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Emergency Plan of Action (EPoA)

Syria: Cholera Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF Operation n°	**MDRSY008**	**Glide n°:**	EP-2022-000310-SYR
Date of issue:	**29 September 2022**	**Expected timeframe:**	**6 months**
		Expected end date:	**31 March 2023**
Category allocated to the disaster or crisis: Orange			
DREF allocated: CHF 750,000			
Total number of people affected:	**407,720**	**Number of people to be assisted:**	**1,500,000 (300,000 families)**
Provinces affected:	**Aleppo, Ar-Raqqa, Al-Hasakeh, Deir-ez-Zor, Lattakia, Damascus, Homs**	**Provinces/Regions targeted:**	**Aleppo, Ar Raqqa, Al Hasakeh, Deir-Ez-Zor, Lattakia**
Operating National Society presence (n° of volunteers, staff, branches): The Syrian Arab Red Crescent (SARC) has a strong branch network in the country, which is well capable of providing relief in times of disasters and emergencies. SARC has 7,795 active volunteers, 5,815 staff, 14 branches and 73 active sub-branches across all the governorates of Syria.			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC); International Committee of the Red Cross (ICRC); and Norwegian Red Cross			
Other partner organizations actively involved in the operation: Ministry of Health, UN Agencies, International non-governmental organizations (INGOs), Local non-governmental organizations (LNGOs)			

A. Situation analysis

Description of the disaster

On 10 September, the Syrian Ministry of Health (MoH) declared an outbreak of cholera in Aleppo Governorate following 15 confirmed laboratory cases, including one death. Between 25 August and 10 September, the surveillance data showed that a total of 936 severe Acute Watery Diarrhea (AWD) cases were reported in Syria, which led to "at least eight deaths", as per the country's UN humanitarian relief coordinator. [1] Most of the cases were reported from Aleppo (72.2%, 676 cases), Deir-ez-Zor (21.5%, 201 cases), Ar-Raqqa (1.8% 17 cases), Al Hasakeh (4.1%, 38 cases), Hama (0.2%, 2 cases) and Lattakia (0.2%, 2 cases). According to the Health authorities, the number of AWD increased on 18 September to reach a total of 1,551 AWD cases in Northeast Syria.

1 *United Nations Resident and Humanitarian Coordinator in Syria, Imran Riza, statement on the outbreak of cholera in Syria, 12 September 2022 [EN/AR] - Syrian Arab Republic | ReliefWeb*

On 17 September, the Syrian MoH held a coordination meeting with UN agencies and INGOs to share updates on the situation. During the meeting, the MoH presented the three priorities for the proposed operational response plan: **WASH**, **community awareness raising,** and **medical response** in all health directorates.
As of 20 September, the number of confirmed cholera cases has reached 253,180 in Aleppo, 25 in Hassakeh, 29 in Deir-Ez-Zor, 13 in Lattakia, two in Damascus, and four in Homs. The Syrian MoH also announced the death of 23 people due to this outbreak: 20 in Aleppo, two in Deir-Ez-Zor, and one in Hassakeh.

Currently, the Case Fatality Rate (CFR) for Cholera in Syria is 9%. Based on a rapid assessment conducted by health authorities and partners, the source of the outbreak is believed to be linked to people drinking unsafe water from the Euphrates River and using contaminated water to irrigate crops, resulting in food contamination

This outbreak is an indicator of severe shortages of water throughout Syria. Access to safe drinking water is a huge challenge in the conflict-affected country. There is now 40% less drinking water than before the conflict began over a decade ago. Water scarcity is being further compounded by climate change.[2] Euphrates River is the main water source for between 800,000 -- 1.2 million people. In the rural areas of Syria, the piped water supply does not meet the basic needs of the population, and many are left looking for alternative sources. With the Euphrates levels continuing to decrease, drought-like conditions, and the extent of destruction of the national water infrastructure, much of the already vulnerable population of Syria are reliant on unsafe water sources, which may lead to the spread of dangerous water-borne diseases, particularly among children. These water shortages are forcing households to resort to negative coping mechanisms, such as altering hygiene practices or relying on unsafe water sources to cover their daily water needs. The health system in Syria continues to face concurrent emergencies and chronic challenges including imposed sanctions, political unrest, and socio-economic issues which affect the availability and quality of health services across Syria, as well as the physical and mental well-being of the population. A total of 12.2 million people are currently in need of health assistance. Of these, 6.0 million (49%) are females, 51% are males, 44% are children under 17 years of age, 4% are elderly, and 28% are persons with a physical or mental disability. At the same time as of December 2021, only 49% of the hospitals and 48% of primary health care centres are considered fully functional[3]. The COVID-19 pandemic continues to pose a threat in Syria due to the low vaccination rates and vaccine hesitancy. As of September 2022, only 14% of the population is fully vaccinated[4]. Negative trends in determinants of health, such as disrupted water networks and waste management, displacement status, insufficient shelter solutions, and food insecurity, contribute to weakened health status and leave populations vulnerable to communicable diseases. WASH systems in Syria have suffered widescale damage due to hostilities, strain from years of functioning at high capacity due to the growing demand,

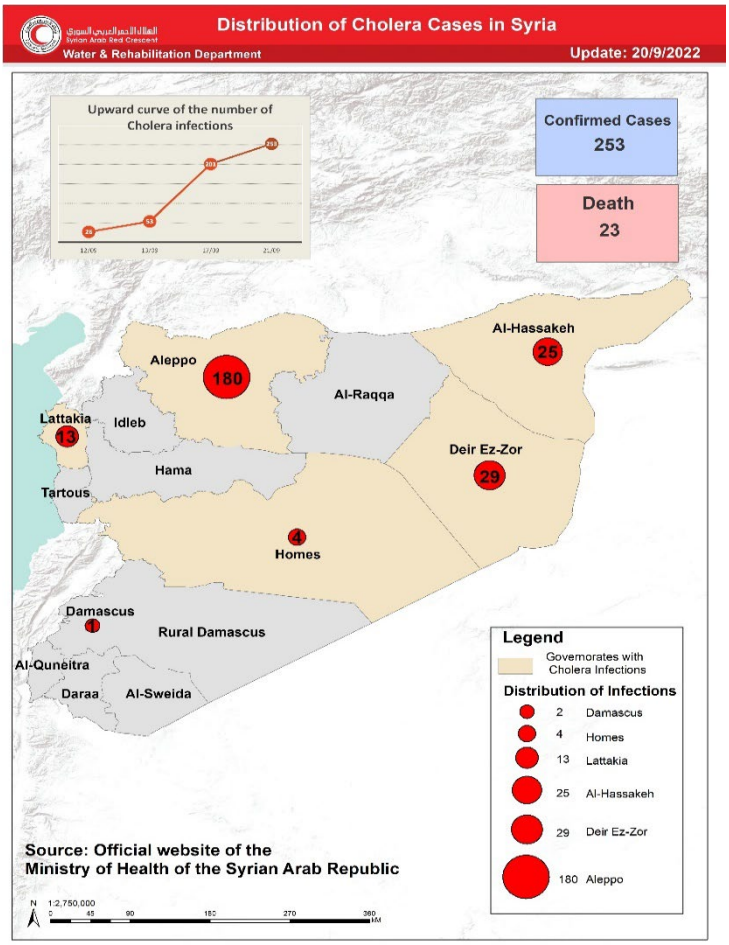

Figure 1- A map showing the distribution of confirmed Cholera cases across Syria, as per the Syrian MoH. **©SARC's Water and Rehabilitation Department**

[2] *Syria: Spike in Cholera cases spells a new crisis, IRC warns - Syrian Arab Republic | ReliefWeb*
[3] *WHO, HeRAMS Annual Reports, 2021, Public Health Centres and Public Hospitals in the Arab Syrian Republic.*
[4] *Our World in Data- https://ourworldindata.org/covid-vaccinations*

limited or no maintenance, continuous drain of technical staff, and poor water resource management, exaggerated by cascade effects of climate change, economic downturn, and electricity and fuel supply crisis. By mid-2022, according to the Humanitarian Needs Overview (HNO 2022), 14.5 million Syrians were projected to be in need of water, sanitation, and hygiene assistance and lacked access to dignified and quality WASH services and facilities. This constitutes an increase of 1.8 million people compared to 2021 due to Water scarcity and drought-like conditions, energy supply crises new displacement, large population living in crowded settlements, reduced funding, the COVID-19 pandemic, and worsening water-borne disease-related mortality. Over seven million people are highly dependent on humanitarian WASH assistance, including 1.9 million people living in IDP last resort sites that require comprehensive and continued WASH assistance to survive. In addition, the entire population of Syria relies on drinking water treatment chemicals provided by the humanitarian community[5].

All these factors contributed to the deterioration of the water and sanitation hygiene-related practices which played an important role in the spread of Cholera in the areas affected the most by these dire conditions.

Summary of the current response

Overview of Operating National Society Response Action

Headquartered in Damascus, the Syrian Arab Red Crescent (SARC) has a network of 14 branches across all the governorates of Syria and 73 active sub-branches, 7,795 active volunteers, and 5,815 staff working across its headquarters, branches, and sub-branches.

SARC is one of the key members of the Humanitarian and Disaster Response Committees both at the national as well as governorate levels. Through its network of staff and volunteers, and presence across most of the country, it remains the largest national provider of humanitarian services in Syria. SARC works closely with local communities providing humanitarian assistance to more than five million internally displaced people, affected host communities, and returnees per year.

In the first half of 2022, SARC provided lifesaving and life-sustaining health services to more than one million patients across a network of 150 health facilities both static and mobile-based. The National Society reached 80 per cent of the Syrian population with safe water through the treatment and maintenance of damaged water infrastructure, the expertise which will be leveraged for this Cholera outbreak response.

SARC Cholera epidemic response

SARC remains vigilant and has been coordinating with the MoH, WHO, ICRC, and UNICEF on both HQ and field levels, since the outbreak of Cholera and the initial emergence of the AWD cases. SARC is already involved in the response to Cholera through its Communications, Disaster Management (DM), Health, and Water and Rehabilitation departments, under the leadership of the SARC Secretary General. A taskforce has been formed to ensure effective information sharing and communication for the response and coordination among the Movement partners.
Currently, SARC has a total number of 750 volunteers and 150 staff members engaged in the Cholera response. The response was activated first in Aleppo and Deir-ez-Zor and is expanding to other affected governorates and the general public through national campaigns.

Figure 2- SARC's health promoters conducting a Cholera sensitisation activity in Deir-Ez-Zor. **©SARC**

SARC mobilized its staff and volunteers for hygiene promotion and health awareness activities in public places, with home visits at schools and in its health facilities, mobile and static

[5] *WHO, HeRAMS Annual Reports, 2021, Public Health Centres and Public Hospitals in the Arab Syrian Republic.*

as well as through social media. Information materials were shared on SARC's social media platforms through shared awareness-raising posts. Printed IEC material including posters and brochures are also being printed, in coordination with the MoH and WHO to be posted in public spaces. Specific awareness-raising brochures are also printed to be distributed through other SARC programs, for example, during food parcel distributions. These communications materials are also being handed out in non-Government of Syria (GoS) controlled areas through SARC volunteers and health promoters.

In addition to the communications campaign, SARC's Health and WASH volunteers are monitoring the suspected/confirmed Cholera cases present on the field, distributed geographically in the areas of intervention. The DM department is providing guidance in prioritizing the needed areas of support based on this data. This information is collected by the Health and WASH volunteers on the field through their activities on the field. The system is currently being built and the information generated will play an important role in identifying possible "hot spots" and categorizing the risk level of the mapped areas. Information is also being collected on the number of families affected by the epidemic. This compiled information is shared periodically with SARC's Health and WASH teams both on the field and HQ levels.

The WASH department's health promotion teams have conducted a rapid assessment in 5 governorates (Aleppo, Hassakeh, Deir El Zor, El Rakka, and Latakia). The Rapid assessment included Focus Group Discussions, Interviews with key informants (physicians in SARC Emergency Health Points EHPs, clinics, Mobile Health Units, and heads of municipalities), and through observations in the community. After analyzing the results of the rapid assessment, the WASH team conducted coordination meetings with different partners and field actors including WHO, UNICEF, NorCross, ICRC, local water stations, and the MoH's Directorate of Health. The objective of this assessment was to generate the needed data to locate the Cholera "hot spots", the distribution of cases, and locate the priority areas of intervention.

As for the capacity building, an initial 2-day workshop is planned to be conducted in collaboration with WHO, UNICEF, ICRC, and NorCross targeting WASH and CBHFA representatives from the branches across Syria. After completing the workshop, each representative will have the responsibility to transmit the information to their health promoters and volunteers on the field, which will play role in addressing priorities in a more focused manner.

In addition, SARC is planning to build the capacities of community health volunteers for community-based Oral Rehydration Solution (ORS) treatment and referral of AWD and suspected Cholera cases under its plan. Orientation sessions with health care workers, door-to-door household visits, and community dialogues are part of the community-based awareness-raising efforts to provide families with accurate information and to improve reporting symptoms and seeking treatment.

School health activities are also planned between the WASH department, the Ministry of Education, and UNICEF. Under Cholera response, SARC will distribute soap to students, along with sensitization messages.

The WASH department is working on the design of a unified community Cholera kit including surface cleaning sponges, soap, brushes, gloves, liquid sanitizer (chlorine), and 10L Jerry can . Water purification tablets are planned to be distributed in high-risk areas in the Al Rakka governorate.

Overview of Red Cross Red Crescent Movement Actions in-country

The Syrian Arab Red Crescent provides humanitarian response operations with the coordination of components and partners of the International Red Cross and Red Crescent Movement. The IFRC has been present in Syria supporting SARC in the implementation of its humanitarian work across the country since the mid-1990s and established a permanent representation office in 2007. Over the course of the last two decades, the IFRC has provided technical support to SARC in implementing its programmes and supported SARC with its Disaster Relief Emergency Fund (DREF) mechanism to effectively respond to disasters and crises. IFRC deployed its emergency health officer from the MENA regional delegation to support SARC with the design and planning for the response.

The International Committee of the Red Cross (ICRC) in addition to supporting hard WASH components, has mobilized basic hygiene kits, ORS, and water purification tablets from its prepositioned stocks in Damascus and sub-delegations as well as medical equipment and materials for health facilities in the most affected areas of the outbreak. A total number of 120,000 hygiene kits provided by ICRC were mobilized to be distributed in "Green" (or low-risk) zones for Cholera prevention purposes. The hygiene kits included laundry powder, soap, and dishwashing liquid. The distribution will be coupled with sensitization messages.

The Norwegian Red Cross has supported SARC in the preparation of the national response plan and is mobilizing items from its prepositioned stocks including support for trainings for SARC staff and volunteers in coordination with the WHO in addition to providing other hard WASH components. Communication material including IEC is also being developed in coordination with WHO and the MoH, with support from ICRC and the Norwegian Red Cross. Other in-country partners are closely monitoring the developments of the outbreak and many stand ready to provide in-kind, financial, and technical support.

Overview of other actors in-country

A closely coordinated water, sanitation, and hygiene (WASH) and health response is underway, led by the MoH, with support from WHO, IFRC, SARC, ICRC, and other UN agencies, working with a wide network of partners on the ground to respond. Since late August, national health and WASH cluster partners have been actively working to strengthen preparedness and response capacity for potential outbreaks in all affected governorates. Early warning surveillance has been intensified in areas where the outbreak has been reported, including other high-risk areas, eg. in crowded IDP settlements. Rapid diagnostic tests have been delivered to support the work of rapid response teams deployed to investigate suspected cases. Intravenous fluids and oral rehydration salts have been also delivered to health facilities where confirmed patients are admitted. Partners have mobilized health and WASH supplies in the affected governorates. Chlorination activities to disinfect water are being scaled up and dosing rates are being increased in fragile and highly vulnerable communities to curb the spread of the disease. Clean water is also being trucked to affected locations. Partners are similarly engaging with local authorities to begin periodic, focused water testing procedures and support the collection of water samples. Information on where to locate the nearest drinking water pumping station is being provided to affected communities without sustainable access to drinking water. Religious leaders, community heads, and local volunteers have been mobilized to encourage good hygiene practices and help refer suspected cases to health facilities.

The WHO has established an inter-agency incident management team (IM) and structure, which will be in charge of coordinating the overall response and is organizing weekly joint Health and WASH Cluster Coordination Meetings/Incident Management Team Meetings. An initial risk assessment is being finalized.

The World Health Organization (WHO) received a shipment of cholera kits, Oral Rehydration Salts (ORS), and rapid diagnostic tests late on 19 September in Damascus, to be distributed across all operational hubs in the country to support the work of rapid response teams deployed to investigate suspected cases.

SARC is a member of the high relief committee and participates in all coordination meetings in clusters, technical working groups for health, WASH, livelihoods, etc. SARC is also an observer of the Humanitarian Country Team.

Needs analysis, targeting, scenario planning, and risk assessment

Needs analysis SARC

The Ministry of Health, in collaboration with the WHO, is sharing information on the cholera response as well as the outbreak situation. As for SARC, through its health facilities, community health promoters, and a wide network of volunteers, is collecting information on the needs and development of the situation.

The increase in new cases is a reason for concern for WHO and the MOH, as it is coming against the backdrop of dilapidated health and WASH infrastructure due to 11 years of hostilities, economic crises, a severe drought, generally reduced water levels, specifically in the Euphrates River. The capacity of the national health system is severely overstretched and incapable of meeting the health needs of the country. The limited availability of primary healthcare services, the lack of sufficient trained health personnel, the destroyed or inadequate healthcare infrastructure, and shortages of medicines and medical supplies further exacerbate the situation.

Other drivers of the epidemic to be considered are contaminated water, lack of access to safe water for daily usage in remote areas, especially the cholera-affected areas, and the perception of some communities not to consume water treated with chlorine (natural denatured taste), the use of traditional treatment, the lack of information on the disease and prevention measures, and the lack of early case detection and management system. The affected areas are also known to be hit by the protracted crisis, COVID-19, food insecurity, and malnutrition, especially at this time of lean period due to the consecutive spell of droughts in the country.

In a 2022 report, UNOCHA estimated the population of the five governorates of Aleppo, Deir-Ez-Zor, Hassakeh, El-Raqqa, and Latakia to be 8,154,401 people. [6]As the Cholera Attack Rate (AR) is 0,05, as per the WHO, the expected number of people at risk of contracting Cholera would be around 407,720 cases.

SARC undertook a multi-sectoral needs assessment in the villages targeted by the Drought DREF operation from October 2021 – April 2022 in Deir-ez-Zor governorate[7]. The assessment findings indicated that there were already several risk factors for disease outbreaks both related to infrastructure and water availability as well as negative coping mechanisms resorted to by the communities due to economic hardship that has significantly worsened over the last two years.

In the villages assessed, the main water network is available in general, but the lack of electricity and fuel means that the water cannot be pumped to the homes. People depend on buying water from tanks, and families pay high costs to obtain drinking water. The water is contaminated at the source or during its transportation to homes and is stored in plastic tanks. People do not follow any practice to sterilize the polluted water and it is used for drinking and daily use. There is a sewage network, but it is not connected in some villages, or is closed and damaged in some other villages. In addition, people depend mainly on technical drains which leads to the spread of diseases, especially leishmaniasis, in addition to the spread of unpleasant odors, especially when these holes are flooded. There is no waste disposal through the municipalities due to poor resources, and the waste is collected and burned by the people.

The assessment findings related to health indicate that there is a simple health clinic in the villages with dispensaries, but the services provided are limited to vaccinations, simple first aid, and some medicines. The clinics suffer from a lack of doctors, staff, equipment, and medicines. Water and electricity are also not available. The average distance travelled to reach the closest hospital is about 70 km which is out of reach for many poor families. There is a large spread of diarrhea and enteritis caused by water pollution, especially for children under five. There are also some cases of hepatitis, brucellosis, typhoid, cancers, chickenpox, and scabies.

Relating directly to the current Cholera outbreak, a needs assessment related to AWD cases undertaken in Deir-Ez-Zor in September 2022, by the WASH department which included focus group discussions (FGDs) with community members as well as Key Informant Interviews with heads of municipalities and the directors of a health center, as well as field visits to 11 water stations. One of the main results of the FGD was that most of the participants admitted to having had at least one case of AWD (characterized by 3 and more watery stools in less

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[7] Assessment was undertaken in Ghariba, Dublan, Tishreen and Dweir villages in Al-Ashara district, Deir-ez-Zor governorate.

than 24 hours) within the previous month. Also, most of the participants mentioned that the diarrhea symptom lasted between 3-10 days.

During a key informant interview, the director of one of the health centers and heads of municipalities agreed the possible source of contamination was linked to people buying unsafe water from water trucks, as well as using water from the Euphrates River. The director of the health center mentioned that most of the cases received at the clinic were linked to AWD, with most of the patients aged between 18 and 50. The recommendations proposed through this rapid assessment mainly included community-based hygiene promotion activities in communities and schools, the distribution of water purification tablets and ORS, and coordination among the actors and partners working on health and WASH within the targeted areas. All the DREFs requested for Syria in previous periods indicated the increased vulnerability of the population and the increase in negative coping strategies. Much of the population depends on unsafe water sources. Livelihoods will be a sector that will be indirectly affected by the crisis.

This DREF operation will contribute to fill some of the funding gaps and contribute to an effective response to the outbreak under a bigger and more comprehensive SARC plan which will be supported through other RCRC and external partners. The focus is on the implementation of immediate WASH interventions, particularly hygiene promotion and the distribution of water purification tablets, adequately supported with the training of community health workers under the CBHFA program, as well as the training of medical staff on the proper identification and management of AWD/Cholera cases. SARC will utilize its capacity to strengthen this operation.

Targeting

The Euphrates River, including its tributaries, associated freshwater lakes, and canals, is the single most important source of drinking water for an estimated 5.5 million people within the governorates of Aleppo, Hassakeh, Deir-Ez_Zor, and Al-Raqqa. According to a 2021 OCHA report8, the number of people in need of WASH services within these governorates is estimated to be around 5.3 million people. In Lattakia, 55%9 of the population (around 660,000) are estimated to lack proper WASH services. This brings the number of people in need of WASH services close to 6 million in the 5 governorates to be targeted by SARC. Since January 2021, unprecedented low water levels of the Euphrates River, low and erratic rainfall during the winter season, recurring shutdowns, and reduced operational capacity of water stations and water systems are all factors that had a severe negative impact on the availability of water and people's regular and reliable access to water, which played both a direct and an indirect role in triggering the Cholera outbreak.

This operation will reach 300,000 households (1,5000,000 people) in the 5 high-risk governorates of Aleppo, Al-Raqqa, Al Hasakeh, Deir-Ez-Zor, and Lattakia governorates through community-based health and WASH promotion activities aimed at AWD prevention and awareness-raising and distribution of IEC materials. SARC will focus on the five governorates where a high number of cases are expected in the coming weeks. SARC has a national cholera outbreak response plan that it is currently consolidating with all departments involved. This DREF operation will focus on the most affected governorates (Deir Ezzor, Hasake, Raqa, Aleppo and Latakia) covering only a part of the national SARC's Cholera response plan which will target a much greater number of people and will include other health & WASH activities.

Scenario planning

The planned response reflects the current situation and information available for the Cholera outbreak and diarrhea cases at this point of the evolving situation and will be adjusted based on further developments and context changes. The situation is exacerbating in many parts of the country, including target governorates, which

8 Water Crisis in Northern and Northeast Syria (2021), OCHA

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supports the design of the overall operation, particularly the Health and WASH interventions for the affected population.

Scenarios and some risks are grouped into contextual, operational, and institutional categories.

Scenario	Humanitarian impact	Potential response
Scenario 1: The Cholera epidemic is contained within four-five weeks and the lives of the affected population return to normal.	Reduced morbidity and mortality, limited impact of the combination of drought, COVID-19, and the cholera epidemic. Food insecurity is stable and malnutrition incidence does not increase. Health system capacity is maintained with the support needed mostly at the community level. The lessons learned from the cholera epidemic are drawn and preparing development activities to mitigate the resurgence of the cholera epidemic is started.	The DREF activities will continue in line with this EPoA to the end of its time frame.
Scenario 2: The most likely scenario is that the number of cholera cases will increase over the next four to five weeks (protracted droughts spell and water-borne diseases) and then decrease, with the epidemic expected to end by February-March.	Morbidity and mortality increase in the coming weeks affecting particularly the most vulnerable strata of the population. The protracted droughts, acute water diarrhea, and overall economic crises are also exacerbating and associated with epidemic outbreaks and other vector-borne diseases. Sustained cholera and AWD epidemic among the most vulnerable, increase in morbidity and mortality risk, and temporary increase in the incidence of malnutrition rates are observed for Pregnant and Lactating Women (PLW). There is a mild impact on COVID-19 preventative efforts and an impact on the health system's capacity to manage multiple epidemics. The Ministry of Health and Directorates of Health change the strategy and scale up the response.	After the DREF time frame, if the cholera situation continues, the option to scale up the response operation will be considered. IFRC will also consider developing activities for the cholera response in the 2023-2025 Syria Crises Unified Country Plan to maintain the scale of the response. The activities of the plan will take into consideration RCCE and CEA through health facilities, disease surveillance and epidemic control for volunteers' activities, and distribution of needed water purification materials to reduce the spreading or resurgence of cholera.
Scenario 3: The cholera situation deteriorates with the spread of the epidemic in all the governorates within the next three to five weeks and an increased number of deaths is reported.	The cholera epidemic affects the governorates with the outbreak affecting large shares of inter and intra-governorate and countrywide travels. The combination of droughts, economic crises, and cholera AWD leads to large outbreaks of vector-borne diseases. Malnutrition rates increase due to a combination of sustained communicable disease outbreaks and food insecurity. Disruptions in health systems' capacity, including in preventative efforts to address COVID-19, are observed. The MOH with DOH and its partners maintains the awareness sessions and provides more support to the vulnerable population for respect of prevention measures.	IFRC will provide financial and technical assistance to the National Society for the response plan, and where needed, regional technical teams can be deployed. The launch of an emergency appeal will be considered.

Operation Risk Assessment

RISK AREA	CONTROLS MANAGEMENT
SARC staff and volunteers contract AWD/cholera	Continue to inform the staff and volunteers of precautionary measures and continue to observe their adherence to these measures. Provide the staff and volunteers with PPEs. Ensure staff and Volunteers are ensured
COVID-19 cases increase during the autumn and winter seasons and pose a threat to the safety of SRAC's staff and volunteers and impede the implementation of forecasted activities	Continue to inform SARC's staff and volunteers on the importance of adhering to COVID-19 precautionary measures and practice proper handwashing, physical distancing and use of PPEs. Ensure PPEs are readily available for the volunteers.
Limited or disrupted access to areas and beneficiaries targeted by the operation prevents the delivery of impartial and neutral humanitarian assistance to the most affected and vulnerable populations.	Continued coordination and collaboration with local actors to maintain access and acceptance. Thorough community engagement and accountability activities throughout the operation with the beneficiaries and communities targeted through the operation.
Delays in the procurement of hygiene kits due to lack of availability of certain items or long delivery times by suppliers have an impact on the timely replenishment of the kits.	A rapid check on the availability of items among suppliers and market price will be undertaken at the start of the procurement process. SARC has used prepositioned hygiene kits for a rapid response to the needs of affected households.
Shortage of electricity, fuel and transport/trucking preventing humanitarian assistance and volunteers/staff from reaching the people in need with the required assistance. Unavailability of electricity hampers communication between SARC HQ and the branch teams including sharing information and providing operational updates.	Available fuel will be prioritised for the delivery of humanitarian assistance items. SARC has a framework agreement for trucking service that is used when its own capacity is exceeded. Volunteers engaged in the response are from the localities/governorate. Procurement of fuel for generators to facilitate communication and charging IT equipment is included in the operational budget.
Security constraints prevent beneficiaries from being reached with the assistance.	Continuous monitoring of security situation through SARC staff and volunteers in branches and sub-branches in the target areas. Frequent coordination between SARC and ICRC security focal points. SARC security protocols are followed. Refresher security training is provided to staff and volunteers as needed.

B. Operational strategy

Overall Operational objective:

The overall objective of this DREF operation is to provide humanitarian assistance to the 1,500,000 most vulnerable people (300,000 households) affected or/and at risk of being affected by immediately reducing the risk to the health of the affected population in relation to the cholera outbreak, with interventions including scale-up hygiene promotion and awareness raising RCCE and CEA activities, the distribution of water purification tablets in affected communities, the training of community volunteers on Cholera prevention, surveillance for early case detection, community-based ORS treatment and referral through health facilities to curb the rising trend of the current outbreak and contribute to preventing further outbreaks of cholera. The operational timeframe will be six months, to ensure activities are finalized within the timeframe.

SARC's response aims at enhancing the overall well-being of the affected families through a comprehensive **WASH** and **Health** response. SARC's approach includes awareness, disability support, social cohesion, and protection, gender, and inclusion (PGI), considering them vital components for enhancing the resilience of the target population. SARC will work closely with other stakeholders to ensure no duplication of work and efforts. At present, SARC has a very wide network of hygiene promotion and Community-Based Health and First Aid (CBHFA) volunteers and coordinators in all governorates as well as community health promoters, and trained volunteers and staff who will be the main technical persons. SARC will also mobilize its vast network of DM volunteers as needed. SARC will engage the technical staff to ensure the quality of operation activities.

By undertaking these activities, SARC aims to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.

This DREF will cover the volunteers and activities that the SARC has been carrying out since the trigger day (September 17) in the affected governorates and that are part of this plan.

This plan of action is based on the analysis of a rapid needs assessment of one of the governorates affected. Rapid assessments are being carried out in the other affected governorates. The plan and budget can be revised once the needs analysis is completed.

Values, power and inclusion

SARC prioritizes protection, gender, and diversity into its programs, operations, and emergency responses as enshrined in its strategic plan. The aim is to address the needs and protection risk of the most vulnerable women and men of all ages and from diverse backgrounds. This is in conformity with the IFRC Minimum Standards on Protection, Gender, and Inclusion (PGI) in emergencies which state that all emergency plans and activities implemented by the IFRC, and its member National Societies should be informed by a gender diversity analysis and the promotion of dignity, access, participation and safety of affected persons.

SARC will continue implementing a gender-sensitive approach across this DREF intervention, including but not limited to greater gender, age, and disability disaggregation of data allowing subsequent gender and diversity analysis to increase understanding of how cholera affects girls, boys, women, and men differently in order to ensure vulnerabilities, specific needs and access to life-saving services are best understood and responded to. Support to persons with disabilities will be bolstered through a combination of service provision and enhancing inclusion within the wider society.

Infection by Vibrio cholerae, and its consequences, are not gender-neutral[10]. Women and girls are disproportionately affected by the epidemic as gender roles influence different patterns of exposure to cholera, disease incidence and outcome, and responsibilities within families to prevent and respond to cholera. Engaging communities including women and adolescent girls in discussions on Cholera prevention and control, promoting their participation in the design of planned interventions, and informing them about the different gender roles in cholera response will be a crucial part of the planned activities.

In addition, prior to the implementation of the Cholera response activities, community health volunteers and medical staff will be trained on tailoring interventions by applying IFRC's PGI minimum standards tackling Health and WaSH services, in the purpose of ensuring dignity, access, participation, and safety of everyone in need, regardless of their gender identity, ethnic origin, nationality or citizenship, age, disability, language, political opinions, religious beliefs, social background, physical appearance, colour, and racialized identity.

[10] *Gender and cholera. UNICEF- GBV guidelines.*

The activities in this EPoA will be carried out together with SARC's staff and volunteers as well as by community volunteers that are the local examples of behavioral change, who can play a leading role in promoting protection and resilience across the different portions of the community.

Human resources

The DM and Operations department at SARC's HQ will be the leading department with the overall responsibility for coordinating the intervention with the WASH and health departments for the timely and quality implementation of the operation. The Partnerships and Performance Support Department (PPSD) will support inter-departmental coordination and reporting and data collection and analysis together with the other departments The IFRC Syria country delegation will support SARC in the monitoring and reporting of the operation with the IFRC MENA regional office based in Beirut providing technical inputs and support. A surge deployment (Public Health in Emergencies (PHiE) Coordinator) will support the operational aspects together with SARC HQ. PHiE Coordinator will support for guaranteeing that public health considerations and needs are met in the immediate response through high-quality, effective, and appropriate public health interventions and will assess and follow up with the public health needs of communities affected by the cholera outbreak in conjunction with SARC.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including procurement, storage, and forwarding to distribution sites, in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes, and procedures. Sourcing of relief/Health / Hygiene items is to be done primarily from the local market, with adequate approvals to be sought/received from IFRC through the support of IFRC MENA, Supply Chain Management Unit (IFRC GHS&SCM MENA) in Beirut. Any additional logistics support can be made available by the IFRC GHS&SCM MENA, as per need.

Communications and visibility

Public communication content will be produced and published on IFRC MENA social media platforms and IFRC.org. In collaboration with SARC, testimonies of people who have benefitted from the grants will be collected and published. The engagement of SARC response staff and the role of volunteers are to be highlighted. The information on the operation will be disseminated in coordination with the IFRC and Movement partners in order to highlight the response to the humanitarian needs and the evolving and emerging humanitarian concerns. IFRC in the country and MENA region will provide support to SARC to produce updates for different media channels on the implementation of the operation respond to media inquiries, and connect media outlets to SARC. Information will also be shared via the IFRC Go Platform.

Community Engagement and Accountability (CEA)

CEA is integrated throughout the intervention to ensure maximum and meaningful participation of affected communities. SARC has been strengthening its capacity in CEA through community-based programmes since 2021. CEA was first addressed within the needs assessment where community perspectives around their needs were captured and utilized to support the design of this appeal. Additionally, SARC has established feedback mechanisms through activating a hotline to allow two-way communication and ensure accountability of the operation by addressing potential complaints/feedback from the target households and non-target communities. the population in the affected areas will be informed on how to use the feedback and complaint mechanism. SARC will be also collecting community feedback throughout the satisfaction surveys and regular monitoring activities. Moreover, the key community stakeholders and leaders will be engaged in all community-level distributions to ensure the ownership of the community. Learnings from previous operations including the COVID-19 RCCE operation with intensive community mobilization and mass awareness-raising campaigns for vaccine hesitance and vaccine take-up will also be taken into consideration in this operation.

Safety and Security

To undertake the planned activities, SARC will coordinate with the Movement partners and evaluate the evolving security situation. The IFRC Country Delegation and Regional Security Coordinator will provide support as needed, in supplement to that which is provided by Movement Partners. The safety of volunteers will be taken into

consideration during the interventions. SARC's DM department will be responsible for securing safe and secure access for volunteers throughout the areas of the proposed intervention.

Planning, Monitoring, Evaluation, and Reporting (PMER)/ Information Management (IM)
SARC HQ will be monitoring and supporting the implementation of the operation undertaken by the branches and sub-branches. Data collection and information communication procedures will be put in place to measure progress against the set indicator targets for the intervention. This process will also inform the development of a possible emergency appeal. The monitoring process will be as a following:

- Monthly progress reports are prepared by implementing branches and sub-branches.
- Regular 'task-force' meetings.
- Field visits and monitoring from SARC HQ.
- Regular budget vs expenditure follow-up and budget modifications if required.
- An end-of-operation lessons learned workshop will be organized by IFRC and SARC o capture the relevance, efficiency, and effectiveness of the operation, ensure that the best practices are captured to inform the planning and designing of the long-term projects towards improved ways of working and increasing effectiveness and efficiency to the communities.

Technical PMER capacity and technical support will be provided through the IFRC MENA Regional PMER team. This will help identify and, where possible and necessary, resolve any issues. Reporting on the operation will be done per the IFRC minimum reporting standards. The IFRC MENA regional IM will be supporting the Syria Country Delegation as well as SARC in reporting through the IFRC GO platform to share updated field reports, information bulletins, documents, and updates to the emergency page on GO.

Administration and Finance
SARC will be responsible for managing the funds in accordance with standards procedures for IFRC working advance transfers. The IFRC through the country office and finance department in MENA regional office will provide necessary operational support for review, validation of budgets, bank transfers, and technical assistance to the SARC on procedures for justification of expenditures, including the review and validation of invoices and receipts.

C. Detailed Operational Plan

Health

People targeted: 175,000
Male: 87,518
Female: 87,482
Requirements (CHF): 283,709

Needs analysis: In the previous years, the Syrian MoH has announced several Cholera outbreaks, the last one being in 2009, in which 342 cases were reported in Deir-ez-Zor and Al-Raqqa. A previous Cholera outbreak was announced in 2008 in which 48 cases were reported also in the Deir-ez-zor governorate. The current announcement of the Cholera epidemic is linked to the negative coping mechanisms and strategies adopted by the communities following severe water shortages and infrastructure-related damage, forming a real burden on the already fragile Syrian health system and posing a serious threat to the affected communities. Efficient preventive health plans are urgently needed to overcome this problem that may compromise the life of people. Preparedness activities including the training of health volunteers and health promoters in the community, as well as medical staff inside health facilities working in the affected governorates, and mitigation activities including the distribution of water purification tablets and hygiene kits in affected areas need to enhance and follow up the latest activities of the Syria MoH and DoH. The Cholera cases were first announced in the governorate of Aleppo on the 10th of September following 15 confirmed laboratory cases and 1 death. Soon after, more confirmed cases were announced in Deir-Ez-Zor, Hassakeh, Lattakia, Al-Raqqa, Hama, and Damascus which indicates that the outbreak seems to be spreading to neighbouring governorates. With the escalating spread of the disease, the prevention of Cholera in the affected governorates has become critical.

Risk analysis: The risks relevant to this area of focus include the following:

- Potential risk of outbreaks of other communicable diseases in the affected areas as a result of negative water safety and hygiene-related behaviours
- The security situation poses a risk for accessing the target governorates and may affect the implementation of this operation.
- Community perception of water treated with chlorine or water purification tablets could equally affect the successful implementation of planned interventions under the DREF operation. Generally, the community has some hesitation in drinking water treated with Aqua tabs with the complaint that the natural taste is lost. Sustained community sensitization in weighing heavily on the derived benefits from chlorinated water would help change the perception to water treated with chlorine or Aqua tabs.

Mitigation: SARC will ensure the monitoring of the Cholera situation and regular coordination with the health authorities and relevant partners will be maintained, and if there is an additional need, then this EPOA will be updated.

Population to be assisted: This area of focus targets 175,000 most vulnerable people found in the five of the Cholera affected governorates. (Aleppo, Deir-Ez-Zor, Hassakeh, Al-Raqqa and Latakia)

Programme standards/benchmarks: All health activities that will be carried out in the framework of the current EPoA will be implemented in accordance with the guideline and procedures strategies issued by the Syrian Ministry of Health. The operation will seek to meet SPHERE (Social Policy, Housing, Environment, and Real Estate) and WHO standards. To ensure equal access to all targeted people to the support, the operation will also see to meet Minimum standards for protection, gender, and inclusion in emergencies.

P&B Output Code	**Health Outcome 4: Transmission of diseases of epidemic potential is reduced**	***% of targeted population reached with awareness raising activities (Target:100%)***					
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population	***# of volunteers trained on Cholera prevention/response at HQ level (Target: 25)*** ***#of volunteers and health promoters trained on cholera response and prevention including community-based ORS treatment and referral throughout 5 governorates. (Target: 150)*** ***# of people reached with awareness sessions (Target: 175,000)*** ***# of awareness sessions conducted (Target: TBD)***						
Activities planned Month		**1**	**2**	**3**	**4**	**5**	**6**
AP021	Conduct 1 training of trainers workshop for 25 volunteers each at the HQ level on cholera response and prevention including training on community-based ORS treatment and referral at HQ level						
AP021	Conduct 5 trainings for volunteers across 5 governorates on cholera response and prevention including training on community-based ORS treatment and referral at the governorates' level						
AP021	Conduct awareness raising activities in the communities on cholera prevention within the 5 governorates of Aleppo, El-Raqqa, Deir-Ez-Zor, Hassakeh and Latakia						
P&B Output Code	**Health Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing**	***# of SARC medical staff trained on the proper identification, diagnosis and management of AWD and Cholera cases in the affected governorates (Target: 240)*** ***# of AWD cases identified and referred to SARC health community based ORS treatment locations (Target: TBD)*** ***# of AWD cases identified and referred to SARC health centers, Cholera treatment centers/hospitals (Target: TBD)***					
Activities planned Month		**1**	**2**	**3**	**4**	**5**	**6**
AP021	Conduct 10 trainings for medical staff on the proper identification, diagnosis and management of AWD and Cholera cases in the affected governorates						

AP022	Conduct community-based ORS treatment, and referral in the 5 governorates of Aleppo, El-Raqqa, Deir-Ez-Zor, Hassakeh and Latakia						
P&B Output Code	**Health Output 4.6: Improved knowledge about public health issues among the people in the five governorates of Aleppo, Deir-Ez-Zor, El Raqqa, Hassakeh and Latakia**	***# of people that have access to information pertaining to the cholera epidemic prevention (Target: 175,000)***					
Activities planned Month		**1**	**2**	**3**	**4**	**5**	**6**
AP021	Dissemination of sensitisation messages through IEC material (posters, brochures…) posted in public spaces						

Water, sanitation, and hygiene

People targeted: 1,325,000
Male: 662,33
Female: 662,367
Requirements (CHF): 215,207

Needs analysis: Cholera is mostly caused by the consumption of contaminated water and the practice of open-air defecation. The rising cholera cases being reported in Syria is aggravated by the lack of safe drinking water and adequate sanitation facilities. The source of infection is believed to be linked to people drinking unsafe water from the Euphrates River and using contaminated water to irrigate crops, resulting in food contamination. Clean water and hygiene are essential components to maintaining a healthy community and population. Unfortunately, a lack of clean drinking water and the inability to maintain proper hygiene and sanitation are an everyday reality for IDP and other vulnerable people. There is a need to support communities to take charge of basic hygiene management in their areas. To improve access to water, sanitation, and safe hygiene practices, the SARC will need to provide 1.7 million water purification tablets to the most vulnerable households in the targeted governorates. This DREF will contribute by providing 207,150 tablets. With the increase of cases, leading to an elevated risk of exposure to unsafe water, SARC will conduct community-level campaigns and sensitization on water, sanitation and hygiene practices. Under this sector, the response will focus on community hygiene promotion to households, strengthening WASH knowledge and best practices. Specific hygiene-related activities to support wider health and hygiene promotion will be carried out in communities identified to be most at risk.

Risk analysis: Accurate data measurement and subsequent evaluation will be essential, as well as achieving a simple and thorough transmission of knowledge to communities in each of the activities. The detailed assessment may indicate that the numbers requiring WASH support may be higher than initially estimated. In addition, high risks of vector-borne diseases, and other water-borne and water-washed diseases spreading.

Population to be assisted: A total of 265,000 HHs (1,325,000 people) in the Aleppo, Deir-Ez-Zor, Al-Raqqa, Hassakeh and Latakia governorates will be targeted by WASH interventions during the DREF operation period.

Programme standards/benchmarks: The aim of WASH interventions to promote good personal and environmental hygiene to protect health, with protecting the environment, promoting health, and facilitate access to resources. The activities included in the DREF operation will be implemented in Cholera outbreak-affected

governorates in collaboration with health department and ministry of health. The SARC bases its WASH activities on the Sphere minimum standard. Community hygiene promotion will be done using the approach in the communities in the target states. Operation will also seek to meet the Minimum standards for protection, gender and inclusion in emergencies.

P&B Output Code	**WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities**						***% of households reached with key messages to promote personal and community hygiene (Target:80%)***
	WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities						***# of assessment of water, sanitation and hygiene situation in targeted communities are carried out. (Target: 5)***
	Activities planned Month	**1**	**2**	**3**	**4**	**5**	**6**
AP026	Conduct rapid assessment of the water, sanitation and hygiene situation in targeted communities						
P&B Output Code	**WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population**						***# of people reached with hygiene promotion sessions. (Target: TBD)*** ***# of workshops on proper prevention and response to Cholera conducted at the branches level. (Target: 14)***
	Activities planned Month	**1**	**2**	**3**	**4**	**5**	**6**
AP030	Carry out awareness sessions on hygiene promotion specifically on water purification methods , handwashing and use of latrines						
AP030	Carry out workshops at the branches level on the proper prevention and response to Cholera (14 workshops)						
P&B Output Code	**WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population**						***# of households assisted with water purification tablets.*** **(Target 2,107)**
	Activities planned Month	**1**	**2**	**3**	**4**	**5**	**6**
AP026	Procurement and distribution of 207,150water purification tablets,						

Strategies for Implementation

Requirements (CHF): 251,084

P&B Output	**S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the**	***# of SARC branches that are well functioning (for the operation) (Target: 5)***

Code	necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform						
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	***# of insured volunteers (Target: TBD)*** ***#of volunteers properly trained (Target: TBD volunteers)***					
	Activities planned Month	**1**	**2**	**3**	**4**	**5**	**6**
AP040	Ensure that volunteers are insured						
AP040	Ensure volunteers are properly trained in safety and security						
P&B Output Code	**Outcome S2.1: Effective and coordinated international disaster response is ensured**	***Effective and coordinated international disaster response ensured. (Target: Yes)***					
	Output S2.1.1 Effective and respected surge capacity mechanism is maintained	***# of surge deployments (Target: 1)***					
	Activities planned Month	**1**	**2**	**3**	**4**	**5**	**6**
AP046	Surge support provided to the operation						
	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved	***# of community feedback reports produced. (Target: 2)*** ***% of people who know how to report complaints and provide feedback (staff, activities, services…). (Target: 100%)***					
	Activities planned Month	**1**	**2**	**3**	**4**	**5**	**6**
AP084	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation						
AP084	Include a briefing about the existence and the use of the feedback and complaint mechanism in activities						
AP084	Community engagement activities help to promote healthy and safe behaviour in relation to the identified risks and vulnerabilities						
P&B Output Code	**Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.**	***IFRC and NS are visible, trusted, and effective advocates on humanitarian issues. (Target: Yes)***					
	Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.	***# of lessons learned workshop conducted. (Target: 1)***					
	Activities planned Month	**1**	**2**	**3**	**4**	**5**	**6**
AP040	Conduct Lessons Learned Workshop for DREF operation						
AP002	Monitoring and evaluation						

Funding Requirements

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

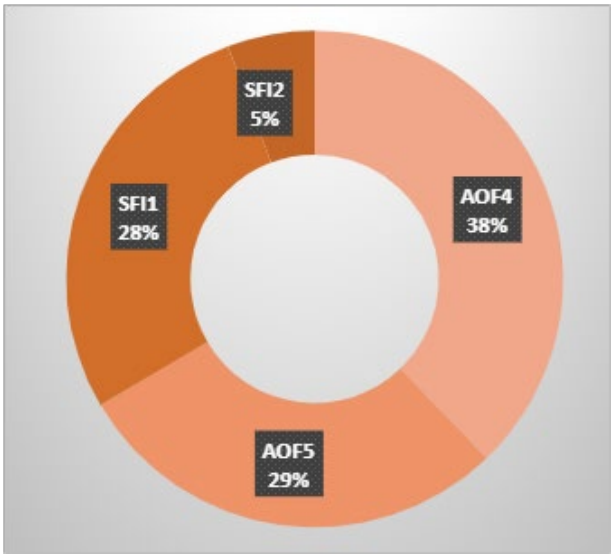
MDRSY008 - Syria - Cholera Outbreak

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	124,290
Teaching Materials	100,000
Relief items, Construction, Supplies	**224,290**
Transport & Vehicles Costs	92,051
Logistics Services	24,000
Logistics, Transport & Storage	**116,051**
International Staff	40,000
National Society Staff	1,000
Volunteers	105,920
Personnel	**146,920**
Workshops & Training	185,204
Workshops & Training	**185,204**
Travel	20,060
Information & Public Relations	5,000
Office Costs	4,500
Communications	2,000
Financial Charges	200
General Expenditure	**31,760**
DIRECT COSTS	704,225
INDIRECT COSTS	45,775
TOTAL BUDGET	**750,000**

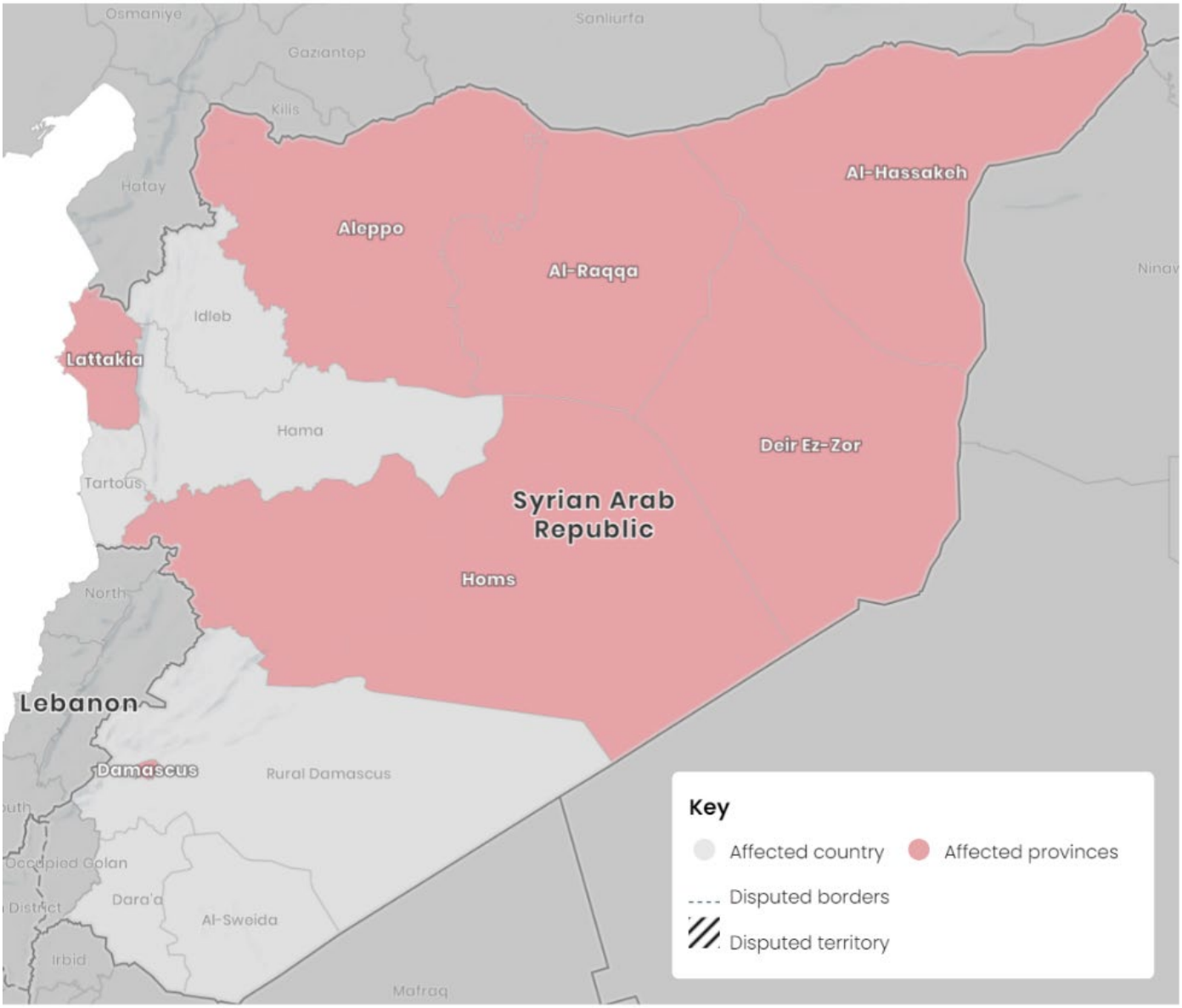
Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	
AOF4	Health	283,709
AOF5	Water, Sanitation and Hygiene	215,207
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	208,484
SFI2	Effective International Disaster Management	42,600
SFI3	Influence others as leading strategic partners	
SFI4	Ensure a strong IFRC	
	TOTAL	**750,000**



SYR: Epidemic - 2022-09 - outbreak - Cholera

September 24, 2022



The maps used do not imply the expresion of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities, Data sources: IFRC, OSM contributors, Map box.

Contact Information

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

In the Syrian Arab Red Crescent (SARC)

- **Secretary General:** Khaled Erkssousi; phone: +963113327691; fax: +963 11 332 7695; email: khaled.erkssousi@sarc-sy.org
- **Operational coordination:** Tammam Muhrez, Director of Operations; phone: +963 953 666 635; email: tammam.muhrez@sarc-sy.org

In IFRC Country Delegation Damascus

- **Head of Syria Country Delegation:** Mads Brinch Hansen, mobile: +963 959 999 869; email: mads.brinch@ifrc.org
- **Program Manager:** Sonja Bjorklund, mobile: +963 963 958 001 729 email: Sonja.Bjorklund@ifrc.org

In IFRC Geneva

- Eszter Matyeka, DREF Senior Officer; phone: +41 75 419 8604; e-mail eszter.matyeka@ifrc.org

In the IFRC Regional Office

- Dr. Hosam Faysal, Head of Health, Disasters, Climate, and Crises Unit, phone: +961 71 802 916; email: hosam.faysal@ifrc.org
- Nader Bin Shamlan, Operations Coordinator, +961 81131074; email: Nader.BINSHAMLAN@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Luca Peciarolo, MENA Acting Regional Head, Strategic Engagement and Partnerships; phone: +961 81311918; email: Luca.PECIAROLO@ifrc.org

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

- Nadine Haddad, PMER Manager; phone: +961 71 802 775; e-mail: Nadine.Haddad@ifrc.org

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.