



DREF operation	Operation n° MDRSY006
Date of Issue: 04 October 2022	Glide number: DR-2021-000159-SYR
Operation start date: 19 October 2021	Operation end date: 30 April 2022
Operating National Society: Syrian Arab Red Crescent (SARC)	Operation budget: CHF 748,415
Number of people affected: 5,500,000	Number of people assisted: 15,000 (3,000 HHs)
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC); International Committee of the Red Cross (ICRC); Norwegian Red Cross, Swiss Red Cross, and Canadian Red Cross.	
Other partner organizations actively involved in the operation: United Nations (UN) Agencies, International non-governmental organizations (INGOs), and local non-governmental organizations (NGOs).	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden, and Switzerland, as well as the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation, and other corporate and private donors. The IFRC, on behalf of the Syrian Arab Red Crescent (SARC), would like to extend thanks to all for their generous contributions.

<click [here](#) for the final financial report and [here](#) for contacts>

A. Situation analysis

Description of the disaster

This DREF was triggered by the new and worsened humanitarian needs in Syria caused by water shortages and severe drought conditions, the worst in 70 years in 2020/2021. The lack of water and the drought situation contributed to the deterioration of living standards, coupled with increasing costs of food, water, and basic goods due to the massive devaluation of the local currency whilst the income and purchasing power of people have been shrinking. Low and erratic rainfall during the 2020/2021 winter season, accompanied by higher-than-average temperatures, led to drought conditions in Northern and North-East Syria, as well as in other parts of Syria, with significant crop and livestock production losses. Syria witnessed unprecedented low water levels of the Euphrates River, and record low levels of water in reservoirs resulted in reduced energy production capacity causing power blackouts across north-eastern Syria affecting more than three million people.

The combined effect of reduced water levels in the Euphrates river and drought conditions impacted the food and nutrition security of households dependent on agriculture in Ar-Raqqa and Deir-ez-Zor. Significant shortages and high cost of agriculture inputs, including diesel fuel, limited the cultivated area and ability to provide supplementary irrigation for cultivated crops. The water scarcity and high prices of fuel make irrigation out of reach for many households, and the lack of pasture and high price of feed for animals has resulted in the

destocking of weaker animals. Particularly in the northeast Al-Hasakeh, the breadbasket of the country, a reduction in both rainfall and river water for irrigation caused substantial harvest loss for the main crops, with wheat production at the lowest levels in almost 50 years¹. For livestock, the production of fodder crops was adversely affected, and high fodder prices in combination with lack of access to grazing areas resulted in destocking, while animal prices dropped by at least 20 - 30 per cent. Due to the unavailability of clean water, households are increasingly consuming unsafe water, and with an increasing number of water-borne diseases, the public health system faces additional strain, which is exacerbated by the COVID-19 situation. In the North East of Syria (NES), the number of acute diarrhoea cases increased by 25% between January and June 2021 when compared to the same period in 2020. The reduction in safe and sufficient water is affecting hygiene and other preventative measures. As the drought-like conditions and economic crisis persist, the capacity of vulnerable farming households and small-scale livestock keepers to generate income and access food continues to erode. Harmful coping mechanisms increased with households taking on more debt.

The aforementioned crises came on top of a situation where 13.4 million people in Syria were in need of immediate life-saving and continuous humanitarian assistance, many of whom reside in the northeastern parts of Syria most affected by the drought².

Summary of response

Overview of Host National Society

Headquartered in Damascus, the Syrian Arab Red Crescent (SARC) has a network of 14 branches across all the governorates of Syria and 74 active sub-branches manned by 11,653 active volunteers and 5,831 staff, working across its headquarters, branches, and sub-branches. SARC is well recognized by the authorities and 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.

SARC's staff and volunteer sector specialists at HQ and in branches and sub-branches monitored the drought and water shortage conditions throughout and coordinated with the relevant local stakeholders, sharing information on the humanitarian impact, response planning, and implementation. In Deir-ez-Zor and Ar-Raqqa, SARC has a network of four active sub-branches (Debsi Afnan and Sabka in Ar-Raqqa; Al Mayadin and Abu Kamal in Deir-ez-Zor) in addition to the branch offices in the governorate capitals and a team of 710 staff and volunteers implementing multi-sectoral programmes in the governorates. The combined number of registered SARC beneficiaries in the two governorates exceeds 700,000. SARC operates four health service centres/points in Deir-ez-Zor: one primary health clinic, one Mobile Health Unit (MHU), one nutrition centre, and one mobile physiotherapy team. A total of 40 volunteers and 100 community health promoters are engaged in health risk communication, community engagement, and awareness-raising activities as part of ongoing programming. SARC's Water, Sanitation and Hygiene (WASH) and rehabilitation department reach 80% of the total Syrian population annually with water treatment, maintenance, and rehabilitation work of water stations, pipeline, and sewage systems, as well as water emergency response across Syria. In Deir-ez-Zor and Ar-Raqqa, SARC implemented 41 different water and rehabilitation projects in 2020, representing 15% of all water projects across the country. Food security and livelihoods have also been one of SARC's priorities in Ar-Raqqa and Deir-ez-Zor, supporting the most vulnerable people through the distribution of food parcels and different livelihood interventions, such as seed, agro tools, sheep distributions, and installation of water pumps or food production projects. SARC's community services and risk education activities reached up to 30,000 people in Deir-ez-Zor in

¹ Special Report: 2021 FAO Crop and Food Supply Assessment Mission to The Syrian Arab Republic. December 2021.

² OCHA (2021) Syrian Arab Republic. Euphrates Water Crisis and Drought Outlook

<https://reliefweb.int/sites/reliefweb.int/files/resources/Syrian%20Arab%20Republic%20-%20Euphrates%20water%20crisis%20and%20drought%20outlook%2C%20as%20of%2017%20June%202021.pdf>

2020. SARC continued to provide the above-mentioned ongoing humanitarian assistance during the build-up to the water crises and drought conditions.

With this drought operation, SARC augmented its response to unmet and new humanitarian needs in Deir-ez-Zor governorate that were not covered by SARC's own resources and pre-existing response in the target areas³. The drought operation was built on the existing structures and network of staff and volunteers in the various sectors. At the branch level, SARC staff and volunteers responsible for different sectors coordinated the response creating synergies, for example between SARC's community centres and MHUs for hygiene promotion and health awareness raising activities. In total, SARC reached approximately 52,569 households (HHs) affected by drought in Ar-Raqqa and Deir-ez-Zor during the timeframe of the operation of which food parcels for 5,002 households were supported by the DREF.

The response to the drought was combined with the distribution of winter clothing to children in the affected areas. SARC with the support of IFRC in 2021 prepositioned 9,254 winterization kits for children containing a winter jacket, rain boots, wool hat and scarf, winter long underwear, and socks. A part of these kits was distributed in the first quarter of 2022 to Ar-Raqqa (2,779 kits) and to communities targeted by the drought operation in Deir-ez-Zor (5,775 kits). Appropriate winter clothing is vital for children's health and access to school and education. One of the reasons for children not attending school during the winter reported to SARC was the lack of winter clothes and winter boots. The winterization kits furthermore allow parents and caretakers to manage their scarce resources on other essential items, food in particular.

Overview of Red Cross Red Crescent Movement in-country

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 DREF mechanism to effectively respond to climate-related hazards, such as droughts, floods, and wildfires, among others. The DREF operation addressed new humanitarian needs and thereby complemented the Syrian Crises Emergency Appeal that closed in December 2021.

The ICRC supports technically and financially SARC's programmes and operations across Syria including in health, water and habitat, economic security, International Humanitarian Law (IHL), and restoring family links. The ICRC continued to support ongoing operations and programmes in the areas targeted by the DREF operation.

The IFRC hosts biweekly Membership coordination meetings in which operational updates were provided. Other partners supporting SARC in Deir-ez-Zor and Ar-Raqqa governorates include ICRC, Norwegian Red Cross, Swiss Red Cross, Canadian Red Cross, and the British Red Cross.

Overview of non-RCRC actors in-country

The drought response was coordinated through existing interagency mechanisms, including the High Relief Committee at the national and governorate level, the Northeast NGO Forum, and technical clusters. UN Agencies, INGOs, NGOs, and local actors are operating in the affected areas.

SARC coordinated with INGOs and UN agencies as the main partner in carrying out humanitarian activities while maintaining its mandate without compromising the basic principles of the International Red Cross and Red Crescent (RCRC) Movement.

Furthermore, SARC coordinated with the relevant authorities, government officials, and national organizations that provided humanitarian assistance to affected families through its relevant channels in order to join efforts in the response to the water crises and drought.

³ As part of its regular relief operations supported by other partners, SARC distributes each three months approximately 37,980 monthly food rations (28,480 in Deir-ez-Zor and 9,500 in Ar-Raqqa governorates, respectively). In December 2021, SARC distributed 9,548 canned food parcels to 9,584 affected families in Deir-ez-Zor.

At the governorate level, SARC coordinated the response through the governorate relief committee of which SARC is also a member. Health awareness activities were coordinated through multiagency coordination bodies in order to avoid overlaps and strive to provide the most holistic and optimal services to the people affected, for example, coordinated with an organization providing assistance to people with special needs with regards to activities and awareness raising.

Needs analysis and scenario planning

Needs analysis

According to available needs assessment data, due to the water crisis and drought conditions compounded by pre-existing crises, 5.5 million people have reduced access to safe and sufficient water with severe implications for public health, 3.4 million are experiencing poor agricultural production and loss of livelihoods leading to or exacerbating food insecurity and increasing malnutrition rates, and 3 million people are affected by reduced electricity generation and availability⁴.

At the planning stage of the operation, the following impact was reported by SARC branches in Ar-Raqqa and Deir-ez-Zor based on primary data collection and analysis:

- The wheat crop has been completely damaged, resulting in a decrease in the percentage of wheat supply and an increase in prices.
- A large number of farmers refrained from cultivating cotton as a result of drought and the low level of rain.
- Sesame cultivation areas have been damaged. Sesame is considered a lower-cost alternative to cotton and wheat in the targeted area under agriculture dependency, and many families in particular in Deir-ez-Zor rely on the staple to make their living. It requires less water, labour, and pesticides than cotton.
- Livestock-dependent households have been destocking large numbers of animals due to the combined effect of lack of pastures as a result of drought, lack of irrigation, and high price of the allocated fodder.
- The number of families migrating out of the country or into urban areas has been increasing as a result of the severely worsened food security situation.
- The livelihoods and income of farmers have been impacted and have led to job loss in rural livelihoods.
- The income and purchasing power of people is shrinking.

As part of the operational strategy, a detailed multi-sectoral assessment was carried out in the affected areas to assess the overall access to basic services and economic conditions in the affected communities, to identify the longer-term impact of the drought conditions and water shortages on the affected population in Deir-ez-Zor, and to inform any future planning of interventions in the areas. The assessment was undertaken in March-April 2022 by 21 SARC volunteers from different departments and covered the villages of Ghariba, Al-Dablan, Tishreen, and Al-Duwair in Ashara district. The assessment methodology depended on key informant interviews, focus group discussions, and household visits. A total of 9,850 families took part in the assessment of which 1,365 were headed by women and 627 were families with persons with special needs. The assessment findings confirm previous assessments and provide a projection into the longer-term impact and needs of the affected population.

⁴ WATER CRISIS IN NORTHERN AND NORTHEAST SYRIA Immediate Response and Funding Requirements, 8 September 2021, UN OCHA.



Photo 1: Focus group discussions during the multi-sectoral needs assessment. © SARC

The findings related to the drought are summarised below by sector:

Livelihoods: Agriculture and livestock breeding are the main sources of income in the target areas for people to secure their financial needs for the year as a whole. However, due to the drought conditions, fewer families were able to rely on these livelihoods to meet their basic needs, and consequently, former farmers and livestock keepers have had to leave or diversify this source of income with daily labour or become more dependent on remittances.

The main crops grown in the area are mainly wheat and cotton, as well as some vegetables, barley, maize, and sesame. Agriculture, both rainfed and irrigated from the Euphrates River or wells, has been severely affected by the drought due to the lack of water. This was worsened by the lack of fuel and electricity and escalated prices for pumping water from alternative sources. Livestock constitutes mainly of sheep and goats with some cows, poultry, and apiaries. The problems of livestock significantly augmented by the drought include the lack of feed and medicines, their high prices, and the lack of pastures, which have resulted in people starting to sell part of the livestock to feed the rest.

As the families can no longer meet their basic needs with the income from their traditional livelihoods. The most common coping strategies are to borrow money, sell productive assets, involve school children in generating income, buy less expensive food, reduce health expenses, reduce educational expenses, sell property and furniture, request help from relatives, and better off people in the areas.

Drinking Water: The main water network is available in the villages in general, but many villages face several problems related to the network, where water often does not reach all homes due to the lack of pumping caused by electricity and fuel shortages. The dependence on buying water from tanks has increased, and families pay high costs to obtain drinking water. Furthermore, there is a risk of contamination at the source during its transportation to homes or during storage in plastic tanks. Only a few follow any strategy to sterilize the polluted water used for drinking and daily use.

Health, sanitation, and hygiene: A sewage network is available, but it is not connected in some villages and is closed and damaged in some other villages. Inadequate sanitation facilities increase the risk of diseases. There is no waste disposal through the municipalities due to poor resources, and the waste is collected and burned by the people. 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; however, accurate statistics are not available. There are clinics with dispensaries in three out of four assessed villages. 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, and water and electricity are not available. The most commonly used secondary health care facilities are hospitals located in Deir-ez-Zor city or Al-Mayadin city.

The multi-year drought and the scarcity and high cost of water, food, and energy are mutually reinforcing and are underpinning Syria's food security crisis. It is expected that the drought will have a greater impact in the coming

years as a result of a decrease in agricultural production, an increase in the possibility of the death of livestock, and the sale of productive assets. There is also a possibility of an increase in the rate of poverty and migration from villages.



Photo 2; Drought-affected plantation, Al-Ashara sub-district during the multi-sector needs assessment. © SARC

Proposed future operational priorities in the communities are indicated below:

- Providing food parcels in parallel with supporting livelihood protection and recovery interventions: The current economic crisis and high prices of food and transport, combined with reduced income, place a heavy burden on the affected population.
- Providing drinking and irrigation water: This constitutes a basic requirement of the population. Providing water to irrigate crops will greatly improve the economic situation of families. The issue of water is closely related to the availability of electricity and fuel for the continuity of pumping, which requires generators and/or solar energy.
- Providing feed for livestock to protect the animals from dying or being sold due to the unavailability of pastures and the high prices of fodder in the market.
- Supporting farmers with seeds and fertilizers: Due to their high prices in markets, seeds and fertilizers constitute a significant financial burden on farmers, worsened by the drought conditions that have been compromising the harvest yield.
- Improving access to health services at medical facilities and health information on disease prevention and healthy living to secure the population's need for basic health and reproductive health services and to reduce the financial burden on families.

The assessment findings and identified priority areas were taken into account in the planning of future interventions in the drought-affected areas, including a small livelihoods intervention supported by the IFRC.

Risk Analysis

RISK AREA	CONTROLS MANAGEMENT
Staff and volunteer health: lack of COVID-19 personal protective equipment (PPE) for staff and volunteers increases the risk of contracting COVID-19 during community-based activities in the response, resulting in the reduced operational capacity of SARC at branch and sub-branch levels.	SARC started immunizing all staff and volunteers in April 2021, and the majority of those involved in the operation have been fully vaccinated. The operation was designed to adhere to SARC's epidemic control measures. PPEs were procured with funding from other sources and used by staff and volunteers with IFRC and Movement partners' funding.
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.	The security situation and context were monitored throughout the operation with continued coordination and collaboration with local actors to maintain access and acceptance. Movements were planned with flexibility in order to minimise the security risk for staff and volunteers. Community engagement and accountability activities throughout the operation with the beneficiaries and communities ensured support also from the affected communities.
Steep price increases of food items and food parcels resulted in the procurement of fewer than planned food parcels, and therefore, fewer than planned persons affected reached with humanitarian assistance.	The price of the World Food Programme (WFP) standard food basket increased by 59% between October 2021 and April 2022. The actual price of the food parcel was 315,000 SYP or 26% higher than budgeted at 250,000 SYP. A budget reallocation was done to increase the budget for food parcels.
Shortage of fuel prevents humanitarian assistance from reaching the people in need with the required assistance and delays field assessments.	Fuel shortages occurred during the operation in Syria in general and for SARC, as well as the trucking company with which SARC has a framework agreement. This had an impact mainly on the movement of stocks. SARC prioritized its most critical services, such as ambulances and movement of life-saving relief items, including the food parcels under this operation which were distributed within the implementation period albeit with a couple of weeks' delay.

B. Operational strategy

Overall Operational objective:

The overall objective of this DREF operation was to provide multisectoral and integrated humanitarian assistance to 30,000 most vulnerable people (6,000 households) affected by drought conditions through the distribution of food parcels and delivery of hygiene promotion messages and disease prevention awareness-raising for water-borne diseases and COVID-19 through SARC volunteers and community health promoters. The DREF response was carefully coordinated with other ongoing programmes and operations and focused on addressing new humanitarian needs caused by the drought conditions to ensure no duplication or overlap with the Syria Complex Emergency Appeal that was closed in December 2021.

During the operation, SARC carried out continuous needs assessment and analysis both in the areas affected, and the operational plan and budget were modified based on situational requirements. For example, the budget was increased for food parcels due to the sharp price rises affecting the country during the period of the operation by using savings from other budget lines. Syria experienced its third wave of COVID-19 infections in August – December 2021, and the health and hygiene awareness-raising activities were modified to also include risk

communication and community engagement on COVID-19 in coordination with the Ministry of Health and vaccine uptake, as misinformation about the vaccine was rampant leading to significant vaccine hesitancy among the population.

The response strategy for the immediate phase (six months) focused on food security, hygiene promotion, and health awareness-raising, as well as the conduct of a detailed multi-sector impact and needs assessment to inform the response strategy for the subsequent phase covering a multi-sectoral and holistic approach integrating food security, health, and WASH. The multi-sector needs and impact assessment to inform longer-term interventions in drought-affected areas was undertaken. The findings will be used for planning recovery and resilience-enhancing interventions depending on the availability of resources.

Community Engagement and Accountability (CEA)

CEA was integrated throughout the intervention to ensure maximum and meaningful participation of affected communities. CEA was first addressed within the needs assessment where community perspectives around their needs were captured and utilized to support the design of the emergency plan of action. Additionally, SARC used dedicated hotlines managed by SARC staff and volunteers so that the people affected can contact with their questions, provide feedback, and raise possible concerns regarding SARC actions. Feedback and inputs were also collected through a complaints box, communicating with the branch, through social media or through post-distribution monitoring.


Planning, Monitoring, Evaluation, and Reporting (PMER) and Information Management (IM)

SARC HQ monitored and supported the Head of Branch and Branch Relief Coordinator in the implementation of the operation. 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 and evaluation (M&E) activities include:

- Regular budget vs expenditure follow-up and budget modifications if required.
- Post-distribution monitoring (PDM), including a satisfaction survey, will be carried out with resources from other partners due to the delay caused in the distribution of food parcels as a consequence of lack of fuel.

C. Detailed Operational Plan

	<h3>Livelihoods and basic needs</h3>		
<p>People reached: 28,874</p>			
<p>Male: 14,434</p>			
<p>Female: 14,440</p>			
<p>Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</p>			
<p>Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities</p>			
<p>Indicators:</p>		<p>Target</p>	<p>Actual</p>
<p><i># of households reached with food assistance</i></p>		<p>2,000 (10,000 people)</p>	<p>5,002 (28,874 people)</p>
<p>Narrative description of achievements</p>			
<p>The drought operation originally targeted 30,000 of the most vulnerable people among those in need of humanitarian assistance as a result of water crises and drought conditions (6,000 households). These were among the households most severely affected by the drought and low water level in the Euphrates, and who have a high level of vulnerability and low coping capacity as a result of the compound effects from ten years of crises, economic conditions, livelihoods, and COVID-19. The final selection criteria were refined after the assessment, targeting, and registration with the following criteria:</p>			
<ul style="list-style-type: none"> • Households directly affected by the drought (farmers and livestock breeders and other families with affected livelihood assets) • Households with a person with disability. • Low-income households whose livelihoods and economic status have significantly deteriorated. • Households without a head of the family. • Female-headed households 			
<p>The geographical areas targeted by this operation were the communities of Gharibah, Dablan, Al Dowayr, Al Keshmah in Al Ashara district, and Deir-ez-Zor governorate.</p>			
<p>Procurement of Food Parcels: The tender for the procurement of food parcels was launched in November 2021, and the process was completed in March 2022 following the inspection and laboratory testing of an independent inspection company. The IFRC Procurement Delegate based in Syria worked closely with SARC and provided technical expertise and supervision of the process. IFRC's regional and Global Humanitarian Services & Supply Chain Management unit in Geneva verified and validated the process. The procurement procedures followed IFRC international procedures and quality standards. SARC's standard food parcel for a family of five for one month contains the following items: rice (6kg), bulgur (4kg), beans (2kg), lentils (2kg), sunflower oil (3l), olive oil (1l), tomato paste (800g), salt (250g), sugar (6kg), vegetable ghee (1kg), and tea (900g). All the items in the food parcels have an expiry date in 2024, other than black tea (December 2023) and iodized salt (February 2023). An independent inspection company was contracted to verify the quantity and quality of the food parcels both at the supplier warehouse before shipment and at SARC's warehouse after the delivery of the goods. The laboratory test and inspection reports met the requirements for distribution.</p>			
<p>The sharp price increase of food items over 2021 was one of the main challenges, and fewer food parcels than originally planned (6,000 parcels) were procured. A budget reallocation was undertaken to use the funding for the international surge and smaller savings from other budget lines for the procurement of food parcels.</p>			

Following the rapid assessment in September, an additional assessment was undertaken in December 2021, during which volunteers completed the beneficiary registration through house-to-house visits. A total of 15 SARC volunteers from Deir-ez-Zor, with experience from relief distributions including in the targeted locations, were involved in the operation. On an exceptional basis, volunteers also delivered the food parcels directly to the household for those that were unable to come to the distribution points due to illness, impairment, or other reasons. The operation was coordinated at the governorate and district/municipality level through the relief committee, in which SARC is a member, technical clusters, working groups, as well as respective mayors and local leaders. The distribution of the food parcels was completed within the operational period and reached a total of 28,874 people.

Location	Food parcels	Men	Women	Boys (<18years)	Girls (<18years)	Total
Gharibah	700	1,043	1,093	1,110	1,062	4,308
Dablan	490	438	500	495	370	1,803
Al Dowayr	1,300	1,900	2,061	1,882	1,711	7,554
Al Keshmah	2,512	3,316	3,794	4,250	3,849	15,209
Total	5,002	6,697	7,448	7,737	6,992	28,874

Table 1: Number of people benefitting from food parcels by community

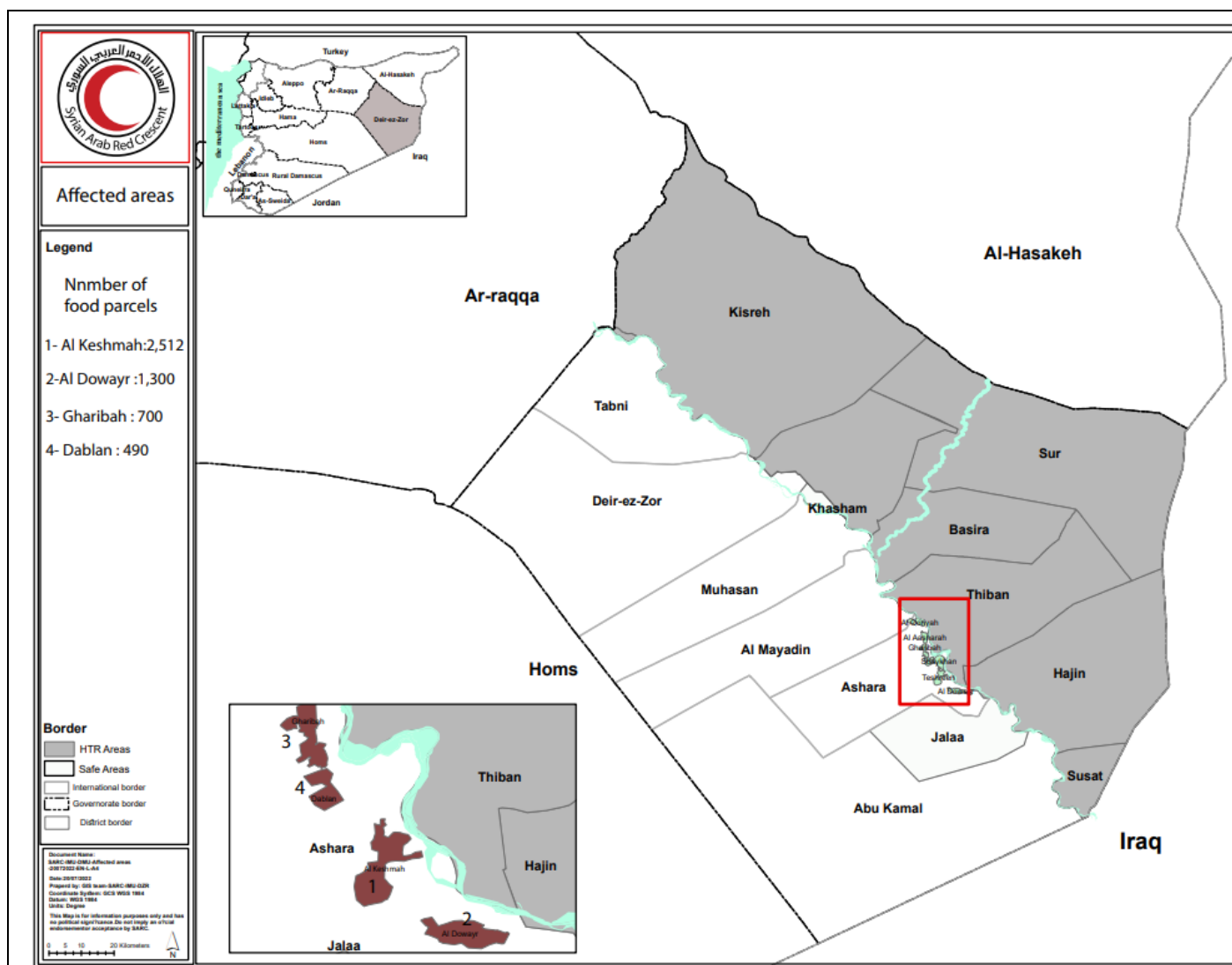


Figure 1: Location and number of food parcels distributed per locality

Challenges

March 2022 marked the highest ever recorded monthly average reference food basket price since monitoring started in 2013, with food becoming increasingly unavailable to many households with families adopting negative coping mechanisms to cover their basic food needs, including purchasing basic items on credit, reducing expenditure on essential goods, and selling off household assets⁵. This means that the humanitarian needs far exceed the available funding and resources. A budget reallocation was done to increase the number of food parcels that could be bought at higher prices.

The current fuel crisis and lack of availability of diesel have slowed down the timely distribution and movement of stocks in Syria. SARC has a framework agreement for a trucking service company and also its own fleet for the movement of goods and prioritizes the movement of lifesaving operations and activities.

The security situation and context in the areas targeted changes often and this required close coordination to ensure access and flexibility in the plans involving activities in the communities.

Lessons Learned

⁵ WFP, VAM Food Security Analysis, Syria Country Office Market Price Watch Bulletin, March 2022.

Closer coordination and planning between SARC's technical departments will facilitate the start-up and implementation of multi-sectoral disaster response operations. A coordination structure with focal points in each technical department and one department in the overall lead of the operation calling for regular meetings would facilitate a timely response, including modifications to the operational strategy, when needed, and budget revisions to ensure full absorption of the funding.



Health

People reached: 54,086

Male: 14,272

Female: 16,023

Children: 23,791

Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

Output 2.1: Improved access to health care and emergency health care for the targeted population and communities

Indicators:	Target	Actual
# of people reached with services to reduce relevant health risk factors	5,000	11,220
# of people reached through awareness-raising activities	5,000	54,086

Narrative description of achievements

SARC's priority was to provide health education to the people in the target communities through Community Based Health and First Aid (CBHFA) volunteers and community health promoters. SARC used existing Information, Education, and Communication (IEC) materials to provide culturally appropriate and standardized messages to the affected communities on health, hygiene, and COVID-19. SARC's volunteers and health promoters are trusted sources of information that can engage in two-way communication and dialogue with the communities allowing dispelling misinformation and debunking myths. During the operation, SARC run intensive Risk Communication and Community Engagement (RCCE) campaigns on COVID-19 messages addressing misperceptions and vaccine hesitancy in Deir-ez-Zor and areas affected by the drought. These activities were funded by IFRC's global emergency appeal in response to the pandemic.

A pre-assessment was conducted by SARC staff and volunteers on common diseases in order to be able to tailor the response and focus on the most pressing disease prevention messages. Most people had little or almost no health information about diseases (Lice, Scabies, Diarrhea, Hepatitis A, and Malnutrition) and how to get safe drinking water. The health awareness activities covered several health conditions and diseases related to access to water, including acute respiratory infections, lice, diarrhea, hand washing, typhoid fever, hepatitis A, safe water, malnutrition, and others.

The CBHFA team intervention was conducted in schools and through home visits and group meetings. An intervention strategy was developed in the schools in Al-Ashara Primary Schools and its surroundings, where the number of students exceeds 800 children. Due to severe overcrowding, lack of water and poor sanitation, several diseases and skin conditions, such as diarrhea, hepatitis A, and lice, have spread. The focus was on first targeting the teaching staff, as they are the greatest assistant and motivator for students and the surrounding community. Thereafter, the volunteers reached out to the students through interactive activities and distribution of messages and enhancing materials such as soaps (1,542), anti-lice shampoos (2,770), disinfectants (1,542), as well as sketchbooks and colouring books (1,350). A total of 11,220 persons benefitted from the items distributed.



Figure 2: Dissemination of health and hygiene messages through puppet short in schools. ©SARC.

The messages covered personal hygiene, access to safe water, and the prevention of water-borne and related diseases. The same topics were disseminated through home visits and group meetings to the people in Al Ashara and surrounding areas with the distribution of Oral Rehydration Salt (ORS) and anti-lice shampoo. The items distributed were from existing stocks of SARC and funded by other sources than the DREF.

Through follow-up by the volunteers and community health promoters, it was found that the messages are being implemented seriously by the beneficiaries, and the intervention was more successful than expected. Because of their strong need for messages and knowledge of ways to prevent

waterborne diseases and their fear of infection, we noticed a rapid change in behaviour and the adoption of healthy behaviours within the public.

Item	Male	Female	Children	Total
Brochures	18	38	-	56
Soap	100	150	1,292	1,542
Hand Sanitizer	100	150	1,292	1,542
Sketchbooks & CBHFA coloring books, balloons			1,350	1,350
Anti-lice shampoo				2,770
ORS				3,960
Total	218	338	1,934	11,220

Methodology	Male	Female	Children	Total
Group meetings	9,614	10,697	3,850	24,161
Home visits	4,658	5,326	697	10,681
Children activities				19,244
Total	14,272	16,023	4,547	54,086

The public gathering activities targeted crowded places, especially parks and safe spaces such as SARC's Community Services Center in Al-Ashara, and several plays for children were also performed. Health messages were also given to the beneficiaries within the SARC clinic in Deir-ez-Zor and with SARC MHU.

The health teams collaborated with SARC's WASH volunteers around hygiene promotion and with the Community Services unit using the community centres as locations for messaging. The community services team in Al-Ashara conducted activities and plays for children within the centre and implemented several joint activities to communicate messages about various diseases and promote healthy behaviours through games that children can understand. The health awareness messages were also coordinated with the health department and other organisations, such as the Syrian Social Development Association (Faydh) which provided assistance to people with special needs, such as a washing machine, a laser heater, a firewood house, and water tanks, specifically in the city of Al-Asharah.

The findings from the **multi-sectoral needs assessment** highlighted that there are not enough clinics or medical points to ensure access to primary health care for the population in the target areas affected by the drought. The lack of safe water, its insufficient access to the entire population, its contamination, and irregular sewage (technical sewage) causes the spread of diseases. In schools, the spread of epidemic diseases, such as typhoid, respiratory infections, stomach and intestinal infections, diarrhea, and lice was in abundance. The high level of poverty among the affected population has led to a certain level of complacency and a lack of interest in children's hygiene and neglect "because of the preoccupation with the poor living situation". Access to information and awareness about how to prevent diseases was weak due to ignorance and the lack of social media because there is no electricity, mainly due to "outages for long periods" and a weak network. The presence of waste near population centres and the failure to dispose of them safely, combined with a lack of sufficient pesticides, means that there are many pests. These findings are taken into consideration by SARC for planning new interventions in the target area affected by drought.

Challenges

The long time required for renting a car caused delays in the early stage of the operation. This was partially caused by the chronic lack of fuel in Syria.

There was also a delay in getting the items that were distributed to the affected population, including anti-lice shampoo and ORS. These delays were made up through intensive campaigns in the last part of the operation and the number of people reached exceeded the target.

Lessons Learned

The area would benefit from regular monitoring in terms of health conditions and disease prevalence, and there is a need to continue awareness campaigns and distribute hygiene materials and sanitary items. Applying several methodologies for awareness-raising messages and adapting these for the target group (teachers, children, and the general population) led to the high uptake of the information among the population, and there were anecdotal indications of not only increased knowledge and awareness but also behavioural change.



Water, sanitation and hygiene

People reached: 34,655

Male⁶: 15,941

Female: 18,714

Outcome 1: Immediate reduction in risk of waterborne and water-related diseases in targeted communities

Output 1.1: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

Indicators:	Target	Actual
# of people reached through awareness-raising activities	5,000	34,655

Narrative description of achievements

Hygiene promotion activities were undertaken in several locations of Deir-ez-Zor and were not limited to the communities targeted with food parcels in order to reach a larger vulnerable population. There was a close collaboration between SARC's health volunteers and hygiene promotion volunteers. In Al-Ashara, people were suffering from the spread of diseases, including hepatitis A, typhoid, and diarrhea), and they were not aware that the main reason for these diseases was contaminated drinking water. Therefore, the key messages focused on correct and simple ways to sterilize water before using it for drinking or cooking, mainly by sedimentation, filtering, sterilizing it with chlorine, and boiling or exposing it to sunlight. According to follow-up undertaken by the volunteers, the people reached started applying these inexpensive methods and were keen to continue because they are simple and very useful methods that protect them from most water-related diseases.

⁶ Gender disaggregation based on SARC 2021 beneficiary profile according to which among people reached, 46% constituted male and 54% female, respectively.

The town of Al-Ashara and its surroundings were very miserable in terms of the lack of water and hygiene materials and their high cost, which was not commensurate with their low income. This made them skimp on water and neglect hygiene, especially for children, which resulted in the spread of lice and diarrhea. The team intervened by giving messages about how to use safe drinking water with minimum standards without wasting or scarcity and how to protect themselves from waterborne diseases.

Water purification tablets were procured as part of the operational strategy. The procurement process was undertaken by SARC's logistics unit with technical support and checks by the IFRC regional global supply chain management team. There was a slight delay in the procurement of water purification tablets. However, the tablets procured will be distributed in the coming period by volunteers through their regular activities in the affected areas.

Details	Awareness message	Location	# of persons reached
Awareness about (causes of pollution & ways to treat drinking water at home)	Safe Water chain	Deir-ez-Zor city	672
Awareness about home care of diarrhea (causes, symptoms, & prevention methods) and Awareness about (causes of pollution & ways to treat drinking water at home)	Safe Water chain & Diarrhea home care	Bokros	2,357
Awareness about home care of diarrhea (causes, symptoms, & prevention methods) and Awareness about (causes of pollution & ways to treat drinking water at home)	Safe Water chain	Alhusainiya	10,612
Awareness about home care of diarrhea (causes, symptoms, & methods of prevention) dehydration and its danger to children, and methods of preparing rehydration solution	Safe Water Series & Diarrhea home care	Zgayer and Mustaha	601
Awareness about home care of diarrhea (causes, symptoms, & prevention methods) and Awareness about (causes of pollution & ways to treat drinking water at home)	Safe Water chain, Diarrhea home care, & General and personal hygiene	Al Shematiya	20,413
Total			34,655

Table2 : Hygiene promotion activities and topics by area and persons reached

Challenges

Procurement of water purification tablets took longer than planned and the lack of fuel hindered the timely transport of the tablets from the central warehouse to the Deir-ez-Zor branch. The tablets will be distributed by SARC's health promotion volunteers to families affected by the drought through regular activities.

Lessons Learned

Closer coordination and planning between SARC's technical departments will facilitate the start-up and implementation of multi-sectoral disaster response operations. A coordination structure with focal points in each technical department and one department in the overall lead of the operation calling for regular meetings would facilitate a timely response, including modifications to the operational strategy when needed and budget revisions to ensure full absorption of the funding. In the case of this drought operation, SARC was able to complete activities after the implementation period with resources for regular non-drought-related activities implemented in the same areas.

Strengthen National Society			
Outcome: 1. National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform			
Indicators:		Target	Actual
<i># of NS governorates branches that are well functioning (in the operation)</i>		2	2
Output 1.1: National Societies have effective and motivated volunteers who are protected			
<i># of volunteers that are debriefed and protected</i>		100	50
Outcome 2.1: Effective and coordinated international disaster response is ensured			
Indicators:		Target	Actual
<i>Effective and coordinated international disaster response ensured</i>		Yes	Yes
Output 1.1: Output S2.1.1: Effective and respected surge capacity mechanism is maintained.			
<i># of surge deployments</i>		1	0
Output: NS compliance with Principles and Rules for Humanitarian Assistance is improved			
Indicators:		Target	Actual
<i># of community feedback systems in place</i>		1	1
Outcome 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.			
Indicators:		Target	Actual
<i># of accountability tools adopted by the NS</i>		2	2
Output 1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues			
<i># of communication products</i>		N/A	
Output: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.			
<i># of multi-sectoral needs assessments conducted</i>		1	1
Outcome The programmatic reach of the National Societies and the IFRC is expanded.			
Indicators:		Target	Actual
<i># of Lessons Learned workshop</i>		1	0
Output: Resource generation and related accountability models are developed and improved			
<i>M&E plan produced</i>		Yes	Yes
Narrative description of achievements			
<p>SARC mobilized approximately 50 volunteers and staff who were actively engaged in the various phases of the operation, including initial needs assessments, distribution of food parcels, and provision of health and hygiene key messages to the affected population, as well as in undertaking initial assessment, multi-sectoral assessment, monitoring, and follow-up. The volunteers and staff used PPE to prevent COVID-19 transmission during the operation and in the direct engagement with the people affected, these were funded by IFRC, from other sources, and SARC's other partners. The staff and volunteers also received regular security briefings to ensure their safety and security in the fieldwork. SARC has been monitoring the security and context situation</p>			

in the target governorates continuously and has been maintaining dialogues with local administrations. SARC's volunteers are insured under IFRC's global accident insurance.

SARC is a member of the national high relief committee supporting the coordination of humanitarian assistance in Syria, including in the areas affected by the drought. SARC is also a member of the relief committee at the governorate and district levels. SARC is also a member of the Syria Humanitarian Fund Advisory Board. SARC coordinated closely the response to the drought with UN agencies, in particular, WFP, INGOs, and local actors, through clusters and local coordination mechanisms. Target areas for the drought response were coordinated closely with other actors and the relevant government departments actors to avoid overlaps in the response and harmonize selection criteria.

The IFRC surge deployment was not activated as originally planned. The budget allocated for the deployment was reallocated for food parcels that were procured in lower quantities than planned due to the steep price increase. SARC's disaster management department led the operation with technical teams from the health department, WASH and rehabilitation department and in close coordination with SARC's procurement, logistics, and Information Management (IM). The multisectoral needs assessment involved technical resources and inputs from relief, food security, livelihoods, health, and WASH teams. IFRC's Syria team, including the Programme Manager, PMER Delegate, and Finance and Administration delegate provided technical and managerial support to SARC as requested. The IFRC Global Humanitarian Services & Supply Chain Management Unit for the Middle East and North Africa based in Beirut provided close advice and technical support for the procurement of food assistance.

SARC used its existing Monitoring, evaluation, accountability, and learning (MEAL) and IM teams to assist the disaster management team in assessments and data analysis. SARC communicated with the beneficiaries directly through household visits by volunteers and through community leaders. SARC also informed the people about the hotline operated by the branch and social media accounts. The main feedback and requests for information related to the selection criteria and how and where to receive food parcels. There were also requests for securing drinking water, securing pumps for watering crops, and providing the necessary electricity for these pumps.

SARC's staff and volunteers directly involved in the response took photos and short messages for social media. IFRC and SARC used their social media channels (Facebook, Twitter, and Instagram) to communicate about the drought situation and the relief operation.

The multisectoral needs assessment questionnaire was developed with inputs from technical departments, including livelihoods, health, and WASH. SARC trained 21 volunteers with different specializations (relief, WASH, and health) in Deir-ez-Zor prior to the assessment that was undertaken with household visits. The needs assessment was led by SARC's area manager and assessment expert from Homs. The results of the multisectoral needs assessment dictate the need for the continued provision of humanitarian assistance. SARC, among its partners, is mobilizing financial resources for multisectoral response, including continued distribution of food parcels and livelihood protection interventions in the most affected areas. A summary of the findings from the assessment is described under the section 'Needs analysis' above.

Challenges

Please see the challenges reported under the sections above.

Lessons Learned

Lessons learned have been collected from the staff and volunteers directly involved in the operation. The main lessons from the operation include:

- Strengthen and expand the technical support for assessment teams through training and workshops to increase their expertise in the assessment process.
- Setting up interdepartmental coordination at the HQ level immediately after the launch of the operation would make it more effective and efficient in terms of clarifying the roles and responsibilities of the departments and resources available for the mobilization of assistance and support functions including follow-up on the operation and any necessary adjustments to the operational strategy.

- Strong community engagement and dissemination, communication activities with various stakeholders and communities from the start of the operation about SARC, its mandate, principles, and values ensured uninterrupted access to the remote and highly vulnerable areas.

These findings will serve to further strengthen SARC's experience in drought response for the future.

D. Financial Report

The operating budget and response activities remain unchanged. IFRC provided CHF 748,415 out of which CHF 703,073 was spent. The balance amount of CHF 45,342 will be returned to the DREF fund. The under-expenditure is mainly due to incentives for volunteers which were mostly covered by other SARC funding resources and the lessons learned workshop which was not organised but replaced with direct feedback from the staff and volunteers involved in the operation.

The detailed financial report is available below.

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/10-2022/08	Operation	MDRSY006
Budget Timeframe	2021/10-2022/08	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 28/Sep/2022

All figures are in Swiss Francs (CHF)

MDRSY006 - Syria - Droughts

Operating Timeframe: 19 Oct 2021 to 30 Apr 2022

I. Summary

Opening Balance	0
Funds & Other Income	748,415
DREF Allocations	748,415
Expenditure	-703,073
Closing Balance	45,342

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction		702,929	-702,929
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs	716,465		716,465
AOF4 - Health			0
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	716,465	702,929	13,536
SFI1 - Strengthen National Societies		144	-144
SFI2 - Effective international disaster management	31,950		31,950
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	31,950	144	31,806
Grand Total	748,415	703,073	45,342

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/10-2022/08	Operation	MDRSY006
Budget Timeframe	2021/10-2022/08	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 28/Sep/2022

All figures are in Swiss Francs (CHF)

MDRSY006 - Syria - Droughts

Operating Timeframe: 19 Oct 2021 to 30 Apr 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies		610,181	-610,181
Food		583,471	-583,471
Water, Sanitation & Hygiene		23,586	-23,586
Medical & First Aid		3,124	-3,124
Logistics, Transport & Storage		47,625	-47,625
Transport & Vehicles Costs		47,625	-47,625
Personnel	30,000		30,000
International Staff	30,000		30,000
Workshops & Training		840	-840
Workshops & Training		840	-840
General Expenditure		1,517	-1,517
Travel		260	-260
Office Costs		787	-787
Financial Charges		470	-470
Operational Provisions	672,737		672,737
Operational Provisions	672,737		672,737
Indirect Costs	45,678	42,911	2,767
Programme & Services Support Recover	45,678	42,911	2,767
Grand Total	748,415	703,073	45,342

Contact Information

Reference documents



Click here for:

- [Emergency Plan of Action \(EPOA\)](#)

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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 (NGOs) 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.