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Emergency Appeal final report

Middle East & North Africa: Civil Unrest

 International Federation
of Red Cross and Red Crescent Societies

Final report

Emergency appeal n° MDR82001
GLIDE n°OT-2011-0000025-TUN/LBY/EGY/SYR/YEM/LEB/JOR
24 May 2013

Period covered by this Final Report: 24 February 2011 to 31 September, 2012.

Appeal coverage: Up to 31 September 2012 the level of the appeal coverage has reached 74 per cent through cash and in-kind contributions

Appeal history:

- CHF150,000 was allocated on 24 January 2011, from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Tunisian Red Crescent (TRC) in its response to civil unrest in Tunisia.
- On 12 February, a DREF allocation of CHF107,672 was provided to the Egyptian Red Crescent Society (ERCS) to help it deliver assistance to 10,000 beneficiaries as a result of civil unrest in the country.
- On 25 February, a DREF allocation of CHF 59,374 was allocated to enable the IFRC Middle East-North Africa (MENA) Zone conduct an emergency field mission in Egypt and Tunisia to assess the impact of civil unrest in Libya.
- A Preliminary Emergency Appeal was launched on 1 March for CHF 4,458,090 for six months to assist 100,000 beneficiaries.
- The Emergency Appeal was revised on 24 March to an amount of CHF12,269,102 with the number of targeted beneficiaries increased to 150,000 and the timeframe extended to the end of December 2011.
- The Revised Emergency Appeal was adjusted further as of 17 May seeking a new total of CHF14,840,345 due to growing unrest in Syria and Yemen, greater contingency planning efforts and an overall increase in beneficiary targeting to 280,000 people.
- The Appeal was revised once again on 25 June seeking a total of CHF15,145,920 to support new activities in Libya and growing needs in southern Tunisia. Overall beneficiary numbers were increased to target 300,000 people while the timeframe remained to the end of December 2011.



A group of men from Niger arrive at the Tunisian Red Crescent/IFRC Transit Camp on 10 April after fleeing Libya. Photo: Gina Guinta / IFRC

- The Appeal was extended on 29 December 2011 for six months (until the end of June 2012) and continuing to seek a total of CHF15,145,920.
- The Appeal was revised on 26 March 2012 seeking a total of CHF18,673,301 for 435,000 beneficiaries until the end of June 2012.
- As per the Operations Update of 4 July 2012, the Appeal was extended from the end of June to 30 September 2012.
- The North Africa component of the Civil Unrest Appeal closed as of 30 September 2012 in reflection of the stabilisation of conditions in North Africa, the re-focusing of humanitarian efforts on Syria and the surrounding area and the launch of a new Emergency Appeal covering that situation.
- Some under-spending is noted and mainly due to volatile security situation in the area and are clarified as follows:
 - Food distribution for Libyan families hosted in Tunisian families were taken in charge by UNHCR and WFP, hence the under spending.
 - Armed conflict also prevented the implementation of clothes distribution and disaster preparedness capacity building activities in Yemen
 - Warehouse construction in Harasta, Syria was not possible due to increasing insecurity in the area.
 - Remaining activities for Syria were moved and implemented under the “Syria crisis appeal”

Summary

The Civil Unrest Appeal for the Middle East and North Africa has undergone a number of revisions since its inception during February 2011 in reflection of volatile conditions, diverse and evolving humanitarian needs and the variety of emergency response efforts required across the region. Throughout the Appeal, the IFRC exhibited a high degree of operational readiness and involvement while ensuring significant cooperation and coordination among Host and other National Societies along with the International Committee of the Red Cross (ICRC) as well as numerous external agencies.

The Middle East

Syria:

The Syrian Arab Red Crescent (SARC) has taken up the challenge posed by the increasing civil unrest in Syria, working under very difficult and sensitive conditions to meet the growing humanitarian crisis. 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 fighting 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.

SARC has been playing a unique role as national coordinator of humanitarian aid in Syria, and is the only humanitarian organization which has been able to reach all parts of the country. SARC has held the lead role for Movement response (ref: Tri-partite Letter of Understanding), and has been working as an implementing partner for the UN (WFP, UNHCR, UNICEF), as well as ‘facilitator’ for INGO activity being supported by OCHA’s Emergency Response Fund.

Progressively scaling-up its activities to meet increasing needs, SARC was assisting over 800,000 people with food and non-food relief items on a monthly basis by the end of June 2012, as well as acting the main provider of ambulance services, and offering emergency and basic health care in all affected areas across the country. Furthermore, SARC branches have been managing a substantial number of shelters, as well as providing psycho-social support to the displaced, a large proportion of whom are children.

Under the MENA Civil Unrest Appeal (MDR82001), IFRC support to SARC has primarily focused on:

- **Relief:** Provision of food and non-food relief items to support SARC distributions. IFRC-supported 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 **75,000 beneficiaries** have been reached in this way – although actual numbers are likely to be higher. This is somewhat lower than originally planned, primarily due to the fact that the relief

component of the appeal was not covered until February 2012, as well as to logistical and access issues.

- **Emergency Health:** Procurement of **22 ambulances** for emergency first aid activities throughout the country, and support for **4 mobile health units** in Rural Damascus (2), Homs and Qamishli (one partially supported bilaterally by Danish RC). First aid ambulance missions reached **over 5,000 people** between January and June 2012, whereas MHUs provided emergency and basic health to **more than 8,500 people**. In addition, IFRC (through ECHO) has provided SARC with 20 Inter-Agency Emergency Health Kits (IEHK), complemented by 20 Surgical Health Kits (SHK), sufficient to assist 200,000 people in support of SARC clinic and branch emergency health response activities.
- **Basic Health:** Provision of medicines and operational support to 11 SARC clinics, to ensure that basic health care needs of displaced Syrians continued to be met, providing more than **18,000 consultations** between January and June 2011.
- **Reinforcing SARC capacity:** SARC operations were supported in-country by the IFRC Country Representative, as well as a Relief Operations Delegate and an Information/Reporting Delegate. IFRC also deployed a Head of Emergency Operations to support the operation as it scaled-up to meet increasing needs in June 2012. The MENA Zone Disaster Management Unit has been providing strategic, logistical, communications and resource-mobilization support on an on-going basis. SARC capacity has been reinforced through the provision of 2 trucks, IT equipment, as well as vests and overalls for 12,600 volunteers.

In addition, two Medical Health Points (with a third planned) were set up in Rural Damascus and have been operational since spring 2012. These one-room fully-equipped clinics have been supported bilaterally by the Danish Red Cross (as part of ECHO grant), and offer basic health care where there has been no other option due to the crisis. Danish RC has enhanced its support following the unrest – both to SARC directly and through this Appeal - and has furthermore been working with SARC on training volunteers in first aid and advanced first aid, as well as first aid training for community members, and has also provided psychosocial support to some 600 volunteers through 'defusing' sessions.

Many partner National Societies have helped SARC in these difficult times, both through the Appeal and directly. The British RC has been instrumental in strengthening SARC's disaster management and community risk reduction activities, and has also provided considerable support to SARC's response to the unrest. The American, Danish, German, Iranian, Italian Japanese, Korean, Kuwaiti, Netherlands, Norwegian, Qatari, Spanish, Swedish and Swiss Red Cross and Red Crescent Societies, have all contributed to enhancing SARC's response. In addition, PRM (US State Department Bureau of Population Refugees and Migration) has, for several years, provided support to the health services for displaced Iraqis and vulnerable Syrians. ECHO remains a key partner for SARC, and has contributed generously, particularly to the emergency and basic health response components of the IFRC Appeal, as well as to Danish RC activities.

With humanitarian needs in Syria increasing daily in both scope and scale, IFRC launched a new emergency appeal for the Syria Crisis (MDRSY003) on 6 July 2012, to support SARC in directly assisting 200,000 people for 12 months in the areas of emergency and basic health, food and non-food relief, livelihoods, as well as to strengthen National Society capacity to respond to the needs of more than 1.5 million people. The new appeal essentially represents a scaling-up of activities undertaken as part of the MENA Civil Unrest appeal (MDR82001) – the Syria component of which was ended as of 30 June 2012. Remaining funds allocated for Syria under this Appeal have been transferred to the Syria Crisis appeal, with donor approval.

Lebanon:

Lebanon began to receive refugees and injured people from Syria in May 2011. Thousands of people have been crossing the border throughout the year. Many wounded have also been transferred from the border areas to receive medical treatment inside Lebanon. The number of displaced Syrians currently registered with UNHCR and the High Relief Commission (HRC) in north Lebanon is 7,913 persons (16/03/2012). Many of the newly registered are in the Tripoli and Bekaa areas. People continue to arrive on a daily basis and are taking refuge along the eastern border of Lebanon. It is estimated that more than 2,000 arrived from Syria in the first week of March 2011, bringing the total estimate of displaced Syrians in the country to at least 13,000. Humanitarian operations are currently based mostly in the north of Lebanon. So far the Lebanese government, UNHCR, INGOs and other local NGOs are supporting the humanitarian needs of the refugees, more work needs to be done in the areas of relief and shelter (detailed needs assessment , participatory planning with affected population and host communities). The appeal objectives are based on the assumption and analysis that Syrians will continue to arrive in the neighbouring countries.

Jordan:

Since the beginning of the unrest in Syria in March 2011; Jordan has been the main destination for people fleeing the violence, especially from areas close to the Syria – Jordan border (mainly Dara'a and its rural areas). The Jordanian government announced in February 2012 that around 80,000 Syrians have sought refuge in Jordan since March 2011. To cope with this the government has identified sites for three refugee camps, with the infrastructure currently under construction. Currently the majority of refugees are staying with their Jordanian relatives in Ramtha and the northern city of Mafraq. The Jordan National Red Crescent (JNRC) is responsible for camp management according to the national response plan and so far this is not activated yet. The number of Syrian individuals registered with UNHCR Jordan since March 1st 2011 has continued to steadily increase, with 5,391 individuals registered with the agency up to 15 March, 2012. Over 2,000 Syrian individuals have appointments to register with UNHCR, bringing the total number of Syrians in Jordan to over 7,000. Some local NGOs estimate between 15,000 – 20,000 persons are currently in Jordan and in need for help. Several agencies delivered relief support to host communities to cope with the arriving families from Syria.

Jordan has also accepted around 5,000 Syrian students in state schools. Most of those crossing the Jordanian border are from the southern province of Daraa (less are coming from Homs, Damascus rural and Idleb). Most of the needs are falling under the areas of health, shelter and relief.

North Africa

Following quick reaction by the IFRC to civil unrest in Tunisia and Egypt through activation of its Disaster Response Emergency Fund (DREF), the Civil Unrest Appeal launched on 1 March 2011 with an initial focus on the conflict in Libya and resulting migration flows to neighbouring countries soon encompassed the unrest in Syria and Yemen. The principal aspect of IFRC and National Society action during the spring of 2011 in North Africa concerned construction and operation of a transit camp for migrants fleeing Libya into Tunisia where they could reside in safety before being repatriated to their countries of origin.

The IFRC-Tunisian Red Crescent (TRC) Transit Camp hosted migrants, also known as Third Country Nationals (TCNs), from 6 April to 18 July 2011. A total of 8,784 TCNs representing over 30 nationalities, mostly from sub-Saharan Africa, resided at the camp. It was initially foreseen that each person would only need accommodation for two or three nights but many ended up staying at the camp for as much as three or four weeks due to the challenges on behalf of the International Organisation for Migration (IOM) in securing the multitude of repatriation flights required. As of 18 July, the Transit Camp was handed over to UNHCR to facilitate its longer-term support for people known as Persons of Concern (PoC) that could not be readily repatriated, if at all, to their countries of origin. The handing over of the Transit Camp also enabled the IFRC to focus on increasing humanitarian needs more southward in Tunisia and ensure greater direct involvement in Libya and support for the Libyan Red Crescent Society (LRCS).

Establishing a full-time presence in Libya as of September 2011 helped the IFRC pursue capacity building and organisational development activities in partnership with the LRCS to complement its ongoing relief activities throughout the country. The IFRC continued its initiatives until September 2012 when full stewardship was passed to the LRCS with support, as needed, from the IFRC Regional Office in Tunis which remains permanently present for the Red Cross Red Crescent Movement in North Africa.

The IFRC effectively used its global mechanisms for emergency response such as the Disaster Response Emergency Fund (DREF), its Field Assessment and Coordination Team (FACT), Emergency Response Units (ERUs) with staff from National Societies around the world, Regional Disaster Response Team (RDRT) members along with quick deployment other personnel to fulfil vital operational roles, the humanitarian crisis in North Africa came at a time of transition and generally weak organisational structure within the Middle East-North Africa Zone. Undoubtedly, the startling and rapid changes that swept through the region and their magnitude could not have been foreseen. Since the summer of 2011, however, various adjustments have been made within the MENA Zone Office structure in order to improve its capacities and enable it to more effectively respond to emergencies. The Real-Time Evaluation (RTE) conducted during June and July 2011 was pivotal for helping to identify strengths and weaknesses of the IFRC response to civil unrest in the Middle East-North Africa Zone and suggesting corrective steps and points of consideration for the future. For a comprehensive review of the civil unrest response up to mid-2011, readers are encouraged to visit the

IFRC website to download a copy of the Real Time Evaluation made publicly available as of 27 December 2011.

Although the North Africa component of the Civil Unrest Appeal was closed as of the end of September 2012, reflecting the subsiding of emergency conditions in North Africa, the launch of a new Emergency Appeal as of July 2012 concentrating on the conflict in Syria and population movement in the surrounding area represents a continuation of the broad regional focus that began in 2011.

The Gulf

Yemen:

Yemen's security situation has been unstable for many years and the conflict related to the last years unrest has subsided; 2012 has witnessed many positive developments at the political level, which was reflected in the stability of the country.

Despite the political, social, and security constraints, there will be a national dialogue including all parties and segments of society in the coming months followed by formation of a new constitution leading to the Presidential election in 2014. Most of the civil unrest aspects have disappeared including the sit-in areas most of which were removed from main street of the cities except for few places. This happened after a major step taken by the President in reforming the military and security institutions excluding the icons of the previous regimes.

At the humanitarian level, complicated cases of injured youth are being treated within the country or abroad with support from regional international partners. In the South, Internally Displaced People (IDPs) are starting to move back to their home cities in Abyan and at a lower degree in the North. The emergency operation helped a lot of those with minor injuries as major and complicated cases were referred to specialized health institutions and hospitals for further treatment. In fact, the emergency operation was meant to immediately respond to the needs of affected people in the field, FA service for those injured in the field and non-food items to IDPs. Additionally, there has been a longer term objective in building the NS's capacity in the related fields. The impacts of these interventions are being more evident in skills and tools acquired during the operation through training and field exercises. These skills are essential for all volunteers and staff of YRCS who should always be ready to provide assistance when needed. Logistic capacities at HQ and some branches have shown steady improvement as many of their transportation constraints were solved through vehicles and ambulances donations which are still providing vital services to vulnerable people and transportation to operations remote areas.

- The National Society often faced difficulties dealing with two sides of conflict. In some cases it was shot at and prevented by one side from entering conflict areas on the pretext that it supported the other side. It is very important that the NS works on its image and strengthen its visibility to disseminate its mission and objectives with emphasis on the seven RCRC principles especially Neutrality and Impartiality. These dissemination activities should be done in time of peace within normal conditions as they will have very limited impact during time of conflict as the NS tried to do.
- Coordination with other key players is very important to ensure adequate response and provision of full package to beneficiaries.
- Logistics and procurement: it is time consuming process to import relief items during emergency operation and customs clearance may take longer than expected. It is practical to procure items locally whenever possible.

The needs relating to unrest have decreased and focus of the international community including that of Yemeni RC and IFRC is turning towards responding to food insecurity across the country in close coordination with Movement partners in Yemen. A DREF operation has been launched and an IFRC/YRCS joint assessment team has returned with recommendation for IFRC/YRCS response. Therefore, the activities for Yemen under this Appeal was closed at the end of June 2012.

The situation

The Middle East

Syria:

Since March 2011, Syria has been experiencing an increasingly violent and pervasive situation of unrest. The crisis initially began in the southern governorate of Dara'a and quickly escalated, affecting most governorates with varying intensity. February 2012 marked a severe escalation in the situation, in terms of the levels of violence, numbers affected and extent of needs, which have continued to rise ever since (and intensified further in July 2012). The governorates of Dara'a, Rural Damascus, Deir Ezzor, Homs, Idlib, and Hama were the most seriously hit by the crisis (and extending into Damascus and Aleppo from July 2012), with population displacement also spilling over into other governorates.

People in severely affected areas have faced extreme violence, leading to loss of life, injuries and displacement. Due to the sensitive nature of the situation in Syria, exact figures have been difficult to confirm. However media sources reported that more than 15,000 persons had lost their lives (up to June 2012). According to SARC/UN estimates, some 1.5 million people were in need of support by the end of June 2012, of which a substantial proportion were estimated to be children. These figures have all increased since then, and continue to do so, as the crisis continues unabated.

Road access in parts of the country has been increasingly difficult and erratic. Communications have been cut at unpredictable intervals, and basic services have become less and less available. Houses and buildings have been destroyed – affecting both living conditions and the eventual resumption of livelihoods. Protracted fighting and/or severe violence have led many families to re-settle in poorer and/or rural neighbourhoods, where employment opportunities are scarce, and health facilities overstretched. People caught up in neighbourhoods affected by violence have often had limited access to food, water, health care and other basic needs. Movement restrictions caused by the conflict have also seriously affected availability of basic items on markets: shops have been closing down and the supply chain is being disrupted.

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

In this challenging situation, SARC volunteers have been working tirelessly, and often at great personal risk, to support the affected population throughout the country. As of the end of June 2012, four SARC volunteers had lost their lives during the course of their duties, with an additional two volunteers killed as of mid-August.

SARC has been steadily scaling-up its response to meet the growing needs, and by the end of June was providing assistance to an estimated 800,000 persons on a monthly basis, in the areas of emergency and basic health, and food and non-food relief distributions, reaching all affected areas across the country, through its 14 branches and 80 sub-branches. The ICRC and the IFRC have been working in close coordination with SARC, to actively support its on-going emergency response operation.

The situation remains highly volatile and unpredictable. This has had obvious consequences for the overall humanitarian response, as conditions in the country have continued to deteriorate. For this reason, IFRC, in consultation with SARC, launched a new Syria Crisis Appeal on 6 July (MDRSY003), building and expanding on activities undertaken under the current appeal to meet the ever-increasing needs. Planned actions have continued to focus on basic and emergency health and food and non-food relief distribution, while increasing support for and enhancing SARC capacity, and planning for recovery, primarily in the area of livelihoods.

Lebanon:

In Lebanon, over 90,000 refugees have been registered or are awaiting registration with UNHCR. North Lebanon continues to host the largest number of refugees with 39% of the Syrian population residing here, followed by 29% in Bekaa Valley and 2% in Beirut. Without permission from the government of Lebanon to establish camps, many are living in host families or collective shelters. Until recently, a number of Syrian families were living in functioning schools, which had to be vacated in time for the new school year.

Humanitarian agencies successfully relocated Syrians to other accommodation either through cash for rent schemes or moving into alternative collective shelters. Other work has been carried out to renovate host families' houses and provide water supply and latrines to displaced families, including those living in Tripoli. Distributions by the UN and various NGOs continue in the North and in Bekaa to provide Syrians with essential household and food items as many cross the border with few or no belongings and limited savings to support themselves. With winter approaching, concerns are growing for the Syrians living especially in areas affected by the winter climate such as Bekaa and North of Lebanon, where the majority of Syrians reside. A WFP food voucher scheme working in partnership with local shops is underway to allow Syrians more freedom of choice in acquiring necessary household food items.

The Ministry of Education made an announcement, permitting all Syrian children to register in Lebanese public schools. 30% of the school-aged refugee population are now registered in school and the international community is providing remedial classes in some areas to help these children integrate into the Lebanese education system and curriculum. However, with such large numbers now relying on limited school infrastructure and resources, work is being carried out to find alternative solutions to ensure Syrian children are provided with a continued education away from their home.

A significant challenge in Lebanon is the coverage of secondary health care costs since the government of Lebanon's funding ceased. UNHCR funds for this area will be exhausted by the end of October and so solutions for covering this need are being sought. Urgent cases of wounded Syrians continue to cross into Lebanon and many of these are transported by the Lebanese Red Cross emergency services for surgery in hospitals in the North and Tripoli, which have been especially equipped to provide care for such cases.

Jordan:

The Government of Jordan estimates that over 200,000 Syrians have now crossed into Jordan in search of refuge. Although the majority of these people are living in host communities, since the launch of this appeal, the Government of Jordan agreed to the establishment of Zaatari camp in Mafraq, north of the country, to which many living in the temporary transit sites were moved. Recent figures have indicated that some 30,000 Syrians are residing in the camp. However, many are unsatisfied with the living conditions and it is difficult to ensure accurate records of numbers, with some having left through bailing out procedure and others opting for voluntary return to Syria by their own means. Demonstrations take place frequently, which often lead to injuries for police and agency staff.

The pressure on the Government of Jordan budget and public service provision has been widely noted as the refugee crisis has worsened especially water, energy, health, and education. Municipal services such as garbage collection, sanitation and drinking water, are also under pressure. Syrian refugees who are registered with UNHCR can access the public health and education system. The government also subsidises a number of basic goods in the open market, such as bread, cooking gas, fuel, electricity, and water, and these subsidies have been extended to Syrians. In early September 2012 the Government of Jordan announced that the influx is beyond what it can deal with, and is seeking \$430m in donor support for its budget for the direct costs of hosting refugees.

In the host communities needs remain and the winter months will see them grow. Moreover, refugees are spread across all twelve governorates of the country. Under this preliminary appeal, the IFRC deployed a Household Economic Security Delegate, seconded by the British Red Cross, to carry out community and household assessments with JRCS, to better guide the response and the revision of the appeal. Findings regarding the current situation supported those highlighted by the rapid assessments carried out earlier in the year. Main findings are as follows: The majority of Syrians living in host communities are renting accommodation in towns and cities, with examples of multiple families sharing small spaces and reports of cramped living conditions and mainly accommodation of low standard being available. Rent has increased significantly and is highest in Mafraq and Amman, two areas with the largest numbers of registered refugees on the JRC lists. Utility costs especially in the coming winter months are a concern for many Syrian refugees as well as other impacts winter would have on household expenditure, with increased need to purchase winter items.

Although all refugees have access to a toilet, water and kitchen, in the cheapest apartments facilities and hygiene are sometimes sub-standard, and in need of maintenance. Limited water supply is an issue raised by all refugees outside of Amman; however this is a problem faced by the wider population due to restricted municipal water supply (often just one day per week). As a result, families need water storage capacity, and

must purchase drinking water. Food is freely available on markets and between small purchases and food aid; Syrian refugees are able to obtain enough to reach their food needs. All refugees have basic kitchen equipment (often donated by neighbours) and the ability to prepare food, including water. Apart from in Mafraq and Amman, most refugees participating in the assessment, reported that there had not been any noticeable changes in prices since they arrived in Jordan – although refugees were quick to highlight the significantly higher cost of living in Jordan as compared to Syria.

Syrian refugees who are registered with UNHCR can access the public health system (clinics and hospitals). However, medicines need to be purchased, and treatment for ongoing chronic conditions or any medical issue that requires specialist care or hospitalisation does not appear to be accessible for many. This includes also cases of men who have been injured or tortured in the conflict in Syria, and require ongoing medical care that they cannot afford. The Government of Jordan also permits school-aged children of Syrian refugees who are registered with UNHCR to enrol in public schools, although this had led to overcrowding in schools and double-shift systems operating in some places. Some refugees report difficulties in funding other costs related to children's education such as uniforms, shoes, books, materials and so on. Transportation costs to and from school were also a factor, especially for those informal work opportunities are limited, with the exception of Amman where wage rates are below the market and minimum levels for Jordanians. Many people left Syria with some resources such as savings or assets such as jewellery, although these have rapidly depleted. Many new arrivals, especially those who fled the sudden spike of violence in Syria in recent months had limited ability to bring anything with them and as a result most new arrivals do not have savings to rely on and many in debt to landlords. Refugees stated that cash was their biggest need which when elaborating this was broken down as follows:

- Rent (and utilities, including water)
- Fresh food (vegetables, dairy products, meat/chicken)
- Other basic household expenditure items (medicines/health care, baby items, schooling items (including transportation to school), clothes, furniture/mattresses, blankets)

The relationship between Syrians and the local Jordanian community was generally reported as good, by both sides, although the relationship, especially in Mafraq, seems to be changing for the worse as scarcity of resources (water and availability of accommodation) is making itself felt more acutely. Refugees are engaging coping strategies such as depending on aid, selling unwanted aid, and incurring debt, but it is clear from the analysis of monthly expenditure needs and income sources that there is an income gap in many households. Many families are relying on a combination of aid, gifts, and cash generated by re-selling aid as their main income source. Whilst managing to achieve basic food security, the more vulnerable refugees cannot fund their other household costs; where they currently can, it is likely that many of these families will encounter difficulties in the coming months.

Rent is a special issue – in order to maintain access to housing, refugees need assistance to pay rent, and also to pay down debts to landlords, to remove the threat of eviction. With a tight housing market and limited options to move to more affordable accommodation, the most pressing expenditure gap to fill is cash to pay rent. Most refugees do not expect the situation to change in Syria anytime soon, while some analysts predict it could be as long as one to two years before return is possible. It is therefore foreseen that the humanitarian situation is likely to stay the same for the next four to six months, or even deteriorate further by the arrival of further refugees.

North Africa

Tunisia

Events in Tunisia in early 2011 served as the catalyst for IFRC humanitarian action across North Africa. Initial support for the Tunisian Red Crescent and its response to civil unrest throughout the country quickly grew as thousands of people began to flee violence in Libya and head toward Tunisia. With many travelling toward the border on foot and being subject to threats and violence along the way, they arrived in Tunisia exhausted, traumatised and with few possessions. The migratory situation represented a massive, rapid onset emergency demanding an immediate response from local actors and the international community.

In cooperation with other humanitarian organisations, the remnants of authorities in Tunisia and its new political leaders, the IFRC in partnership with Tunisian Red Cross and staff from National Societies around the world opened the Al Hayat Transit Camp for migrants on 6 April 2011. Although assisting migrants, also

known as Third Country Nationals (TCNs), represented the thrust of IFRC and National Society action during the spring, operation of the Transit Camp served as a springboard for interventions in the south of Tunisia where an increasing number of Libyan nationals had begun to base themselves.

With the end of conflict in Libya, beginning in October 2011, the migratory pressure on Tunisia was finally eased. Results from the first democratic elections in Tunisia, held also in October 2011, signalled the beginning of a period of political normalisation. Since that time, even though economic hardship, demonstrations and protests have persisted, Tunisia has generally been a location of reasonable stability. Based at Tunis, the Regional Office of the IFRC for North Africa is maintaining the Tunisian Red Crescent as a key part of its focus through the strengthening of its volunteer and emergency response capacities to improve their general readiness and address any civil unrest that may resurface in the future.

Libya

Operational intentions of the IFRC for Libya as of April 2011 were designed to complement emergency actions already underway throughout the country on behalf of the Libyan Red Crescent Society (LRCS) and International Committee of the Red Cross (ICRC). A focus on LRCS capacity building and organisational development eventually became central to the North Africa portion of the Civil Unrest Appeal during the second half of 2011 and up to the North Africa component closure in September 2012.

Even more than a year after the conflict in Libya has ended; however, violence still prevails in many parts of the country. The armed attack against the American Consulate in Benghazi during September 2012 served as a stark reminder of a lingering fragile security situation. As of 16 December, Libya's parliament ordered the temporary closure of its southern borders and declared seven regions in the south as restricted military areas in order to stem the flow of illegal immigrants, arms and other goods.

Egypt

Similar to the mass movement of migrants from Libya into Tunisia, people also travelled eastward to Egypt during the spring of 2011 although their numbers were far lower. As of 29 September, the cumulative number of TCNs in Egypt was resting at 85,558.

Dramatic political developments within Egypt throughout 2011, and continuing during 2012, tended to overshadow population movement into the country. Nevertheless, the Egyptian Red Crescent Society (ERCS) put forth a solid response effort and effectively balanced domestic demands with the maintenance of vital relief services to those affected by the conflict in Libya.

The Gulf

Yemen

Yemen is one of the countries affected by the Civil Unrest that swept through the Middle East in early 2011. Large gatherings started to appear in sit-in areas in major cities of Yemen demanding the fundamental changes and reforms through changing of the regime. Parallel to that, a pro-government public supporters formed their sit-in areas to fight back and resist any changes. There have been several clashes between the two camps with frequent intervention of security forces to suppress anti-regime demonstrations. After the major incident on 18 March, on which about 55 youth protestors were killed by snipers shots on a peaceful demonstration, major defection happened in the army which changed the equation. Due to expansion of sit-in areas and escalation to topple the regime, major clashes occurred between defected divisions supporting the opposition and other armed forces loyal to the government. As a result tens of youth who were demonstrating were killed and hundreds injured.

During late May 2011 more armed violence took place on the streets between armed men from anti-regime opposition and security forces in the middle of Sana'a city. As heavy weapons were extensively used for several days dozens of people were killed and many were injured. By mid of the same year, as the fighting inside Sana'a and Taiz got more violent and chaotic, more than half of populations of the two cities left to more secure places in their villages or relatives.

Abyan governorate in the southern part of Yemen witnessed serious escalation as armed men took over the city of Zinjibar after fierce fighting with government's troops. The lack of law and order and random fire

caused a major humanitarian crisis as thousands of IDPs fled their homes to neighbouring governorates of Aden and Lahj. YRCS Aden branch survey showed that thousands of civilian people moved from the two districts of Zinjibar and Khanfar to Aden and Lahj governorates. While some of them stayed with their relatives, many of those IDPs took shelter in schools in different districts of Aden. The needed relief items were identified as food, water, sanitation, medicines, NFI/shelter items (mattresses, blankets, clothes, kerosene lamps, buckets, jerrycans, kitchen sets, kerosene cookers, hygiene materials, water tanks, tarpaulins).

Non-food items, consisting of 2100 blankets and 1000 kitchen sets were sent to Aden branch and distributed to IDPs who fled the armed conflict in Abyan. The branch targeted the total of 1000 displaced persons who are hosted by relatives in five districts of Aden Governorate.

Distribution took place from 6 -19 July at public places like schools, stadiums, and squares. There has been extensive coordination with organization and government department at local level including, Executive Unit for IDPs Camps, ICRC Aden Office, UNHCR, Islamic Relief and local authority.

There had been a notable increase in the numbers of IDPs moving from Abyan to Aden governorate. Based on the urgent needs of the branch for more relief items including food and non-food items, the HQ in close consultation with IFRC sent NFIs to the branch. Distribution is planned to take place during September to cover other districts in Aden such as Khor Maksar and Buraiqah which were not covered in the last phase and have large portion of IDPs who are sheltered in school and with relatives.

The IFRC office in Sana'a and DM department worked closely to finalize the purchase of 5000 mattresses which were delivered to the central warehouse of the NS. Shortly, that was followed by procurement of 70 FA kits and customs clearance of NFIs sent by Iranian RC and two vehicles donated by IFRC. Other relevant activities included renovation of central warehouse which started with cleaning remains of fire damages, repairing windows, main gate, cementing walls 384 square meters. Relief items sent from main warehouses in Sana'a to Taiz branch including: 100 tents, 600 mattresses, 600 blankets, 100 kitchen sets. The operation was concluded by handing over the vehicles to YRCS including two Land Cruisers and three ambulances.

Red Cross and Red Crescent action

Achievements against outcomes

Middle East

SYRIA

Overview

In risky and often life-threatening conditions, SARC has unrelentingly been providing urgent assistance to those affected by the unrest. SARC has been playing a unique role, as national coordinator of humanitarian aid in Syria, and remains the main humanitarian organization able to reach all parts of the country.

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

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

ICRC has been supporting SARC in response operations, as well as with coordination and safety management, while IFRC's role has been to support organizational development, as well as providing complementary support to SARC operations through planning and funding - in particular of relief, and emergency and basic health care activities. SARC continues to work in line with the principles of the Red Cross and Red Crescent Movement, including neutrality, independence and impartiality, which are proving fundamental to reaching all those in need of assistance in the current context.

Since the beginning of the crisis, SARC has focused on providing emergency and primary health care, and food and non-food relief items to those most affected, even in hard to reach and unstable areas. The key ambulance provider in many parts of Syria, SARC has been supplying first aid, and carrying out emergency health and ambulance services to wounded and sick people trapped by the fighting. 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).

With stock from its own reserves and with on-going replenishment thanks to the support of partners - including ICRC, IFRC and UN agencies - SARC has been providing food and non-food relief on a monthly basis, progressively scaling-up to reach over 800,000 affected people across Syria by the end of June 2012.

As part of this Appeal, IFRC support to SARC has primarily focused on relief, emergency and basic health care and reinforcing SARC capacity. Response activities in these same areas are being scaled-up to meet the increasing scope and scale of needs under the Syria Crisis Appeal (MDRSY003) launched on 6 July, as a continuation of the present Appeal, which was officially closed on 30 June 2012 for the Syria component.

Emergency health

Outcome: The immediate health risks of affected populations are reduced through the provision of emergency medical services, first aid and other health care support.	
Outputs (expected results)	Activities planned
People in need are provided with rapid medical management of injuries and disease.	<ul style="list-style-type: none"> • Support mobilization of emergency medical units; • Provision of additional ambulances to SARC; • Support SARC provision of first aid and referral services through trained SARC volunteers; • Facilitate the establishing of standard emergency response team mechanisms among the branches; • Ensure access to primary health care for vulnerable populations through two clinics, one MHU and the provision of medicine; • Establish and support the running of five community health posts in areas with limited access to emergency health; • Support SARC Society in carrying out vaccination campaigns, in areas affected by unrest; • Conduct a cost-benefit assessment of needs for provision of an additional number of MHUs.
Psychological first aid and psychosocial support has become an integrated part of SARC emergency response.	<ul style="list-style-type: none"> • Ensure capacity among first aid 500 volunteers to provide psychological first aid in response situations; • Build capacity in relevant branches to further enhance community awareness on first aid/psychological first aid; • Provide psychological support to SARC staff and volunteers engaged in emergency response.
SARC volunteers and staff are supported in their emergency response work.	<ul style="list-style-type: none"> • Providing necessary equipment and uniforms for staff and volunteers; • In cooperation with Movement partners, facilitate different levels of first aid training for SARC volunteers.

Emergency and Basic Health Care

Given the complex and shifting nature of the crisis, and ever-increasing needs for emergency and basic health care, SARC decided to 're-think' and adapt its emergency and basic health operations, and has done so in practical and innovative ways, to provide the best possible humanitarian response under very difficult circumstances.

First Aid and Ambulance Services

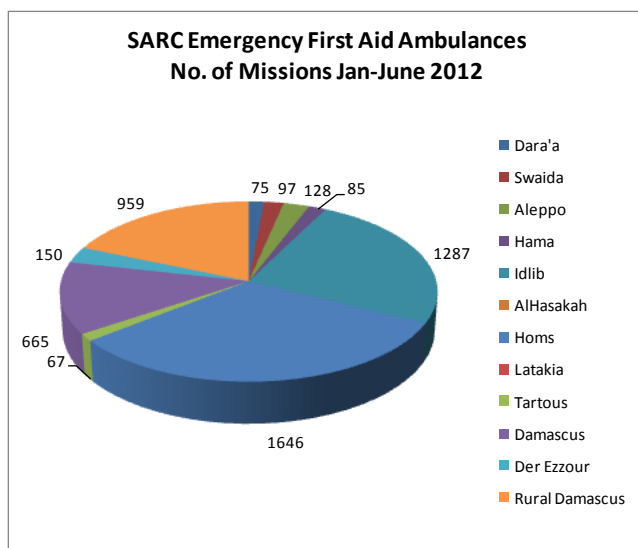
- SARC has been and remains one of the few organizations able to reach the injured and ill in crisis-affected areas. One of the main priorities under the Appeal has therefore been to increase SARC's ambulance fleet capacity.
- Twenty-two new fully-equipped ambulances were procured under the Appeal. These have been dispatched to SARC branches across the country, to respond in areas of greatest need. Appeal-funded ambulances have been actively used, as they are often better equipped and in better working condition than SARC's existing fleet. The Table below sets out the distribution of ambulances (and mobile health units) according to branches and sub-branches.

Table 1: Location of IFRC-supported SARC Ambulances and MHUs

SARC		Ambulances		MHUs	
Branch	Sub-branch	Total	IFRC-supplied	Total	IFRC-supported
Rural Damascus	Jaramana	1	1	2	2
	Harasta	1	1		
	Douma	2	1		
	Annabik	1	-		
	Inrni'	1	-		
Dara'a		3	1	-	-
Sweida	Sweida	1	1	-	-
	Rami	1	-		
Qunaitra		1	-	-	-
Hassakeh	Hassakeh	2	1	1	-
	Qamishli	-	-	1	1
Lattakia		1	1	-	-
Tartous	Tartous	3	1	1	-
	Sawda	1	-		
Aleppo	Aleppo	5	2	1	-
	Assfira	1	-		
	Manbej	1	1		
Idleb		3	1	-	-
Hama		2	1	1	-
Raqa'a		1	1	-	-
Der Ezzor		1	1	-	-
Damascus		4	3	1	
Homs	Homs	4	3	2	1
	Talbisa	2	-		
	Palmyra	1	1		
	Mheen	1	-		
	Al Quariatain	1	-		
TOTAL		46	22	10	4

In addition, ambulance teams were enhanced, not only in terms of numbers, but also in terms of capacity, to provide more than basic first aid. Each ambulance is accompanied by a team of four SARC volunteers, including a doctor. They are able to treat wounded on the spot, and carry out basic surgical procedures when necessary. In addition, Damascus branch has established an operations room manned 24/7 with 10-15 SARC volunteer teams working around the clock, coordinating interventions in Damascus and its surrounding suburbs. Homs branch has also opened an emergency hotline and is working in all areas of emergency health response.

- Since the up-surge in violence at the beginning of the year, SARC ambulance teams have assisted **over 5,000 people**, as indicated in the chart below:

SARC Emergency First Aid - Ambulance Missions - Jan - June 2012


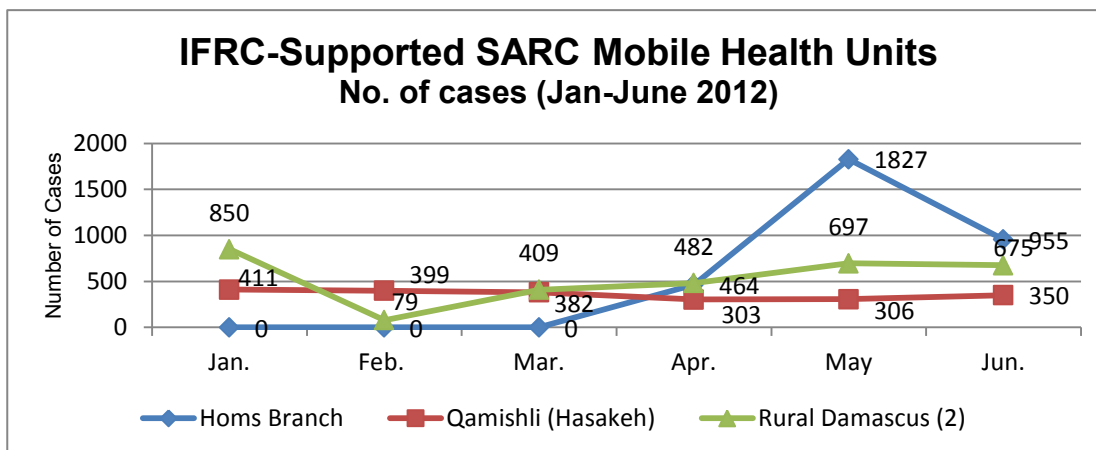
Branch	Total - Jan-June 2012 No. Missions
Dara'a	75
Swaida	97
Aleppo	128
Hama	85
Idlib	1287
AlHasakah	0
Homs	1646
Latakia	0
Tartous	67
Damascus	665
Der Ezzour	150
Rural Damascus	959
TOTAL	5159

Mobile Health Units (MHUs)

- Four SARC MHUs, originally established in 2007 to provide free health care to Iraqis in Syria, have been re-assigned to provide emergency and basic health to Syrians displaced or trapped by the conflict. These have been located in Rural Damascus¹ (2), Homs and Qamishli (See Table 1 above). SARC MHUs have been increasingly 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 for the treatment of injured, as well as for providing basic health care to displaced. Over the period January to June 2012, the 4 IFRC-supported MHUs have assisted over **8,500 people**, as shown below.

IFRC-supported SARC MHUs - Jan. to June 2012	
Homs Branch	3246
Qamishli (Hasakeh)	2151
Rural Damascus (2)	3192
Total	8589

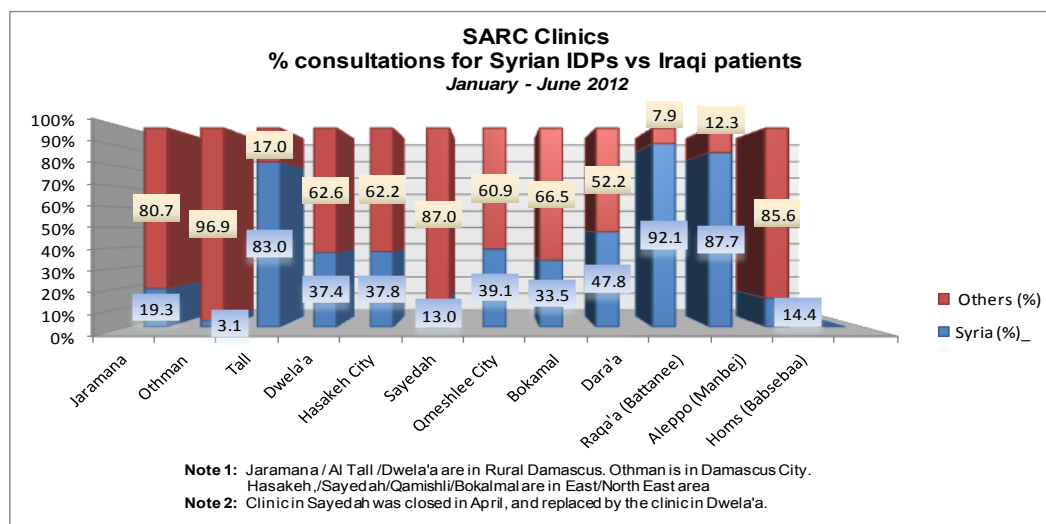
¹ One of the MHUs in Rural Damascus has been supported by Danish RC on a bilateral basis, through ECHO funding.



Primary Health Care (SARC Clinics)

- SARC has been providing access to health for the displaced population and other vulnerable groups through its network of clinics across the country. In addition to the 10 clinics already supported by the IFRC for Iraqi refugees under Appeal MDRSY002, IFRC has provided support to reinforce the SARC clinic in Dara'a with medical equipment, a paediatrician, gynaecologist and a general practitioner. Furthermore, medicines were being provided to all eleven SARC clinics through the Appeal, to meet the dramatic increase in needs for displaced Syrians.
- SARC has carried out vaccinations in Qaboun (Rural Damascus) and Homs. Vaccinations are also on-going, as part of regular SARC clinic services.
- The clinics have continued to serve the local population, while meeting the substantial increase in basic health care needs of over 10,000² displaced Syrians over the past 6 months. Staff support and running costs of the 11 clinics, as well as health services provided mainly to the Iraqi refugee population, were being supported by the United States Department of State - Bureau of Population, Refugees and Migration (PRM) and Swedish Red Cross.
- Data from the clinics is normally collected through SARC's Clinic Information Management System. The table below sets out an estimation of clinic activity for the period January to June 2012 (see footnote), and provides a useful indication of increased basic health care consultations to displaced Syrians in key areas, most particularly in Rural Damascus (Al Tall), areas around Aleppo (Manbej), Raqqa and Dara'a.
- Consultations to Syrian IDPs represented 40% of all consultations between January and June 2012, totalling **18,028 consultations** - of which 14,318 (80%) was free of charge. Syrian IDPs do not generally pay for consultations and medication – and all clinics have been so instructed.

² This is likely to be an under-estimation, as all clinics have not fully submitted their data over the past months, due to difficulties in communications and overall insecurity. Figures will be adjusted once all data has been collected.



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. These were being 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. An overview of distribution to SARC branches is as follows:

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

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

Medical Health Points (MHPs)

- SARC recognized that some emergency and basic health care needs were going unmet because people were unable to travel freely in and out of certain areas. It therefore decided to establish 'medical health points' – small one-room clinics set up within neighbourhoods where access to health care had become difficult.

- Supported bi-laterally by the Danish Red Cross (as part of ECHO grant) two MHPs were set up and are now operational in Rural Damascus (Qaboun and Moadamiyah), with a third planned. These clinics have been focusing on providing first aid, as well treating chronic diseases, and have been offering basic health care where there has been no other option due to the crisis. The strategy has been based on increasing access to emergency/basic health care for local populations residing in severely affected areas, with restricted movement due to fighting. At the same time, MHPs have provided SARC with better access, since they are based within the community boundaries, and have served to reduce the movement of SARC First Aid teams and ambulances during periods of escalation in fighting.
- The two MHPs located in the Damascus neighbourhoods of Qaboun and Moadamiyah were both severely affected by fighting. They have been operational since spring 2012, although they have had to suspend services from time to time, due to the unsafe situation on the ground. In both cases, services were resumed as soon as feasible. The MHP in Qaboun will however require some rehabilitation, as the facilities have been damaged.
- The MHPs are proving to be an effective approach to delivering medical care to severely affected communities, and the two medical points established so far have been widely accepted by the communities which they serve. Exact patient numbers have not yet been collated, due to the regular disruptions in services, and understandable priority given to treatment. However. Broad estimates from the teams indicate that the clinics had assisted people to the end of June 2012.

Psychological First Aid and Psychosocial Support

- A number of SARC branches have been carrying out psycho-social activities on an on-going basis, primarily with IDP children in shelters.
- SARC PSP capacity has been supported bilaterally by Danish RC, and this is on-going (with support from ECHO). Trainings have been held on a regular basis in psychological first aid. In addition, group and individual 'defusing sessions' were organized for SARC volunteers in affected branches, to help them talk about and come to terms with their experiences in the field. Since March 2012, close to 600 volunteers have been assisted in this way in Homs, Damascus and Rural Damascus, Dara'a and Deir Ezzor for those engaged in first aid and emergency response – and extended to relief and community service volunteers, based on requests from branches.

Volunteer training and capacity building

- Danish RC has supported training of around 500 volunteers in first aid, including psychological first aid. Ninety-seven volunteers were trained in advanced first aid (Homs, Hama, and Sweida). A number of trainings have in addition been organized directly by branches to incorporate new volunteers who have been approaching the National Society to provide their services.
- Over 1,000 community members have also been trained in basic first aid and community based health in Dara'a, rural Damascus, Homs, Hama and Idleb branches in November and December 2011.
- IFRC has provided SARC volunteers with overalls, training materials, training of trainers for psycho-social support and for public health in emergencies.
- A draft standard protocol for First Aid was developed and handed over to SARC management.
- Furthermore, an IFRC-funded Communications consultant supported SARC for four months to help prepare a public awareness campaign related to health care.
- Appeal funds have also provided SARC with additional support to reinforce volunteer and branch capacities, including the procurement of uniforms for 12,600 volunteers (i.e. overalls, vests, badges), as well as computers (monitors, UPS, laptops), and technical and office equipment (including cameras, stretchers, first aid bags, first aid training materials, blankets, medical equipment, furniture for training halls, electric generators, photocopy machines, printed materials, jerrycans, stationery and fire extinguishers).
- IFRC insurance support has provided cover to 685 active SARC volunteers.

Impact:

- SARC ambulances services and mobile health units have reached over 13,600 people, who otherwise would have not had any access to emergency health care, at a time when needs have been acute.

- In addition, basic health care has been assured for over 10,000 Syrian IDPs, in areas where the health care infrastructure was either non-existent or over-stretched, and where primary health care needs were going unmet.
- SARC has been able to reinforce its existing ambulance fleet with an additional 22 new fully-equipped ambulances, which have been distributed to all SARC branches according to most pressing needs. These ambulances have been put into service to respond to acute emergency first aid cases in affected areas across the country. Furthermore, emergency medical stocks have been reinforced across SARC branches and clinics.

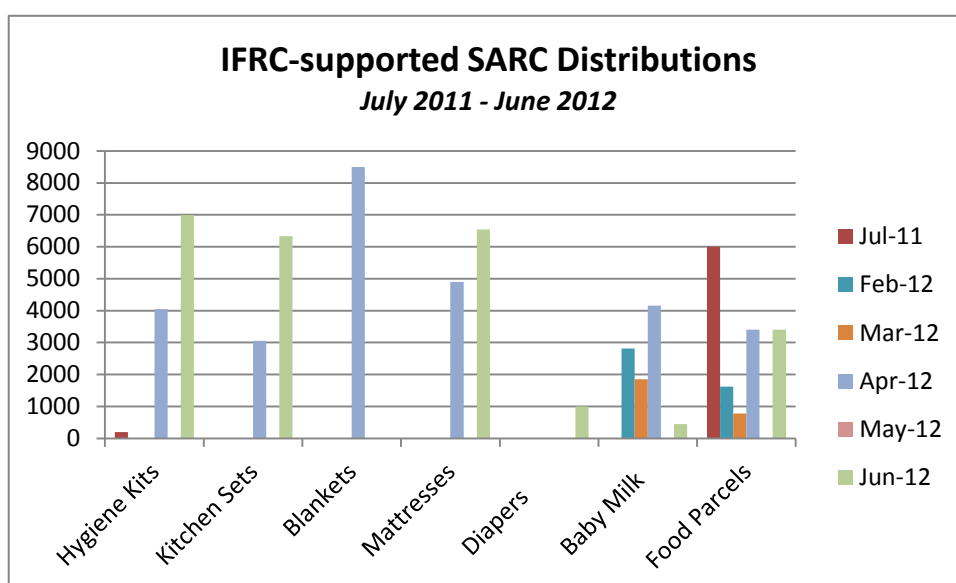
Challenges

- Severe violence and fighting led to the suspension of ambulance and medical health point services in certain areas, at times preventing access to the injured. As a contingency, certain SARC branches have been setting up emergency first aid points near shelters, to provide as much emergency and basic health care as possible under very difficult circumstances.
- Patient data has proved hard to obtain, despite the existence of standard SARC clinic information system reports. This has been due to the overload in new cases, and disruptions in communications, which have caused delays in obtaining information from the field. Similarly, medical health points have not been able to report in detail on patient numbers. A simple information management system is being finalized for use by MHPs.
- The difficult situation and people's frequent inability to move outside their area of residence has highlighted the need of access to primary health care, particularly for persons suffering from chronic diseases. However, due to the security situation, the clinic planned for Deir Ezzor was unable to open.

Relief Distributions	
Outcome: Food and basic non-food items are distributed to up to 25,000 families in the most affected areas.	
Outputs (expected results)	Activities planned
Up to 25,000 families are provided with the immediate needs through relief distributions.	Ensure the provision of food and non-food relief items to selected beneficiaries <ul style="list-style-type: none"> • Monitor and evaluate the relief activities and provide reporting on relief distributions. • Enhance SARC preparedness through pre-positioning of contingency relief items
SARC has the capacity to store and effectively distribute relief items in all parts of the country.	Ensure enhanced SARC capacity to storage facilities at central and regional level <ul style="list-style-type: none"> • Provide the National Society with vehicles for swift distribution of relief • Recruiting of 4 field officers

- IFRC support to SARC distributions has focused on food and non-food relief to displaced Syrians in the Central and North-Eastern parts of the country, as well as increasingly in Rural Damascus, where there was a dramatic increase in IDPs during June 2012. In addition, IFRC relief items were being released to fill urgent gaps in needs as they arose, to complement ICRC/SARC distributions.
- Although SARC branches have been assessing needs and registering beneficiaries as per standard procedures, overall beneficiary numbers are not available. This has been due to difficulties in regular communications with branches in affected areas, and challenges in compiling data at headquarters level. IFRC has been working closely with SARC branches to obtain information, and with SARC HQ to streamline information management.
- To date, IFRC-supported distributions are estimated to have reached **at least 75,000 beneficiaries** (although this is likely to be an under-estimation). Assessments of needs were carried out where and when possible (in most places) and assistance provided according to needs. Hence, not all families received all items as listed below, which suggests that the number of beneficiaries is likely higher than estimated.
- For the period July 2011 to June 2012, IFRC-supported relief distributions by SARC branches were as follows:

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



General logistics support has been provided by MENA Zone and the IFRC Regional Logistics Hub in Dubai, to support relief operations. Food parcels and mattresses were procured locally by SARC.

- As the main provider of humanitarian assistance in Syria, SARC had to scale-up its response capacity quickly and extensively. As a result, there is a great need to enhance the National Society's logistical capacities, in terms of its human resources, equipment, storage facilities and training of staff. These needs will be addressed between German Red Cross and IFRC in close coordination and to complement activities of other partners (specifically WFP), through ECHO funding under the Syria Crisis Appeal. Warehouses are being planned for three branches (Deir Ezzor, Tartous and Hassakeh), and activities will include training and provision of equipment to ensure that warehouses are functional, and SARC overall logistics capacity is strengthened.
- Two Mercedes Atego 1517 trucks were procured by IFRC, and handed over to SARC in early August.

Impact:

- An estimated 15,000 families (75,000 people) were assisted with essential food and non-food relief in areas hosting substantial numbers of displaced Syrians who were not being reached by other agencies. ICRC support to SARC was focusing on areas of active fighting. IFRC's support to SARC distributions complemented this by providing the necessary relief items for IDPs in rural areas in the north-east and central parts of the country. Contributions to relief activities under the Appeal were only received beginning in February 2012, thereby limiting the scope of IFRC support.
- Distribution of food parcels was considered a priority to respond to the most immediate needs of displaced families – many of which included a high proportion of children. IFRC food parcels contained 4,000 calories, in excess of Sphere standards. Furthermore, IFRC supported additional distributions of baby milk (9,250 cartons) and diapers (1000 packs) to meet specific assessed needs.

Challenges:

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

- 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 being considered to decentralize SARC warehousing, to ensure on-going supply, in particular to affected areas in the north.
- Beneficiary numbers have been hard to collect, due to a number of factors, including poor communications, security concerns, and a lack of consistent information management procedures. More standardized reporting is being developed and National Society capacity will be reinforced to address some of these issues.
- Contributions to the relief component of the appeal were only received from February 2012, thereby limiting the scope of relief support.

Communications – Advocacy and Public information

Regular updates on operations were provided to partners through the Syria Update Bulletins, produced on a weekly/bi-weekly basis.

In the wake of SARC's humanitarian response to the unrest in Syria, the Revised Emergency Appeal (MDR82001) identified a need to launch a public awareness campaign to enhance understanding among the general public and relevant authorities of SARC's role and mandate, and in particular regarding the emblem as a sign of protection. Supported by IFRC, a consultant worked with SARC to prepare for the campaign jointly with ICRC.

With extensive international media coverage of the humanitarian situation, particularly in Homs and extending to other areas, and with ICRC's active support, SARC was highlighted in international media in an unprecedented way. SARC's President appeared on Al Jazeera English, CNN and BBC among other international media outlets. However, 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 were being responded to, and close liaison has been ensured with SARC and ICRC.

Lebanon

With support from this Emergency Appeal and in fulfilling its auxiliary role to the government, the Lebanese Red Cross' Emergency Medical Services (EMS) continues to provide emergency health services to people who have crossed the border from Syria into the north and east of the country and who are in need of urgent medical assistance. Over the reporting period, LRCS carried out over 537 medical evacuations. First aid treatment, evacuation, hospital transfer services, transportation and support through blood units are being provided. For transfers, LRC EMS is primarily transporting patients from Wadi Khaled and Mashareh el Kaa, to hospitals in the north of Lebanon in Tripoli and Akkar, and to date has provided this service to hundreds of Syrians in need. However, with winter months approaching there is a need for 4 x 4 ambulances to allow for urgent transportation across difficult terrain and icy and snowy roads. In many cases already, the LRC is obliged to make a 300-kilometer one-way trip from Bekaa to Tripoli, via the South. This takes longer for the patient to reach the hospital and also means ambulances are occupied for an increased amount of time, rather than being able to respond to other emergency call outs. The first aid mobile station set up in Wadi Khaled will remain until the end of 2012 along with two teams of first aiders available in the Hermel station to respond as required. The Netherlands Red Cross will continue to support the Wadi Khaled post till the end of 2012 and the Belgian Red Cross have provided ambulances to the EMS.

The ICRC continues to support the LRCS EMS for the transport of wounded persons crossing into Lebanon from Syria and provides ad-hoc support to providers of care to the wounded and to cover post-operative care costs in medical facilities. The ICRC continues to cover the cost of initial treatment in three hospitals in the Bekaa for the most seriously wounded patients, before retransfer to the North. Since the cessation of High Relief Commission's funding of secondary health care in Lebanon on 10th July, other organisations have been meeting these needs. Outside of this appeal, the Qatar Red Crescent is covering the hospitalization fees for the most severe wounded cases and ICRC continues to cover hospital costs for the most severely wounded in Chtaura, Dar el Amal and Tel Chiha hospitals. The Qatar Red Crescent has also provided funding for equipment in the LRCS blood bank in Tripoli and medical equipment for 10 ambulances as well as medical consumables for a three-month reserve for three border stations. Other discussions continue between LRCS and various PNS continue regarding potential bilateral support.

Jordan

JRC continues to register Syrians living in host communities and has been providing assistance in the sectors of food, NFIs/cash and health, to Syrian families across the country, including in Amman, Ramtha, Irbid, Mafraq and Ma'an. To date, JRC has been focusing its response on Syrian refugees living in host communities, having registered over 11,000 families so far. Discussions with the country's authorities regarding the potential establishment of a second camp are ongoing, including the eventual involvement of the JRC. By the end of October 2012, and through support from the IFRC, ICRC and the Red Crescent Society of the United Arab Emirates, JRC had distributed 11,000 hygiene kits, 500 kerosene heaters and 4,000 blankets to Syrian families living in host communities. With winter around the corner, and sufficient funding available to cover some of the winterisation stock, 25,000 high thermal blankets have been purchased by the IFRC and will be arriving in country on the 16th of November for distribution to areas most affected by the cold climate. In addition, the Swiss Red Cross has contributed 500 household kits, over 200 hundred of which have already been distributed. In the food sector, JRC has distributed over 53,000 food parcels to Syrian families, contributed by partners including the Red Crescent Society of the United Arab Emirates, Kuwait Red Crescent Society, Saudi Arabian Red Crescent Society as well as WFP and local organisations. Distributions continued throughout the month of September.

Following the deployment of a Household Economic Security Delegate, seconded to the IFRC by the British Red Cross, an in depth community and household assessment was carried out in Amman, Ajloun, Karak, Ma'an, Irbid and Mafraq. Findings supported the need for cash assistance across the country and kick started the implementation of the JRC and IFRC cash program, in close coordination with the Swiss RC. A pilot phase distribution to 150-200 families in the two governorates of Ajloun and Jarash is planned for the month of December. JRC also continues to provide health care to Syrians through the Qatar Red Crescent Society and Red Crescent Society of the United Arab Emirates. Qatari Red Crescent Society medical experts in Jordanian hospitals continue to provide emergency surgery to wounded Syrians from border areas (mainly spinal and eye injuries). The Red Crescent Society of the United Arab Emirates has deployed a field hospital in Mafraq, which includes outpatient care, paediatrics and surgery. Three mobile health clinics under the

same partnership are also operating in the same area. Finally, the JRC is also providing psycho-social support to Syrians in its Development Centre in Al Hashme, in partnership with UNICEF.

During the reporting period, ICRC established an RFL office in Zaatari camp in the northern governorate of Mafraq. Since this became operational, some 3841 people have benefited from the ability to contact their families inside Syria. On 24 September 2012, JRC and ICRC have signed an Operational Project Agreement to ensure an effective and timely response to certain needs of Syrians in Jordan. The Agreement aims at enhancing JRC's capacity building in the fields of: (i) logistics and assistance delivery; (ii) tracing and restoring family links; and (iii) outreach and communication activities. As part of the Agreement implementation, ICRC provided support to JRC in the process of cleaning/reorganizing its warehouse stock in Amman, and has donated a 2.5-ton forklift to JRC to aid in this regard. The IFRC and JRC also signed a Memorandum of Understanding on the modalities of their cooperation in the operation, notably in regards to human resources and procurement and financial mechanisms.

North Africa

Overview

Due to the evolving nature of the Civil Unrest Appeal, a number of actions were added or adjusted during its duration. Attempts were made, however, to harmonise the listing of efforts particularly for the Emergency Appeal revision of 25 June 2011, the six-month Operation Update published on 24 October 2011 and the Revised Emergency Appeal of 26 March 2012. Headings presented below reflect, therefore, contents of the most recent Operation Updates and Appeal documents but also elements made available in the early stages of the Civil Unrest Appeal. Considering the length of time of the Civil Unrest Appeal and its various courses of action, readers of the current Final Report are encouraged to review the many Operations Updates produced since early 2011 if more details are sought.

TUNISIA

Organisational Development

Outcome: The structures and systems of TRC are improved, with management and service delivery functions working effectively to best meet the needs of vulnerable households and communities.

Results: Throughout 2011, IFRC staff based at Tunis and Ras Jedir- Zarzis in the south of Tunisia worked closely with counterparts of the TRC to launch and conclude emergency interventions and facilitate more regular programming efforts. In addition to daily contact regarding the conduct of activities, Tripartite Meetings involving the IFRC, ICRC and TRC were held each week to promote cooperation, coordination and the overall harmonisation of Red Cross Red Crescent Movement efforts.

As part of the IFRC staff presence at the Al Hayat Transit Camp, significant attention was devoted to the training of TRC volunteers, regularisation of their engagement, technical support and managerial oversight for the planning and execution of humanitarian activities at the camp and throughout southern Tunisia. With the TRC facing expectations from the general public and demands for collaboration by other humanitarian actors operating in Tunisia, the IFRC provided regular advice on appropriate and pragmatic courses of action while addressing finance and human resource management within the National Society.

The collaboration and insights gained on behalf of the IFRC helped define longer-term requirements in the area of organisational development reflected in courses of action outlined in the Revised Appeal of 25 June 2011 and its extension of 29 December 2011. To reinforce organisational development aims, the IFRC recruited a Regional Organisational Development Delegate at the outset of 2012 that remains in place at the present time.

The overview of aims for 2012 was:

- Support the internal governance processes and their reform where needed at the headquarters and branch levels.
- Identify or reinforce staff structure reflecting national and branch levels so that representational, managerial, operational and service delivery functions are properly oriented to meet current and future internal and external demands.

As a main impact of this programme the North Africa Office supported 3 core positions at the TRC HQ level together with ICRC. These coordinator positions sit in Youth and Volunteers, Communications and Disaster Management departments. Job description for the three positions was developed and coordinators selected.

Initial steps have been taken to assist the TRC in developing a National Society strategic plan with a timeframe to help articulate and deliver its vision for the months and years ahead.

Plan of Action 2012 set up and implemented with the TRC national Volunteers Coordinator, in order to reinforce volunteer and youth recruitment among branches. The following actions supported:

- Revision of the cycle of volunteer management, including code of conducts and volunteers policy.
- Job description for focal points at branch level and local level for volunteer management developed and focal points selected in agreement with branch committees.
- Volunteers management training for focal points conducted in March, two courses (one for north sector and a second one for south-centre) with 30 participants each.
- A national training of trainers on volunteer management took place the last week of June for 4 days in Sousse (Tunisia), for 37 participants from 20 regional committees. The training aimed at setting up the national volunteer network and reinforcing the structure at regional and local levels.
- A pocket-guide on volunteer management, including pedagogic material and tailored documents for the TRC and a DVD, prepared to be used by trainers and focal points of the National Society.
- As part of an IT platform, a software application for registration and database of volunteers jointly supported with the ICRC, operational since August.
- Furthering the IFRC Youth as Agents of Behavioural Change (YABC) programme in Tunisia: a meeting for reactivation of the TRC network organized, with the aim to identify new orientations and approaches to be implemented in the coming years. The meeting took place from the 18th to the 20th of May, in Mehdia (Tunisia) and gathered 25 YABC volunteers and youth coordinators.
- In the frame of YABC programme, three publications prepared for the benefit of the whole region: guidelines of peer educators on community activities, peer educators manual and toolkit on Principles and Values.
- An exchange encounter between the YABC -TRC and LRC- networks organized in order to share experiences on the RC youth involvement during the Arab civil unrest and emergency. The meeting was held in Mehdia (Tunisia), the 16th and 17th of May, and gathered 26 volunteers (13 from LRC and 13 from TRC), including the disaster management national coordinator and youth national coordinator of LRC and the YABC national coordinator of the TRC.
- A fact sheet and a video containing the main conclusions of the encounter produced for dissemination purposes.
- A brochure on Youth produced to attract new volunteers and to explain the role of the youth in the National Society.
- Support for the participation of two youth volunteers of the TRC to the seminar on “humanitarian consequences of forced migrations”, organized by the Centre for the Cooperation in the Mediterranean and the Italian Red Cross in Rome, from the 2nd to the 6th of May, one as a YABC facilitator, and second as participant.
- The booklet “stay safe: volunteers”, prepared by the IFRC Secretariat in Geneva is supported in its versions Arabic and French, and will profit to all National Societies in the region. 1000 copies in Arabic and 200 in French distributed.

Operational gaps, challenges or constraints: a lot of OD support has been provided. The main challenge is to sustain these new National Society's capacities.

Emergency Health
Outcome: People in transit, including vulnerable groups, have access to the provision of basic health care, Preventative health measures and psychosocial support to meet their immediate needs.

Results: Even before the Al Hayat Transit Camp became fully operational on 6 April 2011, thousands of consultations were carried out during the month of March 2011 at the UNHCR Shousha Camp and at the official Tunisia-Libya border crossing point at Ras Jedir by TRC medical staff and volunteers through their first aid post. Subsequently, as a key aspect of the Transit Camp, the health clinic that was staffed and managed by the TRC with IFRC oversight worked 24 hours per day and seven days per week to provide emergency and related pharmaceutical care. Non-urgent medical consultations including psychosocial support were done only eight hours per day but still seven days per week. Between 6 April and 1 May 2011, as an indication of monthly workload volume, the health team at the Transit Camp provided 2,425 health and medical consultations.

In spite of a large and rotating caseload, no cases seen by health clinic staff were of a critical nature during the initial operational period with most being minor injuries, moderate diarrhoea, flu infections, non-communicable diseases and chronic illnesses such as diabetes, back pain, hypertension and cardiovascular diseases not causing risks or health hazards to other people. Other notable points regarding conduct of the health clinic included:

- Facility operation by a combination of international and national staff and volunteers that typically consisted of three doctors, two nurses, one psychosocial assistant, one assistant pharmacist and one general support technician.
- Beginning on 12 April 2011, in cooperation with the Ministry of Health and the United Nations Children's Fund (UNICEF), children under five years of age were vaccinated.
- In coordination with the United Nations Population Fund (UNFPA) an additional health team visited the Transit Camp twice a week, usually on Thursdays and Saturdays, to perform gynaecological care and health promotion. UNFPA began its activities on 14 April 2011 and on 23 April it held its first sensitisation session on female hygiene for 12 women in the camp. The session was conducted in a multi-purpose tent erected in the family area of the Transit Camp that enabled women to have easy access to essential services.
- Coordination meetings with all health actors in the border region were held three times per week;
- Considering the number of children and families in the Transit Camp, a stock was maintained of one month of nutritional food, hygiene items and other basic care necessities for children under the age of five. The stock could serve 100 children at any given time.
- Two TRC volunteers arrived in mid-April 2011 to provide psychosocial assistance to beneficiaries and volunteers for one month. More than 45 people received training on how to interact with migrants to better meet their needs. In addition, a Psychosocial Support Delegate from the Palestinian Red Crescent arrived on 26 April for a two-week mission to work with the IFRC Health Coordinator to conduct a longer-term psychosocial assessment and further the training of TRC volunteers.
- Extensive coordination meetings took place regularly between the TRC-IFRC Health Team and other stakeholders such as IOM, UNFPA, UNICEF and the Ministry of Women and Child Protection to provide protection measures for women and children exposed to gender-based violence.

Provision of health services was a challenge between 24 May and 3 June 2011 as all staff and volunteers were evacuated from the Al Hayat Transit Camp following an armed attack at the nearby UNHCR Shousha Camp. Local residents were angry with camp beneficiaries that had temporarily blocked the main roadway linking Tunisia and Libya. While Al Hayat infrastructure remained untouched and those staying at the camp were distant and physically unharmed by the clash, approximately half the tents at the Shousha Camp were burned or destroyed and four beneficiaries lost their lives. There was definitely fear that the violence could spread. In spite of the general hospitality provided by people in Tunisia, community relations with those at the border town of Ben Guerdane had always been fragile and the attack on Shousha Camp illustrated the heated political and social dynamics that persisted in the post-revolution context of the country. Once an air of calm became evident and security could be ensured, the Al Hayat Transit Camp health clinic re-opened on 4 June 2011 with limited staff - one doctor, two nurses and two additional TRC volunteers.

In addition to resuming services, health staff soon had to cope with the arrival of more than 670 survivors of a shipwreck that occurred on 2 June 2011 further north along the coast of Tunisia. Upon arrival at the Al Hayat Camp, transported by Tunisian authorities, the shipwrecked migrants were provided with medical care and post-traumatic stress counselling. There was excellent coordination between all locally based humanitarian agencies to face the new emergency. IOM and Medecins Sans Frontieres (MSF) provided psychosocial support on the Al Hayat Camp premises. UNICEF dealt with child protection issues and UNFPA provided maternal and gynaecological care through a midwife purveyed with gynaecological equipment. Save the Children (SCF) attended to child-specific needs targeting, in particular, those that lost their parents or arrived at the camp unaccompanied. The Tunisian Ministry of Public Health and the World Health Organisation (WHO) provided vaccinations.

As per the IFRC Plan of Action for Libya-Tunisia and Revised Appeal of 25 June 2011, health activities started to focus in July on the needs of displaced Libyans, the Tunisian families hosting them and supporting the local and regional health system in southern Tunisia. Up to 10 July 2011 the clinic at the Al Hayat Camp provided at least 4,822 health and medical consultations to adults and children. Thereafter, responsibilities were gradually transferred to International Medical Corps (IMC) as part of the overall TRC-IFRC withdrawal from camp management and service provision. The Al Hayat Camp handover was formalised on 18 July 2011 with two TRC volunteers, a medical doctor and assistant hired by IMC that had become the implementer of health activities to ensure staff continuity and caseload knowledge for beneficiaries.

As part of operational re-orientation and in the aftermath of Transit Camp handover, the IFRC began to actively support the TRC Health Clinic at Tataouine by providing essential medicines and equipment along with non-food items (NFIs) for mother/infant distributions to be carried out by clinic staff and volunteers. Distributions included hygiene pads, diapers, baby bottles, shampoo, soap and baby clothing for those up to three years of age. Health and hygiene promotion materials were provided in partnership with qualified NGOs to encourage breast-feeding, proper nutrition and raise awareness on health matters linked to hot climates especially during Ramadan. Funds were also allocated by the IFRC for the rental of clinic premises, the provision of basic office equipment and the proper cooling of the clinic pharmacy as well as a local warehouse where medicines were stocked.

The TRC Clinic at Tataouine had been operational since April providing an average of 2,000 consultations per month, mostly to the 14,000 displaced Libyans living in the area. It was running largely as a result of local donations and the support of volunteers including a local Tunisian doctor and doctors from the Libyan medical diaspora that offered their services and expertise. While efforts were admirable, the additional support of the IFRC was most welcome as a means of helping to regularise activities. The IFRC also finalised a donation of baby milk and powdered infant formula (PIF) – quantities initially intended for distribution to the TRC Clinic - to the World Health Organisation (WHO) that coordinated its dispersal and supervision of use through the Ministry of Health. For more background information regarding the TRC Tataouine Clinic, please see the web story at <http://www.ifrc.org/en/news-and-media/news-stories/middle-east-and-north-africa/tunisia/tataouine-voluntarism-at-work/>.

In parallel with efforts at Tataouine, shortly after a reporting period date of 25 August, the IFRC donated two inter-agency emergency health kits (IEHKs) to the Regional Directorate of Public Health at Medenine. The kits could each service 10,000 people for a three-month period. One of the kits was intended for eventual delivery to the Tunisian military hospital near Ras Jedir that had been treating war wounded and migrants in need of medical attention since the outset of the conflict in Libya and migratory crisis in Tunisia.

As part of the phasing out of activities and the IFRC presence in southern Tunisia, the TRC Tataouine Clinic provided health services until 15 October 2011. Thereafter, clinic equipment and the related pharmacy were relocated to the TRC Regional Committee Office where suitable facilities were identified for on-going work.

Since a substantial array of health activities were included in the IFRC Appeal Revision of 25 June 2011 and oriented toward a prolonged migration-refugee situation in Tunisia but most people ended up moving back to their places of origin during September and October, staff focus shifted toward the prospect of providing support to complement ICRC activities and immediate needs of the LRCS in Libya. As a result, the IFRC Health Coordinator completed visits to Benghazi and an informal assessment of needs in Libya. Ultimately, the ending of conflict in Libya and breadth of ICRC involvement in the health sector negated the need for sustained IFRC involvement.

Operational gaps, challenges or constraints: Throughout the duration of health sector efforts at the TRC-IFRC Transit Camp and more broadly in southern Tunisia including cooperation through the TRC Clinic at Tataouine, a variety of challenges were faced with key ones highlighted below:

- On 30 April 2011, a sandstorm destroyed all the tents of the health clinic at the Transit Camp. As reconstruction started, another sandstorm destroyed the reconstruction efforts so they needed to begin again. Fortunately, emergency health services were maintained throughout the disruptions.
- The rotation of volunteers, although needed as part of the human resources configuration, had a tendency to disrupt organisational knowledge and continual health care provision. The problem was compounded by a lack of long-term medical staff for the clinic at the Transit Camp.
- Over time, the vaccination schedule of the Ministry of Health at the Transit Camp tended to be irregular.
- The number of refugee families in Tataouine fluctuated due to migration back and forth to Libya making programming forecasts difficult.

Emergency Health

Outcome: An upgrading of TRC first aid capacities for possible future crises.

Results: In responding to TRC needs concerning upgrading its first aid capacities and strengthening the structure of its emergency response capacity, an assessment was conducted in December 2011 and January 2012. As a result, the TRC was able to define its priorities with support from the IFRC North Africa Office and carried out the following actions:

- A start was accomplished in First Aid training as a result of election preparations in Tunisia during October 2011. Together with ICRC, preliminary first aid training sessions for 60 volunteers involved in the election response were completed during the month with three TRC ambulances positioned in case people needed medical attention and transport to health or hospital facilities. The election exercise represented a base for future responses.
- A first meeting for the creation of a National First Aid Team was organized at the end of March, with the presence of a French Red Cross expert. It gathered 19 first aid focal points coming from 24 branches. These focal points are expected to form the National First Aid Team, validated by the board of TRC.
- A training to setup the National teaching team on First Aid in collaboration with the TRC, the IFRC-North Africa and experts from the French Red Cross was organized. The training took place from 11th to 16th of June, and gathered experienced instructors who will form the national team.
- Regarding NDRT (National Disaster Response Team), a regional meeting took place in March 2012, in order to prepare the setting up of NDRT in four National Societies of the region: Tunisia, Libya, Egypt and Morocco. To this end representatives from each of the National Societies and the IFRC –MENA Zone and North Africa Office- met together for 2 days in Tunis and discussed on general objectives and contents.
- As per the regional meeting in March 2012 that laid groundwork for establishment of National Disaster Response Team, the TRC subsequently organised training session for the team's establishment in collaboration with the IFRC North Africa Office. The training took place from 12 to 19 May in Mehdia, Tunisia and included 37 volunteers with field experience from Branches countrywide that had been selected from among a large number of applicants. The training also involved the participation of facilitators from the Moroccan Red Crescent, Egyptian Red Crescent Society, Libyan Red Crescent Society along with the Tunisian Red Crescent and IFRC MENA Zone and North Africa Office. Involving facilitators from other National Societies in the region aided the aim of addressing regional needs and their coherence.
- By the close of September 2012, the TRC also finalised the purchase of equipment for its First Aid National Team (24 first aid training kits with adult, children and baby mannequin, splints and other small medical equipment and 2 equipped ambulances).

Operational gaps, challenges or constraints: Although the TRC now has more identifiable and robust emergency health structures and mechanisms in place, their mobilisation across various parts of Tunisia can still rely logistics systems that require National Society commitment to appropriately positioning human

resources at the headquarters and branch levels. As a result, there may still be deeper or broader organisational development needs within the TRC.

Water, Sanitation and Hygiene Promotion

Outcome: Up to 150,000 people in transit have access to safe water, adequate sanitation and hygiene items to Minimise the risk of sanitation and water-related diseases.

Results: With the handover of the TRC-IFRC Al Hayet Transit Camp on 18 July 2011, water and sanitation activities ceased as part of emergency actions in Tunisia. They were also not destined to be part of any IFRC intervention in Libya.

It is, however, important to note that water and sanitation facilities and service provision over the course of TRC-IFRC operation of the Transit Camp fully met Sphere standards. There were no outbreaks of water-related illnesses and rates of diarrhoea were normal.

At the time of Transit Camp handover there were 49 toilets and 26 bathing rooms available to beneficiaries. The number of water taps remained unchanged at 66. A total of 2,831,000L of water was provided between 6 April and 18 July. Hygiene promotion messages were disseminated to approximately 8,500 people.

As part of the layout of the Transit Camp, the IFRC through involvement of the British Red Cross Water and Sanitation and Mass Sanitation Emergency Response Unit (ERU) along with Finnish Red Cross construction staff installed two 11,000L water storage tanks and connected them to the local water pipeline. Additional 5,000L and 10,000L bladder tanks were installed near the family area of the Transit Camp for increased water pressure and water availability. The Italian Red Cross managed the water supply for its kitchen serving camp beneficiaries through the use of two 5,000L tanks and a stand-alone water treatment plant. Three water monitors were also hired by the IFRC to ensure that the main water tanks were always full and to check water points so that no water was wasted and ensure their proper use.

Prior to establishment of the Al Hayat Camp, the involvement of the Red Cross Red Crescent Movement at the UNHCR Shousha Camp should also be noted. During the first week of March, when approximately 16,000 people were being accommodated at the UNHCR Shousha Camp, there were only 50 latrines available. Tunisian Red Crescent volunteers and members of the IFRC Field Assessment and Coordination Team (FACT) that had recently arrived in Tunisia focused, therefore, on setting up 260 additional latrines that assisted as many as 13,419 beneficiaries.

Since latrine set-up is a multi-step process, in cooperation with the TRC volunteers and FACT personnel, British Red Cross ERU - Water and Sanitation and Mass Sanitation Module (MSM) staff along with the Finnish Red Cross construction team secured and dispatched latrine plates then worked with a local digger to prepare pits and line them with sand bags using locally procured flour sacks from bakeries. Local carpenters subsequently built latrine frames and finalised their outfitting so that eventually the facilities could be used by camp beneficiaries.

Sanitation conditions at the UNHCR Shousha Camp significantly improved as a result of the inputs from the various Red Cross Red Crescent Movement partners. The number of persons per latrine decreased significantly from roughly 320 to 51.6 people per latrine at Shousha Camp with the ratio improving as the camp population gradually decreased during April and May.

The timely involvement of the Red Cross Red Crescent Movement in cooperation with UNHCR during March also helped alleviate pressure on the building of the Al Hayat Camp that took the bulk of the month to complete. There was a preference for having the TRC-IFRC Transit Camp fully functional upon its opening rather than having it still need the completion of certain aspects in the presence of beneficiaries.

As further background information, upon arrival at Ras Jedir, the British Red Cross ERU-MSM conducted a baseline survey of 121 residents in Shousha Camp to gather information on hygiene tendencies and the use of latrines. Two key findings changed the strategy of the ERU-MSM in terms of latrine construction for the eventual TRC-IFRC Al Hayat Transit Camp - 51% of respondents did not use latrines for defecation but shower areas instead since they were considered to be more private. Other respondents advised they used the desert rather than any constructed facilities.

Not surprisingly, great attention and effort was put into facility construction and hygiene promotion at the Al Hayat Transit Camp. Ten local hygiene promoters were hired and trained by the ERU-MSM team that began promotion activities and supported the distribution of hygiene items during distributions to families and individuals. Signs and wooden poster stands were erected near the latrines and at water points to illustrate important hygiene practices.

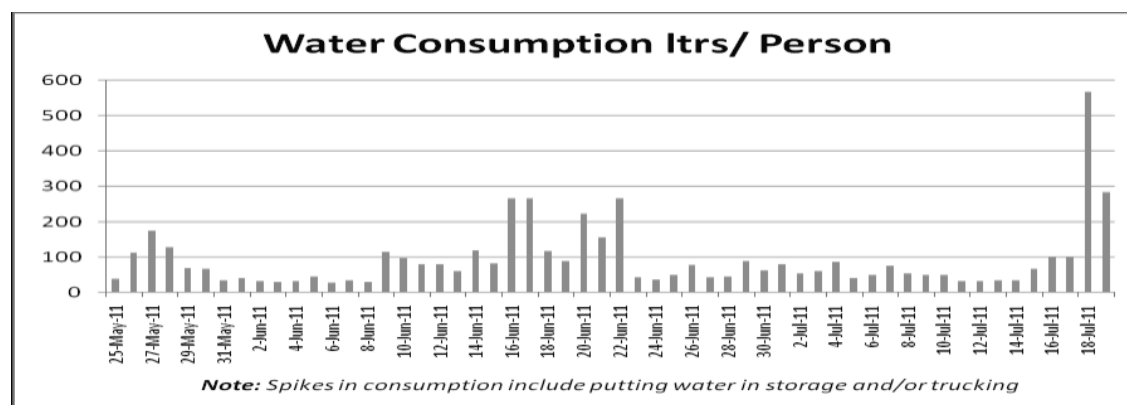
As part of washing cabin set-up and the placement of areas where beneficiaries could wash clothes, 'soak-away pits' were installed under all water points and next to showers to ensure proper drainage. The pits continued to be dug and installed as required.

With a projected large volume of waste at the Transit Camp, the IFRC signed a contract with a solid waste management company for daily waste removal. Solid waste removal services began on 6 April as per the opening of the Transit Camp. The water and sanitation team also purchased one hundred 80L waste bins for the Transit Camp and placed them throughout key locations for beneficiary use.

Operational gaps, challenges or constraints: During the period of Transit Camp stewardship there were intermittent water supply problems due to cuts in supply through municipal infrastructure. With rising summer temperatures, tap water was also lukewarm and unappealing to camp beneficiaries. Water trucking and distribution of bottled water ensured that sufficient quantities remained available.

In general, water consumption was extremely high in the Transit Camp with an average use of 50L/person/day. There was a lot of water accumulation and wastage around water points. To reduce water consumption, the water and sanitation team installed water economising taps and assigned additional people to monitor tap stands in the camp. The eventual decrease in camp population ultimately helped to alleviate the issue. Water consumption details can be seen below:

Overview of water provision at the TRC-IFRC Al Hayat Transit Camp between 6 April and 18 July



Emergency Shelter and Camp Management

Outcome: A transit population of up to 150,000 individuals has access to a safe, secure and hygienic settlement that Upholds basic human rights and meets their needs.

Results: Prior to the handover of the TRC-IFRC Al Hayat Transit Camp to UNHCR as of 18 July 2011, final efforts were devoted to ensuring an organised and seamless exit from camp operations while guaranteeing that needs of beneficiaries could be adequately met during the transition period. As a result of the Memorandum of Understanding (MoU) that was signed, equipment and infrastructure was left in place for UNHCR and its implementing partner Islamic Relief so they could continue to address migrant needs.

In the period just before handover, increasingly limited resources as a result of the ends of mission of the Health, Security and Water and Sanitation Delegates along with reduced kitchen facilities meant that the IFRC had to keep Transit Camp beneficiary numbers at a minimal level. The difficult decision was taken to ensure that at least a modest delivery of services and the safety of beneficiaries could be achieved. Accordingly, in the final few weeks before handover, the number of TCNs at the Al Hayat Camp fluctuated between 45 and 542 people.

All Transit Camp services including beneficiary registration, de-registration, meals for breakfast, lunch and dinner, information and NFI distributions were maintained up to 18 July by the IFRC. To ensure a smooth handover of the camp, the IFRC also donated NFIs for 500 people in case UNHCR or Islamic Relief were lacking commodities at hand.

Over the course of more than three months of operation, a total of 8,784 people arrived at the TRC-IFRC Transit Camp. The figure represents over 65,000 'person nights' between 6 April and 13 July 2011 reflecting, too, that many TCNs stayed at the camp much longer than the one or two nights initially foreseen as part of facility set-up. The lack of IOM repatriation flights at some points meant that many beneficiaries resided at the camp as much as three or four weeks. Overall, there was a diversity of people at the Transit Camp and represented, most notably, by the presence of at least 30 different nationalities with many from sub-Saharan Africa.

Operational gaps, challenges or constraints:

- Although the overall process of Transit Camp handover was accomplished within a projected timeframe of two months, negotiations with UNHCR for an MoU took rather long to finalise since documentation had to be reviewed by the legal departments of both entities at the headquarters level. Up to the last minute, in spite of goodwill, it was unclear whether a deal would be reached.
- The somewhat earlier than anticipated departure of the Italian Red Cross kitchen, as of 15 June 2011, that provided meals for Transit Camp beneficiaries created a gap in service provision requiring quick but durable solutions to ensure the continuous provision of food. Thanks to the generous contribution of kitchen facilities left from the Danish Red Cross base camp that housed and fed TRC volunteers involved with the Al Hayat Camp, a fully functional kitchen using local staff previously under Danish Red Cross supervision was established. There was no interruption in meal provision and even requests for additional meals to be provided to the immediate Tunisia-Libya border area in support of UNHCR were met. The overall meal provision capacity was reduced, however, due to a drop in technical and managerial personnel and a smaller amount of equipment in the residual camp kitchen.
- Information services were re-established at the Transit Camp as of 29 June following their suspension as a result of TRC volunteer evacuation during security problems at the neighbouring UNHCR Shousha Camp on 23 May. The redeployment of two translators from the Danish Red Cross base camp team helped resurrect information services and filled an obvious gap in terms of being able to inform TCNs about upcoming repatriation flights, assisting them with asylum/refugee issues, liaising with UN Agencies and following-up on individual caseload needs. Restoring Family Links (RFL) services were also reinstated by the ICRC as of late June with their conduct being on a twice-weekly basis.

Relief/Livelihoods

Outcome 1: A transit population of up to 150,000 individuals receive essential items and food to meet their needs as required.

Results: Relief-livelihoods activities can be broadly characterised as having occurred in three related stages as part of the IFRC Civil Unrest Appeal and its focus on migrant populations arriving in Tunisia. Initially, there was a substantial amount of emergency assistance directed to the UNHCR Shousha Camp at Ras Jedir during March 2011. The focus of action during the month gradually shifted to the construction and launch of the nearby TRC-IFRC Al Hayat Transit Camp. Once the camp was handed over to UNHCR on 18 July 2011, the IFRC channelled its intentions toward supporting Tunisian families hosting Libyans and the needs of Libyan IDPs in the five southern locations of Gabes, Kebili, Medenine, Tataouine and Sfax.

At the outset of the population crisis in North Africa, before the opening of the Al Hayat Camp, the TRC in cooperation with the IFRC and other Red Cross Red Crescent Movement partners provided thousands of meals for migrants. Between 26 March and 3 April 2011, the number of meals served by the TRC at the UNHCR Shousha Camp and another rapidly constructed and nearby camp established by the United Arab Emirates (UAE) Red Crescent ranged between 9,000 and 15,000 each day.

In addition to meal provision by the TRC, Emergency Response Units (ERUs) that were deployed from National Societies abroad to help construct the eventual Al Hayat Camp were also involved in stewarding more general relief assistance for third-country nationals fleeing Libya. The ERU-Logistics and ERU-Relief helped the TRC track distribution of ICRC and IFRC stocks at the UNHCR Shousha Camp and also tested and improved relief processes related to food and NFI distributions. By the end of March, before the intense involvement at the Al Hayat Camp, the TRC had already distributed more than 26,000 emergency items including buckets for washing and water transport, soap and blankets.

The Logistics and Relief ERUs incorporating delegates from Belgium, Finland, France, Lebanon, Luxembourg, The Netherlands, Switzerland and the United Kingdom continued to play a vital role among day-to-day Al Hayat camp operations. The essential involvement of the Danish Red Cross Base Camp ERU along with administrative, finance and reporting delegates and staff from additional National Societies and countries such as Algeria, Austria, Azerbaijan, Iraq, Morocco, New Zealand, South Africa and the United States remained pivotal for the framework of relief activities.

Once the TRC-IFRC Al Hayat Camp opened on 6 April 2011, the Italian Red Cross kitchen that was the hub for beneficiary food supply ended up serving a total of 122,000 meals between 6 April and 15 June representing an average of 1,700 meals per day including approximately 300 delivered daily to migrants at the immediate Ras Jedir border point area.

Between 19 June and 18 July 2011, the IFRC used residual Danish Red Cross kitchen equipment to provide an additional 25,650 meals representing an average of 888 meals per day prior to the handover of the Transit Camp to UNHCR. The 'residual kitchen' also continued to supply additional meals to the UNHCR transit point at the Ras Jedir Tunisia-Libya border entry point.

As per the Revised Appeal of 25 June 2011 and handover of the Al Hayat Transit Camp accomplished on 18 July, relief-livelihoods activities were scheduled to continue on behalf of the IFRC. The prospect partly reflected ongoing TRC involvements as it had carried out a distribution of hygiene kits and kitchen sets targeting 14,000 displaced Libyans in the first two weeks of July. As part of the activity, conducted through eight distribution points at Tataouine, the IFRC provided 300 kitchen sets as per a TRC request as well as logistical and warehousing support. In order to review the effectiveness of the distribution, a lessons learned workshop was held in the aftermath in cooperation with the ICRC to help the orientation of any future activities.

Corresponding with the details above, the IFRC reoriented itself toward the five southern governorates most affected by displacement from Libya: Gabes, Kebili, Medenine, Sfax and Tataouine. It was anticipated that the IFRC would support possible TRC-led food distributions including vouchers to assist poor families given the strain, in particular, on household budgets during Ramadan.

In spite of intentions it turned out that the TRC became too occupied with previously agreed food distributions conducted in cooperation with the World Food Programme (WFP) so additional ones could not be undertaken, even with IFRC oversight, since they would overwhelm operational abilities of the National Society. Moreover, developments in Libya led to a rapid movement of those displaced back to their places of origin. The trend began in late July but accelerated rapidly between late August and mid-September. In essence, there eventually became no displaced Libyans in urgent need of food assistance in Tunisia.

Although formal distribution prospects were cancelled within Tunisia, during late September and October the IFRC finalised the donation of non-food items leftover from its operation of the Al Hayat Camp. Goods such as blankets, buckets, kitchen sets and sleeping mats were provided to Islamic Relief - the implementing partner of UNHCR - for its on-going handling of the camp as well as their new efforts in Libya. UNHCR received jerrycans for continuing management of the Shousha Camp that began to exclusively accommodate asylum seekers and refugees. Donation details can be seen below:

To Islamic Relief

- 26 September 2011 – 1,500 sleeping mats and 1,500 jerrycans for use at the Transit Camp at Ras Jedir in Tunisia
- October 2011 – 13,000 blankets, 5,500 buckets, 3,510 jerrycans, 2,588 kitchen sets as well as 3,000 sleeping mats for its operations in Libya. [Islamic Relief was supposed to provide the IFRC with a distribution report on the eventual uses of the materials].

To UNHCR

- 26 September - 2,250 jerrycans for use by asylum-seekers and refugees at Shousha Camp in Ras Jedir, Tunisia.

Other residual water and sanitation items, generators, tarpaulins and tents were handed over, as part of any typical operational closure or handover, to the Tunisian Red Crescent. The goods were intended to form part of its emergency stock for training purposes and any future crises

Operational gaps, challenges or constraints: While relief-livelihoods activities reached many people at the outset of the migratory crisis in Tunisia and the duration of the TRC-IFRC Transit Camp, the proper targeting of food, NFIs and other items including residual materials can be labour intensive and lengthy process requiring expertise that is, at times, beyond the knowledge base of National Society staff and volunteers so extensive IFRC or technical-professional input is required.

Relief/Livelihoods

Outcome 2: Displaced Libyans and 3,000 Tunisian host families in Gabes, Medenine, Remada and Tataouine receive essential relief to meet their needs as required.

Results: As mentioned in the previous section, during the first two weeks of July 2011 the TRC undertook a distribution of hygiene kits and kitchen sets targeting 14,000 displaced Libyans through eight distribution points in Tataouine. The IFRC provided 300 kitchen sets for the distribution as per a TRC request as well as logistical and warehousing support. Reporting and evaluation/monitoring capacity building was reinforced through a lessons learned workshop on 16 July. The session was intended to help orient additional planned distributions in other areas of southern Tunisia.

Corresponding with the details above, the IFRC reoriented itself toward the southern governorates most affected by displacement from Libya. It was anticipated that the IFRC would support possible TRC-led food distributions including vouchers to assist poor families given the strain, in particular, on household budgets during Ramadan.

Developments in Libya led to a rapid movement of those displaced back to their places of origin. The trend began in late July but accelerated rapidly between late August and mid-September. In essence, there eventually became no displaced Libyans in urgent need of food assistance in Tunisia.

Operational gaps, challenges or constraints: no significant details to report.

Logistics

Outcome 1: Ensure an effective and efficient supply chain, suitable storage of goods and appropriate transport to carry out all activities within the operation.

Results: At the outset of the IFRC emergency response in Tunisia, the logistics team focused on receiving, warehousing and delivering incoming equipment and supplies. From early March to the beginning of April 2011, 12 flights arrived carrying 265MT of goods and four vehicles. Additional materials arrived thereafter and, in parallel, logistics staff supported the building of TRC logistics capacities with staff and volunteers trained 'on the job' to put in place required systems and procedures.

In-kind donations and international assistance from Red Cross Red Crescent Societies were stored in TRC warehouses as well as five rubbhalls set-up at the Al Hayat Camp. As TRC volunteers were given systems and fleet management positions, and as part of a progressive handover of logistics activities in June 2011, the logistics team started to broaden training for TRC volunteers. A listing of sessions held can be seen below:

Logistics Training Overview (to 21 June 2011)				
Topic	Participants	Date	Place	Length

Group Training				
Procurement	6 TRC	18-20 May	Base Camp	3 days
Procurement, Stock and Fleet Management	20 TRC	28-31 May	Gabes	4 days
Procurement	TRC Coordinator	12-13 June	Zarzis	1 day
Logistics	TRC	14-17 June	Sfax	4 days
Individual Training				
Warehouse	Storekeeper / Tataouine	19-20 May	Transit Camp	1/2 day
Warehouse	Storekeeper	25-26 May	Medenine	2 days
Warehouse	Storekeeper	1 June	Gabes	1

Logistics training sessions were suspended in late June 2011 as all logistics staff members were needed to finalise the handover of the TRC-IFRC Transit Camp to UNHCR and help reorient assistance efforts toward southern Tunisia. As part of the transition, a regional warehouse facility was established at Medenine to serve as a hub for distribution points in the south. The permanent warehouse had a capacity of 400m², split on two floors, with a 1000 m² courtyard where three Wiik-halls were erected to make a total of 720 m² of storage space in the courtyard.

Systems and procedures were put in place at the Medenine warehouse so that its stock could cover the needs of 400 beneficiaries still at the Transit Camp. The warehouse was operational in July 2011 despite a gap in human resources due to the end of mission of the Warehouse Delegate. IFRC and TRC goods were separated to facilitate stock keeping and release authorisation processes. A local stock management officer was recruited late July and clear inventories continued to be made. From the end of June to the close of July, logistics-procurement activities focused on:

- Supplying a further round of food items and NFI items, primarily juice and milk, for ongoing Transit Camp distributions as well as maintaining water trucking for camp beneficiaries;
- Procuring medical supplies and equipment for the TRC Tataouine Clinic.

To guarantee a smooth transition of Transit Camp handover to UNHCR on 18 July 2011, the IFRC logistics team continued to steward until 23 July the transfer of NFIs for 500 beneficiaries from stocks at the Medenine warehouse, the supply of water as well as contracts with camp suppliers. For the period of Ramadan, attention was given to on-going health procurements for the TRC Clinic at Tataouine, customs clearance of Transit Camp equipment needing to be returned to National Societies abroad, more specifically the Danish Red Cross, along with transport and warehouse management.

Operational gaps, challenges or constraints: the TRC logistics network and coordination at the regional and central levels must continue to be strengthened. The main shortcoming is the availability of human resources that, ultimately, complicates efforts to build a national and regional supply strategy.

Logistics

Outcome 2: TRC logistics capacities are strengthened.

Results: As indicated in the section above, most training activities by the IFRC with the TRC were carried out before July 2011. Trainings were suspended as the Logistics Training Delegate assumed general functions to facilitate handover of the Al Hayat Camp to UNHCR. With Ramadan during August, it was not possible to organise new training sessions and it was decided to resume training activities in Tunisia at a later date and, more notably, in Libya in reflection of the IFRC Appeal Revision of 25 June 2011. Beginning of 2012 IFRC undertook an assessment on the logistics capacities of the TRC Headquarters. The conclusions were shared with the National Society.

A workshop on logistics was organized by the TRC and the IFRC-North Africa Office, for those volunteers who benefited from a basic training in the past and will need deeper knowledge on this field. Those trained volunteers will give support to the national Logistic Coordinator to be able to respond to all logistic needs of the National Society regarding the activities carried with many different partners. The workshop took place

from the 24th to the 27th of June 2012, in Bork Ceria (Tunisia) and gathered 18 participants. The procurement system has also been revised and redefined by IFRC standards.

Operational gaps, challenges or constraints: In order to be truly effective and sustainable, training needs and planning must be reviewed with TRC logistics coordination staff and Regional Branches – ‘buy in’ is essential for coaching or training to ensure any organisational development more generally.

Internal Communication – Capacity Building

Outcome: TRC capacities in effective communications and dissemination are strengthened.

Results: As a continuation of the Revised Appeal of 25 June 2011, the Appeal Extension for January to June 2012 focused on strengthening Tunisian Red Crescent internal communication capacities.

A 2012 Plan of Action for, both, internal and external communication was prepared together with the Media and Communication coordinator. As an initial step of the plan internal communication regulations were revised, including clear role description of focal points at branch level and use of TRC emblem, among other issues.

A joint project to develop a basic induction course for volunteers of the National Society was established, together with TRC, IFRC and ICRC. This initially targets those newly responsible for branches, in order to ensure a homogeneous and shared knowledge of the National Society and Movement. Several topics are included, such as the promotion of the RCRC Movement Principles and Values, volunteering service and security aspects, among others. To support this, IFRC produced educational materials including presentations, interactive exercises and a training module.

A report on the action of volunteers during last cold wave in February was published. The essential aim of this publication is to make all branches aware of the efforts undertaken and the results achieved and furthermore to enhance internal communication and cohesion among regions. The publication has been distributed in occasion of the International Red Cross and Red Crescent Day, the May 8.

As part of an IT platform, a TRC intranet network is operational since August 2012.

Operational gaps, challenges or constraints: The many different needs of the National Society in the area of communications were answered simultaneously among other priorities identified through the Civil Unrest Appeal.

Communication, Advocacy and Public Information – Capacity Building

Outcome: Ensure that an effective communication strategy is developed to portray the continuing humanitarian crisis and assistance efforts.

Results:

During the conflict in Libya and the resulting emergency response in Tunisia during 2011, various IFRC personnel were in place to help direct and assist the TRC in reporting on the context and humanitarian actions undertaken. Effective communication, external relations and organisational visibility were advanced significantly from the ‘field level’ where the IFRC and TRC had concentrated their focus and resources.

As emergency conditions in Tunisia subsided during the last quarter of 2011, and various IFRC staff completed their missions in the country, the burden of maintaining or refining a communications strategy rested more heavily on the TRC.

Since the election in 2011, the on-going political transition in the country placed as a priority the promotion of the National Society’s external communication. For this reason as explained in the chapter above, a 2012 Plan of Action for, both, internal and external communication has been prepared together with the Media and Communication coordinator.

Terms of reference of national structure of focal points in communication were prepared and focal point for media and communication at branch level were selected. Training of Focal points for media and communication at branch level was conducted in order to enhance capacities and performance at regional and national level. It was held from the 15th to the 17th of June in Sfax (Tunisia). The training included sessions facilitated by the TRC, the IFRC-North Africa, the IFRC-MENA Zone and the ICRC.

The activities of the TRC for the celebration of the International Red Cross and Red Crescent Day were supported in collaboration with ICRC. Among these, the preparation of brochures regarding the role of the youth in the activities of the National Society and other visibility materials were included.

The preparation of a communication kit was finalised. The purpose of the kit is to promote the National Society and the Movement in general, internally among volunteers and branches to facilitate their engagement, and externally with partners and donors. It will include information on the Movement, its components and its Principles and Values, the TRC and its programmes and activities, the role of volunteers within the National Society and thematic brochures on different awareness raising campaigns.

As part of an IT platform, a TRC internet network is operational by the end of June.

Operational gaps, challenges or constraints: Pursuing communication interests can be challenging in a situation where there are many competing priorities within a National Society and its surrounding environment. Ideally, a good communication strategy should be part of a broader strategic plan developed and agreed upon at all levels within a National Society with contingencies in place that address demands in times of crisis as well as 'normal' programme periods.

Of course, with the conflict in Libya ending along with its effects on neighbouring countries, there was less of a humanitarian crisis to be reported upon. The circumstances illustrate, nevertheless, the opportunity there may be in crisis times when resources are abundant to accomplish aspects of strategic planning. In the new period of relative calm within North Africa, however, the TRC has managed to put forward a number of efforts to improve its communication capacities. An on-going communication strategy, one not merely focused on a humanitarian crisis, will form part of future National Society strategic planning.

Information Technology/Telecommunications Capacity Building

Outcome: Tunisian Red Crescent infrastructure is upgraded to facilitate programme conduct and management.

Results: With an Appeal focus prioritising organisational development and capacity building, the availability of information technology, telecommunications infrastructure and access has been essential for operational performance as well as staff and volunteer support for the future. For that reason the IFRC conducted an assessment in December 2011 for IT and VHF radio needs.

As a result, the TRC was supported in the development and implementation of an IT system and tools to facilitate organisational volunteer management at the TRC Headquarters and among Branches, as explained among organisational development details. Accordingly, during the summer of 2012, the purchase of IT devices including a radio mobile station for ambulances was completed.

As part of election preparations during October 2011, TRC volunteers were trained in radio use. In addition, a training of trainers on IT/Telecoms was done from 12 to 14 July 2012 to reinforce the IT capacity of Regional Branches. The training gathered a group of volunteers with experience in this field that were able to replicate their knowledge at the Branch level.

Operational gaps, challenges or constraints: No significant details to report.

LIBYA

Organisational Development

Outcome 1 - Humanitarian Diplomacy: The interests of vulnerable individuals and communities in Libya are promoted among political decision makers and opinion leaders, and Red Cross/Red Crescent Movement access and influence is increased with such actors while ensuring maximum humanitarian space for its role and actions.

Results: As of September 2011, the IFRC installed a Programme Coordinator for Libya based at the Libya Red Crescent Society (LRCS) Headquarters in Benghazi. It was soon followed by installation of an Administration Delegate and Finance Delegate. As key members of the representational team of the IFRC Regional Office for North Africa, the on-going staff presence in Libya enhanced contact with authorities, other humanitarian actors, communities affected by the conflict in the country as well as support for the internal processes of the National Society.

Reinforcing an introductory meeting held between the National Transitional Council during May 2011, the Regional Representative for North Africa, the Head of Operations and the new Programme Coordinator visited the authorities again in order to help legally secure the status of the IFRC in Libya. In parallel, with the decrease in field activities in Tunisia during the summer of 2011, other IFRC delegates reflecting health and logistics gained greater flexibility to directly support activities in Libya. Increased engagement bolstered input into external and internal technical-coordination meetings as well as the Movement Strategic Platform that comprised the LRCS, the ICRC and IFRC which met on a regular basis to ensure coherence among all Red Cross Red Crescent actions dedicated to Libya as well as relations with external entities. The actions under this chapter included:

- Among authorities and external humanitarian actors, reinforcement of the Framework Agreement for Coordination and Cooperation between the Libyan Red Crescent Society, the International Committee of the Red Cross and International IFRC of Red Cross and Red Crescent Societies, agreed on 26 March 2011, as the main reference point regarding all Movement actions being implemented in Libya.³
- Operation of the Red Cross/Red Crescent Movement Strategic Platform as a process that includes participation of the LRCS leadership, senior representatives of the IFRC and ICRC.
- Technical advice and support on legal, statutory and integrity issues relating to the LRCS and components of the Red Cross/Red Crescent Movement operating in Libya.
- The securing of a Legal Status Agreement, if appropriate, for the IFRC in Libya.
- Representation among strategic forums and relevant coordination or technical meetings hosted or organised by authorities, the United Nations System or other entities in Libya.

As a complementary effort, during late April 2012 a visit of the IFRC President, Mr Tadateru Konoé, helped enhance the understanding of public authorities of the Fundamental Principles of the Red Cross Red Crescent Movement and the role of National Societies as auxiliaries to authorities. As part of the visit, following meetings with the leaders of the LRCS, President Konoé met with Abdurrahim El-Keib - Prime Minister of Libya at that time - and Mabrouka Al-Sharief, Minister of Social Affairs. Konoé spoke to the importance of recognising the auxiliary status of the National Society as the new government moved forward. He promoted the creation of its legal basis through the Red Crescent law, the emblem law and disaster law to ensure that the Red Crescent's humanitarian services could be delivered effectively, at all times under any regime, in service to the vulnerable. Prime Minister El-Keib expressed his government's support for these ideas, and requested information on how others have defined their humanitarian laws to help inform their process in Libya.

Operational gaps, challenges or constraints: While being based at Benghazi was a significant accomplishment for the IFRC, the end of conflict in Libya encouraged other humanitarian actors including the ICRC to increasingly position themselves at Tripoli. The National Transitional Council also shifted the majority of its staff to Tripoli so aside from lingering transportation constraints an extra effort was needed to establish contacts in a shifting organisational landscape.

³ For reference, please see the document "Framework Agreement for Coordination and Cooperation between the Libyan Red Crescent Society (LRCS), the International Committee of the Red Cross (ICRC) and the International IFRC of the Red Cross and Crescent Societies" signed 26 March 2011.

The forming of a new government for Libya in 2011 but continued political instability during 2012 also made humanitarian diplomacy a challenge due to personnel changes and competing political priorities among leaders. The 'humanitarian focus' as expressed by authorities through various Cluster and coordination meetings in Libya during the first half of 2011 went also quickly into transition with needs moving from a linkage to an overt conflict and emergency context to one of early recovery and longer-term development.

Outcome 2 - Organisational Capacity Building: The structures and systems of the LRCS are improved, with management and service delivery functions working effectively to best meet the needs of vulnerable households and communities.

Results: As part of installation of a Programme Coordinator, Administration and Finance Delegates as well as missions of other IFRC staff to Libya during the last few months of 2011, assessments of LRCS capacities were undertaken in order to further organisational development intentions as per the IFRC Revised Appeal of 25 June 2011. As an initial step, the National Society Assessment Tool (NSAT) of the Performance Development Department (PDD) at Geneva was shared by the Head of Operations for North Africa with Regional Office/Emergency Operation staff including the IFRC Administration Delegate, Health and Regional Logistics Coordinators and MENA Zone Finance Coordinator so it could be used as a reference point for determining LRCS capacities and prospects for the implementation of activities in the future.

Initial findings as per NSAT parameters representing administration and finance capacities of the National Society were of particular interest along with findings related to possibilities for IFRC input into health programming. It was quickly agreed that any health support from the IFRC would need to be punctual in nature in order to address acute needs of LRCS Branches that had depleted their stocks and medicine supplies during the conflict while still awaiting a 'normalisation' of the health system.

Addressing administration and finance capacities was deemed to be a higher priority, and longer-term venture, since the LRCS tended to be a highly decentralised entity. It is worthwhile to note that the conflict in Libya also severed telecommunications links among cities and rural locations so readily sharing even basic information among organisation staff across the country was extremely difficult throughout 2011. As a result, forging ahead with regularisation or adjustments in administration, finance, human resources and volunteer management was anticipated to be rather piecemeal than truly comprehensive in initial stages.

During 2012, efforts continued toward supporting internal governance processes and their reform where needed at the LRCS Headquarters and Branches with a particular focus on the establishment and refining of transparent narrative and financial reporting. Job descriptions of LRCS were also redrafted along with steps made to establish a new Telecommunications Department within the Headquarters aimed at improving communication internally and externally among Branches and other actors.

As part of broader support, the IFRC continued to provide continuous consultancy services and training in the areas of: youth and volunteers, media and communication, logistics, disaster management, human resources and telecommunication. The North Africa Office supported 3 core positions at the LRCS HQ level, until the end of June 2012. These coordinator positions sit in Youth and Volunteers, Communications and Disaster. IFRC supported the enhancement of capacities of the three coordinators. In this sense, IFRC supported regional and Zone training in DM, since the same person fulfils both roles of DM and logistics within the LRCS. It also provided supplementary funding for an additional core LRCS coordinator position with support for each post aiming to further the LRCS Plan of Action for 2012.

The LRCS National Disaster Response Team (NDRT) focal point and the LRCS Logistics/DM Coordinator also participated in the preparatory regional meeting that took place in Tunisia at the end of March 2012, organised by the IFRC North Africa Office. In the aftermath, a training focusing on the establishment of an NDRT took place from 9 to 15 June in Zawia, Libya. The activity gathered volunteers with field experience – from mainly the recent conflict in Libya. The training also involved participation of facilitators from the Moroccan Red Crescent, Egyptian Red Crescent Society, Tunisian Red Crescent and the IFRC. Involving facilitators from other National Societies in the region helped encourage a coherent regional response for the future.

In the area of volunteer and youth management, a number of activities were undertaken. Overall, the 2012 Plan of Action between LRCS, the IFRC Regional Office and the IFRC Libya Office for Youth and Volunteers

program was developed. IFRC supported the capacity building of Youth and Volunteers coordinators in key areas of programme development and project organization.

Volunteer management training for focal points at branch level was conducted the 28th and 29th of February for 30 volunteers. A draft code of conduct and first draft of the policies and procedures for Youth and Volunteers, which was part on the recommendations set out in the Youth and Volunteer Coordinator's Workshop, was prepared in cooperation with the IFRC and Youth and Volunteer department. The booklet "stay safe: volunteers", prepared by the IFRC Secretariat in Geneva is supported, and will profit to all National Societies in the region. 1000 copies in Arabic were distributed in the frame of capacity building action with volunteers.

Reactivation of the IFRC Youth as Agents of Behavioural Change (YABC) programme was ongoing during 2012. A three-day YABC Network Reactivation Meeting was held in April, and a six-month plan of action has been agreed upon between IFRC and LRCS. Thirteen LRCS volunteers from the LRCS-YABC network participated in the exchange between YABC TRC and LRCS networks, organized by the IFRC in Tunisia, in May 2012, in order to share experiences on the RC youth involvement during the recent Arab civil unrest and emergency. In addition, support was provided for the participation of two youth volunteers of the LRCS to the seminar on Humanitarian consequences of forced migration, organized by CCM in Rome, in May 2012.

Operational gaps, challenges or constraints: Organisational development assessments, securing institutional 'buy-in' and the implementation of activities or corrective measures can be highly labour intensive and long-term efforts. During 2011, focused organisational assessments or activity reviews were only able to target the LRCS at Benghazi and the Branch at Misrata. As a result, achieving broader results was expected to take a long time – beyond the Civil Unrest Appeal timeframe even with extensions. Even an eventual 'roll over' of activities into a regular IFRC programming framework would require a labour intensive and sustained commitment.

At the same time, the LRCS has remained involved in responding to humanitarian needs faced by people in Libya, even after the end of overt conflict in the country, and in partnership with many stakeholders. As a result, some activities as part of the Civil Unrest Appeal were implemented as a slower pace than initially planned.

Relief/Livelihoods Capacity Building

Outcome: Relief needs in Libya are met in a coordinated and efficient manner with the IFRC adding value to efforts underway by enhancing the Movement response and deterring the duplication of activities.

Results: As per the Revised Appeal of 25 June 2011, it was not expected that the IFRC would make 'tangible relief contributions' in form of conducting food, non-food or other distributions within Libya. The action required too many personnel and other resource inputs that were not readily available or even needed bearing in mind the broad and significant relief activities already undertaken by the ICRC and various National Societies operational in Libya with the LRCS for some time. The IFRC remained committed, however, to continue involvement with the LRCS and ICRC that served as the Lead Agency in Libya to coordinate relief responses and international assistance.

As a somewhat informal effort, plans were made in 2012 to provide the LRCS with an emergency relief stock for 1,000 families. Procurement orders were processed through the IFRC Dubai Logistics Unit and the team in the field was awaiting delivery of the goods in May 2012.

Operational gaps, challenges or constraints: no significant details report.

Logistics Capacity Building

Outcome: LRCS logistics capacities are strengthened to meet the needs of 5,000 beneficiaries.

Results: As part of regular missions to Libya to further IFRC actions, the Regional Logistics Coordinator based in Tunis visited Benghazi and Misrata in September and early October 2011 to liaise with counterparts at the Headquarters and Branches to more fully assess National Society capacities and needs. It was

foreseen that logistics mapping and the training of volunteers would be undertaken by the IFRC as outlined in the Plan of Action/Revised Appeal of 25 June. The effort would focus on new volunteers in coordination with other training they might receive but also build upon experience gained through humanitarian fieldwork during the conflict in Libya.

Logistics missions to Libya were also oriented toward determining if an emergency stock of relief supplies was still needed by the LRCS for training purposes and future possible emergencies. Initially, it was coined also as being an asset for assistance to displaced populations residing at Benghazi but it was eventually determined as less urgent due to changing humanitarian conditions and a lack of proper warehousing facilities. The Regional Logistics Coordinator also furthered investigations for the possible reinforcement or set-up of LRCS information technology (IT) systems. IT supplier companies were met in Benghazi as it was understood that they had national coverage to provide IT/telecommunications solutions to all or select Branches.

A warehouse in Benghazi was acquired and rehabilitated in means and security to accommodate the shipment and distribution of relief goods. In addition, further logistics preparedness sessions were conducted for the setup of mobilisation, shipping instructions, importation procedures and elaboration of logistics plan of action. In February 2012, the LRCS defined his Logistics Plan of Action and the logistics activities to be conducted from January to June 2012

In continuing the Civil Unrest Appeal during 2012, emergency stock provisions for the LRCS were procured and accordingly to the recommendation of the assessment, LRCS created the position of Logistics/Disaster Management Coordinator at Headquarters level. Training sessions were undertaken for the new Logistics/DM Coordinator. At the same time a warehouse in Benghazi was established and rehabilitated to accommodate the shipment and distribution of relief goods. Additional logistics preparedness sessions were conducted for the setup of mobilisation demands, shipping instructions, import procedures and elaboration of the logistics Plan of Action of the LRCS.

As well, during the first half of 2012, the procurement process was completed for the rehabilitation of 12 LRCS Branches. Additional procurements reflected the installation of IT equipment for the Benghazi Branch blood bank and its computerised network for blood collection and also, in coordination with IFRC Regional Logistics Unit (RLU) at Dubai and North Africa Regional Office, the procurement of 200 volunteer kits and uniforms, 1500 safety vests and 1500 caps.

Operational gaps, challenges or constraints: Regarding IT/telecommunications, the entire technological sphere in Libya is still recovering from its devastation during the conflict. As a simple example, for many months, mobile phone networks remained largely unreliable across the country. Although local phone calls could be made, connections were not guaranteed and one could not make international calls unless using a satellite phone. Good internet connections by whatever means were also scarce especially if beyond a major urban centre such as Benghazi or Tripoli but they did become somewhat more reliable toward the end of 2011.

Emergency Health
Outcome: An upgrading of LRCS first aid capacities for possible future crises.

Results: Although other Red Cross Red Crescent Movement components were already involved in health activities in Libya throughout 2011, the IFRC decided to pursue a modest sector focus for 2012 to complement LRCS first aid/rescue teams.

The constitution of a National Disaster Response Team was undertaken. LRCS expressed its need to set up a National Intervention Team. The first training took place from 9th to 18th June. This training was organized in cooperation with both Disaster Management departments, from North Africa Office and MENA Zone.

1500 Libyan Red Crescent uniforms were provided, to be used by the volunteers during emergencies or different LRCS activities.

First Aid intervention equipment (intervention kits and uniforms) for 200 members of the National Disaster Response Team has been provided through IFRC Dubai Logistics Unit.

In parallel, development of the LRCS blood bank gained momentum in 2012 as the National Society requested IFRC support for its Blood Transfusion Centre, established in 1987, through capacity building of human resources, internal functioning mechanisms and information technology. The main objectives for involvement are below:

- Improving the framework, administration and job specifications at the Blood Transfusion Centre (BTC).
- Developing and clarifying the role that the centre plays in providing health services in Libya.
- Developing and clarifying internal working mechanisms of the BTC and coordination with the LRCS.
- Developing and promoting capacities in the field of information technology for the technical and administration departments of the BTC.
- Upgrading a website for BTC services.
- Developing and promoting BTC services by means of media and information dissemination at the LRCS.

Operational gaps, challenges or constraints: no significant details to report.

Internal Communication – Capacity Building

Outcome: LRCS capacities in effective communications and dissemination are strengthened.

Results: As a continuation of the Revised Appeal of 25 June 2011, the Appeal Extensions from January to June and September 2012 maintained a focus on strengthening Libyan Red Crescent Society internal communication capacities.

An internal communication strategy with the LRCS was developed and strengthened to support its management within the headquarters and among branches. It was followed by a train of LRCS staff and volunteers from various sectors and branch locations on reporting techniques as well as internet/e-mail, word processing and spread sheet use, Red Cross/Red Crescent principles and values, media and public relations and website design.

A Plan of Action on communication and information was agreed between LRCS and IFRC. A workshop for all Communication and Information branch coordinators has been undertaken the 21-22 March. The main goals of this workshop were:

- Reactivation of Communication and Information program structure within the Libyan Red Crescent
- Reinforce the collaboration between the Movement components in their assistance to the Libyan Red Crescent
- Exchange experiences and lessons learned of Communication and Information activities from the Libyan Red Crescent
- Conclude recommendation and suggestions of the different activities that could take place within the Communication and Information program.

Operational gaps, challenges or constraints: Since the LRCS remained heavily involved in supporting ongoing humanitarian needs in 2012; the implementation of communications activities was slower than initially anticipated.

Communication, Advocacy and Public Information – Capacity Building

Outcome: Ensure that an effective communication strategy is developed to portray the continuing humanitarian crisis and assistance efforts.

Results: Since the outset of civil unrest in the Middle East and North Africa it was essential to provide in-depth reporting on emergency activities undertaken by the Red Cross Red Crescent Movement and, in particular, those related to the conflict in Libya. As per the launch of the IFRC Civil Unrest Appeal, dozens of interviews took place with print media outlets as well as English, French and Arabic language television

networks such as Al-Jazeera, BBC and CNN. During March 2011, the IFRC deployed an Information-Reports Delegate to document events and increase visibility for TRC and IFRC efforts. Stories and press releases were published and many photos of the first days of the Transit Camp at Ras Jedir in Tunisia were taken for the IFRC website.

As part of Transit Camp operation, the health, relief and reporting teams of the TRC-IFRC opened an Information Tent to provide camp beneficiaries with information about services being offered. A large bulletin board was also erected next to the tent that displayed information for families and individuals in transit such as meal and distribution times, health clinic information, family linking services and a map of the Transit Camp. In order to facilitate Information Tent set-up the humanitarian organisation Caritas, having substantial experience running a similar service at the UNHCR Shousha Camp, provided technical support and shared its experience in working with a transit population. It also helped train volunteers in basic psychological first aid and hygiene promotion. Ultimately, six TRC volunteers worked at the Information Tent and circulated themselves regularly through the camp to answer beneficiary questions.

During the two last weeks of April and May 2011, the IFRC Information-Reports Delegate conducted interviews with Argentine and Italian radio stations as well as Chinese Central Television. The Head of Operations for North Africa also conducted interviews with BBC World and Vatican Radio. Two web stories were written, the TRC issued press releases and a visit to the TRC-IFRC Transit Camp was done by the UN High Commissioner for Refugees, Antonio Guterres.

From mid-May until the end of June 2011, the Information-Reports Delegate led communications capacity-building workshops to facilitate and strengthen effective communication and strategies within the TRC. Similar efforts were planned for the Libyan Red Crescent Society but the workload in Tunisia ended up being too much so the sessions in Libya were delayed.

TRC volunteers showed great enthusiasm in representing their National Society and portraying their work via information dissemination, public relations and electronic media. As operational involvement deepened, they assumed increased responsibilities in information management functions by taking on, for example, the sharing of daily relief statistics and migrant-caseload demographics with UN Agencies. They also handled some of the many media interviews that focused on Transit Camp management and the humanitarian situation in Tunisia.

While reporting and communications efforts were focused on the TRC-IFRC Transit Camp during the height of its construction and conduct from March to July 2011, activities thereafter focused more on the context and responses in southern Tunisia due to the increasing number of Libyan refugees arriving there. As part of the re-orientation, a web story was published at the IFRC website highlighting the activities of the TRC Clinic at Tataouine.

As a continuation of the Revised Appeal of 25 June 2011, an external communication strategy with the LRCS to support its public image, as well as its donor and public relations was developed and strengthened. In this frame media training opportunities were identified and a media-training workshop for branch coordinators was held, as explained in chapter above.

The enhancement of Humanitarian Diplomacy capacity of the National Society was encouraged during the Communication and Information Workshop held in March 2012 and active external promotion of the RC/RC Movement's principles and values was undertaken.

Operational gaps, challenges or constraints: Overall, reporting-communications efforts throughout the IFRC response in North Africa have been varied and effective but the constant, and needed, publicising of actions relies upon continuity in the form of an experienced Information-Reports Delegate or highly qualified national staff. Such personnel are often hard to recruit or have in place exactly when needed. There was, for example, a one-month gap during August 2011 in which the information-reports position was vacant.

While the conflict in Libya continued with its various effects in neighbouring countries, there was a high demand for information regarding the Red Cross Red Crescent Movement response in the area. After the conflict ended in October 2011, however, public attention quickly shifted away from North Africa. Although important longer-term activities began to gather momentum in Libya and Tunisia, it is understandable that media and other information demands began to centre more exclusively on the lingering and escalating

crisis in Syria. In spite of the changing landscape, the need for seamless reporting across regions remains imperative.

Information Technology/Telecommunications Capacity Building

Outcome: Libyan Red Crescent Society infrastructure is upgraded to facilitate programme implementation and management.

Results: The availability of information technology and telecommunications infrastructure and access is essential for operational implementation as well as staff and volunteer support for the future. As such, efforts were underway throughout the time of direct IFRC involvement in Libya to support the LRCS in attaining better IT and telecoms services. Following a needs assessment of LRCS capacities in March 2012 that included an IT component, improving its communication network through the installation of a satellite telecommunication system at the LRCS Headquarters was achieved.

As part of the Branch Rehabilitation Project, 12 affected branches (Jdabia, Ceurte, Beni Walid, Ejmil, Zaouia, Zouara, Laajilat, Sebrata, Haoun, Nalout, Laaziza and Zliten) were provided with IT equipment (such as computers, laptops, printers and others) as well as LRCS headquarters, telephone network and the internal telecommunications.

Operational gaps, challenges or constraints: Basic and limited internet and telecoms services in Libya, particularly during the conflict of 2011 and the immediate aftermath, hindered the launch and carrying out of IT/Telecoms-related activities.

Egypt

Relief

Outcome: A transit population of up to 50,000 individuals receive essential items and food to meet their needs as required.

Results: By the end of September 2011, the migration of third-country nationals (TCNs) from Libya to Egypt had decreased significantly although approximately 2,000 refugees remained at the Port Salloum border point up to the summer of 2012. Throughout the conflict in Libya and thereafter, the Egyptian Red Crescent Society (ERCS) has provided vital relief and humanitarian services through a field team of typically 25 members in coordination with the armed forces, other government agencies and external organisations such as UNHCR. Efforts, overall, have included:

- Cooperation with the ICRC to provide humanitarian relief to those stranded within the 'neutral zone' between the Egyptian and Libyan borders including facilitation of contact with their families through Restoring Family Links (RFL) services. Even after the conflict in Libya, between January and April 2012, a total of 6,750 calls were made by refugees to family members via four mobile phones made available free of charge.
- In cooperation with UNHCR, the ERCS has provided daily breakfasts, lunches and dinners to refugees stranded at the Libya-Egypt border.
- Provision of first aid alongside the mobile clinic and ambulance service of the Ministry of Health.
- In collaboration with the Swiss Red Cross during the summer of 2011, implementation of a training course in the field of relief, first aid and psychological support for 25 volunteers from the Egyptian Red Crescent Youth Clubs of Matrouh and Alexandria in order to prepare them to participate in humanitarian activities.
- On 10 August 2011, the ERCS transferred 295,000 pounds of medical supplies and medicines provided by the Islamic Development Bank to Libya where it was delivered to Libyan Red Crescent Society at Massaed Village.
- Storage and warehousing of food items, ERC has a warehouse to receive the meals till distribute it to the refugees as well as ERC stores some food items like packed bean, biscuit, Juice, mineral

water since sometimes there is a shortage of meals so ERC uses these food items to cover this shortage.

- Uniforms and first aid intervention kits for two ERCS Intervention Teams provided.

Additional activities included two training courses in the field of International Humanitarian Law (IHL) for volunteers held under the agreement signed between the ERCS and ICRC along with five other courses in principles and values for volunteers, two courses for the medical team and another for health staff positioned at Al-Tahrir Square in Cairo. Other efforts are described in the IFRC six-month Operations Update of 24 October 2011

Operational gaps, challenges or constraints: no significant details to report.

Logistics

Outcome: Effective support provided to the field operation.

Results: During the conflict in Libya, the Egyptian Red Crescent team stationed at Salloum helped facilitate the customs clearance of humanitarian goods destined for Libya on behalf of a number of NGOs and other international humanitarian agencies. At least 90 truckloads were cleared. Assistance was also provided by the ERCS to the Kuwait Red Crescent for the clearance of 31 trucks transporting humanitarian aid to Libya including four trucks of donated medicines.

Training sessions on IFRC logistics procedures were also organised during May 2012 for the benefit of ERCS staff and volunteers. Modules included preparedness and response, procurement, warehousing and fleet transport.

Support to some of ERC branches for purchasing of office furniture and computers equipment has been provided.

Operational gaps, challenges or constraints: no significant details to report.

Organisational Development

Outcome: The structures and systems of the ERCS are improved with management and service delivery functions working effectively to best meet the needs of vulnerable households and communities.

Results: The Board of the National Society held its General Assembly early February 2012 for the re-election of the third of its members. This Assembly was organized after a two-year mandate expired in accordance with the statutes.

The Egyptian Red Crescent mobilized trained teams of volunteers to help injured persons affected by the unrest which took place in the capital. However several training were undertaken:

- Disaster Management workshop for ERC Youth, held from 19 to 21 January 2012, from the branches of Marsa Matrouh, 25 participants
- Civil Defence training course for ERC Youth, held from 11 to 16 February 2012, with 25 participants, from ERC youth clubs in Al Galaa, Zeinhom and Nasr City
- Civil Defence training course for ERC Youth, held from 3rd to 8 March 2012, with 25 participants: 20, from ERC youth clubs in Al Galaa, Zeinhom and Nasr City
- Sphere training course for ERC Youth, held from 10 to 14 March 10 2012, with 30 participants, from ERC youth clubs in Al Galaa, Zeinhom, Nasr City, South Sinai Branches
- Intervention teams training course, from 29 March to 1 April 2012, with 25 participants, from ERC youth clubs in Al Galaa, Zeinhom and Nasr City
- CBHFA workshop for ERC Youth, from 26 to 30 April 212, with 20 participants, from Gharbia, Kaliobia, Bani Swief, Dakahlia Branches
- IT training course, started from 23rd April 23, with 2 Staff from ERC Headquarters
- Intervention teams training course, from 1 to 6 May 2012, with 25 participants, from ERC youth clubs in Al Galaa, Zeinhom and Nasr City

- Logistic training course for ERC staff, from 12 to 13 May 2012, with 15 participants from Headquarters
- YABC Workshop for ERC Youth, from 14 to 15 May 2012, with 20 participants, from ERC youth clubs in Al Galaa, Zeinohm and Nasr City
- DRR workshop for ERC Youth, from 19 to 23 June 2012, with 22 participants from Sharkia, Bani Swief, Gharbia and Giza Branches
- First Aid training course for ERC Youth, from 23 to 25 June 2012, with 25 participants from HQ, Galaa, Zeinohm and Nasr City Branches
- YABC workshop for ERC youth, from 25 to 26 June 2012, with 19 participants. from Qena, Alexandria, Sohag, Port said, Monofiya, Giza, New Valley, Suez, Galaa, Zeinohm, Nasr City, Branches
- YABC workshop for ERC youth, from 28 to 29 June 2012, with 20 participants, from Aswan, Ismalia, Sharkia, Gharbia, Damietta, Fayoum, Menia Branches
- First Aid training course for ERC Youth, from 4 to 6 September 2012, with 25 participants, from HQ, Galaa, Zeinohm and Nasr City Branches
- ToT on First Aid Program, from 7 to 9 September 2012, with 22 participants, from HQ, Galaa, Zeinohm and Nasr City Branches
- First Aid training course for ERC Youth, from 11th to 13th September 2012, with 25 participants, from HQ, Galaa, Zeinohm and Nasr City Branches

The booklet “stay safe: volunteers”, prepared by the IFRC Secretariat in Geneva is supported in its versions Arabic and French, and will profit to all National Societies in the region. 1000 copies in Arabic and 200 in English distributed.

Operational gaps, challenges or constraints: no significant details to report.

The Gulf

Yemen

Overview

IFRC worked closely with YRCS, ICRC and other Movement partners to response to the emergency situation in Yemen. IFRC was supporting YRCS by providing non-food items to meet urgent needs of IDPs. A relief consignment of 4240 blankets, 2000 kitchen sets, 2000 tarpaulins, and 1000 shelter kits reached Yemen northern border by land from Dubai through Saudi Arabia. The shipment was cleared from the customs office and was sent to Hodeida where new warehouses were rented for this purpose. Half of the items, including 2100 blankets and 1000 kitchen sets were sent to Aden branch and distributed to Abyan IDPs in Aden.

Two training workshops were organized in Taiz branch to build the capacity of volunteers in providing services to affected people in the field. First training focused on First Aid, from 18-20 June, with 40 participants. The second psychological support training was conducted from 20-22 June, including 20 volunteer participants. The trainees actively provided relevant services in the field to injured psychologically affected people. Furthermore, three Psychological Support (PSP) training workshops were organized at branch level with close cooperation of the branches in conflict governorates. The training aimed at building the capacity of NS and respond to the current situation through better skills in PSP.

The German Red Cross provided Taiz and Hadramout with 164 blankets, 82 mattresses, 124 first-aid kits, office equipment and RC identification materials, training on First aid and saver access for 80 from Taiz and 60 from Sayoun.

Operational Alliance (Norcross, DRC and SRC) has supported integrated first-aid training for 40 volunteers from Hodeidah and Ibb.

Emergency health

Outcome: The immediate risks to the health of the affected population are reduced through the provision of first aid and emergency medical services (in areas not covered by the ICRC).

Progress:

IFRC provided psychosocial support training for 87 staff and volunteers. The workshops were organized at branch level with close cooperation of the branches in the concerned governorates. The training aimed at building the capacity of NS and respond to the current situation through better skills in PSP. It was decided to train 4 gender balanced volunteers from each branch of YRCS to participate in the training and act as focal points to provide PSP in their areas when needed.

- First workshop was organized in Sana'a with 24 participants from the HQ and the branches Sana'a, Aden, Taiz, Amran, Rinah and IBB
- Second workshop was organized in Dhamar with 19 participants from Dhamar, Aldhale, Shabwah, Abyan, and Hadramaut .
- Third workshop was organized in Hajjah, 24 participants from Mahweet, Sa'ada, Al-Dhale, Hajja and Hodeida.

First training in Taiz with 40 participants and psychological support training including 20 volunteer participants. The trainees provided relevant services in the field to affect people during the civil unrest and will continue their involvement in this area.

Two training workshops were organized in Taiz in continuation of emergency health response in this highly affected governorate. The training meant to cover the increasing need for First Aid and psychological support in conflict governorates particularly in the southern parts. Both workshops were conducted Taiz in June 2011. The first was on FA with participation of 38 volunteers, 14 were women, while the second was on PSP with participation of 20 volunteers of whom 18 were women.

An assessment team visited Taiz branch to identify the urgent needs of the branch, review the deployment and distribution of volunteers, check first aid materials, FA kits improvement, and amend the branch's plan of action related to emergency interventions. The German RC continued its support to the branch and provided the branch with an ambulance in addition to another one provided by ICRC.

Sanaa branch continued its emergency and first aid service provided to both anti-regime and pro-regime protestors in four main areas including Tahrir Square, Sabeen Square, TV area, and University area. The branch had 80 volunteers deployed in these areas amongst them were volunteer doctors and nurses. Most of the time the branch was the main emergency health care provider at these areas as most of supporting parties had left including the Field Hospital at the University. For the second half of the reporting period, the branch followed a specific plan for its relief operation through deployment of field teams to sit-in areas in Sana'a city. They provided FA and other services to all protestors and supporters with no exception. The teams were distributed in:

- 1- advance health post at the University Square
- 2- advance health post at Tahrir Square
- 3- emergency team at Sabaeen Park for female protestors
- 4- emergency team at Sabaeen on Fridays gathering
- 5- Frequent visits to sit-in camps at sports city north Sana'a

In the duration of only one month, Sana'a branch treated 1721 injured people in both sit-in areas including FA services and medical check-up at field hospitals. It is also performed in collaboration with ICRC an assessment to the situation and needs after cease fire in Hasaba area which was heavily

affected by armed confrontation. The branch was also actively engaged in retrieving and managing dead bodies in areas of armed clashes.

Disaster preparedness and response capacity building

Outcome: By advancing the process of national contingency planning, capacity of the YRCS to respond to civil unrest, through effective and appropriate interventions, is further strengthened

Progress:

The Aden branch received relief items by the early June 2011, consisting of 1000 kitchen sets, 2100 blankets. The branch had close coordination with other key players in the field as ICRC, Islamic Relief and UNHCR. Since most of YRCS were NFIs, there was an agreement to do distribution in coordination with Islamic Relief which was targeting the same areas of the YRCS with food items. The non-food items have been distributed to IDPs who fled the armed conflict in Abyan and host in houses by relatives and families in Aden governorate. The branch targeted the total of 1000 displaced family in five districts of Aden Governorate as follows:

1- Sera district	200
2- Mansoura district	150
3- Tawahi and Mu'ala districts	200
4- Sheik Othman district	370
5- Dar S'ad district	80
Total	1000

The distribution took place in public and open areas as schools and stadiums during the period 7 - 19 June 2011. Total numbers of 100 families were covered as each house hold received 2 blankets and one kitchen set. As all NFIs were distributed, the branch needed more quantity to cover the increasing needs of coming IDPs in Aden governorate.

The distribution process faced some constraints mainly due to the presence of many organizations working in the field and the increasing number of IDPs most of whom were staying with relatives while the remaining IDPs were sheltered in public schools. The government Executive Committee for IDPs Affairs (EC) was the main body responsible for coordinating distribution of all organizations' items. The lists of IDPs prepared by the EC were the only official and approved ones that should be adopted by relief agencies. A major delay was caused by late preparation of these lists due to shortage in capacity to deal with such situations.

Following the distribution of NFIs in Aden, the branch expressed its need for more items to support the increasing number and needs of Abyan IDPs in Aden. The HQ in close consultation with IFRC office in Yemen sent the following items to the branch:

- 1- 800 family kitchen sets (from Hodeida warehouse)
- 2- 800 blankets (from Hodeida warehouse)
- 3- 800 mattresses (from Sana'a warehouse)
- 4- 50 tents (from Sana'a warehouse)

The IFRC Office and YRCS also finalized the customs clearance for NFIs sent by the Iranian RC. The items were transported from the seaport to the NS warehouses which included:

- 1- 300 family tents
- 2- 1000 blankets
- 3- 500 water coolers
- 4- 600 plastic sheets rolls
- 5- 500 kitchen sets
- 6- One electric generator 10 KV
- 7- 260 stretchers
- 8- 500 FA kits

On 25 February 2012, an official handover ceremony was organized by IFRC at YRCS HQ to deliver the three ambulances and 2 Land cruisers to the NS. This was preceded by a meeting to agree on distribution and optimal use of vehicles to serve the most vulnerable according to plans. Two memorandum of understand and gift certificate were signed by the IFRC Country Representative and YRCS Secretary General. The two Land Cruisers will be used in DM and Health activities but will be under the custody of the DM department as the concerned department of logistics and fleet management. The three ambulances were distributed to Ibb branch, Lahj new branch, and Hodeidah branch (but vehicle will stay at HQ till some internal problems of the branch are solved and election of new board). All vehicles were carefully chosen to serve in the Yemeni environment as regards to fuel, power, and equipment. The Land cruisers are four wheel drive, diesel engine cars that will serve well in tough, hilly, and desert terrains. The Ambulances are Toyota Haice high roof vehicles which were sent from Dubai Regional Logistic Unit with all necessary tools and appliances including complete FA kit and trauma kit. Within the emergency response operation and based on a comprehensive assessment, the ambulances were deployed to hotspot branches with evident need for such support.

Logistics

Outcome: YRCS logistics capacities are strengthened.

Progress:

The YRCS and IFRC office in Yemen conducted procurement process for the emergency operation and also to replenish the logistic stock of YRCS main warehouse in Sana'a. The local procurement process included 5000 mattresses and 70 FA kits. IFRC procurement standards were used in the whole process focusing on the best quality at the most convenient prices. Three offers were chosen and selection committee recommended one supplier and asked for samples to ensure adherence to standard specifications. Minor changes were recommended in the kit structure and contents of materials. The process went smoothly and the whole quantities were delivered to YRCS Central warehouse on time. The IFRC office and NS also led the process of procuring more NFI to replenish the stocks in YRCS warehouse which included 8200 blankets and 500 hygiene kits.

To support the contingency stock at Taiz branch, relief items were sent from main warehouses in Sana'a to the branch warehouses including: 100 tents, 600 mattresses, 600 blankets, 100 kitchen sets

The fleet of the Yemen RC has been enhanced by partners' provision of new passenger's cars and ambulances. Taiz branch received one ambulance from the German RC and another one from ICRC. The French RC has provided four ambulanced distributed evenly between the branches of Shabwa, Taiz, Dhamar, and Sana'a.

The HQ central warehouse maintenance and refurbishment works was finalized after months of working on fixing the damage of fire incident. All debris of the fire has been removed and damaged parts repaired and improved including the floor, entrance and cementing and painting of 384 square meters of wall.

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Click here

1. **Emergency Appeal budget [below](#)**
2. **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.
-

Disaster Response Financial Report

MDR82001 - North Africa

Timeframe: 24 Feb 11 to 30 Sep 12

Appeal Launch Date: 01 Mar 11

Final Report

Selected Parameters

Reporting Timeframe	2011/02-2013/05	Programme	MDR82001
Budget Timeframe	2011/02-2012/09	Budget	APPROVED
		Project	*

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		18,673,301				18,673,301	
B. Opening Balance		0				0	
Income							
Cash contributions							
American Red Cross		352,436				352,436	
Andorran Red Cross		17,598				17,598	
British Red Cross		1,550,284				1,550,284	
Bulgarian Red Cross		5,000				5,000	
Canadian Government		211,503				211,503	
Danish Red Cross		201,263				201,263	
European Commission - DG ECHO		3,307,993				3,307,993	
Finnish Red Cross		24,735				24,735	
France - Private Donors		424				424	
German Red Cross		380,709				380,709	
Germany - Private Donors		143				143	
Iraqi Red Crescent Society		44,607				44,607	
Italian Government		2,422				2,422	
Japanese Red Cross Society		210,308				210,308	
Kuwait Red Crescent Society		1,813,704				1,813,704	
Moroccan Red Crescent		16,927				16,927	
New Zealand Red Cross		729,225				729,225	
Norwegian Red Cross		1,059,954				1,059,954	
On Line donations		23,771				23,771	
Procter & Gamble		48,049				48,049	
Red Crescent Society of the United Arab Emirates		18,010				18,010	
Red Cross of Monaco		17,546				17,546	
Salvation Army		6,846				6,846	
Swedish Red Cross		682,930				682,930	
Swiss Red Cross		200,000				200,000	
The Canadian Red Cross Society		9,493				9,493	
The Netherlands Red Cross		869,184				869,184	
The Republic of Korea National Red Cross		50,000				50,000	
Unidentified donor		9,179				9,179	
C1. Cash contributions		11,864,242				11,864,242	
Inkind Goods & Transport							
American Red Cross		33,785				33,785	
Austrian Red Cross		100,501				100,501	
British Red Cross		301,983				301,983	
China Red Cross, Hong Kong branch		35,061				35,061	
Finnish Red Cross		1,096,704				1,096,704	
Norwegian Red Cross		153,152				153,152	
Red Crescent Society of Islamic Republic of Iran		98,055				98,055	
Spanish Red Cross		206,459				206,459	
The Canadian Red Cross Society		101,136				101,136	
The Netherlands Red Cross		271,919				271,919	
C2. Inkind Goods & Transport		2,398,754				2,398,754	
Inkind Personnel							
Austrian Red Cross		7,957				7,957	
British Red Cross		12,757				12,757	
Finnish Red Cross		23,356				23,356	
Norwegian Red Cross		23,100				23,100	
The Canadian Red Cross Society		23,357				23,357	
The Netherlands Red Cross		29,120				29,120	
C3. Inkind Personnel		119,647				119,647	
Other Income							

Disaster Response Financial Report

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Budget Timeframe	2011/02-2012/09	Budget	APPROVED
		Project	*
All figures are in Swiss Francs (CHF)			
<i>Balance Reallocation</i>	-1,303,679		-1,303,679
<i>Fundraising Fees</i>	-2,402		-2,402
<i>IFRC at the UN Inc allocations</i>	3,872		3,872
<i>Programme & Services Support Recover</i>	126,420		126,420
<i>Write off & provisions</i>	567,839		567,839
C4. Other Income	-607,950		-607,950
C. Total Income = SUM(C1..C4)	13,774,693		13,774,693
D. Total Funding = B + C	13,774,693		13,774,693

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance		0				0	
C. Income		13,774,693				13,774,693	
E. Expenditure		-13,774,974				-13,774,974	
F. Closing Balance = (B + C + E)		-281				-281	

Disaster Response Financial Report

MDR82001 - North Africa

Timeframe: 24 Feb 11 to 30 Sep 12

Appeal Launch Date: 01 Mar 11

Final Report

Selected Parameters

Reporting Timeframe	2011/02-2013/05	Programme	MDR82001
Budget Timeframe	2011/02-2012/09	Budget	APPROVED
		Project	*

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			18,673,301			18,673,301		
Relief items, Construction, Supplies								
Shelter - Relief	1,185,442		1,024,690			1,024,690	160,752	
Shelter - Transitional	39,151		39,151			39,151	0	
Construction Materials	32,692		32,692			32,692	0	
Clothing & Textiles	1,883,303		983,317			983,317	899,986	
Food	1,917,595		668,225			668,225	1,249,370	
Seeds & Plants			3,886			3,886	-3,886	
Water, Sanitation & Hygiene	352,362		635,841			635,841	-283,480	
Medical & First Aid	434,079		575,134			575,134	-141,055	
Teaching Materials	56,311		39,902			39,902	16,409	
Utensils & Tools	554,811		533,954			533,954	20,857	
Other Supplies & Services	907,644		383,314			383,314	524,330	
ERU	3,022		3,022			3,022	0	
Total Relief items, Construction, Sup	7,366,411		4,923,127			4,923,127	2,443,284	
Land, vehicles & equipment								
Land & Buildings	250,000						250,000	
Vehicles	2,003,150		1,273,164			1,273,164	729,986	
Computers & Telecom	275,714		113,660			113,660	162,054	
Office & Household Equipment	75,642		64,828			64,828	10,814	
Medical Equipment	120,000						120,000	
Others Machinery & Equipment	6,202		30,104			30,104	-23,901	
Total Land, vehicles & equipment	2,730,709		1,481,756			1,481,756	1,248,953	
Logistics, Transport & Storage								
Storage	348,992		118,635			118,635	230,356	
Distribution & Monitoring	833,029		896,221			896,221	-63,192	
Transport & Vehicles Costs	321,450		230,984			230,984	90,467	
Logistics Services	48,977		138,133			138,133	-89,156	
Total Logistics, Transport & Storage	1,552,448		1,383,974			1,383,974	168,475	
Personnel								
International Staff	1,424,584		1,283,466			1,283,466	141,118	
National Staff	508,383		535,123			535,123	-26,740	
National Society Staff	293,674		211,115			211,115	82,559	
Volunteers	125,951		76,971			76,971	48,979	
Total Personnel	2,352,591		2,106,674			2,106,674	245,917	
Consultants & Professional Fees								
Consultants	219,768		177,953			177,953	41,814	
Professional Fees	47,591		52,648			52,648	-5,057	
Total Consultants & Professional Fees	267,358		230,601			230,601	36,757	
Workshops & Training								
Workshops & Training	895,212		511,481			511,481	383,731	
Total Workshops & Training	895,212		511,481			511,481	383,731	
General Expenditure								
Travel	389,985		346,011			346,011	43,974	
Information & Public Relations	143,733		140,530			140,530	3,202	
Office Costs	144,274		141,698			141,698	2,576	
Communications	84,950		81,278			81,278	3,672	
Financial Charges	89,400		99,014			99,014	-9,614	
Other General Expenses	14,787		9,414			9,414	5,374	

Disaster Response Financial Report

MDR82001 - North Africa

Timeframe: 24 Feb 11 to 30 Sep 12

Appeal Launch Date: 01 Mar 11

Final Report

Selected Parameters

Reporting Timeframe	2011/02-2013/05	Programme	MDR82001
Budget Timeframe	2011/02-2012/09	Budget	APPROVED
		Project	*

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			18,673,301			18,673,301		
Shared Office and Services Costs	124,371		108,772			108,772	15,600	
Total General Expenditure	991,500		926,716			926,716	64,784	
Contributions & Transfers								
Cash Transfers National Societies	1,287,790		1,343,835			1,343,835	-56,045	
Total Contributions & Transfers	1,287,790		1,343,835			1,343,835	-56,045	
Indirect Costs								
Programme & Services Support Recove	1,139,534		801,755			801,755	337,779	
Total Indirect Costs	1,139,534		801,755			801,755	337,779	
Pledge Specific Costs								
Pledge Earmarking Fee	82,446		50,476			50,476	31,971	
Pledge Reporting Fees	7,302		14,580			14,580	-7,278	
Total Pledge Specific Costs	89,748		65,055			65,055	24,693	
TOTAL EXPENDITURE (D)	18,673,301		13,774,974			13,774,974	4,898,327	
VARIANCE (C - D)			4,898,327			4,898,327		

Disaster Response Financial Report

MDR82001 - North Africa

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Selected Parameters

Reporting Timeframe	2011/02-2013/05	Programme	MDR82001
Budget Timeframe	2011/02-2012/09	Budget	APPROVED
		Project	*

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	18,673,301	0	13,774,693	13,774,693	13,774,974	-281	
Subtotal BL2	18,673,301	0	13,774,693	13,774,693	13,774,974	-281	
GRAND TOTAL	18,673,301	0	13,774,693	13,774,693	13,774,974	-281	

Cash Transfers National Societies

MDR82001 MIDDLE EAST & NORTH AFRICA: CIVIL UNREST

	Finnish Red Cross	British Red Cross	Lebanese Red Cross	Norwegian Red Cross	Danish Red Cross	French Red Cross	Belgian Red Cross Flanders	Spanish Red Cross	TOTAL CHF
Budget Group	EXPENSES CHF	EXPENSES CHF	EXPENSES CHF	EXPENSES CHF	EXPENSES CHF	EXPENSES CHF	EXPENSES CHF	EXPENSES CHF	
Shelter - Relief	116,404		0	237,078			68,905		422,387
Shelter - Transitional									0
Construction - Housing									0
Construction - Facilities									0
Construction - Materials									0
Clothing & Textiles			13,785						13,785
Food									0
Seeds & Plants									0
Water, Sanitation & Hygiene		78,990							78,990
Medical & First Aid			61,430		298,906			119,931	480,267
Teaching Materials									0
Utensils & Tools									0
Other Supplies & Services									0
Cash Disbursements									0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	116,404	78,990	75,214	237,078	298,906	0	68,905	119,931	995,428
Land & Buildings									0
Vehicles								95,283	95,283
Computer & Telecom Equipment									0
Office/Household Furniture & Equipment									0
Medical Equipment									0
Other Machinery & Equipment									0
Total LAND, VEHICLES AND EQUIPMENT	0	0	0	0	0	0	0	95,283	95,283
Storage, Warehousing	23,281								23,281
Distribution & Monitoring									0
Transport & Vehicle Costs	27,627	4,559					27,382	59,022	118,591
Logistics Services									0
Total LOGISTICS, TRANSPORT AND STORAGE	50,908	4,559	0	0	0	0	27,382	59,022	141,872
International Staff		36,102				5,981		4,378	46,461
National Staff		5,742							5,742
National Society Staff									0
Volunteers									0
Total PERSONNEL	0	41,843	0	0	0	5,981	0	4,378	52,203
Consultants									0
Professional Fees									0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0	0	0	0	0	0	0
Workshops & Training					34,559				34,559
Total WORKSHOP & TRAINING	0	0	0	0	34,559	0	0	0	34,559
Travel		3,232				620			3,852
Information & Public Relations									0
Office Costs		240			5,901		756	6,974	13,872
Communications	62								62
Financial Charges									0
Other General Expenses									0
Shared Office and Services Costs									0
Total GENERAL EXPENDITURES	62	3,473	0	0	5,901	620	756	6,974	17,786
Partner National Societies									0
Other Partners (NGOs, UN, other)									0
Total TRANSFER TO PARTNERS	0	0	0	0	0	0	0	0	0
Programme and Services Support Recovery									0
Total INDIRECT COSTS	0	0	0	0	0	0	0	0	0
TOTAL EXPENSES	167,374	128,865	75,214	237,078	339,366	6,601	97,043	285,589	1,337,131

Funds in transit to IFRC 6,704
TOTAL 1,343,835