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