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Emergency appeal operation update

Syria: Complex Emergency

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRSYR003
GLIDE n° OT-2011-000025-SYR
Operation update n°5
20th February 2014

Period covered by this Operation Update: October - December 2013

Appeal target (current): CHF 106.3 million in cash, kind and services;
Appeal coverage: 48%; through cash and in-kind contributions.

[<Click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history: In November 2013, the Syria Complex Emergency Appeal has been revised to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to scale-up its support to the SARC as a reflection to the mounting needs in Syria. The total budget for the revised appeal

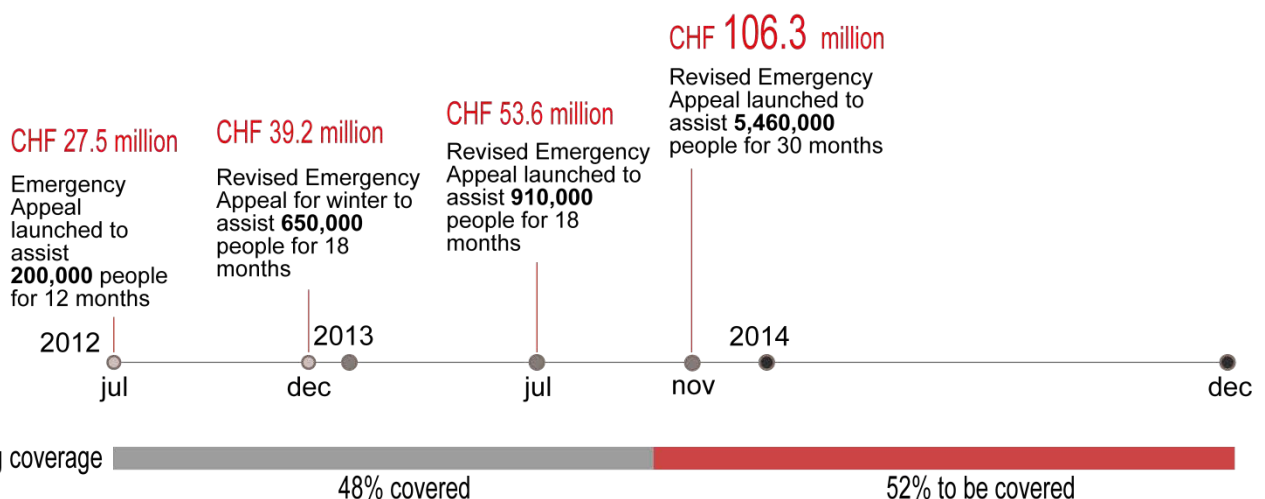


SARC Deir Ezzour branch received the cool boxes supported by IFRC to contribute to the polio vaccination campaign. Photo: SARC Deir Ezzour branch

amounts to CHF 106,323,513 of which approximately 48% has been covered to date. For the remaining 52% or CHF 55,288,226, IFRC seeks support in cash, in-kind goods or services.

In order to ensure efficient and effective response operation, un-earmarked funds are preferred to allow IFRC and SARC to address the most urgent needs of the affected populations.

Summary



Humanitarian situation

The humanitarian situation in Syria is rapidly deteriorating. More than 9 million Syrians are in need of urgent assistance, including 6.5 million people displaced inside their own country, struggling to survive and cope with the crisis. 2.4 million women, children, men and elderly have fled Syria since January 2012, seeking refuge in Lebanon, Jordan, Turkey, Iraq and Egypt. Thousands of families have left for countries further afield.

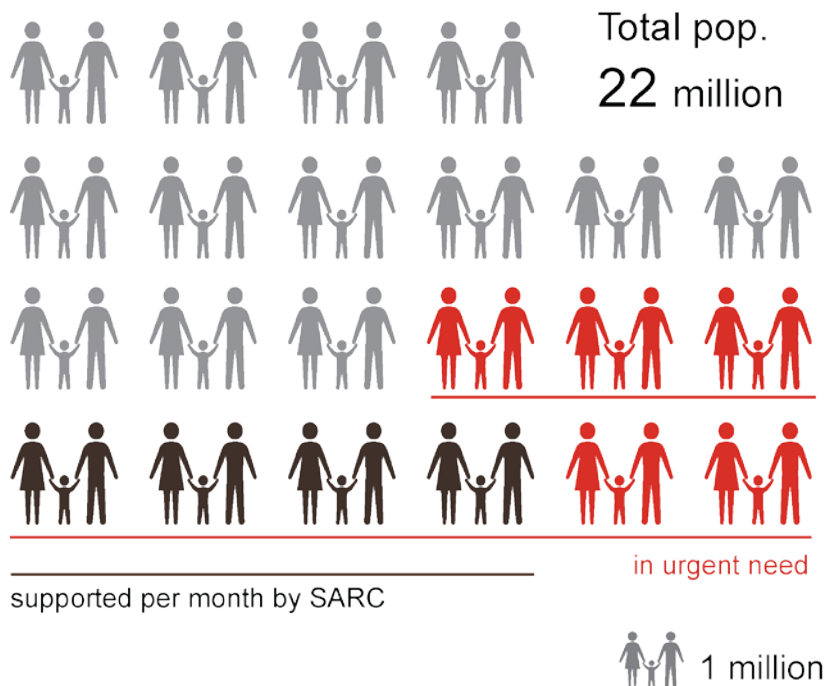
During the reporting period, polio cases were registered in the country for the first time since 1999. Still access for humanitarian actors remains a key issue to support those residing in hard-to-reach or sealed areas. At least quarter a million people are still living in besieged areas without access to the basic services.

The population is heavily affected by the accelerating inflation and limited access to essential commodities, like food, fuel and basic household items, diminishing quickly the resilience of households. **Based on feedbacks received from the affected populations, the most needed item is food. IFRC is therefore focusing on ensuring that the food supply chain is uninterrupted. The current funding of the appeal has however so far only allowed procurement of food parcels sufficient until end of March 2014. In case there is no more funding available in the coming months, IFRC cannot continue supporting the provision of food.**


During the three years of the crisis, public services and infrastructure have continuously eroded. According to reports, 64 per cent of the hospitals have been affected and the majority of them are out of service. The production of local medicines has been reduced by almost 70 per cent. This had caused a significant increase in needs due to the lack of life saving medicines and medical supplies. **Based on reports from SARC health facilities, which reflect the limited availability of medication and medical items, the current priority is the procurement of medicines to supply patients suffering from acute and chronic diseases.**

Since the beginning of this crisis, IFRC has called upon all parties to ensure safe and unimpeded access for Red Cross Red Crescent staff and volunteers, protected under international law, and to respect our Fundamental Principles. SARC continues, sometimes in life-threatening conditions, to provide urgent assistance on all sides of the conflict. 34 SARC volunteers have been killed in the line of duty, and many more have been wounded.


The Syrian Arab Red Crescent (SARC) provides the workforce, (mostly volunteers) for the international aid effort and is actively involved, by some estimates, in distributing as much as 80 per cent of the aid coming to Syria. SARC works closely with the ICRC, with support from the IFRC and its member NS and partners with UN agencies such as WFP, UNHCR, UNICEF and the INGOs to reach otherwise unreachable pockets of vulnerability. SARC negotiates access to these populations, through multiple checkpoints, using their local knowledge and relationships, on a daily basis, and on principles of strict neutrality and impartiality.




Progress during 2013

Food  1.2 million beneficiaries

NFI  1 million beneficiaries (hygiene kits, mattresses, tarpaulins and blankets)

Health  0.5 million patients

Capacity building  IFRC is supporting the operations and capacity building efforts of SARC and is helping to ensure neutral and impartial humanitarian action. This support to SARC is based on the operational needs and is aiming to reinforce existing capacities. Different technical areas were strengthened and new systems and tools were developed within SARC structure at HQ and branch levels.

Human resources support

To make sure SARC has the human resources available to continue responding to the crisis and addressing the needs, IFRC supports a large number of positions (14 Disaster Management Coordinators, 14 Field officers, 14 Reporting and Information management officers in SARC branches; furthermore an additional support is planned for admin and finance support in 36 sub-branches. Additionally, 15-20 staff members at SARC HQ received support). Moreover, around 150 programme staff are included in the programme support.

Communication development

Communication development delegate and an audio-visual delegate. The National Society communications capacities were strengthened, with a focus on profiling SARC volunteers and their achievements in line with humanitarian principles, in close cooperation with ICRC. More than 23 news stories and a large number of photos and audio-visual materials have been widely distributed also by PNSs and ICRC and are being published by different international media sources and community networks.

Logistics capacities

Recruitment of a Logistics Mobilisation officer strengthened fleet capacities and continuous mentoring and coaching. IFRC Logistics Delegate continued supporting SARC as well as Partner National Societies in procurement and ensuring an uninterrupted supply chain. IFRC and SARC are working in close cooperation with German Red Cross in the field of logistics.

The situation

In October 2013, new figures showed that approximately half of the population in Syria is in need of humanitarian assistance. But while the needs are only increasing, providing humanitarian assistance has become even more difficult. In late November, a SARC convoy of 23 trucks with IFRC items to Deir Ezzour governorate was prevented to continue despite an agreement from all sides to ensure access to the area. The situation has at the time of writing not changed, and no assistance has been reaching the Eastern areas in the last four months. Unabated violence, also spreading to new areas caused serious challenges in access of humanitarian aid to contested areas. Except a minor delivery of aid to one of the besieged areas, there was no real breakthrough in supporting the women, children and men inside these areas. In November, the Damascus-Homs highway closed due to military operations in the Qalamoun area. The closure, which lasted for more than two months, caused several concerns on how to ensure the supply chain and transit to other areas of the country. By December, access was still limited or non-existent in Deir Ezzour governorate, rural Homs and old Homs, Raqqa, Dara'a, most parts of rural Damascus, Damascus suburbs, Hassakeh, rural Idlib, large parts of Aleppo governorate, Quneitra and parts of Hama governorate.

In the beginning of December, harsh winter weather conditions affected most parts of Syria and heavy snow and low temperatures caused further deterioration for people in makeshift camps or other poor accommodation. The need for specific winterized items rapidly increased among IDPs and other affected populations.

The health service sector continued to be severely affected; not only in terms of access to basic health services, but also the limited availability of medications. The prices of medicines have skyrocketed and severe shortages have been registered for basic medicines and also for chronic diseases. National production has almost ceased and medicine is therefore imported, primarily from Lebanon and sold at high prices. This is increasing the vulnerabilities of people in need of this kind of medicine, particularly affecting the elderly and children.

The polio cases registered at the end of October in the Eastern Governorates of Syria raised the attention of the importance of basic vaccination. As a result a national vaccination campaign in Syria was launched at the identification of “hot” acute flaccid paralysis (AFP) cases, targeting 2.2 million children under 5 years of age¹. In addition a surveillance alert has been issued for the region to actively search for additional potential cases². By the end of December, the second phase of the vaccination campaign was finalised. The third phase was planned to be completed by the end of January 2014. The immunization is part of a coordinated effort by the Ministry of Health (MoH), UN agencies, SARC, international and national NGOs and other local and international groups providing humanitarian assistance. The role of SARC is mainly to supply hard to reach areas with the vaccine and to carry out vaccinations where no other health provider is present.

According to an assessment made by WFP, FAO and government representatives by the end of last year, around 6,3 million are in urgent need of food support. IFRC, through SARC, is part of a limited number of organisations providing food support to the people in need. With the limited funding available, this support is at risk. If no additional funding will be made available within the coming months, the food support ends by April 2014.

Coordination and partnerships

SARC has an operational lead role for Red Cross Red Crescent Movement response and facilitates and often implements activities supported by UN partners, as well as INGOs, and is present across the country with a network of around 3,000 well-trained and dedicated volunteers. SARC provides assistance to IDPs and across conflict lines.

Preceding the Red Cross Red Crescent statutory meetings in Sydney in November, the senior leadership of the IFRC, the ICRC, the Syrian Arab Red Crescent and of the National Societies in the region which are responding to the crisis, gave a joint briefing to the media. The briefing highlighted the humanitarian situation and critical needs in Syria and its neighbouring countries, the challenges of humanitarian access in Syria, the grave concerns over the safety of volunteers and aid workers working on the frontlines, as well as the plight of millions of Syrians who have been forced to flee their country.

Within the Movement coordination mechanism in Syria, SARC, ICRC and IFRC coordinates matters of operational risk management, safety and security as well as capacity support to SARC. In line with a letter of understanding established in 2012, the senior leaderships meet regularly to discuss matters of strategic importance and common concerns, with the aim to re-inforce Movement cooperation in Syria,. The last meeting was held in Geneva on 7 February..

IFRC coordinates operational matters in-country through the technical sector meetings and participates as observer in the Humanitarian Country Team lead by the UN Resident/Humanitarian Coordinator.

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, the Canadian Red Cross Society, 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, Irish Red Cross Society, Japanese Red Cross Society, The Republic of Korea National Red Cross, Kuwait Red Crescent Society, Red Cross of Monaco, the Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross, Spanish Red Cross, Swedish Red Cross, Singapore Red Cross Society and Taiwan Red Cross Organisation. Several of these contributions have been supported by Partner National Societies’ respective government institutions including Austrian Government, DFID British Government, Disaster Emergency Committee (DEC), Canadian Government CIDA, Swedish Government SIDA, the Austrian Development Agency, Belgian Federal Government, Netherlands Government, Finnish Government, Luxembourg Government, Norwegian Government, and others.

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

Suncor Energy has thankfully contributed from the corporate sector in addition to many generous private donors from different countries.

¹ <http://reliefweb.int/report/syrian-arab-republic/over-23-million-children-be-vaccinated-mass-polio-immunization-campaign>

² <http://reliefweb.int/sites/reliefweb.int/files/resources/Syria%20Humanitarian%20Bulletin%20No%2037.pdf>

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, 34 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. SARC staff and volunteers are distributing relief to more than 3 million each month (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. Psycho-social support reaches thousands of children and families by outreach teams, mainly to IDPs in safer areas. Reproductive health services are provided in cooperation with UN partners. SARC also often acts as intermediary, bringing in technical experts into hard to reach areas to enable repair of necessary infrastructure.

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.

SARC's neutrality is key to delivering its humanitarian assistance to around 3 million people on a monthly basis. During recent months, SARC has delivered assistance in hard to reach areas such as the central prison in Aleppo, in rural Deir Ezzour, Raqqa and in rural Damascus.

In October, SARC assisted more than 6,000 people who were able to leave Moaddamiya, offering them emergency medical services, transport to shelter and relief support. At the end of December, SARC Rural Damascus teams supported by colleagues from the Damascus Branch worked around the clock to deliver much needed aid to people who could leave Adra, a violence stricken neighbourhood in rural Damascus. The displaced residents were initially accommodated in temporary shelters located in an industrial area outside of Adra City or stayed in the open, where SARC teams distributed over 14,000 food parcels, 31,000 blankets, 7,000 mattresses and 4,500 hygiene kits, in addition to towels, baby and elderly diapers, clothes, candles, kitchen sets and bread. They also provided first aid to 500 people, as well as health services and medical supplies to over 8,000 people. SARC staff and volunteers were working around the clock to ensure that 30,000 people have access to clean drinking water through distributing more than 90,000 bottled water, providing shelters with water tanks, and delivering water to displaced people by truck. A hygiene awareness campaign was conducted at the shelters where SARC has also provided waste management supplies.³



SARC staff and volunteers from Rural Damascus organising the relief distributions in Adra. Photo: SARC/ Rural Damascus Branch

SARC is providing psychosocial support to the affected populations in shelters and psychosocial centres established. This activity is also implemented by one mobile PS unit with an outreach in Rural Damascus.

³ <http://www.ifrc.org/en/news-and-media/news-stories/middle-east-and-north-africa/syria/syria-concern-for-civilians-forced-to-flee-their-homes-in-adra-64235/>

The programme, supported bilaterally by Danish Red Cross, targets 30,000 IDPs and vulnerable Syrians. The programme has also a support component targeting 700 SARC staff and volunteers. 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.

SARC as being the biggest actor in delivering relief assistance to beneficiaries, its logistics activities are supported by German Red Cross, who is also contributing to SARC relief operation. SARC Water, Sanitation and Hygiene capacities are supported through ICRC but also with the involvement of Norwegian Red Cross.

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.

Progress towards outcomes

Relief distributions (food and basic non-food items) ⁴	
Outcome 1: 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 Country Logistics together with SARC confirm the specification and ensure that the International procurement is processed by the IFRC Global Logistics Service in Dubai, where Food Parcels delivered to SARC warehouses in duly time as per the agreed standard. • 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: 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. • International procurement is conducted through IFRC Global Logistics Service - Dubai office for delivery of non-food items including hygiene kits, and women emergency kits to SARC warehouses. • 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: Winterization support: The affected populations have access to essential household items to reduce their vulnerabilities during the harsh winter weather conditions in 2014	
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.

⁴ 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.

	<ul style="list-style-type: none"> • 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: 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 following IFRC standards and relevant procurement policies and procedures.

Progress: A new tender has started during the reporting period for food parcels, the process will close in February, and according to the available suppliers and the quality of items that were received as samples, the standard quality can be sustained but at a more competitive price. According to the current pipeline report and the funding updates, the food supply chain will be disrupted in March as the funds available at the moment are sufficient to ensure food purchase and distribution until the end of March 2014. The limited funding available has also made the IFRC team in Syria and SARC to decide keeping the target of previous year, 30,000 families per month for now, rather than increasing the number as planned to 50,000 families.

The tendering process of women emergency kits was finalized during the reporting time frame after a lengthy process to ensure that items are in line with the received requests from beneficiaries. The procurement of items started at the end of December and will arrive to the country in February 2014.

In order to support specific needs of babies and children, baby kits and school kits were supported by partners and were distributed in the last quarter of 2013. As a response to the upcoming winter weather conditions SARC branches provided beneficiaries with mattresses and blankets. According to the revision of the appeal the procurement of hygiene kits with new specifications was concluded and the items that arrived were distributed during the reporting period.

Branch	Food Parcels	Hygiene Parcels ⁵	Blankets	Kitchen Sets	Mattresses ⁶	Baby kits	School Kits ⁷
Aleppo	18,800	10,800	2,000		6,710	7,610	500
Raqqa	3,000	3,000		5,000	5,000	2,000	
Damascus	7,741	4,300	3,400	1,500	13,665	1,011	1,583
Deir Ezzour	11,400	11,000	39,296	2,624	5,250	3,250	
Hama	5,000	3,000	1,800	2,193		6,774	
Homs	13,300	2,600	4,230	1,084	2,140	5,000	
Idlib	5,000					1,026	
Quneitra			5,000				
Rural Damascus	2,880				7,160	2,392	
Tartous						9	
Grand Total	67,121	34,700	55,726	12,401	39,925	29,072	2,083

Challenges:

Until the end of 2013 sufficient contributions allowed the procurement of food parcels according to IFRC target, however difficulties to access areas where those items were most needed, resulted in less numbers of items distributed than initially planned.

⁵ Bilateral support to SARC from German Red Cross - 30,000 hygiene parcels

⁶ From IFRC support and also bilateral support from Danish Red Cross, all the items distributed in October were supported by DG ECHO

⁷ Supported by Netherlands Red Cross

Due to the lack of funding available, especially for the food items, it will be difficult to reach the targeted 50,000 families planned for each month. As SARC is using the items supported by IFRC for emergency response, to cover gaps in distributions and to reach out to areas where other agencies are not present, this may result in an increase in needs among the most vulnerable groups of the populations.

As mentioned previously in the revised appeal, administrative processes are hindering sometimes the distributions to the areas where the needs are the highest. At the same time another factor affecting the distributions is related to the escalation of violence and the changes in frontlines that can result in road closures for main distribution routes. At times of poor security, distributions might need to be rescheduled and this can result in changes in distribution plans.

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.

Progress:

As a response to the polio outbreak at the end of October, a mass-immunization campaign was planned in coordination with Ministry of Health, UNICEF, WHO and SARC. Vaccination is being carried out from different health facilities, including SARC, through different campaign rounds. In hard to reach areas, SARC is assisting in ensuring that vaccine reaches health facilities where those are available. There may also be children that can only be reached by SARC mobile teams (mobile health units). Therefore 100 cool boxes were procured to support the transportation of vaccines to hard-to-reach areas. The first two vaccination rounds were carried out in November and December. SARC reached so far 52,069 children under 5 years of age. The areas where SARC carried out the vaccination were in rural Deir Ezzour, Raqqa, some areas in Homs and in Rural Damascus. SARC is reaching the children through house to house visits, in health facilities and many other possible ways.

First Aid and ambulance services

Ambulance missions were conducted to provide first aid services in hot spot areas, to ensure safe evacuation of patients from contested areas and to transfer patients to clinics and hospitals in case of injury or illness.

During the last quarter of 2013 the total number of ambulance missions provided by SARC ambulances and first aid teams was 8,591, providing emergency health services to 8,389 people which is a 28 per cent increase compared to the previous quarter.

Out of the total number of people supported, 57 per cent were men and 20 per cent were children under 18 years of age. The highest number of ambulance missions was registered in Homs Governorate, and also

Damascus, Rural Damascus and Deir Ezzour Governorates reported high number of missions. During the intervention to support people coming out from Adra, rural Damascus, in December, SARC first aid teams provided emergency first aid services to 500 patients.

In 2013 the total number of ambulance missions registered was more than 68,000. The highest numbers were registered in Damascus, Rural Damascus and Homs governorates. In July and August 2013 violence was escalating to new areas and was heavier in long time hot spot areas, which resulted in higher number of missions where SARC could still work, but affected negatively in branches where the situation did not allow field presence. As SARC gained more access to Deir Ezzour Governorate, the number of missions also increased here.

Health points

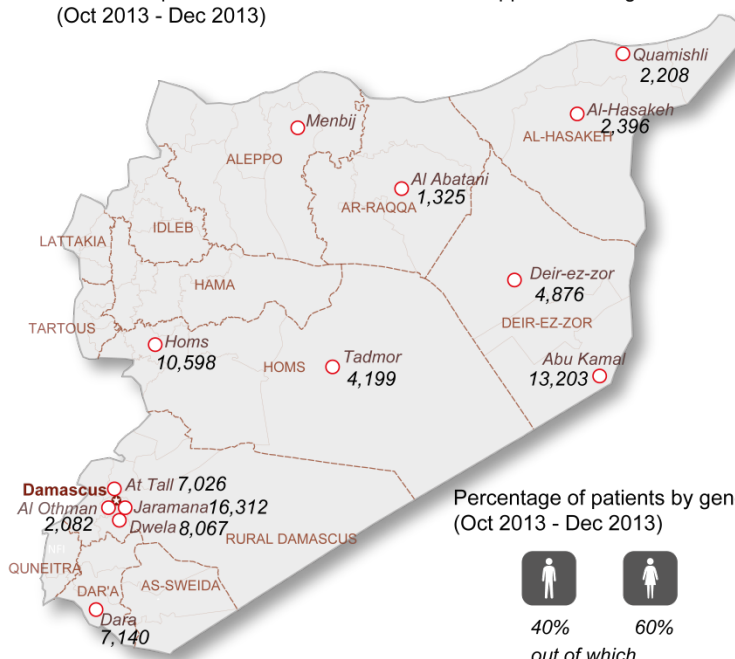
Five health points (HP) supported by IFRC are operational; three in Rural Damascus and two in Deir Ezzour Governorate. The fifth health point, established in Deir Ezzour city, was providing first aid services only as the lack of access prevented equipment from reaching the HP during the reporting period. At the time of writing the health point is operational and is receiving patients. All HPs were planned jointly with SARC HQ and branches and are established based on needs and to support communities that has limited or difficult access to first aid, emergency health and other health care services. The health points are as well equipped with an ambulance to ensure rapid referral to hospital or other health institution when the patient requires additional treatment.

Three health points provided reports at the time frame of this operations update: A total of 18,118 patients received treatment in the three HPs. In an average, the health points, where 7 doctors and 3 nurses are working in shifts 24/7, and are providing support to 67 patients on an average daily basis. One health point in Rural Damascus was not able to provide reports during the reporting period, because of the situation in the location of the health point and lack of any means of communication. The other HP was recently established and had not yet started submitting any report. Another 10 HPs are run with support by Danish RC.

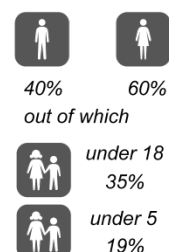
Primary Health Care

During the last quarter in 2013, 79,432 patients received treatment and consultations in SARC clinics supported through IFRC emergency appeal. This shows a 15 per cent increase in the total number of consultations, which is a sign of the increasing need for affordable health care. A new clinic was as well opened in Deir Ezzour, in October 2013. 30,608 patients were newly registered in the clinics. The clinic in Raqqa could not provide information in two months of the reporting period due to problems in the communication networks and had difficulties in resuming operations in the clinic. The clinic in Manbej could not be supported during the reporting timeframe due to the lack of communication and safe access. It is however planned to resume supporting the clinic once access is granted to the area.

Number of patients assisted at SARC clinics supported through IFRC (Oct 2013 - Dec 2013)



Percentage of patients by gender (Oct 2013 - Dec 2013)



Medicines

Providing the patients with medicine is being done in two parallel ways. Prior to the conflict SARC had established MoUs with pharmacies close to the clinics where patients could collect their medicine based on a prescription from a SARC doctor. This system still applies when medicine is available. With the shortage of medicine in the country, IFRC organised international procurement of medicines that were distributed to the clinics, MHUs and health points and is handled directly by a pharmacist inside the clinic. In Rural Damascus,

by the end of December 2013, all the medicines were used and the stocks were depleted in the branch. With the arrival of an IFRC Health Delegate, planning and monitoring of medicines procurement and warehousing will be further enhanced. SARC has as well decided to employ a medical logistician, as it is expected that for 2014 that the needs for any type of medicines will increase.

Mobile Health Units (MHUs)

To receive authorization for the additional six vehicles and to convert them into MHUs became a lengthy process that finished in October 2013. The main challenge, in addition to the delays in the new MHUs to become operational, was the volatile situation on the ground, which several times hampered access for the MHUs. During the last quarter of 2013, two MHUs were operational, as the MHU in Al Bokamal could not be repaired as it was not possible to deliver the necessary spare parts. SARC frequently deployed psycho-social teams to accompany the MHU teams (a doctor and a nurse) especially in shelters. The total number of patients reached through consultations was 6,905. The majority (56%) of the patients are women, out of the total number of patients 22 per cent are children, but there is a growing trend in the last quarter of the year in the number of children treated. During 2013 the total number of cases handled by the MHUs was 30,650.

Challenges:

The lack of access to Manbej, Raqqa and to Deir Ezzour, made it difficult to supply the clinics with necessary medicine and medical supplies. In general, lengthy administrative procedures to supply the clinics caused delays in distributing medical equipment and medicines to areas during the reporting period.

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.

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. This also impacted on the number of consultations that despite the high number of people asking for support in the clinics, did not increase significantly due to lack of operational capacity.

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 • 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

	<p>operational capacity in the following priority areas:</p> <ol style="list-style-type: none"> 1. Information Management (in all branches) 2. Disaster Management Coordinators (in all branches) 3. Field Coordination Officers (in all branches) 4. Health staff in SARC HQ and health facilities 5. Volunteers Welfare Officer 6. Logistics Team (for SARC Tartus hub and HQ) 7. Program staff, administrative staff in SARC HQ 8. Quality Assurance & Resource Mobilisation Delegate 9. Operations Manager 10. Health Delegate 11. Reporting Delegate 12. Logistics Delegate 13. Communications Development Delegate 14. Audio-visual Delegate 15. Finance Delegate and Finance Manager (supporting the Syria crisis operations, including Syria and the neighbouring countries)
<p>A contingency SARC/ IFRC headquarters location and facility is established to ensure continuity of operations.</p>	<ul style="list-style-type: none"> • Provide financial support to SARC for alternative headquarters, and relocation of staff and premises, as needed.

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

Progress:

In November, a training on emergency shelter and shelter management was organised to support enhancing the technical capacities of 24 participating SARC staff and volunteers from HQ and branches. The workshop was focusing on the specific needs surrounding people living in shelters with a special emphasis on winterization support including learning technical expertise on insulation, and enhancing the conditions in temporary shelters. Sessions were also organised to discuss the overall collective shelter management cycle, therefore introducing the shelter toolkit concept.

A follow-up workshop related to operational coordination and information management was organised in December in Beirut. 27 SARC staff were participating in the workshop from 12 SARC branches and the Headquarters. The main topics discussed at this workshop were related to registration of beneficiary numbers, further refining the internal unified reporting system of SARC and enhancing data accuracy in the information shared in the reports. In addition, specific, tailor-made tools for SARC branches were presented and piloted during the meeting related to maps and information visualization.

Protective vests and helmets were added to the Mobilization Table and are now being procured as funding has been received for the items. 200 vests and helmets will be delivered to the country by mid-March 2014. 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.

Funding was recently received to procure additional radio equipment to enhance SARC communications in vehicles, ambulances and branch offices. This will include the procurement of VHF/HF radio network, including toolkit boxes, base stations and mobile stations with equipment. The installations and maintenance will also be supported by a short time recruited expert to train national staff already recruited with the help of German RC.

The operational capacity of SARC is strengthened in order to ensure that human resources are available to continue responding to the crisis and addressing the needs, IFRC supports a large number of positions at HQ but mainly in the branches: This includes 14 Disaster Management Coordinators, 14 Field officers, 14 Reporting and Information management officers in SARC branches; furthermore an additional support is planned for admin and finance support in 36 sub-branches. Additionally, 15-20 staff members at SARC HQ received support.

Technical support to SARC operational capacity is provided in different areas through IFRC delegates as well. Currently besides the Country Representative, IFRC delegates are supporting SARC in the fields of health, logistics, audio-visual support, and reporting. Recruitments are closed or ongoing in the area of operations coordination, communications development and quality assurance and resource mobilization.

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 – Dubai Office or other expertise in GVA. • 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. • Equip warehouses with fire and alarm systems.

Progress:

IFRC Logistics Delegate continued to closely follow-up on the movement of items supported bilaterally or multilaterally by partners. According to the funding available to the IFRC appeal, a total of 90,000 food parcels, 6,300 baby kits, more than 65,000 blankets were ordered and also dispatched in the reporting period in order to ensure uninterrupted supply chain until the end of the year.

SARC logistics capacities were further enhanced through the recruitment of a Logistics Mobilisation officer, strengthened fleet capacities and continuous mentoring and coaching. IFRC Logistics Delegate continued supporting SARC as well as Partner National Societies in procurement and to ensure uninterrupted supply chain. IFRC and SARC are working in close cooperation with German Red Cross in the field of logistics.

Together with SARC team, the IFRC Logistics Delegate had concluded the technical evaluation and recommendation for the food parcels related to the new regional tender carried out by the Federation GLS in Dubai.

The order for the 200 sets of protective vests and helmets for volunteers has been progressing, and expected to be delivered to the operation during the month of February.

Based on the current funding available IFRC Logistics Delegate is preparing the procurement of medicines, and radio sets, and closely follows up with IFRC Global Logistics Unit in Dubai the shipments and prepares the necessary administrative documentation together with SARC Logistics Unit.

An updated mobilization table is published on [DMIS](#). The mobilization table will continue to be updated whenever in-kind donations from donors or an item covered by earmarked cash pledge have been confirmed.

Donors are kindly requested to coordinate with the Global Logistics Services – Dubai Office regarding outstanding In-Kind needs. Shipping instructions will be provided to donors with a consignment tracking number (CTN) to be issued before shipping any goods to the operation. Procurement of goods and transport can also be arranged through Global Logistics Services – Dubai Office, noting that the in-country handling and transport cost needs to be computed in addition to the value of items. Nevertheless, further coordination on the cost of this leg will be communicated with the donor upon actual processing of the in-kind donation.

Challenges

Urgent support is needed to ensure that the supply chain is uninterrupted. As a priority, food items need to be ordered as soon as possible to ensure that there are sufficient items for distributions after the month of March.

Communications – Advocacy and Public Information

During the reporting period, increased demand from media was evident as several civilians evacuation operations took place. SARC's support to the people coming out of Moadamiya in October, was widely promoted by the IFRC, relying on a very strong coordination mechanism between communications departments of SARC HQ and IFRC MENA Zone. An Interview with IFRC communications on Al Jazeera English took place to profile SARC evacuation operations in Moadamiya coinciding with the Movement 150th Anniversary. For the latter event, IFRC supported a joint call initiated by the British Red Cross and published 7 short interviews and testimonies in English and Arabic voicing SARC staff and volunteers. The videos were published on IFRC and shared through IFRC newswire as well as social media.

Photos published by the IFRC during the Moadamiya operations were widely used by international media outlets:

<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 continued to promote the ongoing efforts of SARC mainly highlighting the food and medicine shortage inside the country through web stories, social media pitches and photo galleries. Generation of photos and visual materials have become more regularly available on this page <http://ifrc.org/en/news-and-media/news-stories/middle-east-and-north-africa/syria/>. Additionally, close coordination between SARC, ICRC and the IFRC continued to support official statements and positions mainly when targeting SARC volunteers and aid workers. <https://www.ifrc.org/en/news-and-media/press-releases/middle-east-and-north-africa/syria/-the-international-red-cross-and-red-crescent-movement-deplores-the-death-of-another-aid-worker-in-syria/>

During the Statutory Meetings in Sydney, a press briefing was coordinated closely with ICRC, SARC, the Federation and National Societies in the neighbouring countries. This opportunity has created the space for interaction with international media to advocate for the humanitarian efforts of SARC, the needs, and the protection of volunteers and aid workers in Syria and the region.

Moreover, in November, the launching of the Revised Appeals around Syria crisis was widely covered on international and regional media outlets such as AFP, France24, Al Arabiya, GlobalPost and others.

Realising the importance of introducing the concept of beneficiary communications during emergencies, the IFRC supported the participation of two SARC communications staff (SARC communications officer at the HQ, and communications officer in Damascus branch) in the first Global Beneficiary Communications Bootcamp in Sri Lanka during October.

The position of IFRC Communication Development Delegate supporting SARC communications capacity has been re-opened and the recruitment process is ongoing.

The Syria Movement Communication strategy has been endorsed and will be implemented further with ICRC and International Federation, together with SARC.

Being aware of the importance to communicate with the public at large, most SARC branches are using 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.

Contact information

For further information specifically related to this operation please contact:

- **In Syria:**
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 - Åsa Erika Jansson; IFRC Country Representative, phone: +963113327691/3327698, mobile phone: +963951765409; email: asaerika.jansson@ifrc.org
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 - Azmat Ulla, Head of Operations, MENA Zone, phone: +961 71 802 791, email: azmat.ulla@ifrc.org
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- **In Geneva:** Cristina Estrada, Operations Quality Assurance; phone: +41 79 3583106; email: cristina.estrada@ifrc.org

For In-Kind donations and Mobilization table:

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

For Resource Mobilization and Pledges:

- **In IFRC Zone:** Samah Hassoun, Senior Resource Mobilization officer, Mena Zone, phone: + 961 70 480 488, email: samah.hassoun@ifrc.org

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

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



Click here

1. Click [here](#) to see the Donor response
 2. Click [here](#) to see the interim financial report
 3. Click [here](#) to return to the title page
-

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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

www.ifrc.org

Saving lives, changing minds.



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

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

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 14

Appeal Launch Date: 06 Jul 12

Interim Report

Selected Parameters

Reporting Timeframe	2012/7-2013/12	Programme	MDRSY003
Budget Timeframe	2012/7-2014/12	Budget	APPROVED
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		198,588				198,588	
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		1,935,180				1,935,180	
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	
China Red Cross, Hong Kong branch		8,097				8,097	
Danish Red Cross		170,088				170,088	
European Commission - DG ECHO		11,848,800				11,848,800	
Finnish Red Cross (from Finnish Government*)		379,298				379,298	
France - Private Donors		2,415				2,415	
Ireland - Private Donors		1,238				1,238	
Irish Red Cross Society		91,946				91,946	
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	
Norwegian Red Cross (from Norwegian Government*)		1,544,592				1,544,592	
On Line donations		83,587				83,587	
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		123,039				123,039	
Suncor Energy Inc.		238,260				238,260	
Swedish Red Cross		8,796,086				8,796,086	
Switzerland - Private Donors		1,600				1,600	
Taiwan Red Cross Organisation		46,681				46,681	
The Canadian Red Cross Society		121,007				121,007	
The Canadian Red Cross Society (from Canadian Government*)		1,851,430				1,851,430	
The Netherlands Red Cross		735,711				735,711	
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		2,676,182				2,676,182	
United States - Private Donors		4,634				4,634	
C1. Cash contributions		38,624,231				38,624,231	
Inkind Goods & Transport							

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Budget Timeframe	2012/7-2014/12	Budget	APPROVED
Split by funding source	Y	Project	*
All figures are in Swiss Francs (CHF)			
<i>Belgian Red Cross (Flanders)</i>	145,564		145,564
<i>British Red Cross</i>	2,507,782		2,507,782
<i>China Red Cross, Hong Kong branch</i>	38,591		38,591
<i>Finnish Red Cross</i>	180,734		180,734
<i>Norwegian Red Cross</i>	18,358		18,358
<i>Spanish Red Cross</i>	350,114		350,114
<i>The Canadian Red Cross Society</i>	121,195		121,195
<i>The Netherlands Red Cross</i>	775,791		775,791
C2. Inkind Goods & Transport	4,138,128		4,138,128
Inkind Personnel			
<i>Finnish Red Cross</i>	50,160		50,160
<i>Swedish Red Cross</i>	141,600		141,600
C3. Inkind Personnel	191,760		191,760
Other Income			
<i>Balance Reallocation</i>	1,332,129		1,332,129
<i>Fundraising Fees</i>	-11,913		-11,913
<i>Programme & Services Support Recover</i>	242,123		242,123
C4. Other Income	1,562,339		1,562,339
C. Total Income = SUM(C1..C4)	44,516,458		44,516,458
D. Total Funding = B +C	44,516,458		44,516,458

* 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		44,516,458				44,516,458	
E. Expenditure		-37,043,375				-37,043,375	
F. Closing Balance = (B + C + E)		7,473,082				7,473,082	

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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		651,414			651,414	999,893	
Clothing & Textiles	10,216,253		5,987,520			5,987,520	4,228,734	
Food	33,558,171		9,266,757			9,266,757	24,291,413	
Water, Sanitation & Hygiene	16,816,092		2,804,523			2,804,523	14,011,569	
Medical & First Aid	12,819,061		3,628,968			3,628,968	9,190,093	
Utensils & Tools	592,658		482,803			482,803	109,856	
Other Supplies & Services	410,405		266,020			266,020	144,384	
Total Relief items, Construction, Sup	76,063,946		23,088,005			23,088,005	52,975,941	
Land, vehicles & equipment								
Vehicles	703,584		784,832			784,832	-81,248	
Computers & Telecom	425,000		7,605			7,605	417,395	
Total Land, vehicles & equipment	1,128,584		792,437			792,437	336,147	
Logistics, Transport & Storage								
Storage	2,560,000		836,945			836,945	1,723,055	
Distribution & Monitoring	4,515,000		1,900,668			1,900,668	2,614,332	
Transport & Vehicles Costs	548,744		494,501			494,501	54,243	
Logistics Services	2,653,140		839,663			839,663	1,813,477	
Total Logistics, Transport & Storage	10,276,884		4,071,777			4,071,777	6,205,107	
Personnel								
International Staff	2,456,640		880,511			880,511	1,576,129	
National Staff	149,250		74,764			74,764	74,486	
National Society Staff	2,733,075		202,905			202,905	2,530,170	
Volunteers	1,035,742		113,864			113,864	921,878	
Total Personnel	6,374,707		1,272,045			1,272,045	5,102,662	
Consultants & Professional Fees								
Consultants	26,456		32,075			32,075	-5,619	
Professional Fees	56,000		63,969			63,969	-7,969	
Total Consultants & Professional Fees	82,456		96,044			96,044	-13,588	
Workshops & Training								
Workshops & Training	90,000		52,040			52,040	37,960	
Total Workshops & Training	90,000		52,040			52,040	37,960	
General Expenditure								
Travel	148,500		91,780			91,780	56,720	
Information & Public Relations	60,000		8,302			8,302	51,698	
Office Costs	52,200		1,423			1,423	50,777	
Communications	52,000		31,659			31,659	20,341	
Financial Charges	276,200		185,624			185,624	90,576	
Other General Expenses	17,595		9,560			9,560	8,035	
Shared Office and Services Costs	183,080		96,947			96,947	86,133	
Total General Expenditure	789,575		425,295			425,295	364,280	
Contributions & Transfers								
Cash Transfers National Societies	4,801,399		4,801,399			4,801,399	0	
Total Contributions & Transfers	4,801,399		4,801,399			4,801,399	0	
Operational Provisions								
Operational Provisions			4,608			4,608	-4,608	

Disaster Response Financial Report

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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			4,608			4,608	-4,608	
Indirect Costs								
Programme & Services Support Recov	6,474,491		2,209,905			2,209,905	4,264,586	
Total Indirect Costs	6,474,491		2,209,905			2,209,905	4,264,586	
Pledge Specific Costs								
Pledge Earmarking Fee	241,470		209,400			209,400	32,070	
Pledge Reporting Fees			20,420			20,420	-20,420	
Total Pledge Specific Costs	241,470		229,820			229,820	11,650	
TOTAL EXPENDITURE (D)	106,323,513		37,043,375			37,043,375	69,280,138	
VARIANCE (C - D)			69,280,138			69,280,138		

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

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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	44,516,458	44,516,458	37,043,375	7,473,082	
Subtotal BL2	106,323,513	0	44,516,458	44,516,458	37,043,375	7,473,082	
GRAND TOTAL	106,323,513	0	44,516,458	44,516,458	37,043,375	7,473,082	