

Emergency appeal operation update

Syria: Complex Emergency

Emergency appeal n° MDRSYR003 GLIDE n° OT-2011-000025-SYR Operation update n°3 21 April 2013

Period covered by this Ops Update:
December 2012 to February 2013.

Appeal target (current): CHF 39.5 million in cash, kind and services;
Appeal coverage: 61%¹; 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.
- On 17 December, the Emergency Appeal was revised to CHF 39,197,125 for SARC to be supported in reaching up to 650,000 beneficiaries until December 2013, mainly with relief items, emergency and primary health care, capacity building and logistics.
- 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). The Syria component of the MENA Civil Unrest appeal was closed at the end of June 2012.



SARC sub branch in Menbij (North east of Aleppo) continued to provide vital health services, Source : SARC/Aleppo

Highlights:

- The violence worsened during the reporting period. The humanitarian needs inside Syria have reached unprecedented levels and continue to increase, with millions displaced inside the

¹ The funding coverage is calculated including the deferred income, therefore it is 61 %.
Deferred income means "unearned income" and is applicable to the pledges from Governments and Government Agencies. These contributions that are subject to specific contractual obligations or earmarked for use in a future period. Amounts received, but not recognised, are deferred for recognition in future periods as expenditure is incurred and contractual obligations are fulfilled

country in search of safety.

- UNHCR reports the number of refugees in neighbouring countries to have reached more than one million.
- Almost two million people are receiving aid every month from the Syrian Arab Red Crescent (SARC) in collaboration with local NGOs, and supported by the Red Cross Red Crescent Movement, WFP and other UN agencies and seven international NGOs. The humanitarian situation in Syria is beyond the capacity of any single organization, which makes cooperation and coordination imperative.
- IFRC continued to support SARC health care response by providing ambulances, mobile health units, medicine, emergency health kits, surgical kits and fully support 12 basic health clinics across the country and SARC relief response by providing food parcels and non-food items.
 - A **minimum of 31,614** persons took advantage of SARC health services through SARC ambulances, mobile health units and clinics.² In addition, medicine and medical kits to cover the needs of around 320,000 persons was handed over to SARC.
 - **At least 190,000 people** have been supported with relief items from IFRC during the reporting time frame covering December 2012 to February 2013. SARC used the core of IFRC's relief support in Homs governorate, rural Damascus, Aleppo and Menbej (North West of Aleppo).
- 17 Syrian Arab Red Crescent volunteers have been killed while carrying out humanitarian services.³ Tens of others have been injured, have come under attack or have been held detained. The IFRC honours the memory of SARC volunteers and staff pursuit to deliver neutral and impartial humanitarian assistance during such a difficult time, and voice increasing concern for the protection of humanitarian workers in Syria. Without this protection and respect for the emblems, working to save lives and offering much needed assistance will become almost impossible.
- Similar to many agencies present in Syria, IFRC is facing concerning funding shortages. To continue providing SARC with much needed relief after April; IFRC is asking partner national societies and others to enhancing support to this appeal.

The situation

After almost two years of violence, the entire Syrian population is affected in one way or the other. Millions are in direct need of humanitarian aid.⁴ These figures are increasing by the day. UN report 70,000 people have died due to violence since the beginning of the conflict. On 6 March, the UN High Commissioner for Refugees (UNHCR) announced that the number of refugees in neighbouring countries had reached 1 million people. Almost half, (400,000) have left the country after 1 January 2013, according to UNHCR.

Across the country, whole neighbourhoods have been destroyed. Families are moving from one place to the other searching for safety. The violence has taken a heavy toll on infrastructure, water and electricity supplies. Lack of clean water and disrupted sewage and waste treatment services have increased the risks of water-borne and sanitation-related diseases.

² This figure is partial as it does not include the number of people receiving care from the clinics in January and February, These figures were not yet available when this report was written due to difficulties to compile the information at branch /clinic level.

³ Information provided by SARC branches incidents reports. More information is published on SARC Facebook page.

⁴ By the end of February, SARC Damascus and rural Damascus had registered more than 1, 2 million people in need. Figures from Aleppo indicate similar numbers.

Distribution of food supplies and other essential items have been disrupted. Prices of most basic items, including food and fuel, have risen considerably. Food security is further undermined by a significant drop in agricultural production.

Shortages of medicines are becoming more critical not only in the public health sector, but also among private service providers. The World Health Organisation (WHO) reports that many hospitals are in severe need of anaesthesia, antibiotics, serums, and other essential medicines. Local pharmacies are increasingly unable to provide regular medicines such as simple pain killers. Health providers across the country are struggling to have sufficient supplies. Access to emergency health care and basic health care remain areas of high concern. During periods of severe violence, neighbourhoods or towns are often isolated resulting in a lack of access to health for the injured and sick. This can last for hours at a minimum, and up to weeks and months. Severe violence and/or protracted fighting are as well hampering safe access for ambulance service or other health support.

Additionally, transportation of relief items remains challenging and unpredictable in many areas due to unsafe roads.

Lack of communication (IT and phones), work load and an overall unsafe situation continues to challenge also the reporting to be received from SARC branches and clinics. Figures from the clinics were not available for the full reporting time frame, when this report was written. SARC and IFRC are currently looking for the most appropriate solution to mitigate this issue.

Coordination and partnerships

SARC has a unique role to coordinate humanitarian aid for people affected by the conflict. SARC has an operational lead role for Red Cross Red Crescent Movement response and facilitates and often implements activities supported by UN partners (WFP, UNHCR, UNICEF, UNFPA, OCHA), as well as INGOs. Coordination is carried out through bi-weekly technical sector meetings and bilateral meetings.

A Letter of Understanding was signed on 6 June 2012 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. 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 operational response and capacities and ability to provide 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 is key to reaching all those in need of assistance in the current context. There is a good cooperation between Movement partners in Syria. The large needs and SARC special role has prompted a spirit of cooperation and a flexible approach. Danish Red Cross, German Red Cross (also representing Norwegian Red Cross), Qatar Red Crescent and Iraqi Red Crescent are currently the partner national societies present in Syria.

Red Cross Red Crescent partners who have contributed to this operation through cash contributions and in-kind donations are: American Red Cross, Australian Red Cross, Austrian Red Cross, Belgian Red Cross (Flanders), Belgian Red Cross (francophone), British Red Cross, Canadian Red Cross, Danish Red Cross, Faroe Islands Red Cross, Finnish Red Cross, German Red Cross, Italian Red Cross, Red Crescent Society of Islamic Republic of Iran, Japanese Red Cross, Korean Red Cross, Kuwait Red Crescent Society, Red Cross of Monaco, Netherlands Red Cross, Norwegian Red Cross, Swedish Red Cross and Taiwan Red Cross Organisation. Several of these contributions have been supported by respective government institutions including DFID, CIDA, SIDA and others.

The European Commission's Directorate General of Humanitarian Aid and Civil Protection (DG ECHO) and USAID/OFDA are as well providing considerable support, primarily to health activities and relief items.

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

SARC continues, sometimes in life-threatening conditions, to provide urgent assistance to those affected by the conflict. An average of 400,000 families (2 million people) are every month reached with relief items and health services by SARC, with support from international humanitarian organisations and in cooperation with local NGOs. SARC branches register people in need and provide assistance to those directly affected, meaning internally displaced persons (IDPs) and people stuck by violence. This Operation Update focuses on relief supplies provided as well as emergency and primary health care targeting beneficiaries also in the hard to reach and violence stricken areas. Being a key ambulance service provider in several parts of Syria, SARC has been supplying first aid and emergency health 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 wouldn't otherwise have access to 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 across the country and its newly-established health points. SARC has access to the affected areas through its well trained volunteers working within the communities from 14 branches and more than 80 sub-branches.

SARC is a community based organisation. SARC volunteers are working from branches and sub-branches across the country. They are part of the community who live in the respective area. The volunteers are providing lifesaving health services where medical services no longer function. They provide assistance to IDPs and across conflict lines. SARC volunteers are working under extremely difficult circumstances, putting their own lives at risk. 17 volunteers have been killed to date while providing humanitarian services. Many more have been harassed, injured and arrested.

The International Committee of the Red Cross (ICRC) is the SARC's primary operational partner within the Movement, with a key role in providing assistance and protection to people affected by the armed conflict (e.g. relief distribution, first aid, dissemination, ensuring respect for IHL, restoring family links, visiting detainees, security management and training. SARC and the ICRC have worked in partnership to address the humanitarian needs resulting from the unrest and armed conflict since March 2011, providing assistance to all sides to the conflict in Syria.

The IFRC support continues to reinforce SARC's capacity in providing assistance to the affected population, with special focus on enhancing and maintaining capacities in relief and logistics, emergency and basic health care, reporting and assistance to volunteers. IFRC is currently seeking to enhance its support in finance and communication development. Three IFRC delegates are, at the time of writing this document, present in Syria, the country representative, the Operations support coordinator and the Logistics delegate. A Quality assurance and Resource mobilisation delegate is working from IFRC MENA zone office in Beirut. The Reporting delegate has ended her mission and a replacement is expected to arrive in late April, A communications development delegate and a Finance delegate are under recruitment. In addition a Danish Red Cross country coordinator and German Red Cross/Norwegian Red Cross program manager share the office with IFRC/SARC in Damascus.

Progress towards outcomes

Relief distributions (food and basic non-food items)

Revised Outcome: Food and basic non-food items are distributed to up to 600,000 beneficiaries over the extended period of the appeal (with a commitment of 20,000 families per month)

Outputs (expected results)	Activities planned
The immediate needs of up to	<ul style="list-style-type: none"> Support SARC in conducting emergency needs assessments.

<p>20,000 families per month are met through relief distributions up to a total of 600,000 beneficiaries (approximately 50% are the same families each distribution while the remaining may be different families each time).</p>	<ul style="list-style-type: none"> • Support SARC in developing beneficiary identification and support SARC registration system to deliver intended assistance. • Logistics will provide SARC with food and non-food items including, blankets, hygiene kits, kitchen sets, mattresses and tarpaulins from the most appropriate source • 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.
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SARC volunteers are conducting needs assessments through informal and formal discussions with affected populations, authorities, local NGOs, international agencies as well as through continuous dialogue with community members. Data is collected through interviews with affected families for beneficiary registration during field assessments, at distribution centres, in IDP shelters as well as the branch premises, When individual registration is not possible (due to violence/protection reasons) SARC together with local NGOs estimates the needs based on knowledge of the situation on the ground. Numbers of registered individuals per location and branch is shared with IFRC.

The IFRC logistics delegate in country has been providing non-stop support in the receipt of all food and non-food items coming into Syria. For more information please see the logistics component below. The IFRC operations coordinator is providing support and guidance to SARC in all relief plans for the items to meet the requirements of this Appeal.

Progress: During the reporting period (December 2012 to February 2013) IFRC support to SARC focused on providing the affected population with winterisation assistance (blankets, mattresses, quilts, tarpaulins) as well as food and non-food item such as hygiene kits, household kits and kitchen sets. Danish Red Cross also provided SARC with quilts. Procurement and delivery of mattresses was delayed: although the procurement process was initially planned to be made inside Syria, due to the in-country situation and the bad quality of the samples provided by manufacturers in Syria, IFRC had to buy the mattresses regionally. The procurement had to be referred to IFRC global logistics services – Dubai office and IFRC Secretariat in Geneva for regional tender.

There has been an overspending under the budget line for water, sanitation and hygiene, which is caused by an increased need to procure hygiene parcels than initially planned, as well as for distribution and monitoring. The latter is a result of the fuel costs having three doubled in Syria since the budget was prepared. The large number of trucks arriving from Dubai with relief items (730 tonnes only during the first months in 2013) has added to the costs.

From December 2012 to February 2013, at least 190,000 persons were reached with food and non-food items.⁵ Core area for IFRC supported items was Homs, particularly for food, but also rural Damascus. Some of the locations where SARC used the IFRC support were: Yairud, Al Tal, Kisweh, Jaramana, Qara, Yabroud, Mleha, Wadi Barada, Sahnaya in Rrural Damascus governorate (south/southeast of the country) and Qariyateen, Mhien, Baba Amer, Rastan, Telbisi, Al Ghanto, Fairouza, Ashiri, Tadmur, Rabah, Kafr Ram, Marmarita, Al Hawash in Homs governorate (east/centre of the country). In early February, SARC Head Quarter staff accompanied a convoy to Aleppo and Menbej (north of the country), a part of the convoy content was relief items from IFRC.

IFRC Contributions to SARC Relief Distributions December 2012-February 2013							
No. of Items	Food Parcels	Hygiene Kits	Tarpaulins	Blankets	Household	Jerry Cans	Quilts
Branch							

⁵ Some beneficiaries received both food parcels and non-food items. As such, the beneficiaries who received non-food items distributed in Aleppo, Homs and partly in rural Damascus are not included in this figure to avoid a double counting of beneficiaries.

Aleppo	4,000	2,000	4000	5000	500	1500	5000
Tartous			1000	5000			
Raqqa			1000	5000			
Idlib			3000	5000		1000	
Hama			2000	6500		1000	
Deir Ezzor			1000	5000			
Damascus			5000	5360		1000	5000
Rural Damascus	700	500	6,100	36,985			5000
Homs	14,850	11,050		15,500			
Dara'a				1500			
Total	19,550	13,550	23,100	90,845	500	4500	15000

Note: 1 food parcel, 1 hygiene kit covers 1 family of five; 1 blanket per person, 2 tarpaulins per family.

Challenges:

- Lack of safe access for the trucks to dispatch the relief support to the branches, for SARC teams of volunteers to do the distributions and for beneficiaries to come to the distributions points.
- Unpredictable cuts in road access and no communication in certain areas.
- Shifts in areas affected by fighting, which leads to unpredictable movements of IDPs, with people moving to new places, or back to their original locations in search of more secure shelter. This cycle of displacement sometimes leads to adjustment of the distribution plans.
- Although reporting has improved, beneficiary numbers are still at the level of families/persons whereas breakdown in gender and age remain difficult to collect. SARC registers do normally not include this data, mainly due to the overwhelming workload, safety concerns, poor means of communication and the overall volatile situation within the country.
- Inadequate funding has prevented IFRC from procuring food and non-food items in line with the needs. Distributions were also sometimes delayed because adequate supplies were not available or delayed.
- Delays in the procurement of mattresses due to shift from local to regional procurement will also delay the distribution – which has only started at the time of writing.
- Limited possibility for IFRC delegates to carry out field missions.

Emergency health and basic health care

Outcome: The immediate health risks of the affected population are reduced through the provision of emergency and basic medical services.

Outputs (expected results)	Activities planned
Approximately, 90,000 people benefit from SARC support to emergency and basic health care within the timeframe of the Appeal.	<ul style="list-style-type: none"> • Work with SARC to identify further needs for emergency and basic health services to fill the constantly shifting gaps, including risk of communicable diseases. • Support SARC in recruiting and training health volunteers and staff. • Procure health related items and equipment in coordination with the logistics team following IFRC policies and procedures (i.e. medical consumables and medicines). • Work with SARC to develop a plan for sustaining the ambulance services. • Continue supporting 10 SARC mobile health units (MHUs) (4 already operating, 6 currently being procured). • Continue supporting 11 existing primary health care clinics while extending support to additional 3 SARC health clinics (Hama, Deir Ez Zor and Tadmur). • Continue supporting and finalise the establishment of 5 health

	points.
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 (PSP). • Support SARC in addressing any gaps due to growing PSP needs, through coordination and advocacy for further bi-lateral or multilateral support. • Provide psychological support to staff and volunteers of branches engaged in emergency response (with focus on “Help the Helpers” approach - bilateral support by Danish Red Cross). • Train staff and volunteers engaged in emergency response on basic psycho-social support for people affected by the crisis with particular focus on children. (bilateral support by Danish Red Cross)

Progress:

First Aid and ambulance services

All 14 SARC branches provided first aid through ambulance missions supporting 3,228 persons during the reporting time frame (1,000 in December 2012, 1,600 people in January 2013 and 628 persons in February). One of the main priorities for IFRC has been to increase SARC’s ambulance fleet capacity. From the beginning of the crisis, IFRC has delivered a total of 26 ambulances to SARC in cooperation with partner national societies.

SARC		Ambulances	
Branch	Sub-branch	Number of ambulances supplied by IFRC	Total number of SARC ambulances (including IFRC support)
Rural Damascus	Jaramana/Branch	2	2
	Harasta	1	1
	Douma	1	2
	Annabik	-	1
	Kisweh	1	1
	Inrni'	-	1
Dara'a		1	3
Swaida	Swaida	1	1
	Rami	-	1
Qunaitra		-	1
Hasakeh	Hasakeh	1	2
	Qamishli	-	-
Lattakia		2	2
Tartous	Tartous	1	3
	Sawda	-	1
Aleppo	Aleppo	2	5
	Assfira	-	1
	Manbij	1	1
Idlib		1	3
Hama		1	2
Raqqa		1	1
Deir Ezzor		1	1
Damascus		3	4
Homs	Homs	4	5
	Telbiseh	-	2
	Tadmur	1	1

	Mheen	-	1
	Al Qaryateen	-	1
TOTAL		26	50

During the reporting period another 10 ambulances were dispatched from Global Logistics services – Dubai office to Syria supported by ECHO (8) and Korean Red Cross (2). Unfortunately, four of the ambulances were stolen on the road coming into the country. The ambulances were insured; the IFRC is now working as a priority with the insurance company on the reimbursement process leading to the replacement of the ambulances. The six remaining ambulances to be provided under this appeal are still pending registration with the traffic authorities since the location where the registration procedures are due to take place is currently inaccessible. As soon as all procedure have been finalised, the ambulances will be dispatched to the branches.

Health points

SARC has a plan to establish 15 health medical points supported by IFRC (5) and Danish Red Cross (10). IFRC supported health points were under the reporting time frame operating in Douma and Kisweh (rural Damascus). A planned health point in Harasta had earlier to be suspended after the building was demolished by mortars. IFRC and SARC HQ are currently discussing with Homs branch to identify a suitable location to establish a third health point. In addition to needs, sustainable access has become a core criteria to take into account while establishing a new health point.

The health points have been furnished and equipped with essential medical equipment, medicine, generators and refrigerators. Teams of staff and volunteers (including surgeons) are operating around the clock seven days a week.

In late summer last year, SARC had identified five locations that are heavily affected by the conflict and where the communities had limited or difficult access to first aid and other health care. However, the lack of safe access in the selected areas reached a point not allowing SARC medical staff and volunteers to operate in safe conditions nor ensuring the patients to be treated in good conditions. This became the situation also in Douma in December when SARC had to suspend its services for some time. IFRC and Danish Red Cross are working with SARC to identify new locations that will sufficiently allow staff and volunteers to operate with minimum safety requirements.

Mobile Health Units (MHUs)

During the reporting period December 2012 to the end of February 2013, the 4 IFRC supported MHUs assisted 11,997 persons in rural Damascus, Homs and Qamishli⁶. Six additional vehicles to be converted into MHUs have been procured. Tender was opened by IFRC global Logistics services – Dubai office for converting the vehicles into MHUs. It is envisaged that the MHUs will be delivered, fully operational, within three months.

Primary Health Care

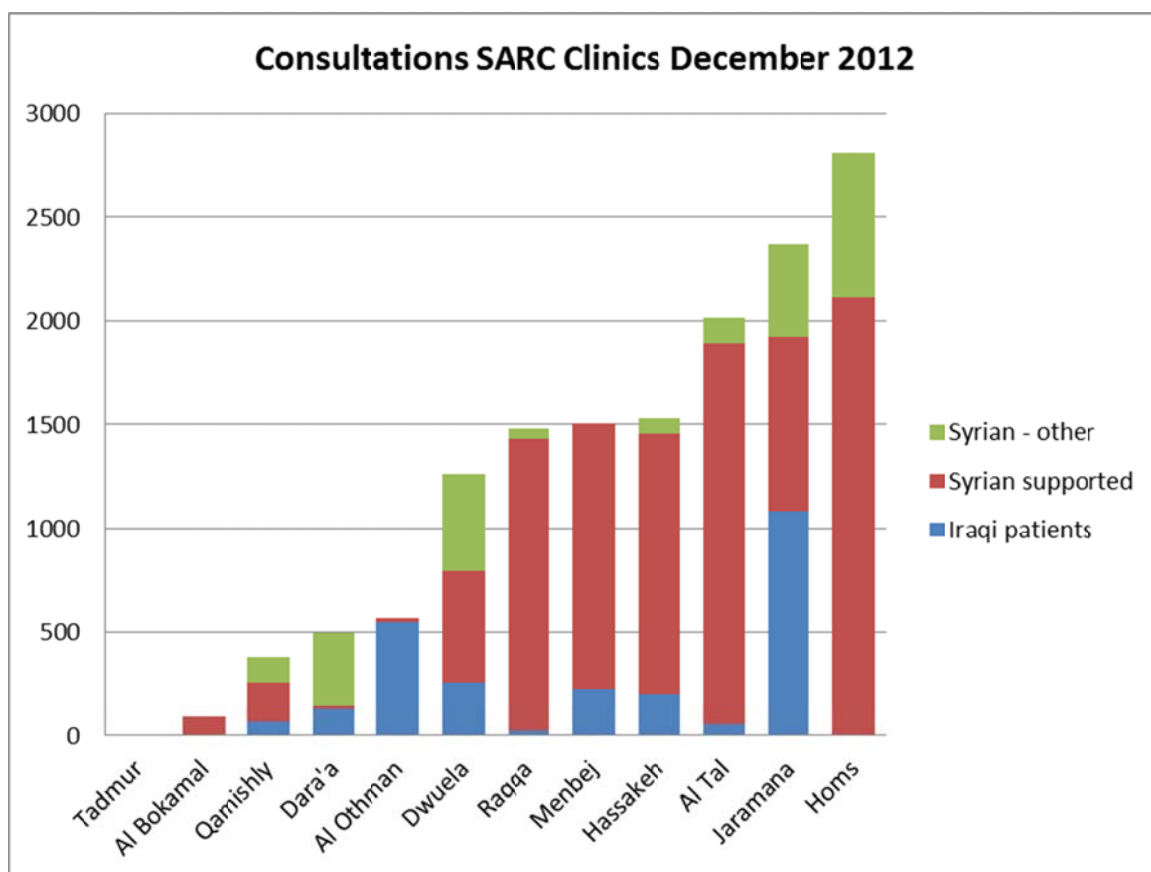
In 2008, SARC established a number of clinics across the country to support mainly externally displaced Iraqi populations. IFRC has provided support to SARC clinics since October 2008. These clinics are increasingly meeting the needs of internally displaced populations and the host community. During the reporting time frame, IFRC supported 12 SARC clinics. The already existing clinic in Tadmur was upgraded late last year. The support is coming from ECHO, Swedish Red Cross and, in 2012, US State Department Bureau for Population Movement, Refugees and Migration (PRM). During the reporting time frame, all clinics were operational although a few had limited services.

⁶ The MHU in Qamishly postponed movements during February due to a worsening situation on the ground.



The table below shows patients and consultations in December 2012 (as explained above, the figures of January and February were not available to be included in the report.).

Consultations SARC Clinics December 2012				
	Iraqi patients	Syrian supported	Syrian - other	Total
Homs	3	2,109	697	2,809
Al Tal	54	1,836	126	2,016
Al Othman *	544	18		562
Hassakeh	199	1,251	74	1,524
Al Bokamal **	2	84		86
Dara'a	127	18	350	495
Qamishly	64	190	126	380
Raqqa	20	1,406	50	1,476
Dwuela	252	543	466	1,261
Jaramana ***	1,080	845	444	2,464
Menbej	225	1,275		1,500
Tadmur	n/a	n/a	n/a	
TOTAL	2,570	9,575	2,333	14,573
* Al Othman is a large polyclinic. IFRC assists only Iraqi patients and psychological support				
** Al Bokamal was closed most of December due to violence				
*** Jaramana has patients who are not Iraqis or Syrian (Palestinian and other refugees)				



Medicines

SARC clinics have in previous years relied on agreement with local pharmacies to provide the patients with medicine based on a prescription by a SARC doctor. Due to severe medicine shortages as a result of most pharmaceutical companies having had to cease or severely reduce their production (being located in areas affected by violence), IFRC, supported by primarily Canadian Red Cross have imported medicine to cover the needs of 200,000 patients⁷, based on a standard medication list developed by SARC in cooperation with IFRC. The list included insulin. In addition, 7 Inter-Agency Emergency Health Kits – IEHKs- and 5 surgical kits received from partner national societies (British Red Cross, Norwegian Red Cross and Belgian Red Cross)⁸, each to cover the needs of 10,000 persons, were dispatched to clinics across the country.

Dispatch of the medicine including both medicines for acute diseases as well as chronic diseases, has started. The first batch went to Al Bokamal in Deir Ezzor governorate: 130 boxes of medication for acute and chronic diseases (diabetes, asthma, high blood pressure and pediatrics) plus 250 boxes to Aleppo. More information on other distributions will be available in the next Operations Update.

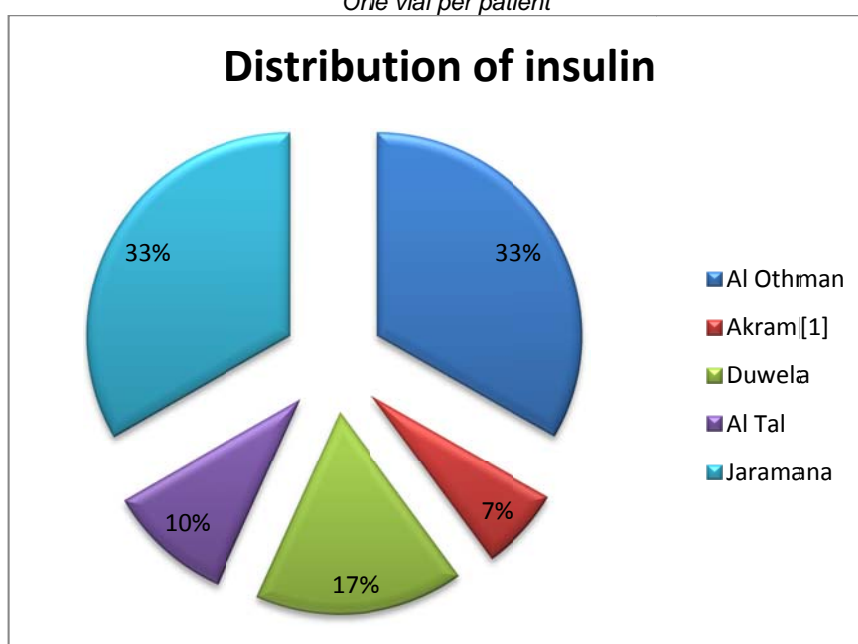
⁷ Not included in the overall number of beneficiaries to avoid duplication in counting beneficiaries (patients).

⁸ In 2012, IFRC provided SARC with 20 IEHKs and 20 surgical kits supported by ECHO.

Insulin vials for 3,000 patients were distributed, in January, to the following clinics:

Distribution of insulin		
Branch	Clinic	Quantity
Damascus	Al Othman	1,000
	Akram ⁹	200
Rural Damascus	Duwela	500
	Al Tal	300
	Jaramana	1,000
Total		3,000

*One vial per patient



**TOTAL Inter-Agency Emergency Health (IEHKs)
&Surgical Kits provided to SARC since 2012**

	IEHK	Surgical kit
Rural Damascus (6)	2	7
Homs (5)	4	2
Aleppo (8)	6	4
Der Ezzour (1)	2	2
Dara'a (7)	4	3
Idlib (4)	3	3
Raqqa (1)	1	1
Hassakeh	1	
Qunietra	1	
Hama (2)	2	1
TOTAL distributed	26	23
<i>Committed/ contingency</i>	1	2

⁹ SARC clinic not otherwise IFRC supported

9,000 insulin vials are due to arrive in the coming weeks. As a bilateral contribution, Danish Red Cross has supported SARC with 90,000 vials of insulin and German Red Cross with 52,000 different packs of paediatric medication as well as two anaesthetic equipment.

Psycho-Social Support

Centre based support

The Danish Red Cross in cooperation with SARC have, since 2008, been providing support for Iraqi refugees and vulnerable Syrians through five social centres in different areas of the country. The present project is in its third phase and will continue till 2014.

The conflict in Syria has changed the conditions of the programme. The number of visits to the psychosocial centres has dropped due to a decrease in the overall number of Iraqi refugees in the country and the difficulties for Syrians in reaching the centres due to lack of safe access. In addition, the SARC staff and volunteers have been exposed to high risk when trying to reach the centres and, in some cases, the centres have had to close for shorter or longer periods. Out of the total five centres supported by the programme two centres in Damascus and Qamashli are partially functioning and providing services but with very low attendance. The centre in Aleppo is relocated to the premises of the University where a majority of the IDPs are accommodated. The centre in rural Damascus is providing psychosocial services through mobile teams to the IDPs living in different schools and public buildings. The centre in Deir Ezzor had to be shut down completely and the equipment was moved to the SARC branch. The trained staff and volunteers from Deir Ezzor are assisting the teams in rural Damascus.

The number of IDPs (different groups) reached with activities during the reporting period are:

- In Aleppo, 2,964 beneficiaries were targeted through 44 sessions. These sessions took place in the Aleppo University where most of the IDPs have taken shelter.
- In Rural Damascus 325 beneficiaries were targeted through 10 sessions mainly targeting people living in makeshift shelters in places like schools, unfinished buildings and public parks.

The sessions are mainly on: Group games; drawing, soccer and basketball league, defusing session for children, health awareness and other creative activities.

Support to SARC branches

As a result of the current situation Danish Red Cross is also supporting eight SARC branches with emergency psycho-social support activities for the IDPs by providing financial support and psychosocial kits. The activities that are conducted in these branches are different games with children, musical gatherings, storytelling, handicraft activities and open days for children and their families.

Challenges

- The worsening security situation as well as other restrictions and criminality have at times affected the services. Ambulances could not always access patients in need. Establishing health points have been delayed. A few clinics had to suspend services for some time. Four ambulances were stolen and a few SARC operating ambulances were hit by violence resulting in needs for repair.
- There are delays in reporting on patient data. This is due to high turnover of key staff and volunteers, the disruptions in communications, (internet non-accessible in many parts of the country/phones working intermittently and no easy movement in certain areas). As a consequence, manual reporting is becoming more accessible than more developed systems for data entry.

National Society Capacity-building

Outcome: National Society headquarters and branches are equipped with an improved and well functioned infrastructure.

Outputs (expected results)	Activities planned
At least 3,000 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, water & sanitation, and disaster management, and further enhance knowledge and practice of RC/RC Principles and values. • Provide Volunteering in Emergencies training package. • 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, • 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.
SARC headquarters and overall SARC operational capacity is enhanced to meet the increased needs of the on-going crisis.	<ul style="list-style-type: none"> • Provide national and/or international staff to support overall operational capacity in the following priority areas: • Reporting and Information Management (including 14 branch focal points for information and reporting) <ul style="list-style-type: none"> • Relief • Disaster Management • Resource Mobilization • Finance • Logistics (warehousing / fleet) • Communication • Enhance SARC capacity by providing essential equipment to provide basic water services in communal facilities and among host communities based on request by SARC branches.
A contingency SARC/ IFRC headquarters location and facility is established to ensure continuity of operations.	<ul style="list-style-type: none"> • Provide financial support to SARC for alternative headquarters, and relocation of staff and premises, as needed.

The challenging situation with armed conflict on-going in most parts of the country is not conducive for extensive programs on organisational development and capacity building. The IFRC capacity building support is mainly focusing on the areas of: Quality assurance and resource mobilisation; information management/reporting; logistics; volunteers, finance and communication. The overall organisational support also includes financial support to staff costs, running costs and other operational costs – in addition to program support.

Progress:

Resource mobilisation

Since early January, a Quality Assurance and Resource mobilisation delegate is working full time from IFRC MENA zone office in Beirut to assist the IFRC team in Syria and SARC in developing project proposals, funding requests, follow up on pledges and to ensure donor requirements are met during the implementation of the activities and at the reporting stage. The Quality Assurance and Resource Mobilisation delegate collaborates with the Resource Mobilisation officer of the MENA zone office.

Information management/reporting

A Reporting delegate was, , working with SARC headquarters counterpart during the reporting time frame, to enhance and streamline information received from SARC branches and to finalise operational reports and other publications. 14 information/reporting officers are included in IFRC support - one in each branch (13 employed to date). It is expected that the 13 SARC Information and Reporting officers receive trainings in the coming months, as soon as the security situation will allow, to further improving their capacities.

Communication

A Communication development delegate position has been opened and is envisaged to arrive late April to assist in promoting the image and reinforcing the profile of SARC by strengthening the National Society communications capacities, with a focus on SARC volunteers, humanitarian principles and SARC response to the crisis. She/he will support SARC communication and media as well as the development of a regular flow of quality communications materials.

Logistics

The German Red Cross (GRC), present in Syria, has developed cooperation with SARC on logistics support. The support includes renting of warehouses, staff and provision of various equipment including forklifts. Trucks were donated to SARC last year. GRC plans to support 10 warehouses towards the end of the year; to provide additionally five rub halls and assist in rehabilitation and repair. Three staff members will be recruited in each warehouse. To date, the warehouses in Homs, Hama, Idleb and Tartous have been targeted by the main support, but also Aleppo, Raqqa and Damascus have received some kind of assistance.

A logistics delegate is in Damascus supporting IFRC/SARC supply chain. Capacity building efforts have focused on procurement procedures and standardisation of warehouse management, primarily focusing on the recently rented headquarters warehouse in Tartous. GRC is coordinating its activities with the IFRC to ensure a holistic support and joint trainings are planned.

Finance

IFRC has for several years been providing on the job training to SARC finance unit. This has resulted in the IFRC procedures to become the norm for SARC HQ also in its handling of projects funded by other donors. Three finance staff are currently supported. A Finance delegate position had been launched on IFRC job net at the time of writing to provide additional support to SARC as well as to the IFRC financial management of this Appeal.

Volunteers

Around 3,000 volunteers are actively supporting the current response according to SARC figures; from 14 regional branches and more than 80 sub-branches. 1,000 autumn/spring jackets have been procured to support SARC staff and volunteers. Distribution was nearly concluded at the time of writing. All branches are targeted with the support. Incentives to cover food and travels are provided to volunteers while carrying out relief and first aid activities supported by IFRC. 682 volunteers have been insured by IFRC global volunteer's insurance (numbers envisaged to increase this year). One SARC volunteer was assisted with medical treatment abroad. Volunteers participating in international meetings (Geneva or other locations) are receiving IFRC practical and financial support (visas, accommodation, air ticket etc.). Training of volunteers in first aid (basic and advanced) is supported by Danish Red Cross. IFRC MENA zone office organises regularly workshops, operational trainings and other events, where also SARC volunteers are invited. Other trainings requested by SARC may be organised by IFRC at any time.

Safety and security

SARC has recently established a safety unit at the headquarters. While ICRC is the main partner for developing SARC safety procedures, IFRC will assist in sharing information on standard procedures and other relevant guidelines and working tools.

In July last year, SARC moved from its headquarter building in the Damascus suburb of Harasta to temporary premises inside the city. To get necessary office space, SARC is again planning to move to newly rented premises close to the current location. All Movement partners present in Damascus have contributed to the new workplace.

Challenges:

The challenging situation on the ground with lack of easy movement and the urgent needs in terms of response have somewhat hindered any extensive training or development program for volunteers. The branches are nevertheless training new volunteers on an on-going basis.

Logistics	
Outcome 1: Logistics support is provided to ensure efficient and timely delivery of goods and services.	
Outputs (expected results)	Activities planned
Coordinated mobilization, reception, warehousing and further dispatch to branches and distribution points and reporting on supply chain status and needs, of international relief goods.	<ul style="list-style-type: none"> • Coordinate the mobilization of international supply chain. • Support SARC with the procurement of relief goods according to IFRC standards and procedures, and ensuring the best sourcing. • 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 in coordination with the Federation GLS structures in MENA.
Outcome 2: SARC is equipped with a more effective and efficient logistics services, and an enhanced institutional capacity that meets Movement standards in addressing SARC and Movement partners' logistics requirements	
Outputs (expected results)	Activities planned
SARC's logistics capacities are strengthened through training, technical support and adequate resources (including tools, equipment and human resources).	<ul style="list-style-type: none"> • Support SARC, through a logistics delegate and GLS structure, 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 promotion of 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. • Equip warehouses with fire and alarm systems.

Progress:

An IFRC logistics delegate is present in Syria since November 2012 working with SARC logistics unit primarily supporting procedures in procurement and warehouse management.

During the first months of 2013, a total of 52 containers have been dispatched to Syria with 730 tonnes of IFRC supported relief items including food parcels, blankets, hygiene kits, tarpaulins and household kits. The logistics delegate has in close coordination with RLU Dubai been supporting SARC with the supply chain of these items.

IFRC has ceased any dispatch of goods through the Damascus-Jordan highway due to its unsafe status and is currently only using shipments by sea to Lattakia or alternatively transport by land from Lebanon. Due to challenges in regular access to SARC main warehouse outside Damascus another warehouse was rented in Tartous. IFRC items are stored in this warehouse located around 90 kilometres from the port in Lattakia. .

The mobilisation table was updated and can be accessed in DMIS: https://www-secure.ifrc.org/DMISII/Pages/03_response/0307_logistics.aspx

A German Red Cross (GRC) delegate is in-country representing GRC and Norwegian Red Cross cooperation with SARC. A large part of the GRC support is focusing on enhancing SARC logistics, as outlined in this Appeal. (See more above under Capacity building). GRC has provided SARC with scales, manual forklifts, fire extinguishers and standard toolboxes for the warehouses in Tartous, Idleb, Homs, Hama, Aleppo, Raqqa and Damascus. Toyota forklifts were sent to Homs, Hama and Idleb, as well as trucks and land cruisers. Additionally, German Red Cross has assisted Homs, Hama, Idleb, Aleppo, Tartous and Raqqa with computers and printers. A 60 kVA was installed in SARC HQ warehouse in Tartous, where as well a warehouse manager and 2 warehouse assistants were recruited up to August 2013.

Communications – Advocacy and Public Information

Being aware of the importance to communicate with the public at large, most SARC branches have established Facebook pages to disseminate achievements and challenges with the response - some also with English translations. SARC HQ are redistributing part of the information on www.facebook.com/RedCrescentSY

SARC's webpage www.sarc.sy has recently been upgraded to better show and promote the SARC response to the crisis and other events across the country.

SARC new communication officer, recruited in January 2013, has established good working relations with the MENA zone communication officer. With the recruitment of a communication development delegate for Syria, IFRC is envisaging to support SARC even further.

IFRC communication on Syria Crisis Emergency has been focusing on responding to media requests in coordination with SARC and ICRC and on producing web stories and photos galleries which highlight the outstanding work of the National Society volunteers. A special page on Syria crisis is being prepared by the website team in Geneva www.ifrc.org/syria-crisis.for stories, photos and other materials to profile SARC work. Recent web stories have been published in English and Arabic highlight the needs internally displaced in Syria and refugees in the neighbouring countries. SARC has appeared on BBC, Sky News and Al Jazeera.

Weekly updates on the situation and activities carried out in Syria and the neighbouring are provided through weekly Syria Crisis Updates and shared with the Movement partners for limited circulation. IFRC reporting delegate based in Syria has been working with SARC focal point to ensure timely provision of needed information in addition to assist SARC in this area.

A special Syria section has been created on DMIS, to facilitate access to the latest information for donors and RCRC partners, on: [special DMIS Syria page](#).

Several partner national societies are assisting in promoting SARC and advocating the needs through their websites, opinion pieces, media interviews and fundraising campaigns.

SARC is as well working closely with ICRC on communication, particularly on media related matters. ICRC is also highlighting the work of SARC in its operational reports and public statements.

Contact information

For further information specifically related to this operation please contact:

- **In Syria:** Mr. Marwan Abdullah, General Director, Syrian Arab Red Crescent Society, phone +963 11 3327691/98/45/46 fax: +963 11 332 7695; email: sarc@net.sy ; info@sarc.sy.
- **In Syria:** Åsa Erika Jansson; Country Representative, office phone: +963 11 3327691/98/45/46 mobile phone: +963 951765409 email: asaerika.jansson@ifrc.org
- **In IFRC Zone:** Dr. Hosam Faysal, DM Coordinator, MENA Zone; phone: +961 5 428413; mobile phone: +961 71 802 916 email: hosam.faysal@ifrc.org
- **In IFRC Zone:** MENA Logistics Unit: Mauricio Bustamante ; phone : +961 5 42 8441 mobile phone: +961 71 802915 email: mauricio.bustamante@ifrc.org
- **In Geneva:** Cristina Estrada, Operations Support Coordinator; phone: +41 79 3583106 email: cristina.estrada@ifrc.org

For In-Kind donations and Mobilization table:

In IFRC Global Logistics Services - Dubai office: Marie-Laure de Quina Hoff, **Senior Logistics Officer**, Phone: +971 52 993 36 24, Email: marielaure.dequinahoff@ifrc.org

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For Resource Mobilization and Pledges:

- **In IFRC Zone:** Samah Hassoun, Senior Resource Mobilization Officer, MENA Zone, mobile phone: + 961 70 480 488, email: samah.hassoun@ifrc.org
- **For Syria:** Coralie Rey, Quality Assurance and Resource Mobilisation delegate for Syria, MENA Zone office, mobile phone: + 961 71 802 488, email: Coralie.rey@ifrc.org

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

- **In IFRC Zone:** Nadine Haddad, Senior Planning, Monitoring, Evaluation and Reporting Officer, mobile phone: + 961 71 802775, email: nadine.haddad@ifrc.org

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[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

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

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.
-

**I. Funding**

Selected Parameters	
Reporting Timeframe	2012/7-2013/2
Budget Timeframe	2012/7-2013/12
Appeal	mdrs003
Budget	APPROVED

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	39,197,725					39,197,725	
B. Opening Balance	0					0	
Income							
Cash contributions							
American Red Cross	191,791					191,791	
Australian Red Cross	38,226					38,226	
Austrian Red Cross	-0					-0	964,733
Austria - Private Donors	975					975	
Belgian Red Cross (Flanders)	60,053					60,053	
Belgian Red Cross (Francophone)	359,264					359,264	
British Red Cross	446,036					446,036	1,231,409
Danish Red Cross	170,087					170,087	
European Commission - DG ECHO	4,388,967					4,388,967	4,384,736
Finnish Red Cross	379,298					379,298	
France - Private Donors	2,415					2,415	
Italian Red Cross	120,120					120,120	
Japanese Red Cross Society	233,872					233,872	
Kuwait Red Crescent Society	457,792					457,792	
Norwegian Red Cross	414,820					414,820	
On Line donations	32,409					32,409	
Poland - Private Donors	147					147	
Red Crescent Society of Islamic Republic of Iran	30,000					30,000	
Red Cross of Monaco	14,472					14,472	
Suncor Energy Inc.	191,791					191,791	
Swedish Red Cross	1,855,456					1,855,456	
Switzerland - Private Donors	1,500					1,500	
Taiwan Red Cross Organisation	46,681					46,681	
The Canadian Red Cross Society	778,692					778,692	1,129,099
The Netherlands Red Cross	955,559					955,559	
United States Government - USAID	931,359					931,359	
C1. Cash contributions	12,101,785					12,101,785	7,709,978
Inkind Goods & Transport							
Belgian Red Cross (Flanders)	145,564					145,564	
British Red Cross	1,975,606					1,975,606	
Finnish Red Cross	180,734					180,734	
Norwegian Red Cross	14,025					14,025	
The Canadian Red Cross Society	68,505					68,505	
The Netherlands Red Cross	373,368					373,368	
C2. Inkind Goods & Transport	2,757,802					2,757,802	
Inkind Personnel							
Swedish Red Cross	23,600					23,600	
C3. Inkind Personnel	23,600					23,600	
Other Income							
Balance Reallocation	1,046,900					1,046,900	
Fundraising Fees	-9,590					-9,590	
Programme & Services Support Recover	161,531					161,531	
C4. Other Income	1,198,842					1,198,842	
C. Total Income = SUM(C1..C4)	16,082,029					16,082,029	7,709,978
D. Total Funding = B + C	16,082,029					16,082,029	7,709,978
Coverage = D/A	41%					41%	

MDRSY003 - Syria - Syria Crisis

Appeal Launch Date: 06 jul 12

Appeal Timeframe: 06 jul 12 to 31 dec 13

Interim Report

Selected Parameters	
Reporting Timeframe	2012/7-2013/2
Budget Timeframe	2012/7-2013/12
Appeal	mdrsyt003
Budget	APPROVED

All figures are in Swiss Francs (CHF)

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	16,082,029					16,082,029	7,709,978
E. Expenditure	-13,578,470					-13,578,470	
F. Closing Balance = (B + C + E)	2,503,558					2,503,558	7,709,978

Selected Parameters	
Reporting Timeframe	2012/7-2013/2
Budget Timeframe	2012/7-2013/12
Appeal	mdrs003
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		39,197,725					39,197,725	
Relief items, Construction, Supplies								
Shelter - Relief	750,000	367,244				367,244	382,756	
Clothing & Textiles	6,005,000	1,740,606				1,740,606	4,264,394	
Food	12,800,000	2,339,649				2,339,649	10,460,351	
Water, Sanitation & Hygiene	200,000	920,318				920,318	-720,318	
Medical & First Aid	3,796,000	1,222,033				1,222,033	2,573,967	
Utensils & Tools	837,205	362,995				362,995	474,210	
Other Supplies & Services	4,426,801	255,087				255,087	4,171,714	
Total Relief items, Construction, Sup	28,815,006	7,207,932				7,207,932	21,607,074	
Land, vehicles & equipment								
Vehicles	1,140,000	576,408				576,408	563,592	
Computers & Telecom	125,000	3,351				3,351	121,649	
Office & Household Equipment	5,000						5,000	
Others Machinery & Equipment	10,000						10,000	
Total Land, vehicles & equipment	1,280,000	579,759				579,759	700,241	
Logistics, Transport & Storage								
Storage	300,000	156,089				156,089	143,911	
Distribution & Monitoring	300,000	616,825				616,825	-316,825	
Transport & Vehicles Costs	76,400	126,592				126,592	-50,192	
Logistics Services		231,723				231,723	-231,723	
Total Logistics, Transport & Storage	676,400	1,131,230				1,131,230	-454,830	
Personnel								
International Staff	1,142,400	276,025				276,025	866,375	
National Staff	89,800	20,980				20,980	68,820	
National Society Staff	1,442,600	19,581				19,581	1,423,019	
Volunteers	100,000	2,740				2,740	97,260	
Total Personnel	2,774,800	319,326				319,326	2,455,474	
Consultants & Professional Fees								
Consultants		56				56	-56	
Professional Fees	25,000	25,168				25,168	-168	
Total Consultants & Professional Fe	25,000	25,224				25,224	-224	
Workshops & Training								
Workshops & Training	50,000	581				581	49,419	
Total Workshops & Training	50,000	581				581	49,419	
General Expenditure								
Travel	42,000	34,745				34,745	7,255	
Information & Public Relations	55,000	538				538	54,462	
Office Costs	5,000	396				396	4,604	
Communications	20,000	13,687				13,687	6,313	
Financial Charges	12,000	51,266				51,266	-39,266	
Other General Expenses	34,000	2,192				2,192	31,808	
Shared Office and Services Costs	46,800	26,807				26,807	19,993	
Total General Expenditure	214,800	129,631				129,631	85,169	
Contributions & Transfers								
Cash Transfers National Societies	2,969,370	2,390,048				2,390,048	579,322	
Total Contributions & Transfers	2,969,370	2,390,048				2,390,048	579,322	
Operational Provisions								
Operational Provisions		926,099				926,099	-926,099	
Total Operational Provisions		926,099				926,099	-926,099	



Selected Parameters	
Reporting Timeframe	2012/7-2013/2
Budget Timeframe	2012/7-2013/12
Appeal	mdrs003
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		39,197,725					39,197,725	
Indirect Costs								
Programme & Services Support Recov	2,392,349	806,879				806,879	1,585,470	
Total Indirect Costs	2,392,349	806,879				806,879	1,585,470	
Pledge Specific Costs								
Pledge Earmarking Fee		58,841				58,841	-58,841	
Pledge Reporting Fees		2,920				2,920	-2,920	
Total Pledge Specific Costs		61,761				61,761	-61,761	
TOTAL EXPENDITURE (D)	39,197,725	13,578,470				13,578,470	25,619,255	
VARIANCE (C - D)		25,619,255				25,619,255		