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# Emergency appeal operation update

## Syria Crisis

 International Federation  
of Red Cross and Red Crescent Societies

### Emergency appeal n° MDRSYR003 GLIDE n° OT-2011-000025-SYR Operation update n°2 19 October 2012

**Period covered by this Ops Update:**  
20 August to 30 September 2012.

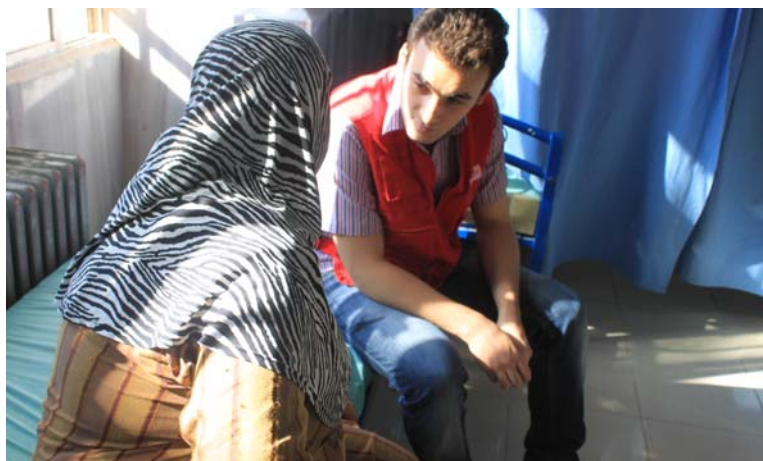
**Appeal target (current):** CHF 27.5 million in cash, kind and services;

**Appeal coverage:** 49%; through cash and in-kind contributions.

[<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.
- As the previous operations update provided an overview of achievements in Syria under the previous appeal (MDR82001) as well as activities under the current appeal during the reporting period, this update aims to focus on activities undertaken specifically as part of the Syria Crisis Appeal from the beginning of July 2012.



Debriefing session with affected woman hosted in the Aleppo university campus, Photo: SARC

#### Summary:

The Syrian Arab Red Crescent (SARC) is working under very difficult and sensitive conditions to meet the growing humanitarian needs. Since the beginning of the unrest in March 2011, SARC staff and volunteers have been responding around the clock, to reach those displaced or trapped by violence across the country, even in many difficult-to-access communities. Six SARC volunteers have lost their lives since September 2011, and many continue to risk their personal safety on a daily basis providing urgent medical and relief assistance to people in need. By the end of September 2012, SARC was assisting over 1.5 million people with food and non-food relief items on a monthly basis, with support from the Movement (ICRC / IFRC and partner national societies), in cooperation with UN agencies (WFP, UNHCR, UNFPA and UNICEF), international and national NGOs.

SARC is acting as the main provider of ambulance services, and is offering emergency and basic health care in all affected areas across the country.

IFRC provision of food and non-food relief items to support SARC distributions have targeted displaced Syrians in the central and north-eastern regions, as well as increasingly in rural Damascus, to complement ICRC activities and fill urgent gaps as they arise. An estimated 175,000 beneficiaries have been reached in this way from the beginning of the crisis (July 2011) – although actual numbers are likely to be higher.

IFRC support to SARC in emergency and basic health care have focused on providing ambulances, medicine and operational support to SARC basic health clinics and mobile health units, as well as procuring Inter-Agency Emergency Health Kits (IEHK), complemented by 20 Surgical Health Kits (SHK), through ECHO support, sufficient to assist 200,000 people in support of SARC clinic and branch emergency health response activities.

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 20,000 food parcels, 21,360 hygiene kits, 12,570 kitchen sets, 27,800 blankets and 15,460 mattresses, reaching over **100,000 people**.
- Emergency ambulance services, providing first aid to over **6,123 people**;
- Emergency and basic health care provided by four Mobile Health Units, to over **10,669 people**;
- 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, Raqqa and Rural Damascus. Between **July and September 2012, over 11,600** consultations were provided to displaced Syrian population. It is worth noting that the proportion of Syrian patients versus Iraqi refugees and others is approximately 49% overall, and particularly high in clinics in Homs - 99.4%, Menbej (Aleppo) and Raqqa (both over 80%), and Dara'a (69%).<sup>1</sup>

Supplies for SARC October distributions are in the pipeline from IFRC's global logistics office in Dubai. SARC has received so far one ambulance from Swiss Red Cross; four additional ambulances were procured through the contribution from Norwegian Red Cross (2), Netherlands Red Cross (1) and Belgian Red Cross (1). Furthermore, supported by ECHO, SARC will receive another eight ambulances and an additional six MHUs. Two out of the five new Medical Health Points were opened. Therefore the capacity of SARC to ensure on-going emergency and primary health care to people trapped by conflict and/or accommodated in shelters, which no longer have access to such services, has been enhanced. 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.

Through German Red Cross, with ECHO funds, SARC logistics capacity is being enhanced, with plans underway to support warehousing in Deir Ezzour, Tartous and Hassakeh, along with the necessary human and physical resources. IFRC handed over two Mercedes Atego 1517 trucks 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.

During the reporting period, IFRC supported SARC in enhancing its information management system through several tools specifically developed for the operation for the use of branches. SARC started as well recruiting 14 information/reporting staff (one in each branch) with the aim to have one focal point for collecting information that can be shared with partners and donors through SARC HQ. IFRC is currently recruiting delegates in the areas of Resource Mobilization and a replacement for the current Reporting/Information Management Delegate, to support SARC operations and enhance capacity in these key areas.

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<sup>1</sup> Staff, running costs, medicine and other services for the Iraqi population is covered under the Annual Plan MAASY001

## The situation

The violence in Syria remained extreme with the humanitarian situation further deteriorating. Based on several sources, approximately 5000 persons lost their lives during the month of Ramadan. The situation continued to be highly volatile, violent, and unpredictable in many areas across the country during August and September. According to SARC estimates, some 2.5 – 3 million people would need support, of which children represent a substantial proportion.

The conflict continues to affect most parts of the country. At the end of August and during September the situation was particularly deteriorating in Deir ezzor governorate, Aleppo and in Damascus suburbs.

In the beginning of September, more than one million IDPs were hosted in a total of 470 schools, and other public buildings as well as within local communities. With the beginning of the school year in mid-September, many of the IDP families had again to be relocated or find their own accommodation. At the end of September the number of displaced persons was officially reported by the Syrian Government to be more than 3 million persons. The overall majority are to be found in private accommodation. Most families have left their homes 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.

WHO raised concerns of expected shortages of medicine as a result of the violence hampering the drug production particularly in Aleppo and Damascus suburbs, where most of the pharmaceutical factories are located. Access to food remained a key challenge during the reporting period due to soaring prices, no possibilities to earn a living in violence stricken areas and no easy movement. Urgent needs of emergency health, primary health care including vaccinations and reproductive health continued. Damages to infrastructure have in some places limited the access to safe drinking water.

## 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 out to people in need, in cooperation with ICRC, other Red Cross and Red Crescent Movement partners, UN agencies and international and national NGOs.

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 and German RC (intermittently) were the two PNSs present in Syria during the reporting time frame.

ICRC is supporting SARC in response operations, as well as with coordination and safety management, while IFRC's role is to encourage and support organizational development, ensure SARC's ability to provide emergency and basic health care activities as well as providing complementary support, particularly in relief. 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 Red Crescent partners who have contributed to this operation through cash contributions and in-kind donations are: American Red Cross, Belgian Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, German Red Cross, Italian Red Cross, Iranian Red Crescent, Japanese Red Cross, Netherlands Red Cross, and Norwegian Red Cross. Swedish Red Cross, Taiwan Red Cross Organisation. Contributions to this operation have also been received from corporate partners such as Suncor Energy Inc and private donors from Switzerland.

In addition, the European Commission's Directorate General of Humanitarian Aid and Civil Protection (DG ECHO) is providing support, primarily to the emergency health component. USAID has also provided support for the operation. 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.

## Red Cross and Red Crescent action

### Overview

During the reporting period SARC continued its activities providing emergency and primary health care, and food and non-food relief 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. SARC has access to the affected areas through its well trained staff and volunteer network and through its 14 branches and 80 sub-branches.

Thanks to the support of partners - particularly ICRC, WFP, other UN agencies, IFRC and INGOs - SARC has scaled up its activities in August and September reaching more than one million persons with food and non-food items. It is planned to further scale up this component through the contribution of WFP to 1.5 million people during September and October.

As part of this Appeal, IFRC support to SARC continues to focus on relief, emergency and basic health care, and reinforcing SARC capacity.

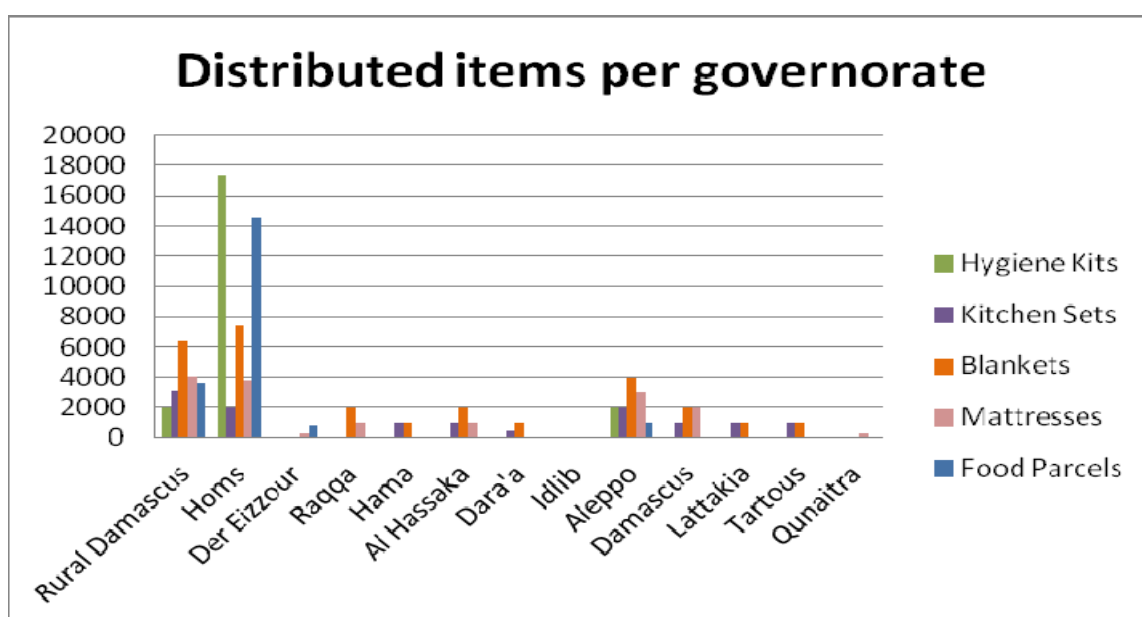
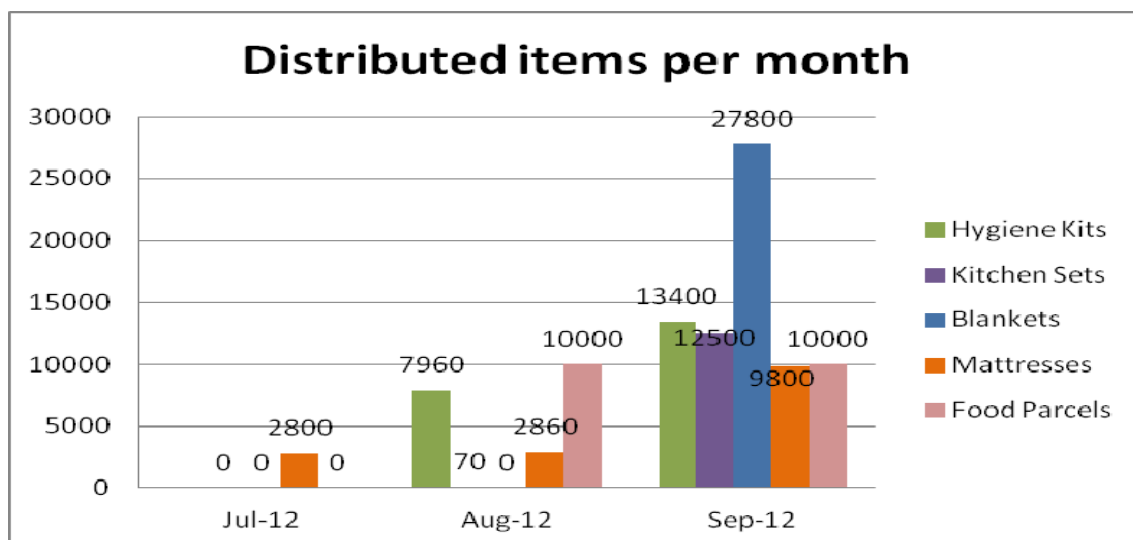
### Progress towards outcomes

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"> <li>• Develop beneficiary targeting strategy and support SARC registration system to deliver intended assistance.</li> <li>• Support SARC relief distributions and supply movements from point of dispatch to end user.</li> <li>• Monitor and evaluate the relief activities and provide reporting on relief distributions.</li> <li>• Enhance SARC preparedness through pre-positioning of contingency relief items for an additional 5,000 families.</li> <li>• Develop an exit strategy.</li> </ul>

### Progress:

IFRC support to SARC distributions has focused on food and non-food relief to displaced Syrians in the Central parts of the country, as well as increasingly in Rural Damascus, where there was a dramatic increase in IDPs during summer in 2012. In addition, IFRC relief items were being released to fill urgent gaps as needs arose.

Through the provision of food and non-food items with the support of the International Federation, SARC has reached at least 20,000 families (100,000 people) during the reporting time frame. In the framework of this Appeal, the following items were distributed:



IFRC support to SARC distributions focused on IDPs in rural Homs and increasingly rural Damascus, where there has been a dramatic increase in IDPs over the month of July and August. In addition, IFRC relief items are released to fill urgent gaps in needs as they arise, to complement other SARC partners.

The distributions are organised in line with a distribution plan that was initially developed jointly between SARC and IFRC for three months. The quantities of food and non-food items are dispatched to SARC branches/sub-branches and in some cases, to the final drop points of distribution.

Most relief items are being procured regionally, with the exception of some food parcels and mattresses, which continue to be procured locally by SARC.

SARC branches are providing information related to the assessed needs through SARC Headquarters to IFRC Country Representation in Damascus and to the IFRC MENA Zone Office. Related to distributed items SARC is registering the quantities provided to each branches for distribution based on the monthly needs assessment. These monitoring tables are regularly updated by SARC HQ and are shared with the IFRC Country Representation as well. Data collection is still based on number of families.

To date, IFRC-supported distributions in the framework of this appeal are estimated to have reached at least 100,000 beneficiaries during the three months reported so far. During the overall IFRC response to the crisis in Syria at least 35,000 families (although this is likely to be under-estimation) were reached. 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 above, which suggest that the number of beneficiaries is likely to be higher than estimated above.

### 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 the overall volatile situation within the country.

### Emergency health

<b>Outcome: The immediate risks to the health of the affected population are reduced through the provision of emergency and basic medical services.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
At least 45,000 persons benefit from SARC support to emergency and basic health care.	<ul style="list-style-type: none"> <li>• Identify the need for emergency and basic health services to fill the constantly shifting gaps, including risk of communicable diseases.</li> <li>• Support SARC in recruiting and training specialised health volunteers and staff.</li> <li>• Work with SARC to develop a plan for sustaining the ambulance services.</li> <li>• Procure health-related items and equipment in coordination with the logistics team (i.e. medical consumables and medicines<sup>1</sup>).</li> <li>• Continue supporting 4 existing SARC mobile health units (MHU) already operating. Establish an additional 6 mobile health units.</li> <li>• 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.</li> <li>• Support the existing primary health care clinics, providing access to basic health care for displaced people.</li> </ul>
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"> <li>• Advise and coordinate with existing SARC Psycho-Social Support Programme.<sup>2</sup></li> <li>• 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.</li> </ul>

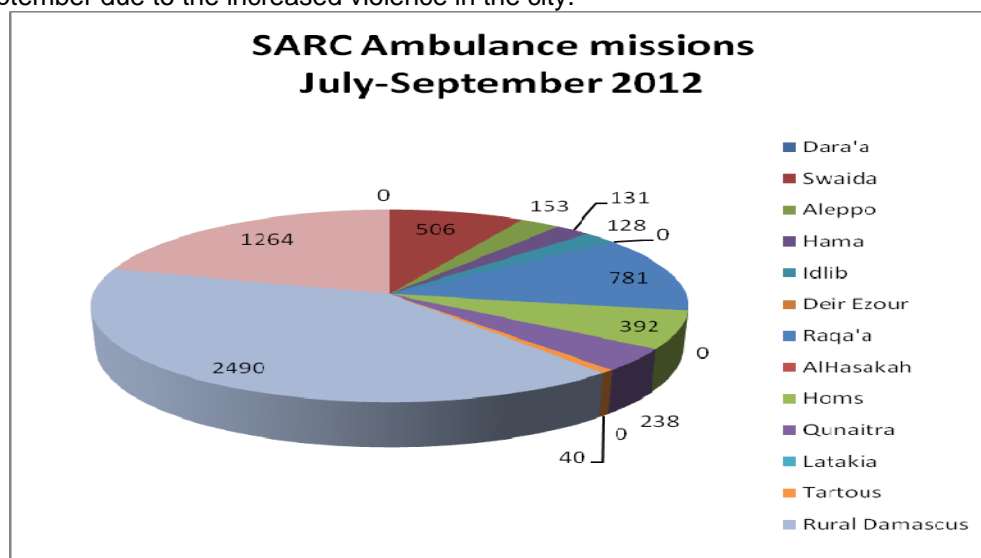
### Progress:

#### 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. One additional ambulance was donated

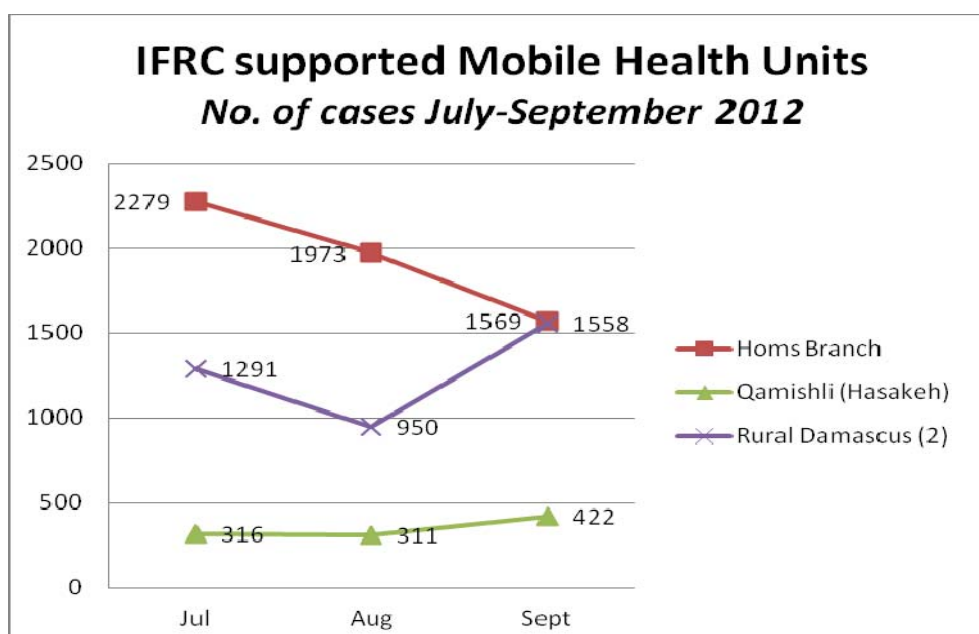
by Swiss Red Cross and four additional ambulances were being procured during the reporting time frame (Norwegian RC, Netherlands RC and Belgium RC). Thanks to support from ECHO, an additional 18 ambulances will be provided to SARC (8 IFRC and 10 Danish RC).

- Since the beginning of this appeal, SARC ambulance teams have assisted **over 6,123 people**, despite the fact that certain branches were not able to provide ambulance services due to intense violence (notably in Dara'a, and Deir Ezzour,). The ambulance in Aleppo had to suspend its services in August and September due to the increased violence in the city.



#### Mobile Health Units (MHUs)

- Four SARC MHUs, located in the areas of Rural Damascus (2<sup>2</sup>), 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 people. Over the period July to September 2012, the 4 IFRC-supported MHUs assisted **over 10,669 people** that show a dramatic increase when comparing with the 19,258 cases registered during the January - September period this year.

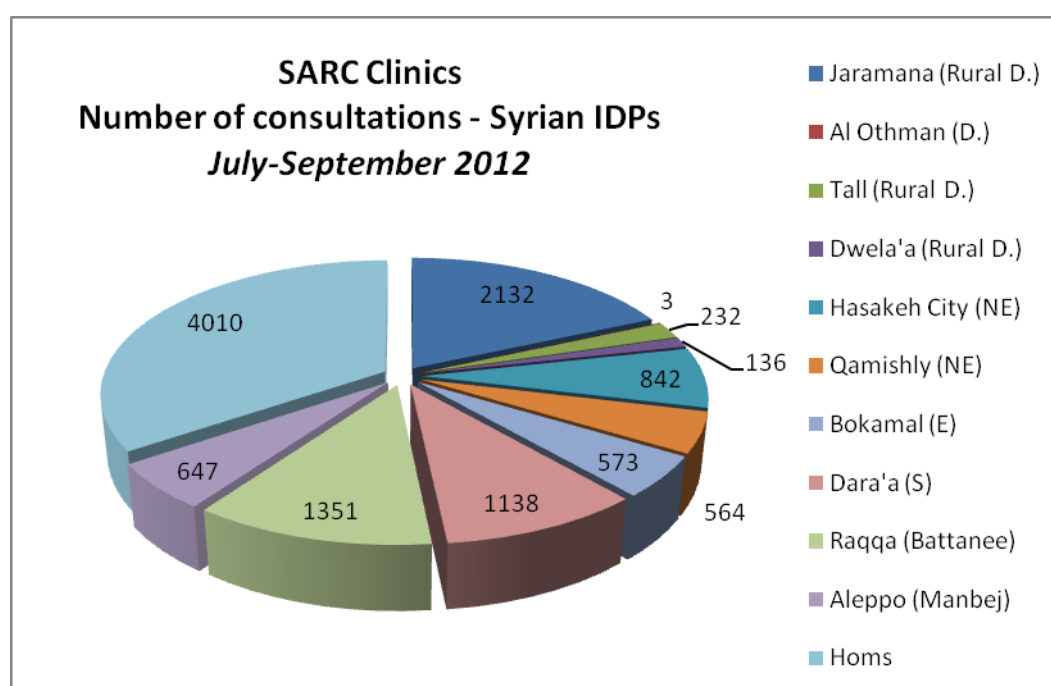


<sup>2</sup> One of the MHUs in Rural Damascus is being supported by Danish RC from the beginning of 2012 until 31 August 2012, when IFRC again takes over responsibility for all 4 MHUs.

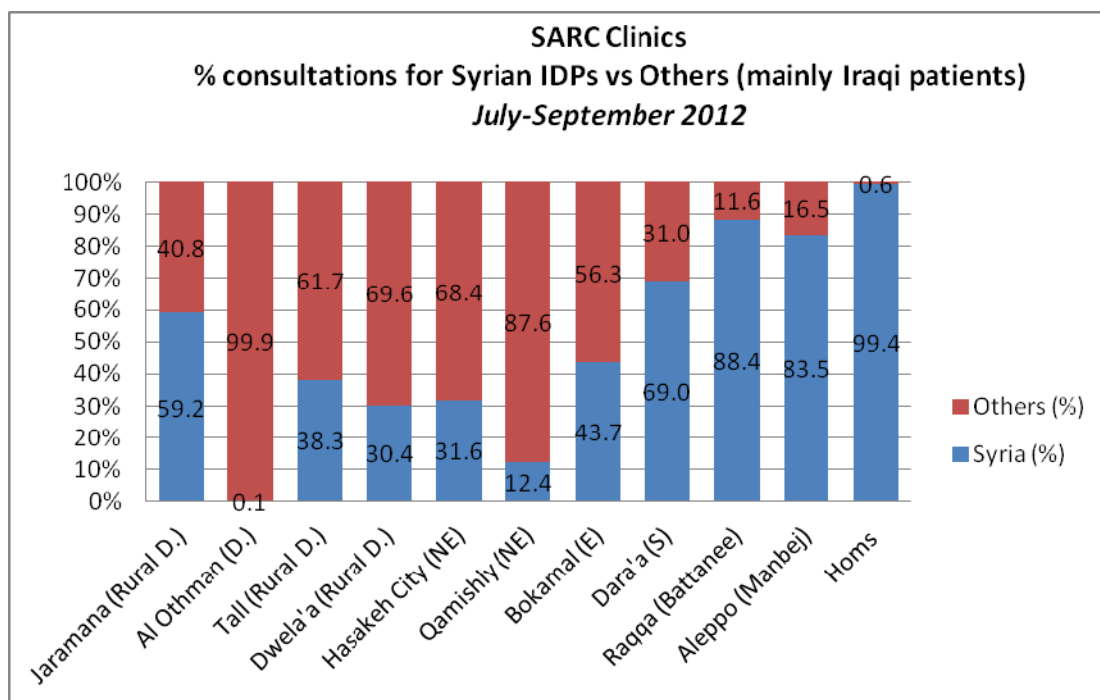
- Under the current appeal, with support from ECHO, an additional 6MHUs are to be procured to ensure greater outreach and access to the growing number of Syrian IDPs, for tentative use by SARC branches in Idlib, Dara'a, Rural Damascus, Homs, Damascus, and Deir Ezzour.

### Primary Health Care (SARC Clinics)

- Originally established in 2008 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. The clinics have continued to serve displaced Iraqi population while meeting the dramatic increase in basic health care needs of over 18,000 displaced Syrians over the first six months in 2012. 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. The table below sets out an estimation of clinic activity for the period July to September 2012, and provides an useful indication of increased basic health care consultations to displaced Syrians in key areas, most particularly in Homs, areas around Rural Damascus (Jaramana), Raqqa and Dara'a, as shown below.

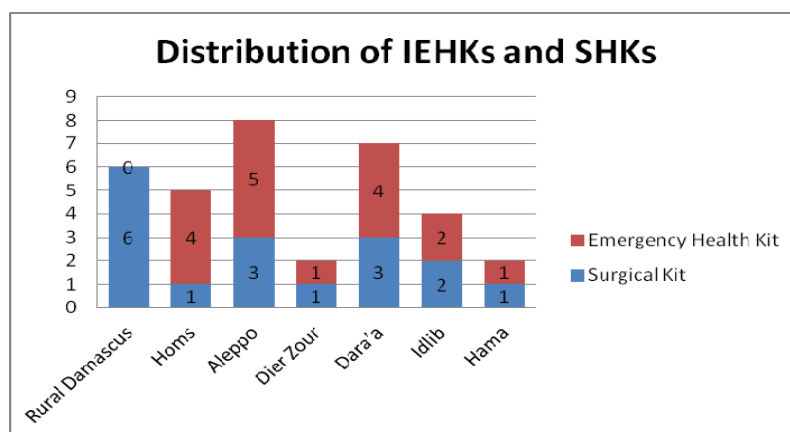


- Consultations to Syrian IDPs represented 49% of all consultations between July and September 2012, resulting in a total of **11,628 consultations**. Syrian IDPs do not generally pay for consultations and medication – and all clinics have been so instructed.



### 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. A total of 17 IEHKs and 17 SHKs were distributed and 3 of each kits remained at SARC HQ for contingency stocks. Overview of distribution to SARC branches is as follows:



- IFRC was in September asking for additionally 5 IEHKs and SHKs to ensure the needs in the new emerging health points and for the ambulances.
- 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. To respond to the situation IFRC is looking to support SARC in building up its medical contingency stocks as a matter of priority. The request will be addressed according to IFRC standards for procurement or donations in coordination with IFRC medical logistics. The procurement will be based on SARC most urgently needed medicines (enough for 200,000 persons for six months).

### Medical Health Points (MHPs)

- To meet health care needs going unmet, SARC aims to establish health points (HPs) - with two HPs already operational in rural Damascus – and another soon to open - supported bi-laterally by the Danish Red Cross (as part of ECHO grant).

- During the reporting period SARC has opened two medical health points with IFRC support; both in rural Damascus..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 with minor surgeries, as well as offer basic health care where there is, at present, no other option due to the crisis. HPs 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.
- A template for collecting health data in emergencies has been developed by IFRC and shared with SARC. This tool (translated to Arabic) aims to standardize data collection at the HPs. The reporting tool can also serve to monitor potential disease outbreaks.
- During the months June-August, the two operating HPs supported by Danish RC assisted more than 2100 patients. The first IFRC supported HP was able to assist 214 persons during the first three weeks.

### Psycho-Social Programming

- During the Eid holiday SARC volunteers were focusing on psychosocial activities for mothers and children residing in IDP shelters.
- 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. A total of 91 group and 278 individual defusing sessions were conducted facilitated by a psychologist.

### Challenges

- Severe violence and fighting has at times led to the suspension of ambulance services. Clinics and HPs have had to suspend its services for shorter or longer periods 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 are concerns regarding shortages of medicines. Plans were approved and agreed 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. A systematised and easy-to-use information management system is being introduced for use by the HPs.

### Livelihoods

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

**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 the displaced 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 **as soon as the situation allows this type of intervention.**

SARC branches in certain areas (including Damascus, Rural Damascus, Homs 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 has dispatched to SARC its WATSAN emergency response kit No.5 to Syria to be used by SARC in areas hosting IDPs, with a capacity of up to 5,000 persons. **Additional water tanks and other equipment for community based water support is currently being procured.**

<b>National Society Capacity-building</b>	
<b>Outcome: National Society HQ and branches have received support for their infrastructure and well-functioning.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Volunteers involved in the operation are well supported and promoted.	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Provision of Volunteering in Emergencies training package (a critical element in the current situation).</li> <li>• Provide modern communication tools and capacities to enhance connectivity and networking among the volunteers (i.e.VHF).</li> <li>• Provide minimum protection arrangements and equipment (e.g. insurance, survival kits, uniforms, etc.) for volunteers, especially for volunteers serving in high-risk areas.</li> <li>• 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.</li> <li>• Maximize opportunities to enable SARC to attract and retain volunteers representing the diversity of the communities.</li> </ul>
Safety Support is delivered to all field workers in SARC	<ul style="list-style-type: none"> <li>• Assist SARC with development of safety management plans for staff and volunteers in a way which complements support being provided by ICRC.</li> <li>• Safety support will revolve around the capacity to provide ongoing assessments and advice, both prior to implementation of operating plans and throughout the operation.</li> </ul>
HQ and overall SARC operational capacity is enhanced to meet the increased needs of the ongoing crisis.	<ul style="list-style-type: none"> <li>• Provide national and international staff to support overall operational capacity in the following priority areas: <ul style="list-style-type: none"> <li>○ Reporting and Information Management</li> <li>○ Relief</li> <li>○ Disaster Management</li> <li>○ Resource Mobilization</li> <li>○ Livelihoods</li> <li>○ Finance</li> <li>○ Logistics (warehousing / fleet)</li> </ul> </li> <li>• Enhance operational capacity in branches with support for 12 branch Operational Support Coordinators, and 14 Information and Reporting Coordinators.</li> </ul>
A contingency SARC / IFRC HQ is established to ensure continuity of operations.	<ul style="list-style-type: none"> <li>• Provide financial support to SARC for alternative HQ, and relocation of staff and premises, as needed</li> </ul>

**Progress:**

- IFRC supported SARC in enhancing its information management system during the reporting period. Several tools were developed and discussed with SARC staffs that will contribute to the more accurate monitoring of the implementation of the operation. SARC started as well recruiting 14 information/reporting staff (one in each branch) with the aim to have one focal point for collecting information that can be shared with partners and donors through SARC HQ.
- SARC HQ was strengthened with one additional finance officer due to the increasing numbers of projects in cooperation with other agencies.
- By the end of August a total of 399 volunteers were trained in basic first aid and 235 volunteers in advanced first aid provision through the support of Danish Red Cross
- A total of 200 people were trained so far on health education in 11 sessions in 40 schools.
- IFRC is currently recruiting delegates in the areas of Quality assurance/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 400 being dispatched.



SARC Idlib Branch organized an advanced training on first aid during Sept. to enhance its response capacity, Photo: SARC

**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 volunteers on an on-going basis.

**Logistics**

<b>Outcome1: Logistics support provided following IFRC procedures to ensure the efficient and timely delivery of goods and services for the success of the operation.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
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"> <li>• Coordinate the mobilization of international supply chain.</li> <li>• Procure goods according to IFRC standards and procedures of procurement, and ensure that goods specifications follow international standards.</li> <li>• Support SARC in monitoring the reception, warehousing and dispatch of goods from the main warehouse to branches, and in producing relevant and accurate reports.</li> <li>• Manage the supply chain according to international standards.</li> </ul>
<b>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.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
SARC logistics capacity is strengthened through training, workshops, and technical support (including tools, equipment and human resources).	<ul style="list-style-type: none"> <li>• Support SARC to enhance the logistics/relief interface coordination, in close cooperation with partners.</li> <li>• 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.</li> <li>• Support SARC to enhance its stock management system at HQ and branch levels.</li> <li>• Improve warehousing operations and conditions, by providing human</li> </ul>

	<p>resources, vehicles, and equipment (furniture, forklifts, computers, generators, software, and tools, including implementation of the Federation Warehouse Information System).</p> <ul style="list-style-type: none"> <li>• Support the recruitment of logistics staff by SARC and provide training according to recognized standards, at HQ and branch levels.</li> <li>• 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.</li> <li>• Start the project to establish a new SARC HQ warehouse in Damascus (in space already owned by SARC), plus two additional regional warehouses.</li> <li>• Equip all warehouses with fire and alarm systems.</li> </ul>
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#### Progress:

- General logistics support is provided by IFRC MENA Zone Office and Dubai Global Logistics Service office, to support relief operations, as reported earlier. The supply-chain of non-food items (and later food) has been established and is operating well. A mobilisation table has been prepared and is regularly updated in cooperation with IFRC GLS in Dubai.
- Two IFRC supported trucks arrived to SARC and were immediately dispatched to branches in need.
- In cooperation with German Red Cross, SARC will enhance its logistics capacity initially in Homs, Hama and Idlib (ongoing); and Tartous, Deir ezzor and Hassakeh (supported by ECHO). More branches will follow. The support includes renting of warehouses, trucks, vehicles, fork-lifts and other equipments, staff salary and training.
- IFRC concluded its recruitment of a logistics delegate that will work with SARC logistics unit in a holistic manner, supporting procedures in procurement, fleet management, warehouse systems etc. The logistics delegate will start during October.

#### Communications – Advocacy and Public Information

- Syria Update Bulletins are produced for limited circulation to Movement partners, providing regular updates on the situation and activities being undertaken in-country approximately twice each week.
- 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](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.
- IFRC concluded its recruitment of a new reporting delegate that will work with SARC focal points to ensure timely provision of needed information in addition to help SARC to proceed with its monitoring tools; the reporting delegate will start during October.

## Contact information

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

- **In Syria:** Mr. Marwan Abdullah, Executive Director, Syrian Arab Red Crescent Society, phone +963 11 5355873/5356462/5356291; fax: +963 11 5357171; email: [sarc@net.sy](mailto:sarc@net.sy)
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- **In Geneva:** Cristina Estrada, Operations Support Coordinator Phone: +41 79 3583106 Email: [cristina.estrada@ifrc.org](mailto:cristina.estrada@ifrc.org)

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

- **In IFRC Global Logistics Services - Dubai office:** Ari Mantyaara, Logistics Coordinator, Phone: +971 4 4572993, Email: [ari.mantyaara@ifrc.org](mailto:ari.mantyaara@ifrc.org)

### For Resource Mobilization and Pledges:

- **In IFRC Zone:** Samah Hassoun, Senior Resource Mobilization Officer, Mena Zone, Phone: +961 70 480 488, Email: [samah.hassoun@ifrc.org](mailto:samah.hassoun@ifrc.org)

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

- **In IFRC Zone:** Nadine Haddad, Senior Planning, Monitoring, Evaluation and Reporting Officer, Phone: +961 71 802775, Email: [nadine.haddad@ifrc.org](mailto:nadine.haddad@ifrc.org)



**Click here**

1. **Click here to see the Donor response [below](#)**
2. **Click [here](#) to see the map of the area where SARC is providing emergency health services**
3. **Click [here](#) to return to the title page**

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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.

[www.ifrc.org](http://www.ifrc.org)  
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.
-

# Donor response

MDRSY003 - Syria - Syria Crisis

APPEAL LAUNCH DATE: 06-Jul-2012

TIMEFRAME: 06-Jul-2012 to 30-Jun-2013

LOCATION: Syria

Selected Parameters			
Appeal Code	MDRSY003	Year / Range	1900-2100
Refreshed on 19-Oct-2012 at 08:02			
TOTAL AMOUNT SOUGHT:			27,555,390
TOTAL RECEIVED TO DATE:			13,365,793
APPEAL COVERAGE TO DATE:			49%
Updated on:			19 Oct 2012

	Disaster Management	Health & social services	National Society development	Principles & Values	Co-ordination	Total
	CHF	CHF	CHF	CHF	CHF	CHF
<b>BUDGET</b>	<b>27.555.390</b>					<b>27.555.390</b>
<b>FUNDING</b>						
<b>Opening Balance</b>						
<b>Income</b>						
<b>Cash contributions (received and pledged)</b>						
American Red Cross	191,791					191.791
Belgian Red Cross (Flanders)	60,053					60.053
Belgian Red Cross (Francophone) (from Belgian Federal Government)	356,831					356.831
British Red Cross	311,955					311.955
Danish Red Cross	128,856					128.856
European Commission - DG ECHO	6,299,572					6.299.572
Italian Red Cross	120,120					120.120
Japanese Red Cross Society	235,871					235.871
Norwegian Red Cross	110,000					110.000
On Line donations	10,286					10.286
Red Crescent Society of Islamic Republic of Iran	30,000					30.000
Suncor Energy Inc.	191,791					191.791
Swedish Red Cross	1,346,636					1.346.636
Switzerland - Private Donors	500					500
Taiwan Red Cross Organisation	46,681					46.681
The Netherlands Red Cross	168,634					168.634
The Netherlands Red Cross (from Netherlands Government)	786,925					786.925
United States Government - USAID	929,800					929.800
<b>Total Cash contributions</b>	<b>11.326.303</b>					<b>11.326.303</b>
<b>Inkind Goods &amp; Transport (pledged)</b>						
Belgian Red Cross (Flanders)	143,455					143.455
British Red Cross	192,756					192.756
Finnish Red Cross	171,219					171.219
Norwegian Red Cross	13,700					13.700
The Canadian Red Cross Society	65,576					65.576
The Netherlands Red Cross	367,115					367.115
<b>Total Inkind Goods &amp; Transport</b>	<b>953.821</b>					<b>953.821</b>
<b>Other Income</b>						
Balance Reallocation	1,047,000					1.047.000
Fundraising Fees	-9,590					-9.590
Programme & Services Support Recover	48,259					48.259
<b>Total Other Income</b>	<b>1.085.670</b>					<b>1.085.670</b>
<b>Total Income</b>	<b>13.365.793</b>					<b>13.365.793</b>
<b>TOTAL FUNDING</b>	<b>13.365.793</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13.365.793</b>

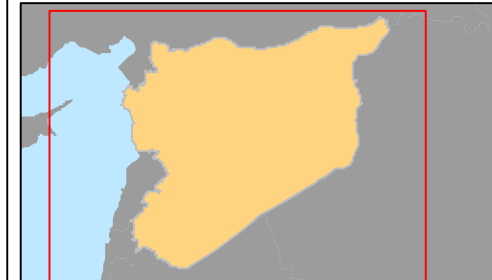
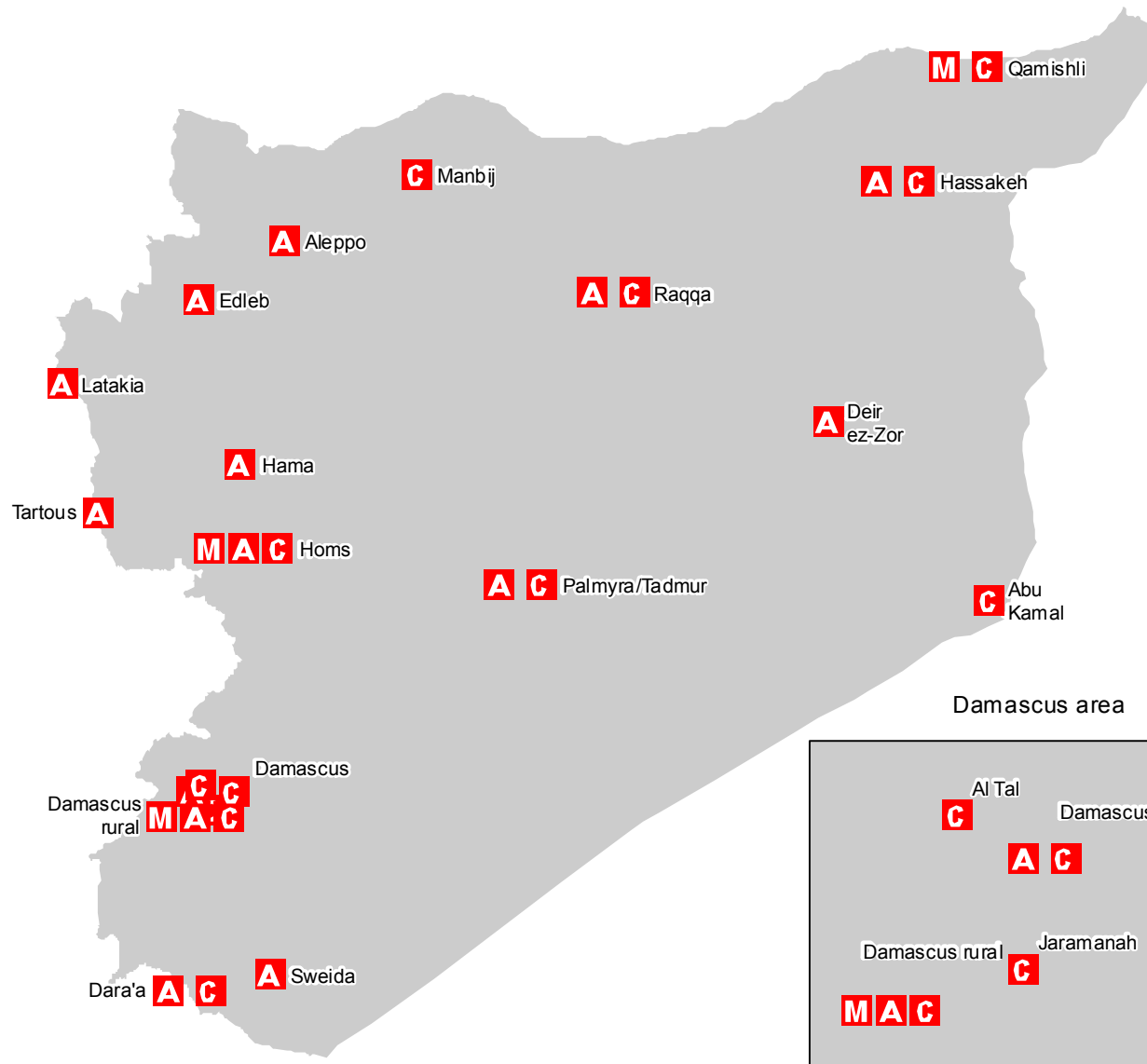
	Disaster_Management CHF	Health & social services CHF	National Society development CHF	Principles & Values CHF	Co-ordination CHF	Total CHF
<b>BUDGET</b>	<b>27.555.390</b>					<b>27.555.390</b>
<b>FUNDING</b>						
<b>Opening Balance</b>						
<b>Income</b>						
<b>COVERAGE</b>	<b>49%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>49%</b>

**ADDITIONAL CONTRIBUTIONS TO THE OPERATION (based on information Logistics received from partners)**

	Disaster_Management CHF	Health & social services CHF	National Society development CHF	Principles & Values CHF	Co-ordination CHF	Total CHF
<b>Bilateral Contributions</b>						
The Republic of Korea National Red Cross	81,822					<b>81.822</b>
<b>Total Bilateral Contributions</b>	<b>81.822</b>					<b>81.822</b>



# Syria: Civil unrest



- A** Ambulance
- C** Clinic
- M** Mobile health unit
- A C** Ambulance & Clinic
- M C** MHU & Clinic
- M A C** MHU, Ambulance & Clinic