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Revised Emergency Appeal Syria: Complex Emergency

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRSYR003 GLIDE n° OT-2011-000025-SYR 18th November 2013

The Syria Complex Emergency Appeal has been revised a third time to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to increase its support to the Syrian Arab Red Crescent (SARC) as a reflection to the mounting needs in Syria. The support that IFRC has provided to SARC to-date has been made possible thanks to the commitments and on-going support of Partner National Societies and other partners.

With this revision of the Emergency Appeal, IFRC is aiming to support SARC to assist up to 5,460,000 beneficiaries¹ (4,750,000 through relief and 710,000 through health) within the overall timeframe of the appeal, of which approximately 2,600,000 are planned to be supported in 2014.



Syrian Arab Red Crescent teams from Damascus and Rural Damascus branches provided first aid services to people coming out from Moadamiya. Photo: IFRC

The total budget for the revised appeal amounts to is CHF 106,323,513 of which approximately 35% has been covered to date². For the remaining 65% or CHF 69,125,722, IFRC seeks support in cash, in-kind goods or services. The operational timeframe is therefore extended until 31st December 2014. A Final Report will be made available by the end of March 2015 (three months after the end of the operation).

Appeal History:

- This Emergency Appeal was initially launched on 6 July 2012 for CHF 27.5 million for 12 months to support the Syrian Arab Red Crescent (SARC) to directly assist over 200,000 beneficiaries and to strengthen its capacity to respond to the needs of more than 1.5 million people at that time.
- This Emergency Appeal is a continuation and scaling-up of activities initially undertaken as part of the Middle East & North Africa Civil Unrest Appeal (MDR82001). In order to address the increasing needs inside Syria, a separate Emergency Appeal was launched to reflect the widening scope of activities to address the increasing needs in the country. The Syria component of the MENA Civil Unrest appeal was closed at the end of June 2012.
- On 17 December 2012, the Emergency Appeal was revised to CHF 39,197,125 for SARC to be supported in reaching up to 650,000 beneficiaries until December 2013, mainly with relief items, emergency and primary health care, capacity building and logistics support.

¹ Targets were revised based on the already reached families in the period of July 2012 - September 2013, the planned number of beneficiaries to be reached from October until the end of 2013, and the planned number of beneficiaries to be reached in 2014. A breakdown of the calculation is shown in the Proposed operation section of this Revised Appeal.

² The coverage is counted based on the financial report (July 2012-September 2013). The total amount of contributions was CHF 42,353,121 on 14th November 2013.

- In July 2013, IFRC revised the Appeal a second time to scale up its support to SARC to provide assistance to 910,000 beneficiaries.
- This revised Appeal also provides an update on the achievements made since the last Appeal revision in July, until the end of September 2013.

Summary:

The situation

There has been a dramatic increase in the number of people in need since the latest appeal revision in July. According to SARC estimates, shared with UN, the internally displaced population now amounts to around 6.5 million and the total number of people in need is estimated to be over 9 million³. The above numbers indicate that actually half of the country's population either is in immediate need of humanitarian assistance or seeks refuge in the neighbouring countries. Since the last Appeal revision in July, the number of registered refugees in the neighbouring countries has increased by 600,000 people, with an average of 6,000 refugees arriving per day, hence the total number is mounting to 2,140,465, according to UNHCR⁴. This appeal is being revised and updated in coordination with the revision of the regional emergency appeal for Population Movement (for Jordan, Lebanon and Iraq) and for the emergency appeal for Population Movement in Turkey.

The humanitarian situation in Syria continues to deteriorate. The onset of violence in several governorates has made ever more people flee their homes in search of safer areas. In addition, increasing numbers of civilians are still trapped in areas surrounded by on-going violence and lack of safety while accessing border areas.

Due to the prolonged crisis and on-going violence, the health facilities have been severely affected. The main concerns are the destruction of hospitals and other health facilities, shortages of vaccines and medicines for acute and chronic diseases, outbreak of communicable diseases and the limited production of pharmaceuticals. Populations living in contested areas are mainly at risk due to the limited access to health services and health professionals.

The World Health Organization (WHO) has confirmed recent reports of the first suspected outbreak of polio in 14 years. Initial results indicate that at least ten of the cases are polio. A mass-immunization campaign is planned in coordination with Ministry of Health, UNICEF, WHO and SARC. Polio vaccination rates have significantly decreased since the start of the crisis - from 91% coverage in 2010 to an estimated 68% in 2012 according to WHO.

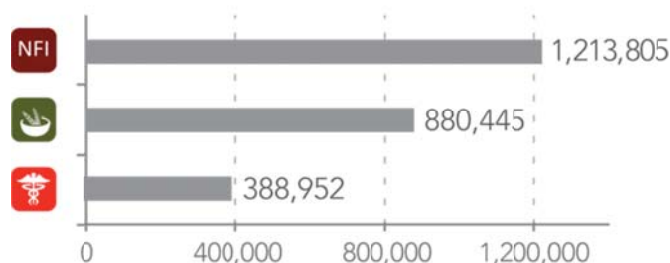
Civilians trapped in contested areas with on-going violence have limited or no access to food. Staple food items are not available from supplies in the shops, and household resources are depleted. The situation has led to localized food shortages and cases of malnutrition reported by doctors. The population in those areas has also lost access to livelihoods and income generation options.

The IFRC remains concerned about the lack of sufficient respect for the Red Cross Red Crescent emblem by the parties and the lack of safe, unimpeded access to people in need of assistance. SARC continues, sometimes in life-threatening conditions, to provide urgent assistance to people affected on all sides of the conflict. Since the beginning of the conflict, 32 SARC staff and volunteers have lost their lives while providing assistance to people in need.⁵

Progress achieved

From July 2012 until the end of September 2013, the total number of people assisted by SARC through IFRC support was 2,483,202. After the last revision of the appeal in July 2013, activities related to relief assistance have been scaled-up and a significant increase was registered in the number of patients receiving health consultations through SARC health facilities. Furthermore, SARC capacities have been further strengthened to respond to the needs through the provision of food parcels and non-food relief items and of healthcare.

Total number of people assisted



³ according to SARC and UN figures

⁴ <http://data.unhcr.org/syrianrefugees/regional.php>, data available on 14.11.2013

⁵ New figures received from SARC on 5 November 2013

After more than two and a half years of the crisis, as needs for humanitarian assistance are increasing, SARC has further enhanced its capacities and adjusted its operation to meet the needs of the population. During the last three months, the food assistance, provided by SARC to the beneficiaries through the IFRC support, was almost four times more than in the previous three months, and is almost half of the total food assistance provided since the beginning of the Appeal. Additionally, non-food items were not always distributed to the same families as the food items. SARC is distributing IFRC supported items in the case of emergency situations or where needs are not covered by other agencies. Thus the number of people reached by both food and non-food assistance is higher than planned in the previous revision.

Since the launch of the Emergency Appeal, IFRC has also supported the SARC health care response by providing ambulances, mobile health units, medicines, health kits, and contributed to staff and running costs of SARC health facilities across the country. The registered number of patients in SARC health facilities has shown a 48 per cent increase in the last three months, compared to previous quarters. This does not only illustrate that the general health situation of the population is poor, but also that SARC facilities are filling important gaps in the health sector.

This revised appeal is intended to inform partners and donors about the planned activities and revised targets for 2014 and to provide a progress update on the main achievements since July until the end of September 2013.

- Until the end of 2013, IFRC will continue to implement its activities as outlined in the previous appeal revision and keep the monthly target of 30,000 families reached through relief activities and to support the running costs and staff salaries of 9 Mobile Health Units (MHU), 13 clinics and 5 Health Points (HP). In addition, medicines and medical consumables will be provided to SARC health facilities. The National Society capacity building activities will continue in order to contribute to the efficient response operation.
- In the framework of this revised Appeal, in 2014, under the relief component, IFRC is focusing on addressing the most immediate needs with the distribution of food parcels and hygiene kits to 50,000 families per month. Based on the specific needs of the women and girls, IFRC will continue providing SARC with Women's Emergency Kits to be distributed in emergency situations or when there are rapid movements of people. The items to be distributed were identified based on beneficiary feedback shared with SARC staff and volunteers. As preparations and supplies were well underway for this winter season, the targets set for 2013 are mainly covered through cash and in-kind contributions to the appeal. In order to ensure that the operation is well advanced and needs will be able to be met in a timely manner, preparedness activities are being planned in the framework of this revised appeal. Thus, the relief component of the revised Appeal also includes high thermal blankets, mats and mattresses to be distributed in winter 2014/2015.
- In the sector of Emergency and Basic health care, the focus for 2014 will remain on maintaining the current support to SARC health activities and health service providers with a possible increase in supporting SARC health points. The main objective of this component is to ensure that the population, IDPs and host communities, affected by the conflict, has a minimum access to emergency and primary health care.
- The capacities of SARC staff and volunteers will continue to be enhanced in 2014 to support the implementation of the operation and a well-functioning organisational structure. This component will include training, support to SARC staff and volunteers in key operational areas such as needs assessment in emergencies, relief, beneficiary accountability, communication (Media), information communication technologies, nutrition in emergencies and epidemic control for volunteers, as well as support to staff and running costs. The support to SARC volunteers will focus on ensuring adequate training, equipment, communication tools available for volunteers, including sharing information about volunteer insurance and other activities that facilitates retention of the volunteers.

The current revision is appealing to partners to support SARC in scaling up its operation to provide assistance to the populations affected by the conflict in Syria.

[<click here to view the attached revised Emergency Appeal Budget; the map of the areas where SARC is providing assistance; the Situation overview and IFRC support; the financial report; or here to view contact details>](#)

The situation

Since the last Appeal revision four months ago, the number of internally displaced people is reported to be around 6.5 million persons⁶. The Governorates of Aleppo, Rural Damascus, Homs, Idlib, Tartous, Hama and Deir Ezzor have the highest concentrations of IDPs. The total number of people in urgent need of humanitarian assistance has reached 9.35 million according to the latest estimates. At the same time, registered refugees in the neighbouring countries has increased by 600,000 people according to UNHCR⁷. The above numbers indicate that actually half of the country's population is either seeking refuge in the neighbouring countries or is in need of humanitarian assistance.

The humanitarian situation in Syria continues to deteriorate. The onset of violence in several governorates has made even more people flee their homes in search of safer areas. In addition, increasing numbers of civilians are still trapped in areas surrounded by on-going violence. While the entire country has been affected by the conflict, the situation is particularly alarming in Damascus suburbs, the governorates of Rural Damascus, Aleppo, Homs, Dara'a, Idleb, Hama, Deir Ezzor, Raqqa and more recently also in Hassakeh governorate.

The prolonged crisis has reached a point that is now severely affecting all segments of everyday life.

Across the country, high food prices are eroding the purchasing power of families and limiting access to basic food items, creating additional needs. Civilians trapped in contested areas with on-going violence have limited or no access to food. Staple food items are not available from supplies in the shops, and household resources are depleted. The situation leads to localized food shortages and cases of malnutrition reported by doctors. Due to administrative obstacles or lack of security, humanitarian assistance cannot reach many of these areas. According to UNICEF⁸, increased malnutrition cases were reported in Hama, Homs, Aleppo, Rural Damascus, Quneitra, Deir Ezzor, Idleb and rural Dar'a.

The on-going increase of the fuel prices has a serious impact on the prices of basic commodities, as transportation costs augment from day to day. The capacities of families to face the winter season will be affected with many families using fuel and diesel for the boilers and heaters.

The World Health Organization (WHO) has confirmed recent reports of the first suspected outbreak of polio in 14 years. The cluster of suspected polio cases was detected at the start of October 2013 in Deir Ezzor governorate. Initial results indicate that at least ten of the cases are polio. Relevant authorities, UN agencies and SARC are preparing to respond to this recent outbreak but experts fear the disease will be hard to control. Polio vaccination rates have significantly decreased since the start of the crisis - from 95% coverage in 2010 to an estimated 45% in 2013 according to WHO. A surveillance alert has been issued for the region to actively search for additional potential cases.

The worsening situation has caused severe constraints also for health facilities. At least 60 per cent of the public hospitals have limited or no capacity to meet the rising daily needs, according to information shared by the Ministry of Health. The health facilities that are still operational are struggling to provide the necessary services and lack medical supplies. The security situation and administrative obstacles make the delivery of medicines and medical equipment to the health facilities a challenging and slow process. There is a general shortage of medicine in the country. The pharmaceutical plants that used to supply almost 90% of the needs are mainly based in the most affected areas. As a result, some of these plants have completely ceased production or are still operating but with reduced capacities (between 10 and 60 per cent).

Populations living in contested areas of Aleppo, Damascus suburbs, Deir Ezzor and Homs are mainly at risk due to the lack of available health services and health professionals.

Most of the international agencies operating in the country have reported limited access to several governorates, especially to those considered as hot spot areas. More than 70 per cent of the SARC branches reported that areas in their governorates were completely inaccessible for a shorter or longer period

⁶ according to SARC and UN figures

⁷ <http://data.unhcr.org/syrianrefugees/regional.php>

⁸ <http://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Syria%20Regional%20Crisis%20Humanitarian%20SitRep%20-%202010%20OCT%202013.pdf>

depending on the situation on the ground. The proliferation of checkpoints, road closures, administrative limitations and upsurge of violence have limited most of the international organisations' access to many areas in the outskirts of Damascus, Hassakeh, Raqqa, Deir Ezzor, Aleppo and Idlib Governorates.

IFRC is joining other stakeholders calling on the parties to allow and facilitate unimpeded passage of humanitarian relief and better access to civilians in need, and the right to health care for all persons wounded and sick. While the needs are mounting to include half of the population in desperate need of assistance, without sufficient respect for the emblem and lack of safe access makes working to save lives increasingly difficult.

Coordination and partnerships

SARC has an operational lead role for Red Cross Red Crescent Movement response, facilitates and often implements activities supported by UN partners (WFP, UNHCR, UNICEF, UNFPA, OCHA), as well as INGOs. Coordination among agencies is carried out through bi-weekly technical sector meetings and bilateral meetings as well as within the humanitarian country team.

The ICRC within its mandate is assisting SARC in its response to the crisis in the areas of relief distribution, First Aid, dissemination, restoring family links, operational risk management and training, including the Safer Access framework SARC HQ and branches, as well as working with SARC on a large scale programme to restore access to water across the country.

As part of the Movement coordination mechanism in Syria, SARC, ICRC and IFRC coordinates matters of operational risk management as well as capacity support to SARC through the high-level, strategic in-country tripartite and partnership task force (operational coordination), that reinforces the strength of both the Movement's overall response and its coordination. This coordination includes partner National Societies present in Syria.

On 31 July 2013, the International Red Cross and Red Crescent Movement launched a common narrative titled *Syria and Countries Affected by the Conflict: Humanitarian Situation, Needs and Response*. This document aims at communicating on the achievements of the Movement partners in response to the Syria conflict, while also highlighting the pressing humanitarian needs of those affected by the conflict. This document is planned to be regularly updated and shared to the members of the Movement.

In the beginning of September, the United Nations Humanitarian Country Team (HCT), a policy-strategic coordination body of UN agencies and INGOs was launched inside Syria. SARC, IFRC and ICRC are invited to attend those bi-weekly meetings as observers. The HCT meetings aim to coordinate and discuss humanitarian needs and responses.

The threat of a military intervention in Syria in end of August generated a lot of fears and uncertainty in Syria and the neighbouring countries. As the scale of the humanitarian consequences that could have resulted from a possible military intervention was unpredictable, the IFRC worked together with Host National Societies in Iraq, Jordan, Lebanon, Syria and Turkey to thoroughly examine the different scenarios which could potentially emerge, the corresponding humanitarian consequences, and the adapted responses. A *Response Preparedness Planning Paper* was developed and shared with partners to inform them of the response plans and potential support needed in case the IFRC and the Host National Societies would have to scale up their humanitarian response.

Red Cross Red Crescent partners who have contributed to this operation through cash contributions and in-kind donations are: American Red Cross, Australian Red Cross, Austrian Red Cross, Belgian Red Cross (Flanders), Belgian Red Cross (Francophone), the Red Cross Society of Bosnia and Herzegovina, British Red Cross, Canadian Red Cross, China Red Cross Hong Kong branch, Danish Red Cross and Danish Red Cross Faroe Islands branch, Finnish Red Cross, German Red Cross, Italian Red Cross, Red Crescent Society of Islamic Republic of Iran, Japanese Red Cross, Korean Red Cross, Kuwait Red Crescent Society, Red Cross of Monaco, Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross, Spanish Red Cross, Swedish Red Cross and Taiwan Red Cross Organisation. Several of these contributions have been supported by Partner National Societies' respective government institutions including CIDA, DEC, DFID, SIDA, the Austrian Development Agency, Belgian Federal Government, Netherlands Government, Finnish Government, Luxembourg Government and others.

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

Red Cross and Red Crescent action

The current crisis in Syria has been on-going since March 2011. SARC, ICRC and the Federation, with the support of partner National Societies, have been working in close coordination to support people affected by the conflict, albeit with on-going challenges in safely reaching those most in need. The IFRC remains concerned about the lack of sufficient respect for the Red Cross Red Crescent emblem by the parties and the lack of safe, unimpeded access to people in need of assistance. SARC continues, sometimes in life-threatening conditions, to provide urgent assistance to people affected on all sides of the conflict. Since the beginning of the conflict, 32 SARC staff and volunteers have lost their lives while providing assistance to people in need.

SARC has a lead role for facilitating and implementing the provision of assistance to people in need. In the past months SARC has reached more than 3 million beneficiaries each month. Among others, SARC staff and volunteers are involved in relief distribution (food and non-food items), providing support in water and sanitation at places where the water supply system is damaged or has stopped functioning. Through its extensive network of health facilities and ambulances, SARC also provides emergency and primary health care services. These activities are also supported by other agencies and partner National Societies, however the implementation relies on the National Society staff and volunteers.

SARC supports people living in shelter in cooperation with other partners, UN agencies and other INGOs, based on the coordination agreed in the Shelter Working Group. IFRC's role is to support the enhancement of the technical capacities of SARC staff and volunteers in this specific sector.

SARC's neutrality is key to delivering its humanitarian assistance to around 3 million people monthly. SARC provides assistance to IDPs and across conflict lines. During recent months, SARC has delivered assistance in hard to reach areas such as prisons in Aleppo, in rural Deir Ezzor, Raqqa and in rural Damascus. Last month SARC assisted more than 6,000 people who were able to leave Moadamiya, offering them emergency medical services, transport to shelter and relief support.

In crisis situations, psychosocial support is vital to develop and maintain healthy coping mechanisms, prevent violence and support social cohesion. Beneficiaries as well as staff and volunteers need support in order to be able to handle emotionally challenging situations. Danish Red Cross is continuing its support to three psychosocial centres, shelters and one mobile PS unit, as outreach in Rural Damascus area. The programme targets 30,000 IDPs and vulnerable Syrians, but originally began as a programme for Iraqi refugees in 2010. The programme furthermore has a support component targeting 700 SARC staff and volunteers, aiming at enabling these people to integrate psychosocial support in their responses. The programme will continue throughout 2014. In addition to the psychosocial support programme, Danish Red Cross is also supporting SARC in its relief operation and with 10 of its Emergency Health Points.

German Red Cross and Norwegian Red Cross are also represented by two delegates in Syria as a bilateral consortium. German Red Cross is supporting SARC Logistics and is providing assistance to SARC in its relief operation. Norwegian Red Cross, in cooperation with ICRC, is involved in supporting SARC Water, Sanitation and Hygiene capacities and activities.

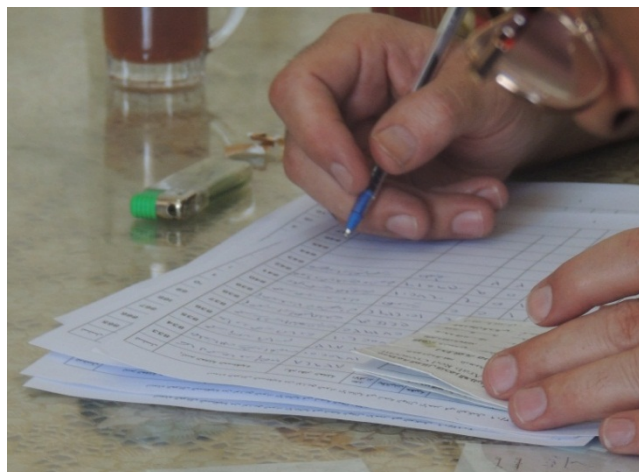
While the needs are mounting, with almost half of the population now in desperate need of assistance, without sufficient respect for the emblem and lack of safe access makes working to save lives increasingly difficult. The global Red Cross and Red Crescent Movement is joining efforts to support SARC to respond to the crisis and messages supporting and highlighting the dedication, courage and impartiality of SARC staff and volunteers, and the need to give SARC staff and volunteers safe access to everyone in need, regardless of their location or affiliation, are disseminated as widely as possible through different channels of communications.

The needs

Needs assessment

The support SARC receives through the IFRC assists the population, predominantly women, children and the elderly - each having unique needs, challenges and coping mechanisms. The movement of internally displaced persons (IDPs) continues to be large-scale and fluid as many Syrians are displaced multiple times. At the same time, SARC may also use IFRC assistance to support to host communities in areas where there is a sudden increase of needs due to the emergency situation or an escalation of violence.

SARC volunteers are conducting needs assessments through informal and formal discussions with affected populations, authorities, and local NGOs. Data for beneficiary registration is collected through interviews with affected families during field assessments, at distribution centres, in IDP shelters as well as at branch premises. When individual registration is not possible (due to violence/protection reasons) SARC together with local NGOs estimates the needs based on knowledge of the situation on the ground. IFRC distribution plans are prepared based on the registered needs per location and branches that are adjusted to the actual situation on the ground before the distribution takes place.



Assessing and registering beneficiary needs in Deir Ezzor Governorate in September 2013. Photo: SARC

Relief needs

According to needs assessment reports from SARC branches, there are still uncovered needs in the country mainly for basic food and non-food items.

The total number of people in need has reached more than 9 million – out of those 6.5 million persons are internally displaced in the country. Even with the coordination of all actors present in the country the needs cannot be fully covered due to the challenges to collect sufficient funds to procure the items required and the limited access to the most affected areas. Therefore the support provided by IFRC to SARC related to relief is important to enable the National Society to provide assistance in case of a sudden increase of needs in specific areas where emergency situations occur, or to strengthen SARC operational response in areas where needs have been left uncovered.

Based on beneficiary feedback collected by SARC volunteers during the relief distributions, the most needed items were the following:

- Food parcels to address the immediate needs of the populations affected by the crisis
- Hygiene kits to support populations to maintain dignity and to meet their basic health and hygiene needs
- Women's Emergency kits to meet the specific needs of women and girls in emergency situations in case of sudden internal displacements
- Winterization support to be provided in the form of non-food items (mats, mattresses and high thermal blankets) to address the specific vulnerabilities during the cold winter season.

Emergency health and basic health care needs

As the health system and WASH infrastructure have been significantly affected by the conflict there is a fear that communicable diseases will spread even further i.e. the recent polio outbreak. Furthermore, paediatricians from several clinics have reported a noticeable increase in the rates of moderate and acute malnutrition.

The prolonged crisis has severely affected the health services and health facilities in the country resulting in more than half of the hospitals having been damaged, or having limited capacity to provide support, lacking equipment, medical staff and most essential medicines for chronic and acute diseases. While the breakdown of the healthcare system affects everyone, those with chronic diseases are particularly vulnerable.

The information from WHO confirms⁹ the needs reported by SARC branches, sub-branches, staff and volunteers on the importance of continuing to support SARC health facilities and health care providers throughout the country to ensure a minimum access to emergency and primary health care for the population - both IDPs and host communities.

SARC is currently one of the main providers of ambulance services in many areas in Syria, and it is therefore of paramount importance to ensure that teams are properly equipped. SARC clinics available across the country are increasingly approached by the local population and IDPs for health care. Rural areas are particularly vulnerable due to the increased challenges related to the lack of communication networks and the limited possibilities of movement.

⁹ http://reliefweb.int/sites/reliefweb.int/files/resources/Syria_crisis_SitRep_WHO_18_01_Oct.pdf

Strengthened support to the National Society: SARC is the sole organisation that can reach most parts of the country through its network of 14 branches, 77 sub-branches, 41 points¹⁰, its staff and 3,000 trained, active volunteers. Many of the National Society staff and the volunteers are also displaced and all of them are, in one way or the other, affected by the crisis. Constantly in the frontline, addressing the most urgent needs of the population since the beginning of the crisis, the National Society human resources and material capacities need to be further supported to continue providing lifesaving assistance and services.

SARC staff and volunteers are tirelessly providing support to the affected population be it first aid services or the distribution of relief items. They need support to provide better equipment, continuous training and to support staff and volunteer retention. SARC branches are trying as much as possible to provide relevant training to the staff and volunteers involved in responding to the conflict to help maintain their response capacities, however, their efforts have been many times hindered by the challenging situation on the ground and the lack of easy movement.

After two and a half years of crisis in the country and having responded to one of the most difficult and volatile humanitarian situations in the world, SARC needs structured support to further enhance its capacities and resources. The IFRC has revisited its support to SARC's organizational development and is assisting SARC to enhance its capacities and resources (i.e.: logistics, volunteer management, information management, shelter management, relief distributions, communications (media), telecommunications and human resources).

Mid to longer-term needs: Given the nature of the situation, relief efforts continue to focus on life-saving operations and on providing the affected population with basic food and non-food items, health care and other services on an increased scale as needs are expected to further increase due to coping mechanisms being exhausted. Once the violence abates and families' essential needs are met, focus will shift to providing people with livelihoods and recovery support. Therefore, future appeals for the country will consider including relevant recovery interventions and mid to longer-term activities, according to the context and possibilities. SARC already acts as an intermediary for the rehabilitation of infrastructure, through facilitating the transport and presence of technical personnel of affected sites.

Monitoring implementation of activities: As a result of the workshop organized at the end of June¹¹ on operational coordination and information management, several tools were developed to support the monitoring of the implementation of the emergency response. SARC has now an established an information collection tool relating to relief and health activities. This tool is used in the branches to register the distributions and the number of beneficiaries. This detailed information has further enabled IFRC to closely follow-up what items were distributed when and where. In addition, the information flow within the National Society is enhanced through the use of a monthly operational report, whereby the branches submit information to the Headquarters in a comprehensive manner. The ownership of the data collection process is well shown in the number of comments on the tool and requests for further adjustments received from the branch Information and reporting officers. There is, in general, a significant improvement on data collection and information gathering by the branches.

Monitoring visits by international staff are organised when the security situation allows and when the appropriate authorisations are granted. However, due to the very unpredictable and volatile situation, so far, field visits by expatriates were conducted within a limited perimeter.

International standards for relief operations are followed with specific attention to provide quality assistance in line with beneficiary needs. The content of the different kits and parcels are procured in agreement with SARC to ensure that the items meet the specific needs of the targeted beneficiaries. Medicines procured internationally for the operation are in all essentials following the WHO requirements.

Key achievements and proposed operation

In this section the key achievements since the previous revision of the Appeal in July 2013 are summarized with figures provided until the end of September. The targets for the last quarter of 2013 remain the same as those detailed in the revised Appeal published in July. While the proposed operation and the targets set in the tables below refer to the planned response operation for 2014. (Under the proposed operation, some new objectives were introduced and some of the old ones have been revised to support more detailed data collection against the targets and reporting).

¹⁰ SARC points are the smallest units established within SARC organisational structure, to ensure the presence of the National Society close to communities in need.

¹¹ The Operation coordination and Information management workshop was held in Tartus, 28-30 June. SARC staff and volunteers from 13 branches were discussing how the operation coordination within SARC can be more efficient and how information can be collected, reported back and presented about the achievements.

Relief distributions (food and basic non-food items) ¹²	
Outcome 1 (New): The most affected populations have access to items to address their immediate food needs	
Outputs (expected results)	Activities planned
Food items are distributed to up to 2,300,000 beneficiaries over the extended period of the Appeal (with an increased target of 50,000 families per month in 2014).	<ul style="list-style-type: none"> • Support SARC in conducting emergency needs assessments. • Support SARC in developing beneficiary identification and improving SARC beneficiary registration system to deliver intended assistance. • IFRC Global Logistics Service and IFRC Logistics Delegate will ensure the procurement and delivery of food items according to the identified specifications to SARC warehouses. • Support SARC relief distributions and supply movements from point of dispatch to end user. • Monitor and evaluate the relief activities by collecting information, and beneficiary feedback, conducting monitoring visits (when possible), and provide reporting on relief distributions.
Outcome 2 (New): The most vulnerable families have access to items to ensure dignity, personal hygiene and health and to reduce vulnerabilities	
Outputs (expected results)	Activities planned
Non-food items are distributed to up to 2,300,000 beneficiaries over the extended period of the appeal Targets: <ul style="list-style-type: none"> • Hygiene kits to 50,000 families in each month • Women's Emergency kits to 36,000 women and girls of reproductive age in 2014 in case of sudden displacement • 	<ul style="list-style-type: none"> • Support SARC in conducting emergency needs assessments. • Support SARC in developing beneficiary identification and improving SARC beneficiary registration system to deliver intended assistance. • Logistics will ensure the procurement and delivery of non-food items including, hygiene kits, and women emergency kits to SARC warehouses. • Support SARC relief distributions and supply movements from point of dispatch to end user. • Monitor and evaluate the relief activities by collecting information, and beneficiary feedbacks, conducting monitoring visits (when possible), and provide reporting on relief distributions.
Outcome 3 (New): Winterization support: The affected populations have access to essential household items to reduce their vulnerabilities during the harsh winter weather conditions in 2014	
Outputs (expected results)	Activities planned
Essential household items are provided to 50,000 families (one time distribution for the winter season)	<ul style="list-style-type: none"> • Support SARC in conducting emergency needs assessments. • Support SARC in developing beneficiary identification and improving SARC beneficiary registration system to deliver intended assistance. • Logistics will ensure the procurement and delivery of non-food items including, blankets, mats and mattresses to SARC warehouses. • Support SARC relief distributions and supply movements from point of dispatch to end user. • Monitor and evaluate the relief activities by collecting information, and beneficiary feedbacks, conducting monitoring visits (when possible), and provide reporting on relief distributions.
Outcome 4 (Revised): Essential household items are procured to be prepositioned in contingency stocks for 5,000 families in case of sudden increase of needs and to be available for rapid dispatch.	
Outputs (expected results)	Activities planned
Contingency relief items stock (kitchen sets) is set up and available for supporting at least 5,000 families	<ul style="list-style-type: none"> • Enhance SARC preparedness through pre-positioning of contingency relief items (kitchen sets) for an additional 5,000 families • Procure goods according to IFRC standards and procedures of procurement

¹² It is estimated that approximately 30 per cent of the total number of beneficiaries reached with relief items will be the same, which calculation was included in the overall targets of this Revised Appeal.

Progress achieved since the last revision of the appeal:

Since the launch of the Appeal in 2012, until the end of September 2013, 880,445 persons were reached with food assistance provided by SARC through items supported by IFRC. During the same period of time the total number of beneficiaries reached with non-food items is 1,213,805 persons.

As the IFRC support to SARC is used mostly in rapidly developing situations or to strengthen SARC operational response in areas where needs are uncovered (rather than in specific geographical areas), the actual distributions are above the targets of the previous revised appeal.

In the previous revision of the appeal, SARC requested additional support and IFRC increased the target number of families reached with food items to 30,000 per month. In August and September, SARC managed to access areas of Deir Ezzor governorate which had been inaccessible for several months, and most of the food parcels were distributed in rural Deir Ezzor to meet the huge needs.

IFRC relief items allow SARC to conduct emergency distributions mainly to support new IDPs in urgent need of basic items. From July until the end of September 2013, more than 80,000 families were supported. (as indicated in the table below.)

Governorate	Food parcels	Hygiene kits	Baby kits	Blankets	Mattresses
Aleppo	0	6,574	0	32,660	8,760
Idlib	500	500	0	10,000	100
Damascus	5,900	2,000	600	6,430	1,020
Deir Ezzor	54,719	10,049	11,015	24,640	20,786
Homs	16,400	10,990	6,807	17,080	0
Hama	0	3,000	0	10,480	0
Rural Damascus	0	0	0	6,000	0
Tartous	100		0	0	0
Raqqa	3,000	0	400	0	0
Total	80,619	33,113	18,822	107,290	30,666

During July, due to the limited funds available to cover the needs until the end of the year, the risk of disruptions in the food supply chain was raised with partners and donors. As a result, by the end of October all food parcels were ordered to cover the targets set in the revised appeal until the end of 2013. Until the end of September the old type of food parcels was distributed. Kits with new specifications were procured as planned, to be available for distributions from October onwards.

Beneficiaries have shown great interest in the baby kits as those are meeting the specific needs of the children and mothers. The new content specifications of the kits were prepared according to feedback received from beneficiaries and according to international standards. Three different kits were developed with different sizes of diapers adjusted to the age of the baby. In the coming year, the needs identified for these items will be addressed through bilateral contributions by other partners.

Women's emergency kits (emergency support) were aimed at assisting those who had to flee their homes due to the sudden upsurge of violence. The sample kits received during the tendering process in July and shared with SARC did not meet the expected quality and some items did not match the cultural clothing habits. As a result, the procurement was delayed.

During July-September period, a total of 30,400 mosquito nets were received as in kind donation from Norwegian Red Cross and Canadian Red Cross.



Distribution of food parcels in September in rural Deir Ezzor. Photo: SARC

On-going activities (based on the targets of the previous revision of the Appeal):

- **20,000 Women's Emergency Kits**

By the end of October the content was revised and approved by SARC (see the content in the section below). The procurement and transportation of items will start in November and distribution can take place in December.

- **90,000 high thermal blankets for winterization support in 2013/2014**

Discussions are on-going with several Partner National Societies to provide the high thermal blankets by the end of 2013/early 2014.

Identified targets for 2014:

- **50,000 families reached each month by basic food assistance**

Food parcels are aimed to be procured according to the specifications set in July 2013 based on beneficiary feedback. The items will be procured through Dubai Global Logistics Services (GLS). Recently new suppliers were also identified for these items. The main objective is to ensure the cost efficiency while maintaining the quality of the items procured keeping in mind the transportation duration.

- **50,000 families assisted each month through the distribution of hygiene parcels**

Hygiene parcels will be procured according to the specifications set in August 2013. Along with the food parcels, these items are highly prioritized as they are helping beneficiaries to meet their most urgent needs, contributing to maintain their dignity, personal hygiene and contributing to prevention of diseases.

- **36,000 women supported with Women's Emergency Kits.**

The kits will be distributed in emergency situation such as sudden internal displacements. The kits will include basic items for the personal hygiene (clothes and hygiene items sufficient for a few days) and protection items (torch and whistle).

IFRC Women's kit (emergency support)		
	Item	Quantity
1	Sanitary napkins - Hygienic Pads, normal (10 pieces)	2 packs
2	Women Petticoat half -100% cotton – Size Range: X Large	4 pieces
3	Women underwear -100% cotton – Size Range: X Large	4 pieces
4	Women's headscarf	1 piece
5	Bag (large reusable fabric) 45x45 cm	1 piece
6	Bar of soap - Soap, body soap, 100 g pce	2 pieces
7	Abaya (long gown) Size Range: X Large	1 piece
8	Stockings – Half	1 pair
9	Whistle	1 piece
10	Flashlights with 2 batteries	1 piece

- **Winterization support to 50,000 families for the 2014/2015 winter season.**

As preparations and supplies were well underway for this winter season, the targets set for 2013 are mainly covered through cash and in-kind contributions to the appeal. In order to ensure that the operation will be well advanced and needs will be able to meet in a timely manner, preparedness activities are being planned in the framework of this revised appeal. Thus, this winterization support will include a family package of five blankets, two mattresses and two mats (floor) to be distributed to 50,000 families.

- **Essential household items are available in emergency contingency stocks to provide assistance for 5,000 families.**

5,000 kitchen sets will be procured and prepositioned in contingency stocks, to support families in case of sudden increase of needs and to be available for rapid dispatch.

Challenges:

Due to the revision of the content of the food parcels and hygiene parcels in June, the arrival of items to the warehouse was delayed and the planned number of families could not be supported in July. From August onwards, the supply chain was back on track and the objective to support up to 30,000 families was met for food parcels.

SARC branches are regularly conducting needs assessments and registering families in need, but due to fluid population movement and the sudden changes of situation in each governorate, it is difficult to follow and register precise figures. The recently developed standardized needs assessment template supports the compilation of the information at the HQ level and discussions are on-going on a harmonized beneficiary registration system.

As mentioned in previous Operations Updates, the necessary authorization to access different areas affected by the violence is a lengthy administrative procedure. In addition, the security situation in most of the areas relevant to this appeal is volatile, with grave concerns for the safety and protection of those involved. At times of poor security, distributions might need to be rescheduled and this can result in changes in distribution plans. However as needs by far exceed the number of items available to be distributed, SARC is ensuring that the items are still reaching the most vulnerable groups.

SARC is continuously monitoring and controlling the quality of the relief items before procurement and also before distribution. In addition, SARC volunteers are also collecting feedback from beneficiaries during distributions and through the complaint mechanism system in place in several branches (the feedback received contributed to the revision of the contents of the food and hygiene parcels). However, the lack of resources, disruptions in communication lines and also the general security situation; mean that at this point it would be complicated to extend the complaint mechanism system to all branches.

Information is available and regularly collected from the field, however heavy workload and a focus on implementation can result in delayed reporting.

Emergency health and basic health care

Outcome 1 (Revised): The immediate health risks of the affected population are reduced and prevented through the provision of emergency and basic health care services by filling the gaps in the health service provision.	
Outputs (expected results)	Activities planned
The population in need benefit from SARC supported emergency and basic health care services even in areas where health service provision is limited.	<ul style="list-style-type: none"> • Work with SARC to identify further needs for emergency and basic health services to fill the constantly shifting gaps, including risk of communicable diseases. • Support SARC in recruiting and training health volunteers and staff. • Procure health-related items (medical consumables and medicines) and equipment in coordination with the logistics team following IFRC policies and procedures (i.e. essential drugs and medical supplies). • Continue supporting 9 SARC mobile health units (MHUs) • Continue supporting 13 existing primary health care clinics • Continue supporting five health points with possible increased support to additional SARC health points.
Outcome 2 (New): Preventive health care activities are supported by the necessary equipment provided.	
Outputs (expected results)	Activities planned
Items (cool chain boxes) are available to enhance the outreach of SARC health teams vaccination activities.	<ul style="list-style-type: none"> • Procurement of 100 cool chain boxes to ensure that the vaccinations are safely delivered to the places of vaccination.

With the planned arrival of a Health Delegate in mid-November, new needs and areas of support might be identified, this information will be shared in upcoming operation updates.

The table below summarizes the total number of patients receiving health care services through the different SARC health facilities in a monthly breakdown since the launch of the Emergency Appeal in July 2012.

	<i>Ambulance missions</i>	<i>MHUs</i>	<i>Clinics</i>	<i>Health points</i>	<i>Total</i>
Jul-12	2,171	3,886	19,120	0	25,177
Aug-12	2,088	3,234	14,096	0	19,418
Sep-12	1,974	3,549	18,405	0	23,928
Oct-12	1,292	3,719	17,506	196	22,713
Nov-12	1,463	5,169	18,325	243	25,200
Dec-12	1,278	4,314	17,242	0	22,834
Jan-13	1,546	4,247	19,125	209	25,127
Feb-13	1,197	3,369	19,142	742	24,450
Mar-13	1,244	3,122	18,600	898	23,864
Apr-13	1,229	685	18,185	968	21,067
May-13	1,407	4,156	15,846	3,630	25,039
Jun-13	1,620	1,804	21,865	4,668	29,957
Jul-13	1,957	1,383	22,124	7,345	32,809
Aug-13	2,492	1,116	22,017	5,695	31,320
Sep-13	2,344	1,781	24,600	7,324	36,049
Total	25,302	45,534	286,198	31,918	388,952

Progress achieved since the last revision of the appeal: First Aid and ambulance services.

Since July, SARC staff and volunteers have provided first aid services and emergency health assistance to 6,678 persons in 13 Governorates of the country. Out of the total number of patients, 48 per cent were men, 33 per cent women, and 19 per cent children.

The highest number of patients supported through first aid and ambulance services were reported from Deir Ezzor, Rural Damascus and Homs branches.

Clinics

Access to primary health care services for people in need is available through the SARC network of clinics across the country. Initially, supported by IFRC since 2008, these clinics were providing services to Iraqi refugees. However as the needs of the population of the country is increasing, Syrians now represent the majority of the patients. During

Branch	Clinic	July Patients	August Patients	September Patients
Alhasaka	Qamishly	1,739	1,195	650
	Alhasaka	Maintenance	Maintenance	555
Rural Damascus	Atal	2,536	2,307	2,939
	Jaramana	7,546	5,342	6,328
	Dweela	2,631	2,448	2,982
Damascus	Alothman	450	780	837
Homs	Homs	2,159	2,822	3,552
	Palmyra	1,251	1,451	1,714
Deir Ezzor	Albukamal	2,884	2,518	2,666
Raqqa	Alabatani	out of service	875	N/A
Daraa	Daraa	958	2,249	2,377
Total		22,154	21,987	24,600

the reporting period, IFRC provided medicines and equipment to ten clinics and supported the running costs and human resources of the facilities. In addition, from the beginning of September one additional SARC clinic is supported by IFRC in Deir Ezzor. These facilities are providing basic and emergency health care services to all vulnerable segments of the population.

During July and August, the 11 clinics provided medical health care to 68,741 patients, including 22,709 newly registered patients. Most of the patients (40 per cent) received internal consultations and pediatrics consultations (20 per cent). The clinic in Hassakeh city was not operational due to maintenance works. The clinic in Manbej could not be supported during the reporting timeframe due to the lack of communication and safe access. In Raqqa, SARC branch had difficulties in resuming operations, which affected the activities of the clinic.

Mobile Health Units (MHUs)

IFRC aims to support SARC to enhance the health service provision where medical evacuation is a challenge or basic health care services are not available. In August, one MHU was sent from Rural Damascus to Al Bokamal in Deir Ezzor governorate and is providing services since the beginning of September. One MHU is operational in Rural Damascus and another one in Homs. Six new MHUs fully equipped procured with the support of ECHO arrived in Lattakia in August. SARC has also received a number of MHUs from other partners including ICRC.

The services of the Mobile Health Units were increasingly sought by women during the reporting period. The total number of patients receiving health consultations from July to September was 4,280. 84 per cent of the consultations were related to internal health. 40 per cent of the patients were women, and 19 per cent were children.



SARC mobile health unit, supported by the IFRC, in a regular visit in Al-Adelieh school used as a shelter for displaced families. Photo: Ibrahim Malla/IFRC

Health points (HPs)

SARC and IFRC initially planned to establish five health points to support communities that had limited or difficult access to first aid and other health care services. Currently there are four health points operational and providing services, three in Rural Damascus and one established recently in Deir Ezzor Governorate. The fifth health point was planned to be established and equipped in October, but as the area was not accessible, had to be postponed. The teams of doctors and first aid volunteers are operating around the clock seven days a week in health points to provide services to the patients.

The total number of people who received health care assistance at the health points during the past three months was 20,364. There has been a significant increase in the number of consultations delivered to patients in the health points as it has more than doubled compared to the first half of 2013. This demonstrates that the health points are filling an important gap in providing health assistance in areas where health facilities are neither easily accessible nor operational.

In addition to the health points supported by IFRC, SARC is running another 10 in cooperation with Danish Red Cross.

Medicines

Recent assessments within SARC health facilities and on-going discussion with SARC medical staff clearly highlighted the pressing needs for medicine, as the demand for medical service has increased. SARC has recently revised the list of most needed medicines¹³, mainly for chronic and acute diseases. In August, IFRC received a contribution from USAID/OFDA to procure part of the needed medicines.

In July approximately 75 per cent of the procured medicines were distributed in 11 governorates (Damascus, Rural Damascus, Aleppo, Homs, Idlib, Deir Ezzor, Hassakeh, Hama, Qamishly, Raqqa, and Daraa). The

¹³ The list of medicines has been added to the Mobilisation Table:
https://www-secure.ifrc.org/DMISII/Pages/03_response/0307_logistics.aspx

remaining 25 per cent of these medicines were distributed by the end of September in Rural Damascus and Rural Homs. Health points, mobile health units and the clinics in Rural Damascus received these medicines. The medications were used mainly to treat chronic diseases as hypertension, diabetes, asthma, acute diseases and injuries. In addition, vitamins for supplementary nutritional support were distributed mainly among breast-feeding mothers and children.

In addition to medicines, a total of ten Health kits¹⁴ arrived during July. Seven were distributed in the reporting period to Homs, Rural Damascus, Aleppo, Idlib, and Deir Ezzor.

Usage of the medicines and medication provided are closely monitored in SARC clinics and health points, according to the needs reported. In case of sudden increase of needs additional support is provided.

On-going and planned activities until the end of 2013:

According to the UN, due to the protracted conflict, Syria had already been considered at high-risk for vaccine-preventable diseases. In October 2013, ten polio cases were officially registered and another 12 cases are being confirmed. The cases were registered in Deir Ezzor Governorate.

SARC was part of the vaccination programme in Syria before the crisis, supported by WHO and UNICEF, and in close coordination with the Ministry of Health and will continue this involvement. A mass-immunization campaign is planned in coordination with Ministry of Health, UNICEF, WHO and SARC. Vaccination is carried out from different health facilities, including SARC. In some areas, SARC will as well assist in ensuring vaccine reaches health facilities available. There may also be children that can only be reached by SARC mobile teams (mobile health units). Therefore **100 cool boxes** are planned to be procured to support the transportation of vaccines.

From the beginning of October, a **new clinic** supported by IFRC is established in Deir Ezzor city. Therefore the total number of clinics supported by IFRC will be 13.

The reimbursement process has been finalized for the **ambulances** that were stolen in February (see earlier update). The four new ambulances arrived at the end of October and are currently under customs clearance and will possibly arrive at SARC warehouse in Tartus by mid-November 2013.

By the end of 2013, it is planned that **six MHUs**¹⁵ will be operational and providing services to beneficiaries. The registration process and acquiring the necessary official documents for these vehicles took considerable time. SARC is still waiting for safe access to the areas where these MHUs are aimed to be dispatched.

One additional **health point** is also planned to be opened in an area where health facilities are less available or accessible due to the insecurity in the area. IFRC is coordinating with SARC to decide on the final location.

Out of the procured ten health kits, three and one remaining from previous consignment will be distributed in the new health point and clinic that started operations in October.

With the planned arrival of a Health Delegate in mid-November, new needs and areas of support might be identified, this information will be shared in upcoming operation updates

Identified objectives for 2014:

IFRC will focus on continued support to SARC medical facilities and medical service providers throughout the country by delivering necessary medicines and equipment and by contributing to staff and running costs of the facilities. This support aims to maintaining a minimum access for – both IDPs and host communities – to emergency and primary health care.

SARC will continue to provide **ambulance** services and first aid. IFRC will ensure that the operational ambulances are provided with medicine and medical supplies. IFRC do not plan to procure additional ambulances, however IFRC will discuss with SARC about their needs for ambulances if additional SARC vehicles are damaged or destroyed.

SARC **clinics** supported by IFRC are receiving increasing number of patients given the fact that other health facilities are not available. The planned support to 13 clinics will be carried on to ensure the provision of medicines and medical consumables and to cover the staff costs, ensuring that quality free health care services are provided to people in need.

¹⁴ Procured thanks to the contribution of the Canadian Red Cross (Canadian Government).

¹⁵ Procured with the contribution of DG-ECHO.

IFRC will continue supporting the nine **MHUs** provided, covering staff, running costs and medicines as SARC MHUs are increasingly being used among displaced communities or populations trapped in conflict areas. MHUs have also proved to be an effective method for treatment of injured, as well as for providing basic health care to displaced people especially when medical evacuation is a challenge or basic health care unavailable (i.e. in shelters).

According to community feedback, **health points** are rated as an invaluable support to the communities that are in hot spot areas or close to areas where health services are not available due to damaged health facilities. Despite the numerous challenges, IFRC with SARC wish to continue the provision of emergency health services through five established HPs in severely affected communities with possible increased support to additional SARC health points.

Due to the many challenges in providing emergency care, the medical teams will be extended to include more general health care services. The HPs will be providing a wider range of primary medical care (paediatric, gynaecological, and internal medicine), and will continue the provision of emergency health care (via teams of first aid volunteers and ambulances connected to the HPs).

The situation in the country has become increasingly serious and the lack of **medicines** and the increasing challenges in dispatching them to medical facilities is, according to WHO, one of the most important impediments of health care provision. Recent assessments within SARC health facilities and on-going discussion with SARC medical staff clearly highlighted the pressing needs for medicine, as the demand for medical service has increased. Therefore IFRC health support to SARC will continue to focus on catering SARC clinics, MHUs, ambulances and health points with medicines to be provided to patients either directly or through health service provision. IFRC asks all partners willing to support the provision of medicines to do so in coordination with IFRC medical logistics unit in Geneva or through cash support.

Challenges:

SARC efforts to ensure respect for the emblem and promoting an understanding of the principles of impartiality and neutrality are a priority. SARC continues a dialogue with the relevant parties on the importance of protecting the emblem also to protect its staff and volunteers who are involved in ambulance missions and are providing services in its health facilities.

The security situation in most of the areas where SARC and IFRC are providing health assistance is volatile with serious concern for the safety and protection of staff and volunteers. At times, when the security situation did not allow for safe access, mobile health units and ambulances decreased service provision or cancelled movements. At the same time the security situation has also affected the operational capacity of the health points and the clinics as well, when staff were not able to access the facilities or the necessary supplies could not be delivered.

Most of the health facilities in the country have limited or no capacity to meet the rising daily needs which impacted the rate of attendance in SARC health facilities, putting additional burden on the medical staff and resources.

National Society Capacity-building

Outcome 1 (Revised): The efficient operation implementation is supported through enhanced SARC capacities and a well-functioning infrastructure for future sustainability	
Outputs (expected results)	Activities planned
At least 3,000 volunteers involved in the operation are supported and promoted.	<ul style="list-style-type: none"> • Further enhance knowledge and practice of Red Cross Red Crescent Principles and values through trainings • Provide Volunteering in Emergencies training package(with focus on management of volunteers and retention) and facilitate related trainings. • Provide volunteers with minimum protection arrangements and equipment (e.g. insurance, uniforms, boots etc.) • Maximize opportunities to enable SARC to attract and retain volunteers.
SARC volunteer and staff capacity in key operational areas is strengthened (new)	<ul style="list-style-type: none"> • Enhance SARC volunteer and branch leadership capacity in key operational areas such as needs assessment in emergencies, relief, beneficiary accountability, communication (Media), information communication technologies, nutrition in emergencies, epidemic control for volunteers through trainings

	<ul style="list-style-type: none"> Facilitating and supporting the participation of SARC staff and volunteers to represent the National Society on regional and Global opportunities within the global Red Cross Red Crescent network to enhance their knowledge and exposure Organising a tailored Field School for key operational staff and volunteers to support synergies among the different SARC technical teams.
SARC operational capacity is enhanced to meet the increased needs of the on-going crisis.	<ul style="list-style-type: none"> Provide modern communication tools and capacities to enhance connectivity and networking among the volunteers (i.e. VHF, HF and V-SAT). Recruit and contribute to existing staff to support overall SARC operational capacity in the following priority areas: <ul style="list-style-type: none"> Information Management (in all branches) Disaster Management Coordinators (in all branches) Field Coordination Officers (in all branches) Health staff in SARC HQ and health facilities Volunteers Welfare Officer Logistics Team (for SARC Tartus hub and HQ) Program staff, administrative staff in SARC HQ Quality Assurance & Resource Mobilisation Delegate Operations Manager Health Delegate Reporting Delegate Logistics Delegate Communications Development Delegate Audio-visual Delegate Finance Delegate and Finance Manager (supporting the Syria crisis operations, including Syria and the neighbouring countries)
A contingency SARC/ IFRC headquarters location and facility is established to ensure continuity of operations.	<ul style="list-style-type: none"> Provide financial support to SARC for alternative headquarters, and relocation of staff and premises, as needed.

Progress achieved since the last revision of the appeal:

SARC staff and volunteers capacities were enhanced through participation in the workshops related to Cash Transfer Programming organized by the MENA Zone in August.

Based on the recommendation of the Safety and Security Unit in SARC, new items, such as protective vests and helmets, were added to the Mobilization Table. Norwegian Red Cross and Spanish Red Cross have already pledged funds for the provision of these items while British Red Cross supported the IFRC to identify suppliers. Still the items needed are not fully covered and more support will be necessary to provide more protection to volunteers working under extreme conditions.

An IFRC Quality Assurance and Resource Mobilisation Delegate is assisting the IFRC team in Syria in developing project proposals, closely monitoring the implementation of pledges, ensuring donor requirements are met during the implementation of the activities and at the reporting stage. The Quality Assurance and Resource Mobilisation Delegate collaborates closely with the Reporting Delegate for Syria and Resource Mobilisation Officer of the MENA Zone office and counterparts in Geneva with specific focus on grant management.

A Reporting Delegate was recruited to support SARC and IFRC in enhancing SARC reporting system and data collection and to prepare timely and accurate reports about the achievements of the operation and progress towards outcomes. The delegate is closely cooperating with SARC Information Management Officer in the Headquarters to ensure that the information provided from the field is available. Also based on the received data, the delegate is closely monitoring that the implementation is on track and prepares tools that support efficient project management.

A Communications Development Delegate started her mission to support promoting SARC response to the crisis and reinforcing the profile of SARC by strengthening the National Society communications capacities, in close cooperation with ICRC, with a focus on SARC volunteers, and humanitarian principles. The delegate is

providing support, in coordination with the ICRC, to SARC communications and media strategy both at HQ and branch level in close cooperation with SARC Communications Coordinator and other relevant staff, as well as ensure the development of a regular flow of quality communications materials. The SARC Communication Coordinator is also working closely with ICRC Communications Delegate. In order to reinforce the activities of the communication team, an Audio-Visual Consultant was recruited in July. The presence of the AV consultant has contributed to generating materials published on the occasion of World Humanitarian Day, 150th Movement Anniversary and has also participated in several field visits with SARC and secured photo galleries and updated visual materials contributed to developing and publishing several news stories .

IFRC support in finance includes supporting and coaching of SARC Finance staff and ensuring that IFRC procedures are followed. An IFRC Finance Manager based in Amman is working with SARC finance unit to ensure support in financial reporting and management of working advance. A Finance Delegate for the region was recruited and started in September in the MENA Zone office. This person will ensure a comprehensive management of the two emergency appeals related to the Syria crisis launched by IFRC MENA zone office.

IFRC Logistics Delegate is supporting the logistics activities from IFRC as well as Partner National Societies bilateral operations, mainly related to procurement and the supply chain of items to be distributed. In August, SARC Logistics Mobilisation officer supported by IFRC started to work in close cooperation with SARC warehouse manager in Tartus and IFRC Logistics Delegate. This position contributes to enhance SARC capacities in monitoring the points of dispatch and possible routes or needs for alternative transport.

The Land Cruisers (36 planned plus an additional one) were donated bilaterally by Netherlands Red Cross to support SARC sub-branches. These 37 vehicles will facilitate the movement of volunteers while they deliver support to beneficiaries, helping them to reach distribution points faster and safer in vehicles clearly identified with the SARC emblem. These will also enable the sub-branches volunteers to transport the items more easily from the branch warehouses to distribution points or to their storage locations. IFRC and SARC are working in close cooperation with German Red Cross to enhance SARC operational capacities in the field of logistics.

Planned activities until the end of 2013:

In November, a training on emergency shelter and shelter management will be organised to support enhancing the technical capacities of SARC staff and volunteers from HQ and branches. The workshop will focus on the specific needs surrounding people living in shelters.

A follow-up workshop related to operational coordination and information management workshop will be organised. The main topics to be discussed at this workshop will be related to beneficiary registration, further refining the internal unified reporting system of SARC and accuracy in the data and information shared in the reports. In addition specific tools will also be presented and piloted during the meeting related to maps and information visualization.

Identified objectives for 2014:

IFRC will continue to support 3,000 active SARC volunteers who are involved in the operation with the necessary equipment in order to ensure protection and visibility (2 summer and 2 winter T-shirt, a vest, a jacket, a cap and a pair of boots). In addition, the planned 5,000 sets of uniforms will be procured and distributed among SARC branches in 2014. IFRC is working with SARC on finalising the specifications of the radio equipment to enhance SARC field communications when lines are disrupted. This will include the procurement of VHF/HF radio network for SARC, including toolkit boxes, base stations and mobile stations with equipment. This will also be supported with trainings provided to SARC branches on the usage of these tools and setting up the system.

In order to support the effective implementation of the operation and to promote SARC activities, SARC staff and volunteers knowledge will be further enhanced through trainings in the following key operational areas:

- needs assessment in emergencies,
- beneficiary accountability,
- communication (media),
- information communication technologies,
- nutrition in emergencies, community based health and first aid
- epidemic control for volunteers

In addition to the planned training, SARC staff and volunteers will be supported to participate in regional and global meetings and other event within the global network to enhance their knowledge and exposure.

A field school is planned during 2014 covering several areas of the operation with the purpose to ensure a

better understanding and synergies among the different technical units and the field.

The current support in strengthening the operational capacity and human resources of the National Society set out in the previous revision of the appeal is to be continued and further strengthened. The following roles and positions will continue to be supported by IFRC, or new positions created in the framework of the revised appeal to enable SARC to implement the scaled up activities to address the increased needs:

- On branch level:
 - Information Management (in all branches)
 - Disaster Management Coordinators (in all branches)
 - Field Coordination Officers (in all branches)
 - Health staff in SARC health facilities
 - 36 drivers for sub-branches
 - 36 admin/finance officers for sub-branches
- For HQ:
 - 1 Mobilisation officer
 - 1 Volunteer welfare officer (new)
 - 3 Monitoring officers (new)
 - 1 Relief officer (new)
 - 1 Clearance officer
 - 1 Information management officer
 - 1 Finance manager
 - 1 Finance officer
 - 2 Accountants
 - 1 Internal auditor (new)
 - 4 Drivers
 - 1 Admin officer
 - 1 Medical advisor
 - 1 Medical officer
 - 1 Project manager
 - 1 Health information system coordinator
 - 1 Program coordinator
 - 1 Health officer (new)
 - Logistics Team (for SARC Tartus hub, supported bilaterally by German Red Cross)

Logistics

Outcome1: Logistics support is provided to ensure efficient and timely delivery of goods and services.	
Outputs (expected results)	Activities planned
Logistics process of the operation is supported through coordinated mobilization, reception, warehousing and further dispatch to branches and distribution points and reporting on supply chain status and needs, of international relief goods.	<ul style="list-style-type: none"> • Manage and coordinate the supply chain according to international standards in coordination with the IFRC GLS structures in MENA. • Support SARC with the procurement of relief goods according to IFRC standards and procedures, and ensuring the best sourcing. • Support SARC in monitoring the reception, warehousing and dispatch of goods from the main warehouse to branches, and in producing relevant and accurate reports.
Outcome 2: SARC is able to provide more effective and efficient logistics services through an enhanced institutional capacity that meets Movement standards	
Outputs (expected results)	Activities planned
SARC's logistics capacities are strengthened through training, technical support and adequate resources (including tools, equipment and human resources).	<ul style="list-style-type: none"> • Support SARC, through a logistics delegate and GLS structure, to enhance the logistics/relief interface coordination, in close cooperation with partners. • Support SARC on the management of logistical technical information, to ensure quality of information on fleet, supply chain, and warehousing, at HQ and branch levels. • Support SARC to enhance its stock management system at HQ and branch levels. • Improve warehousing operations and conditions, by providing human resources, vehicles, and equipment (furniture, forklifts, computers, generators, software, and tools, including promotion of Federation Warehouse Information System). • Support the recruitment of SARC logistics staff (logistics officer, pipeline/mobilisation officer, clearance officer, fleet manager, and warehouse management coordinator) and provide training according to recognized standards, at HQ and branch levels. • Encourage SARC to enhance its fleet management system at HQ

	and branch levels.
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- Equip warehouses with fire and alarm systems.

Progress achieved since the last revision of the appeal:

The IFRC Logistics Delegate, in close coordination with IFRC Global Logistics Service Dubai office, plans and monitors the supply chain arriving to the port in Lattakia or transiting through Lebanon. The Mobilisation Table has been regularly updated with new items identified by the National Society according to agreed specifications. The content of relief kits distributed to beneficiaries was revised in order to meet their evolving needs. This information has been shared with partner National Societies, as well as with UN agencies and international NGOs, in order to ensure the continued relevance, quality and standardized support to vulnerable people.

The IFRC Logistics Delegate worked closely with SARC on the validation of the sample kits received by IFRC Global Logistics Service in Dubai as part of the tendering process for the food parcels and hygiene kits. The tendering process for the new content of hygiene kits, food parcels and baby kits was carried out in close cooperation with IFRC GLS Dubai office. The tendering process for the new food parcels was finalised by mid-August and the tendering process for baby kits was closed and the items shipped from the end of August. The procurement of hygiene kits started in August as well, and the first shipment of items arrived in September to Tartus.

In order to secure the supply chain, IFRC Logistics Delegate is also closely monitoring the received contributions to the Appeal with the Quality Assurance and Resource Mobilisation Delegate. Thus the specific donor requirements and implementation timeframes, including pledge earmarking are being addressed to make sure that items are available according to the initial plans and the needs communicated by SARC. The IFRC Logistics Delegate has also been continuously supporting the logistics activities of partner National Societies operational in Syria. The support has mainly been related to procurement and the supply chain of items to be distributed.



Unloading food parcels in SARC warehouse, Tartus. Photo: IFRC

After the reiterated escalation of violence and the threat of an international military intervention, SARC and IFRC updated the contingency plans related to logistics, transportation routes, warehouse capacities and contingency stocks. IFRC Logistics Delegate has worked closely with British Red Cross and Geneva Logistics units to prepare contingency plan, and carry out market survey to identify possible regional suppliers for the procurement of items. This was done with the intention to reduce delivery lead-time and increase the cost effectiveness. The Syria Supply chain strategy document issued by Global Logistics Survey is being finalised.

On-going activities for the last quarter of 2013:

The procurement and transportation of food parcels with the new specifications started and the items arrived mid-October to the warehouse in Tartus. The procurement and shipment of kits and other winterisation items will continue and the dispatch to branches and sub-branches will be done according to the needs and accessibility to affected areas.

Identified objectives for 2014:

SARC logistics capacity will be further strengthened through the recruitment of a Logistics team to support the warehouse in Tartus and also in Damascus Headquarters. This support will contribute to the provision of efficient logistics services, and to an enhanced institutional capacity that meets Movement standards in addressing SARC and Movement partners' logistics requirements. Most of the positions are to be located in SARC HQ logistics unit, while the Clearance Officer will be commuting between the port in Lattakia and SARC warehouse in Tartus. The new setup of a logistics unit will as well facilitate nationwide capacity building efforts supported by the IFRC Logistics Delegate.

The German Red Cross will continue its support to SARC in the field of logistics including warehouse rent, equipment and tools, and will continue coordinating its activities closely with the IFRC Logistics Delegate.

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

Challenges

During the reporting period it has been reported that, from time to time, access to the most vulnerable communities was prevented. SARC branches are closely monitoring the situation of the hot spot areas and as soon as the necessary approvals are obtained they are entering the areas. Some places have however been without assistance for many months.

The local currency is rapidly losing its value with the exchange rate to the dollar having changed downwards almost 400% since last year. This affects the prices of transportation and fuel, as well as of basic commodities. The fast changes in the exchange rate had an impact on in-country transportation costs where prices offered are valid for a very short period of time.

Due to safety and security the transportation is completed by sea from Dubai to the port in Lattakia. This has increased the time of transport, therefore IFRC and SARC are trying to closely monitor the supply chain and the availability of items to avoid any gaps in a timely manner. It is planned that during October 2013, a transportation company was contracted for road transportation of items with the purpose of shortening the transportation time. This solution allowed shorter transportation period, but increased the costs. Still a feasible solution needs to be identified in order to ensure that items are arriving to the main SARC warehouse on time, in good quality and cost efficiently.

Communications – Advocacy and Public Information

IFRC and SARC communications continued to work closely in the latest weeks to provide communications and advocacy materials. SARC's support to the successful Modamiya evacuation operations was widely promoted by the IFRC, relying on a very strong coordination mechanism between communications departments of SARC HQ and IFRC MENA Zone.

IFRC photos on Modamiya evacuation operation done by the Syrian Arab Red Crescent(SARC) were used widely globally and by International media

<http://www.thetimes.co.uk/tto/news/world/middleeast/article3894593.ece>

<http://www.theguardian.com/world/2013/oct/14/red-cross-workers-freed-syria-abduction>

<http://worldnews.nbcnews.com/>

<http://24allnews.com/syria-kidnappings-make-perilous-aid-work-even-more-difficult-2/>

IFRC MENA Communications did an interview for prime time news with Aljazeera English on the 150th Anniversary day about SARC third evacuation operation in Moadamiya promoting also the joint Movement call on 150th Anniversary for the protection and respect of SARC volunteers http://195.110.133.122/media/20131029/20131029-AL_JAZEERA-NEWSHOUR_1800-183123566a.asf.html

IFRC worked closely with SARC to generate materials for the 150th Movement Anniversary where a joint SARC, ICRC and ICRC call for the protection and respect for SARC volunteers was launched. Seven video interviews were launched on November 29th and were used by different National Societies. <http://bit.ly/1g8RmZN> and <http://bit.ly/1b8SXHR>

The World Humanitarian Day (WHD) campaign, was dedicated to the work of Syrian Arab Red Crescent volunteers, and to pay tribute to the volunteers who have lost their lives in the line of duty in Syria. IFRC supported production of the full communications pack (a special video, interviews, photos and testimonies) which has been used globally by Red Cross Red Crescent Societies and international media.

The presence of the Audio Visual (AV) consultant in Syria and the region has secured a stronger generation of visual materials and updated the flow of photos for the photo and video galleries promoting SARC's latest operations and activities. In the past three months, IFRC published more than 170 new photos and 10 short videos promoting the following: SARC Operations: i.e: Moadamiya Operation, Mobile health clinics, Volunteers Profile, World Humanitarian Day and 150th Anniversary, Distribution of school kits, Distribution of Food parcels, SARC clinics, and trainings. The AV consultant has also trained around 30 SARC volunteers on Photography in emergency in August and will extend this training in the coming period to other branches.

The IFRC Communication Development Delegate for Syria has been working in close cooperation with the SARC communications officer on communications materials. Since Mid-October, the delegate has been supporting SARC remotely due to a sick leave till end of the year and discussions of alternative support during this period are on-going.

Since the revision of the appeal in July, a series of web stories were posted on Syria crisis web page www.ifrc.org/syria-crisis focusing on the most urgent needs, including food and medicine shortage in the country, education and psychosocial support.

Communications materials in support of the Syria Crisis continue to be updated in addition to new tools such as an overview of IFRC support through an info-graphic, and the 4Ws tool developed by the Information Management Delegate. These materials can be accessible now through FedNet to be used to brief internal and external audiences/potential donors.

<https://fednet.ifrc.org/en/resources/communications/resources/communication-packs/syria-crisis/>

Regular communications platforms and tools have contributed to a more efficient content generation and information sharing among SARC, the IFRC, the ICRC and the Movement Partners and have endorsed the need for a strong information sharing process, raised at the Movement Communication workshop on Syria crisis which was held in Beirut in May 2013. These products will need to be further improved and promoted, also regularly updated in the coming period of the appeal.

Following up on the mentioned workshop, the Movement Communication Strategy is in its final stages, is being developed by the ICRC and International Federation, together with SARC, and will then be shared with Movement Advisory Platform participants (NS of neighbouring countries and involved PNS).

The Syria Crisis Community of Practice has been created and can be accessed on FedNet: <https://fednet.ifrc.org/en/communities/communities-of-practice/Home/?clubId=164>.

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

SARC's webpage www.sarc.sy is regularly updated to better show and promote the SARC response to the crisis and other events across the country.

ICRC is supporting SARC communication unit with two staff members as well as provide trainings for branch staff and volunteers.

Role of the National Society

The Syrian Arab Red Crescent Society (SARC) is playing a key role as the largest national humanitarian organisation in Syria, and the sole organisation with access to many parts of the country through its 14 branches and extensive number of sub-branches. Approximately 3,000 volunteers are active to provide support to almost three million each month. The volunteers are providing lifesaving health services where medical services no longer function. They provide assistance to IDPs and across conflict lines. SARC volunteers are working under extremely difficult circumstances, putting their own lives at risk. 32 volunteers lost their lives while providing humanitarian assistance. Many more have been harassed, injured and arrested. The National Society has also been tasked to co-ordinate and facilitate international non-governmental assistance. In this capacity, SARC works with almost all UN agencies present in Syria, primarily OCHA, UNHCR, UNICEF, WFP, and UNFPA as well as international NGOs.

SARC has a strong Disaster Management capacity and a decentralised structure of volunteers working across the country from SARC branches and sub-branches. The main focus of SARC for the last 10 years has been to enhance the preparedness for response capacity and to invest more in community based disaster risk reduction programme. The drought operation 2010 helped SARC build more capacity on relief and emergency response and community based disaster management.

Being one of the key ambulance service providers in several parts of Syria, SARC has been supplying first aid and emergency health to wounded and sick people trapped by the violence. In addition, SARC has been filling a growing gap in the provision of basic health care to people displaced by the crisis who wouldn't otherwise have access to health care, either because existing facilities are over-stretched, or because they are no longer accessible (i.e. damaged / no longer staffed / unavailable), through its mobile health units, its network of clinics across the country and its newly-established health points.

Role of the IFRC

The IFRC support continues to reinforce SARC's capacity in providing assistance to the affected population, with special focus on enhancing and maintaining capacities in relief and logistics, emergency and basic health care, reporting, and assistance to volunteers. The IFRC Syria office is supported by a Country representative, Communication Development delegate and a Logistics delegate. A Quality Assurance and Resource Mobilisation delegate and a Reporting delegate for Syria are working from IFRC MENA Zone office in Beirut. A Health Delegate is expected to arrive in November and an Operations Manager is expected to be recruited in December to enhance further support of the operation.

The Syria operation continues to receive technical support from the IFRC Zone DM unit in the areas of coordination, logistics, information management and overall operational technical support.

In addition a Danish Red Cross country coordinator and two German Red Cross/Norwegian Red Cross country delegates share the office with IFRC/SARC in Damascus.

Budget summary

See attached budget (Annex 1) for details.

Walter Cotte
Under Secretary General
Programme Services Division

Bekele Geleta
Secretary General

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Click here

1. Click [here](#) to see the revised budget below
2. Click [here](#) to see the financial report below for the period July 2012 - September 2013
3. Click [here](#) to see the map of the area where SARC is providing support
4. Click [here](#) to see the Situation overview and IFRC support for the period July 2012 - September 2013
5. Click [here](#) to see the mobilization table
6. 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 Humanitarian Response (Sphere) in delivering assistance to the most vulnerable.

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

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.
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EMERGENCY APPEAL

14/11/2013

MDRSY003

Syria - Syria Crisis

Budget Group	Multilateral Response	Bilateral Response	Appeal Budget CHF
Shelter - Relief	1,651,307		1,651,307
Shelter - Transitional	0		0
Construction - Housing	0		0
Construction - Facilities	0		0
Construction - Materials	0		0
Clothing & Textiles	10,216,253		10,216,253
Food	33,558,171		33,558,171
Seeds & Plants	0		0
Water, Sanitation & Hygiene	16,816,092		16,816,092
Medical & First Aid	12,819,061		12,819,061
Teaching Materials	0		0
Utensils & Tools	592,658		592,658
Other Supplies & Services	410,405		410,405
Emergency Response Units	0		0
Cash Disbursements	0		0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	76,063,946	0	76,063,946
Land & Buildings	0		0
Vehicles	703,584		703,584
Computer & Telecom Equipment	425,000		425,000
Office/Household Furniture & Equipment	0		0
Medical Equipment	0		0
Other Machinery & Equipment	0		0
Total LAND, VEHICLES AND EQUIPMENT	1,128,584	0	1,128,584
Storage, Warehousing	2,560,000		2,560,000
Distribution & Monitoring	4,515,000		4,515,000
Transport & Vehicle Costs	548,744		548,744
Logistics Services	2,653,140		2,653,140
Total LOGISTICS, TRANSPORT AND STORAGE	10,276,884	0	10,276,884
International Staff	2,456,640		2,456,640
National Staff	149,250		149,250
National Society Staff	2,733,075		2,733,075
Volunteers	1,035,742		1,035,742
Total PERSONNEL	6,374,707	0	6,374,707
Consultants	26,456		26,456
Professional Fees	56,000		56,000
Total CONSULTANTS & PROFESSIONAL FEES	82,456	0	82,456
Workshops & Training	90,000		90,000
Total WORKSHOP & TRAINING	90,000	0	90,000
Travel	148,500		148,500
Information & Public Relations	60,000		60,000
Office Costs	52,200		52,200
Communications	52,000		52,000
Financial Charges	276,200		276,200
Other General Expenses	17,595		17,595
Shared Office and Services Costs	183,080		183,080
Total GENERAL EXPENDITURES	789,575	0	789,575
Partner National Societies	4,801,399		4,801,399
Other Partners (NGOs, UN, other)	0		0
Total TRANSFER TO PARTNERS	4,801,399	0	4,801,399
Programme and Services Support Recovery	6,474,491		6,474,491
Total INDIRECT COSTS	6,474,491	0	6,474,491
Pledge Earmarking & Reporting Fees	241,470		241,470
Total PLEDGE SPECIFIC COSTS	241,470	0	241,470
TOTAL BUDGET	106,323,513	0	106,323,513
Available Resources			
Multilateral Contributions	37,197,791		37,197,791
Bilateral Contributions	0		0
TOTAL AVAILABLE RESOURCES	37,197,791	0	37,197,791
NET EMERGENCY APPEAL NEEDS	69,125,722	0	69,125,722

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 13

Appeal Launch Date: 06 Jul 12

Interim Report

Selected Parameters

Reporting Timeframe	2012/7-2013/6	Programme	MDRSY003
Budget Timeframe	2012/7-2014/6	Budget	BUDGET9
Split by funding source	Y	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		106,323,513				106,323,513	
B. Opening Balance		0				0	
Income							
Cash contributions							
American Red Cross		565,868				565,868	
Australian Red Cross		120,222				120,222	
Austrian Government		0				0	
Austrian Red Cross (from Austrian Government*)		964,733				964,733	
Austria - Private Donors		975				975	
Belgian Red Cross (Flanders)		60,053				60,053	
Belgian Red Cross (Francophone) (from Belgian Federal Government*)		358,399				358,399	
British Red Cross		1,889,921				1,889,921	
British Red Cross (from British Government*)		81,439				81,439	
British Red Cross (from DEC (Disasters Emergency Committee)*)		926,839				926,839	
British Red Cross (from DFID - British Government*)		1,267,126				1,267,126	
British Red Cross (from Great Britain - Private Donors*)		4,140				4,140	
Canadian Government		0				0	
Danish Red Cross		170,088				170,088	
European Commission - DG ECHO		10,661,335				10,661,335	1,186,894
Finnish Red Cross (from Finnish Government*)		379,298				379,298	
France - Private Donors		2,415				2,415	
Ireland - Private Donors		1,238				1,238	
Italian Red Cross		120,120				120,120	
Japanese Red Cross Society		233,872				233,872	
Kuwait Red Crescent Society		457,792				457,792	
Luxembourg Government		124,797				124,797	
New Zealand Red Cross		96,863				96,863	
Norwegian Red Cross		564,220				564,220	
On Line donations		60,726				60,726	
Poland - Private Donors		147				147	
Red Crescent Society of Islamic Republic of Iran		30,000				30,000	
Red Cross of Monaco		14,472				14,472	
Singapore Red Cross Society		4,404				4,404	
Spanish Red Cross		61,282				61,282	
Suncor Energy Inc.		238,260				238,260	
Swedish Red Cross		5,428,898				5,428,898	
Switzerland - Private Donors		1,500				1,500	
Taiwan Red Cross Organisation		46,681				46,681	
The Canadian Red Cross Society		57,901				57,901	
The Canadian Red Cross Society (from Canadian Government*)		1,851,430				1,851,430	
The Netherlands Red Cross		522,861				522,861	
The Netherlands Red Cross (from Netherlands Government*)		1,887,048				1,887,048	
The Red Cross Society of Bosnia and Herzegovina		2,466				2,466	
United States Government - USAID		906,536				906,536	
United States - Private Donors		4,634				4,634	
C1. Cash contributions		30,170,998				30,170,998	1,186,894
Inkind Goods & Transport							
Belgian Red Cross (Flanders)		145,564				145,564	
British Red Cross		2,717,922				2,717,922	
China Red Cross, Hong Kong branch		38,591				38,591	
Finnish Red Cross		180,734				180,734	

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 13

Appeal Launch Date: 06 Jul 12

Interim Report

		Selected Parameters	
Reporting Timeframe	2012/7-2013/6	Programme	MDRSY003
Budget Timeframe	2012/7-2014/6	Budget	BUDGET9
Split by funding source	Y	Project	*
All figures are in Swiss Francs (CHF)			
Norwegian Red Cross	18,358		18,358
Spanish Red Cross	146,982		146,982
The Canadian Red Cross Society	121,195		121,195
The Netherlands Red Cross	775,791		775,791
C2. Inkind Goods & Transport	4,145,137		4,145,137
Inkind Personnel			
Finnish Red Cross	27,360		27,360
Swedish Red Cross	106,200		106,200
C3. Inkind Personnel	133,560		133,560
Other Income			
Balance Reallocation	1,332,129		1,332,129
Fundraising Fees	-11,913		-11,913
Programme & Services Support Recover	240,987		240,987
C4. Other Income	1,561,202		1,561,202
C. Total Income = SUM(C1..C4)	36,010,897		36,010,897
D. Total Funding = B + C	36,010,897		36,010,897

* Funding source data based on information provided by the donor

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		36,010,897				36,010,897	1,186,894
E. Expenditure		-30,230,440				-30,230,440	
F. Closing Balance = (B + C + E)		5,780,456				5,780,456	1,186,894

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 13

Appeal Launch Date: 06 Jul 12

Interim Report

Selected Parameters

Reporting Timeframe	2012/7-2013/6	Programme	MDRSY003
Budget Timeframe	2012/7-2014/6	Budget	BUDGET9
Split by funding source	Y	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)			106,323,513			106,323,513		
Relief items, Construction, Supplies								
Shelter - Relief	1,651,307		631,957			631,957	1,019,350	
Clothing & Textiles	10,216,253		5,449,685			5,449,685	4,766,568	
Food	33,558,171		5,909,209			5,909,209	27,648,961	
Water, Sanitation & Hygiene	16,816,092		2,368,292			2,368,292	14,447,799	
Medical & First Aid	12,819,061		2,957,234			2,957,234	9,861,827	
Utensils & Tools	592,658		421,654			421,654	171,004	
Other Supplies & Services	410,405		268,867			268,867	141,537	
Total Relief items, Construction, Sup	76,063,946		18,006,899			18,006,899	58,057,048	
Land, vehicles & equipment								
Vehicles	703,584		703,584			703,584	0	
Computers & Telecom	425,000		6,153			6,153	418,847	
Total Land, vehicles & equipment	1,128,584		709,737			709,737	418,847	
Logistics, Transport & Storage								
Storage	2,560,000		512,545			512,545	2,047,455	
Distribution & Monitoring	4,515,000		1,572,744			1,572,744	2,942,256	
Transport & Vehicles Costs	548,744		414,388			414,388	134,356	
Logistics Services	2,653,140		662,993			662,993	1,990,147	
Total Logistics, Transport & Storage	10,276,884		3,162,671			3,162,671	7,114,213	
Personnel								
International Staff	2,456,640		668,262			668,262	1,788,378	
National Staff	149,250		49,439			49,439	99,811	
National Society Staff	2,733,075		35,673			35,673	2,697,402	
Volunteers	1,035,742		34,247			34,247	1,001,495	
Total Personnel	6,374,707		787,620			787,620	5,587,087	
Consultants & Professional Fees								
Consultants	26,456		17,707			17,707	8,749	
Professional Fees	56,000		29,696			29,696	26,304	
Total Consultants & Professional Fees	82,456		47,404			47,404	35,052	
Workshops & Training								
Workshops & Training	90,000		1,698			1,698	88,302	
Total Workshops & Training	90,000		1,698			1,698	88,302	
General Expenditure								
Travel	148,500		69,054			69,054	79,446	
Information & Public Relations	60,000		3,252			3,252	56,748	
Office Costs	52,200		649			649	51,551	
Communications	52,000		25,410			25,410	26,590	
Financial Charges	276,200		145,557			145,557	130,643	
Other General Expenses	17,595		9,494			9,494	8,101	
Shared Office and Services Costs	183,080		75,471			75,471	107,609	
Total General Expenditure	789,575		328,887			328,887	460,688	
Contributions & Transfers								
Cash Transfers National Societies	4,801,399		4,688,287			4,688,287	113,112	
Total Contributions & Transfers	4,801,399		4,688,287			4,688,287	113,112	
Operational Provisions								
Operational Provisions			506,846			506,846	-506,846	

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 13

Appeal Launch Date: 06 Jul 12

Interim Report

Selected Parameters

Reporting Timeframe	2012/7-2013/6	Programme	MDRSY003
Budget Timeframe	2012/7-2014/6	Budget	BUDGET9
Split by funding source	Y	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)			106,323,513			106,323,513		
Total Operational Provisions			506,846			506,846	-506,846	
Indirect Costs								
Programme & Services Support Recov	6,474,491		1,798,462			1,798,462	4,676,029	
Total Indirect Costs	6,474,491		1,798,462			1,798,462	4,676,029	
Pledge Specific Costs								
Pledge Earmarking Fee	241,470		179,310			179,310	62,161	
Pledge Reporting Fees			12,620			12,620	-12,620	
Total Pledge Specific Costs	241,470		191,930			191,930	49,540	
TOTAL EXPENDITURE (D)	106,323,513		30,230,440			30,230,440	76,093,073	
VARIANCE (C - D)			76,093,073			76,093,073		

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 13

Appeal Launch Date: 06 Jul 12

Interim Report

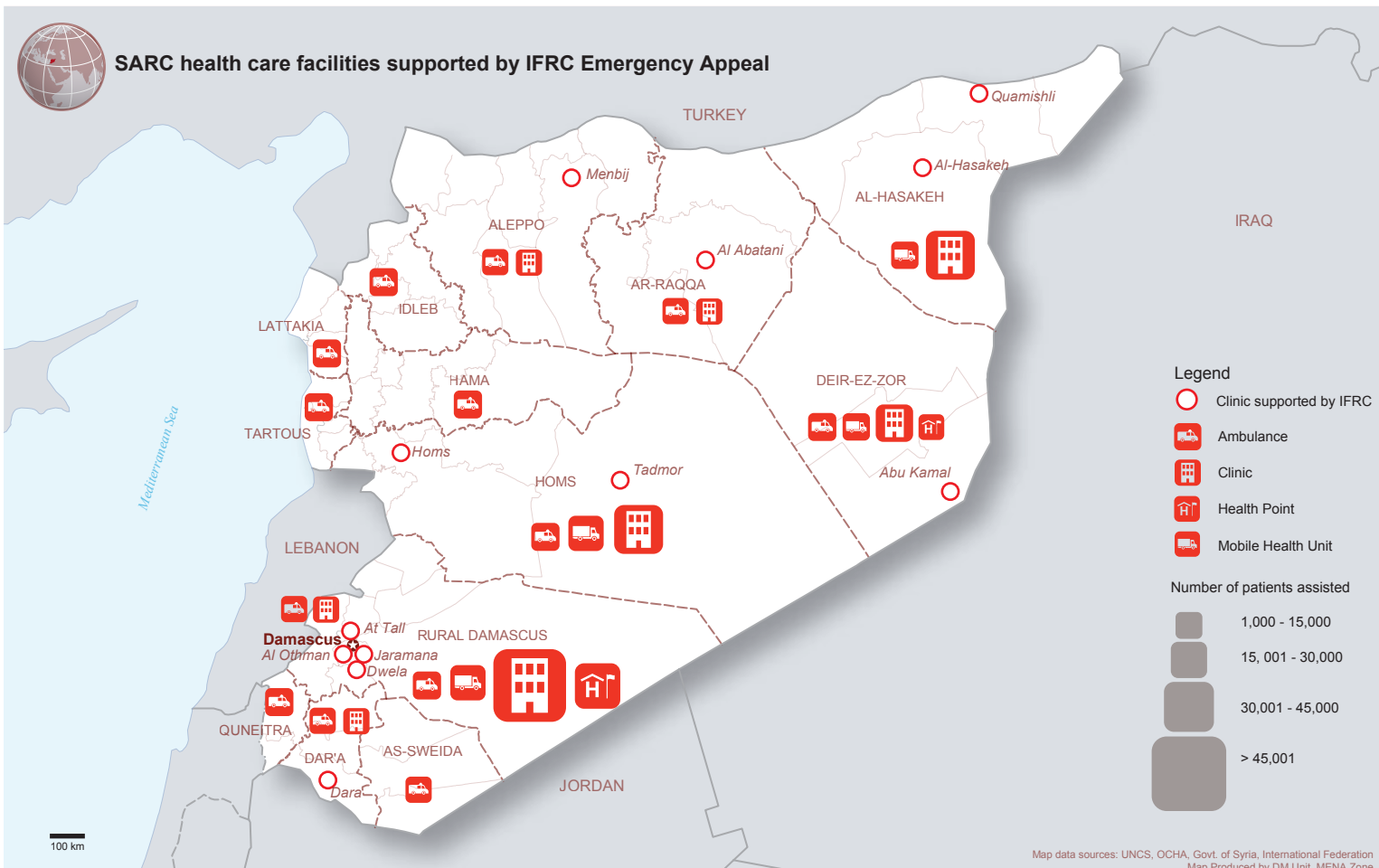
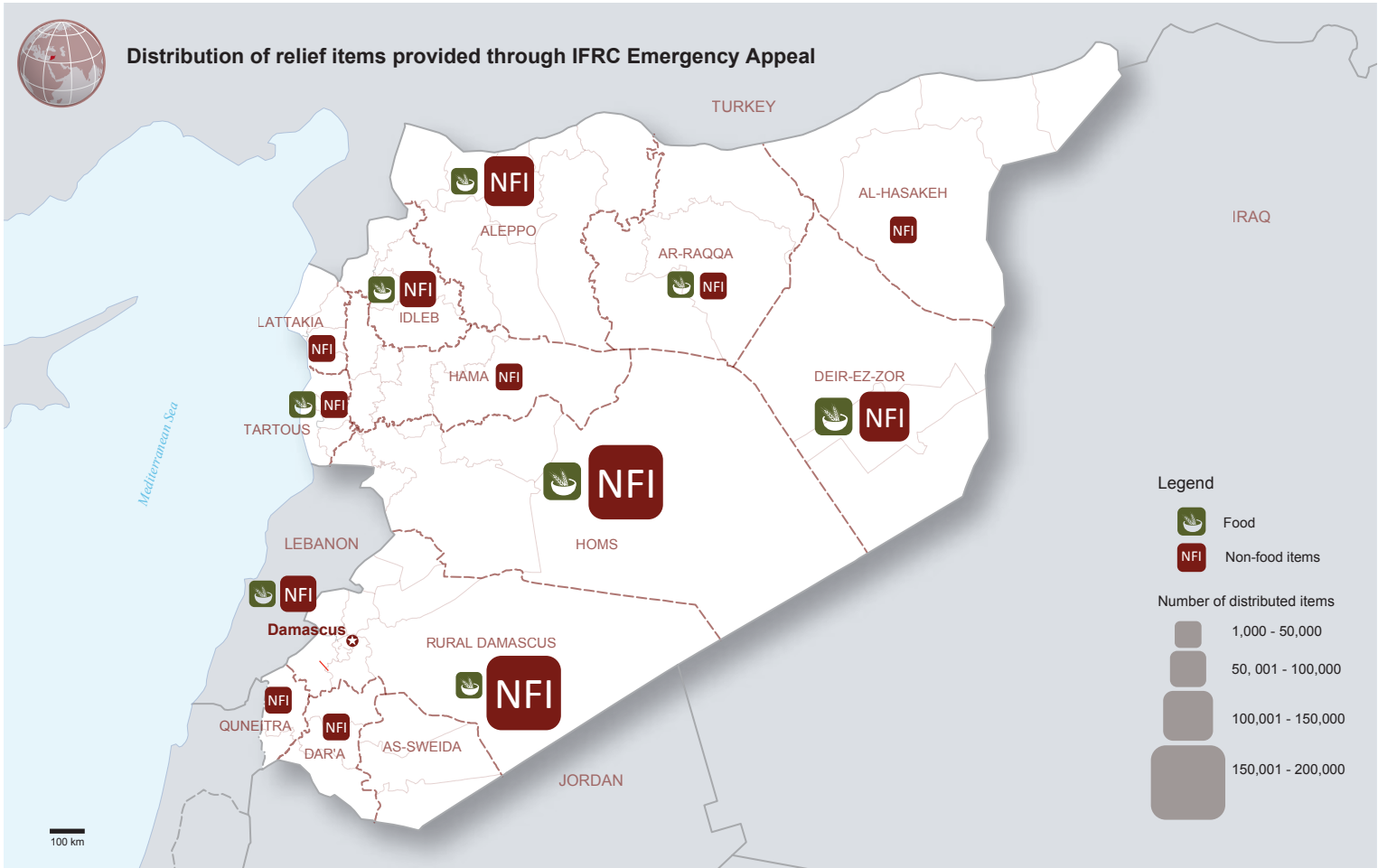
Selected Parameters

Reporting Timeframe	2012/7-2013/6	Programme	MDRSY003
Budget Timeframe	2012/7-2014/6	Budget	BUDGET9
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

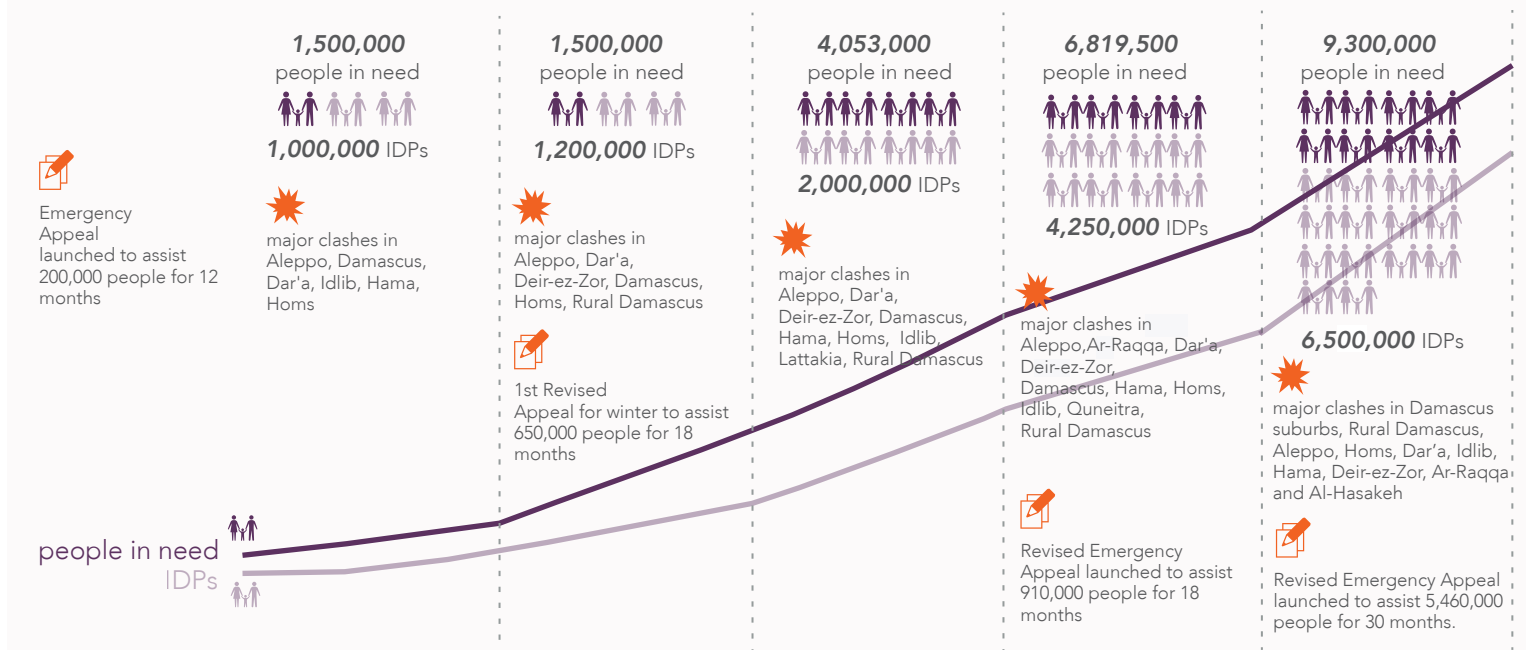
IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	106,323,513	0	36,010,897	36,010,897	30,230,440	5,780,456	1,186,894
Subtotal BL2	106,323,513	0	36,010,897	36,010,897	30,230,440	5,780,456	1,186,894
GRAND TOTAL	106,323,513	0	36,010,897	36,010,897	30,230,440	5,780,456	1,186,894



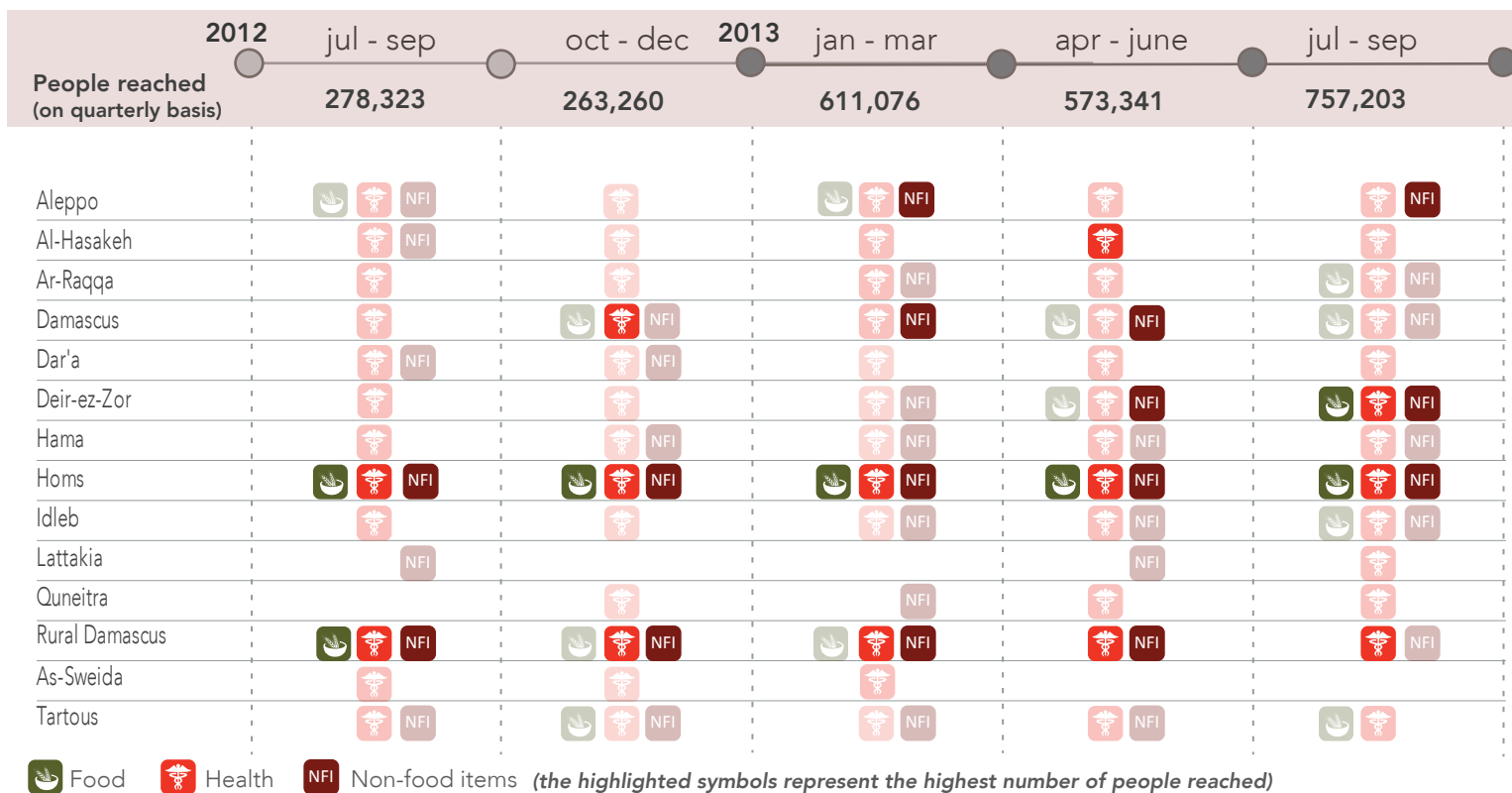


Situation overview



IFRC support to SARC

2,483,202 people assisted



People reached (in thousands by quarter)

Expenditures per sector

