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Emergency appeal operation update

Syria: Complex Emergency

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRSYR003
GLIDE n° OT-2011-00025-SYR
Operation update n°6
16th June 2014

Period covered by this operation update:
January-April 2014

Appeal target (current)

CHF 107.4 million

seeking in cash, kind and services to support
Syrian Arab Red Crescent

5,460,000

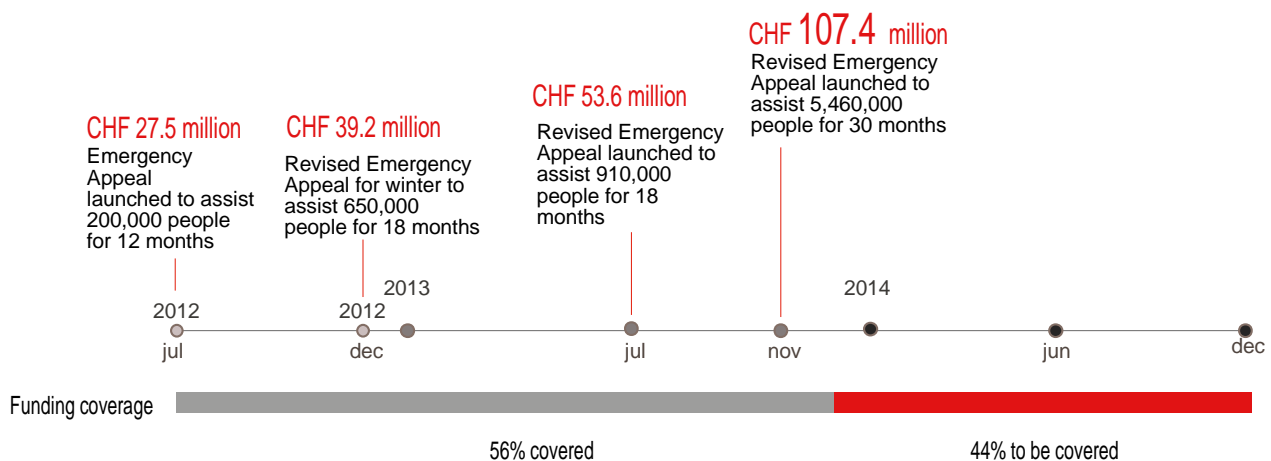
beneficiaries to be supported till December 2014

[<Click here to go directly to the updated donor response report, here for the interim financial report and revised budget, or here to link to contact details >](#)



Beneficiaries carry food, distributed by SARC to Babila, Yalda and Beit Sahem, suburbs of Damascus. Photo: Ibrahim Malla/IFRC

Appeal history



The budget is revised taking into account 37 cars received from the Netherland Red Cross, 2 ambulances received from both the Netherlands Red Cross and Belgium Red Cross (Flanders) as In-Kind donation and that had not been included in the initial budget.

Regarding the funding balance of CHF 15 million in April, it is important to note that 67 per cent of this balance is already committed. Indeed, IFRC Logistics with the approval of the project manager has already issued requisition request for food parcels until end of July, as well as the procurement of medicine, personnel costs, SARC staff costs and logistics costs. Therefore only 33 per cent of the funding balance is still available (most of the funds are earmarked).

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

Summary

Humanitarian situation

By the end of April 2014, the number of displaced people in Syria was estimated from the field to be more than 7 million. It is expected that movement of populations within the country and to the neighbouring countries will continue further, as people are seeking for safety and access to food, livelihood and basic health services.

The needs are increasing and the families' resilience and coping mechanisms have been depleted. It can be confirmed that almost half of the population of the country is in need of humanitarian assistance, most importantly of the basic food items, shelter, shelter items, health care, personal hygiene items and other items according to specific needs.

A large proportion of the internally displaced is concentrated in relatively secure areas and putting extra pressure on the local basic and health services capacities, access to basic commodities such as water, electricity, and competing for the scarce livelihood opportunities available.

The main operational challenges continued to be the escalating violence, unpredictable administrative procedures, road closures and limited access.

At the time of writing, IFRC received the tragic news of yet another three volunteers who have lost their lives while trying to help others. Since the beginning of the conflict, 37 SARC and 7 PRCS staff and volunteers have lost their lives while providing assistance to people in need.

Progress of achievements

Number of beneficiaries reached per sector since July 2012



1.78 million beneficiaries

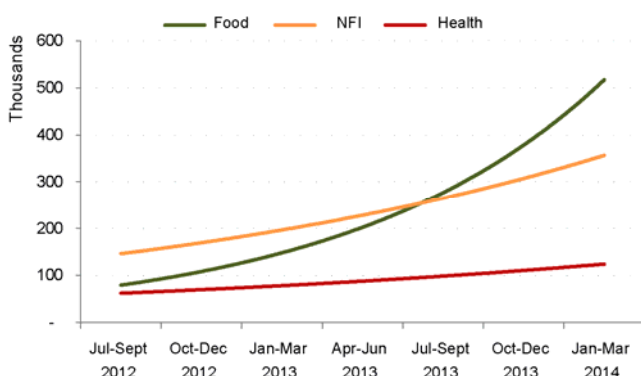


1.8 million beneficiaries (hygiene kits, mattresses, tarpaulins and blankets)

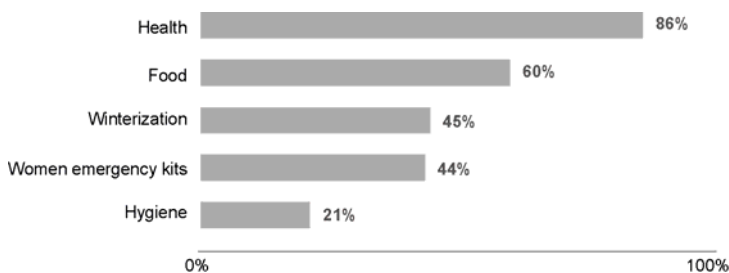


0.6 million patients assisted

Trend of beneficiaries reached per quarter from Jul 2012 to Mar 2014



Coverage for 2014



NEEDS 2014

Food parcels: The current coverage allows to partially meet the target until the end of July as items' unit costs are lower due to a new tendering process concluded at the beginning of the year. Still funds are urgently required to ensure pipeline stays uninterrupted

Hygiene kits: Due to the lack of funding available, targets count not be met in any of the months of the reporting period. However, German Red Cross bilateral support contributed to cover the target. As the summer is approaching, funding is required to meet the hygiene needs of people and to avoid spread of infectious diseases

Women Emergency kits: The annual target has not been met. These items were aimed to be prepositioned to be available in emergency situations in case of a large population movement due to insecurity.

Winterization: The target for the beginning of 2014 was met, but procurement needs to be started during the summer months to ensure the items will be available before the cold season.

Medicines: Procurement of medicines is on-going. Due to the increased prices for medicines in the country and the lack of medicines for some of the most common acute diseases continuous procurement is needed, so treatment of patients remains uninterrupted.

Capacity building support to SARC includes support to SARC staff in HQ, branches and sub-branches, volunteer incentives, several trainings related to the implementation of SARC response programme in different areas. Currently discussions are on-going related to scaling up the support to a comprehensive approach to enhance the capacities of sub-branches and clinics that will allow them to expand their services in response to the increased needs.

The situation

The humanitarian situation in Syria is rapidly deteriorating. Almost 10 million Syrians are in need of urgent assistance, including at least 7 million people displaced inside their own country, struggling to survive and cope with the crisis. Around 2.7 million women, children, men and elderly have fled Syria since January 2012, seeking refuge in Lebanon, Jordan, Turkey, Iraq and Egypt. Thousands of families have left for countries further afield.

Access

In January and February, several neighbourhoods in the outskirts of Damascus entered into local ceasefires, that enabled humanitarian assistance to reach the people living inside. Many of these neighbourhoods had been cut off from any assistance for a year or more. In February, the old city of Homs became accessible for few days. In March and April the conflict again intensified, access to some besieged areas was provided intermittently, including Old Homs. Local ceasefires in a few locations around Damascus were opened up for delivery of assistance. SARC managed to have access to distribute relief items and provide health care through mobile health units inside Barzeh, Babila, Yalda and Beit Sahem. Assistance reached Moadamiya and evacuations of vulnerable individuals was carried out from Yarmouk refugee camp in cooperation with the Palestinian Red Crescent Society (PRCS).

In cooperation with UN agencies, SARC Homs branch managed to evacuate more than 1,500 individuals from Old Homs and also managed to distribute relief items, albeit a limited amount.

After more than three months, the eastern area of the country was opened up for humanitarian assistance in February. SARC managed to send few aid convoys also with IFRC items but the road was closed again a few weeks after.

A high level of flexibility and availability of items and resources are required from the responding organisations to enable SARC to enter and attend to the most urgent needs once access is granted to areas previously sealed. This is only possible if partners continue supporting SARC to provide assistance without interruptions, by ensuring that the pipeline of items needed is continuously maintained and for SARC to use the contributions whenever needed especially to respond to emergency situations and short windows of access.

Displacement

Intensified violence and changes in frontlines were causing major displacements in Aleppo, Deir ez-Zour, Dara'a, and Rural Damascus governorates. Reports suggest almost 800,000 people having been displaced across the country since the beginning of 2014 with almost half a million only in Aleppo. Significant displacements, of 100,000 people reported, have recently occurred also in Deir ez-Zour governorate. This governorate is closed for humanitarian access, except for a short opening in February.

Health

The general health system continued to be heavily affected by the disaster and the immunity of the population to the most common diseases and infections has reduced. Recent communicable diseases outbreaks, like the 455 cases of H1N1 registered in the first six weeks of 2014¹, and reports indicating that measles is also widespread, are the result of the interruption of hygiene and regular vaccination programme and the weakened general health situation of the population. Spring and summer seasons are high transmission seasons for diseases of current concern inside Syria, namely measles, polio and leishmaniasis. Already there has been a notable increase in suspected measles cases, with 3,500 suspected clinical cases reported largely in Deir-ez-Zor, Aleppo and Idleb². As water becomes more scarce, with drought-like situations in parts of the country, incidence of other water-borne diseases such as cholera and typhoid cannot be ruled out.

There is a limited availability of medicines and vaccinations in the functioning health facilities, resources are more rapidly depleting compromising the ability to provide sufficient and quality care. Lack of available health staff is becoming another concern.

Food security

Due to limited access to essential commodities, challenges in reaching the entire country with humanitarian assistance and an accelerating inflation, the ability of households to meet their nutritional needs is severely eroded.

¹ http://www.who.int/hac/crises/syr/appeals/syria_donor_update_q1_2014.pdf

² http://reliefweb.int/sites/reliefweb.int/files/resources/part_i_syria_apr_2014.pdf

Food availability in the country is projected to be heavily affected by the expected shortfalls in agricultural production, which is caused by insecurity, lack of cultivation of fields, and high costs of transportation. Low levels of rain during the winter have caused a drought situation, which further impacts the food situation. Food import is hampered by the lack of security. Therefore, food continues to be a priority need particularly in besieged and hard to reach areas.

Coordination and partnerships

SARC has an operational lead role for Red Cross Red Crescent Movement response and facilitates and often implements activities supported by UN partners, as well as INGOs. The National Society is present across the country with a network of around 3,000 active, well-trained and dedicated volunteers and remains the primary provider of humanitarian services in Syria. SARC provides assistance to IDPs and across frontlines and through its local units, is among the first ones able to provide assistance once areas are opening and access is safe.

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

Within the Movement coordination mechanism in Syria, SARC, ICRC and IFRC coordinate matters of operational risk management, safety and security as well as capacity support to SARC. In line with a letter of understanding established in 2012, the senior leadership meets regularly to discuss matters of strategic importance and common concerns, with the aim to re-enforce Movement cooperation in Syria. The last meeting within the reporting period was held in Geneva on 7 February. The latest high level tripartite meeting was held in Beirut - after the time frame of this operations update but in connection to the Movement Advisory Platform (MAP) that was organised in May 2014, in Beirut. At the MAP meeting, the Movement decided to scale up the operational response to the Syria crisis by 50 per cent through several means; expanding services and enhancing coordination of activities. The concept of the Movement-wide reporting on the Syria crisis was shared, which will contribute to present a clear picture on the Movement overall response and impact, using common indicators across the different components of the Movement and across the different countries of the affected region.

Together as a Movement, SARC, IFRC and ICRC issued a number of statements and joint calls urging parties to respect International Humanitarian Law, in particular to take active steps to protect healthcare and humanitarian personnel, respecting the emblems, and to grant access to all besieged areas in Syria.

- 10 February: [Syria: Humanitarian convoys must not be targeted](#)
- 14 March: [Joint statement – Syria crisis, 3 years on: the International Red Cross and Red Crescent Movement calls for an end to the humanitarian tragedy](#)
- 14 March Reiteration of the [Call for the protection of volunteers through social media campaign](#)

Who did What in Syria from January to April 2014



British RC, German RC, Netherlands RC, Norwegian RC, Swedish RC - [IFRC]
Danish RC, German RC/Norwegian RC - [SARC]



American RC, Australian RC, British RC, Canadian RC, DFID, ECHO, Finnish RC, Netherlands RC,
Norwegian RC, Swedish RC - [IFRC/SARC]
German RC/Norwegian RC, Iraqi RC - [SARC]



Canadian RC, Canadian Government, ECHO, Swedish RC, USAID/OFDA - [IFRC/SARC]
Danish RC, Iraqi RC - [SARC]
Qatar RC - [WHO, local NGO]



Danish RC, German RC/Norwegian RC, Iraqi RC - [SARC]
DG ECHO, Finnish RC - [IFRC/SARC]



Australian RC, British RC, China RC Hong Kong, DFID, ECHO, Finnish RC, Irish RC, Netherlands
RC, Norwegian RC, Spanish RC, Swedish RC - [IFRC/SARC]
Danish RC, German RC/Norwegian RC - [SARC]
Qatar RC



Austrian RC, German RC/Norwegian RC - [SARC]
Qatar RC

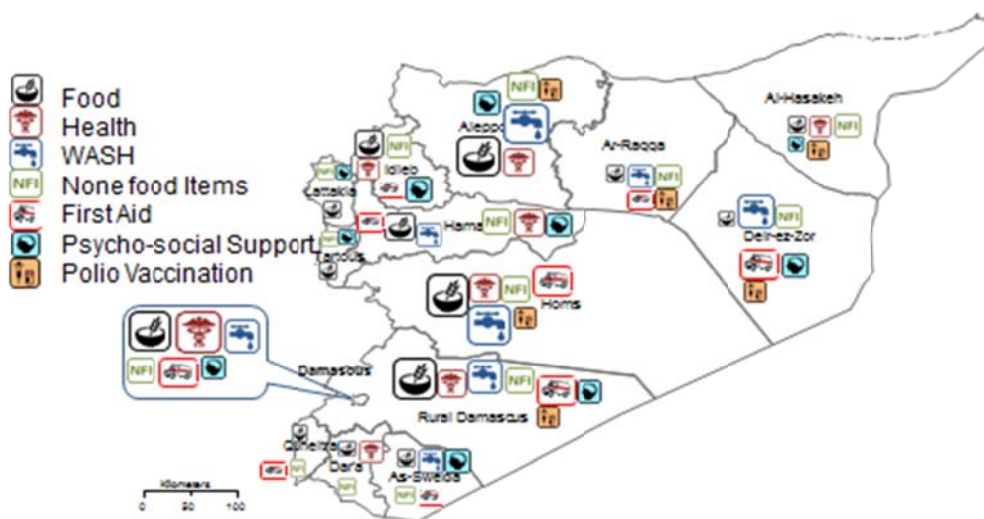
For further information you may consult the [detailed list of donor contributions](#).

A new ECHO grant agreement was negotiated with the Danish Red Cross (DRC) as lead agency (signed in May 2014) to provide emergency support to populations affected by the Syria crisis. The project of 5 million Euros will be carried out by a consortium of Danish Red Cross, German Red Cross / Norwegian Red Cross, and IFRC. It focuses on three areas: emergency medical assistance and primary health care, logistic capacity of SARC, and provision of non-food items (hygiene parcels, and kits for special needs (women, babies and elderly)).

Red Cross and Red Crescent action

The current crisis in Syria has been on-going since March 2011 albeit with a deepening of the humanitarian needs by early summer 2012. SARC, ICRC and the International Federation, with the support of partner National Societies, have been working in close coordination to support people affected by the conflict, albeit with on-going challenges in safely reaching those most in need. The Red Cross and Red Crescent Movement remains concerned about the lack of sufficient respect for the Red Cross Red Crescent emblem by the parties and the lack of safe, unimpeded access to people in need of assistance. SARC continues, sometimes in life-threatening conditions, to provide urgent assistance to people affected on all sides of the conflict. Since the beginning of the conflict, 37 SARC and 7 PRCS staff and volunteers have lost their lives while providing assistance to people in need.

SARC staff and volunteers distribute relief to more than 4 million people each month (food and non-food items), provide support in water and sanitation at places where the water supply system is damaged or has stopped functioning. Through its extensive network of health facilities and ambulances, SARC also provides emergency and



Summary of SARC activities. Map produced by SARC HQ

primary health care services. Psycho-social support reaches thousands of children and families by outreach teams, mainly to IDPs in safer areas. Reproductive health services are provided in cooperation with UN partners. SARC also often acts as intermediary, bringing in technical experts into hard to reach areas to enable repair of necessary infrastructure.

SARC supports people living in shelter in cooperation with other partners, UN agencies and other INGOs, based on the coordination agreed in the Shelter Working Group.

From January to April, a total of 11 SARC warehouses all over Syria continued to be supported by the German Red Cross (GRC), amongst them the main SARC logistics hub in Tartus. Eight warehouses were newly rented in this period following positive assessments on safety and access. GRC, present in Syria, has been supporting SARC in strengthening its logistics capacity also through means of transport, radio equipment, the provision of non-food items (NFIs) and food as well as staff salary support.

The Norwegian Red Cross – in consortium with GRC - has been supporting SARC's water, sanitation and hygiene promotion activities including the provision of WASH related NFIs and capacity building. Water emergency equipment stock has been pre-positioned in Aleppo since early March and has come into use in April when the city suffered cut-offs.

The Danish Red Cross has also been supporting SARC in the field of health (8 health points and ambulances), psychosocial support (training of volunteers and providing diffusion sessions), and shelter related non-food items (mattresses and blankets).

Iraqi Red Crescent has been supporting SARC with food and non-food items, including medicines since 2013. Medicines were provided to SARC health facilities inside Syria.

These National Societies are working as bilateral in- country partners with SARC.

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

Progress towards outcomes

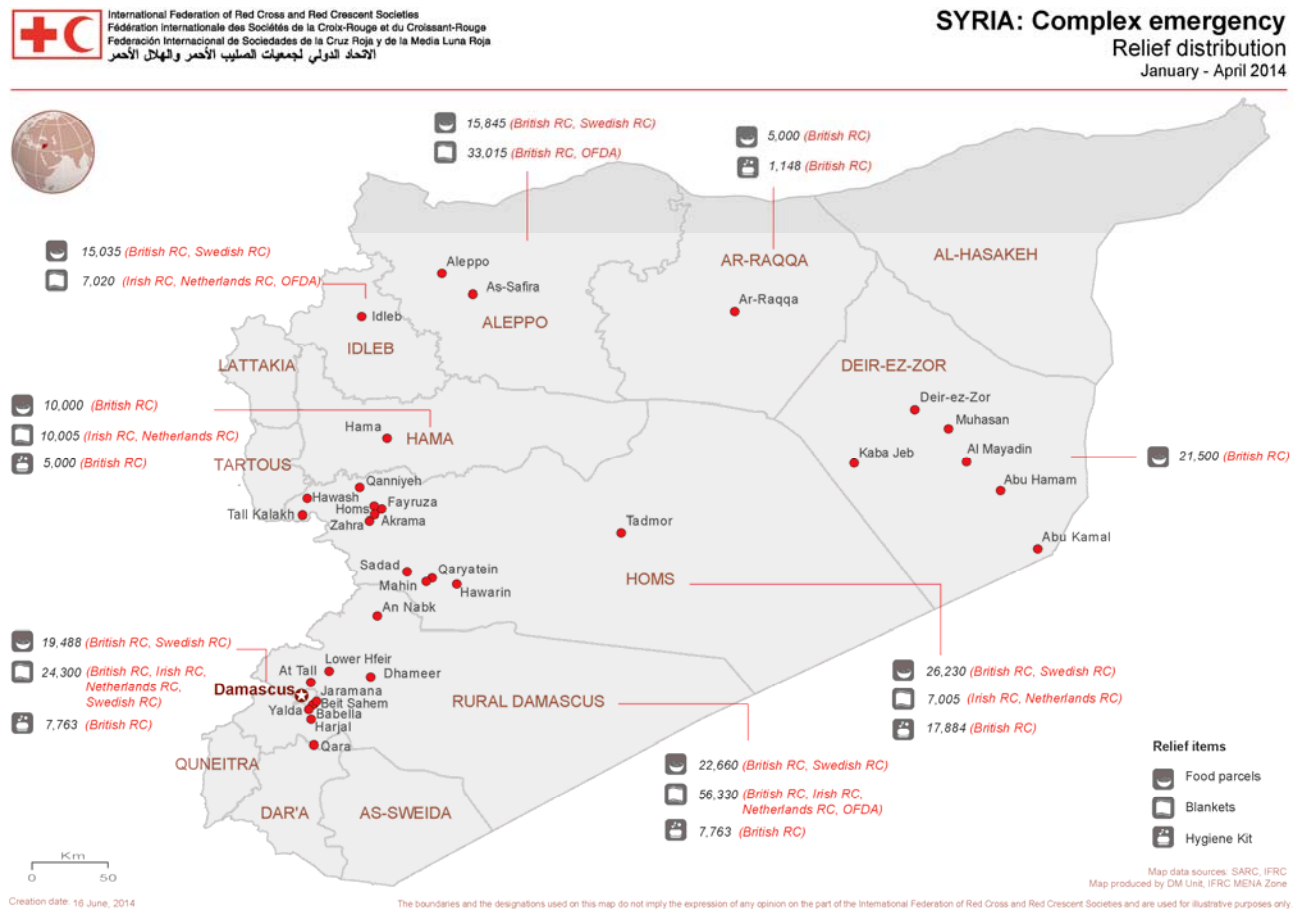
Relief distributions (food and basic non-food items) ³	
Outcome 1: The most affected populations have access to items to address their immediate food needs	
Outputs (expected results)	Activities planned
Food items are distributed to up to 2,300,000 beneficiaries over the extended period of the Appeal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

³ It is estimated that approximately 30 per cent of the total number of beneficiaries reached with food items will be the same as the ones reached by non-food items; this calculation was taken into account for the overall target of this Revised Appeal.

and available for supporting at least 5,000 families	<ul style="list-style-type: none"> Procure goods following IFRC standards and relevant procurement policies and procedures.
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Progress:

During the overall timeframe of the appeal more than 1.78 million persons have been supported with food parcels; more than 750,000 people were assisted by IFRC items only in the first four months of 2014.



Creation date: 16 June, 2014
For a full page map, please click here

In addition to the initially planned distributions, SARC have used IFRC items to respond to emergency situations and in areas opened up for access. In the beginning of 2014, SARC responded to the needs of approximately 40,000 persons leaving Adra for other areas, in the Old city of Homs, Yarmouk, Barzeh, Moaddamiya, Yalda, Babila, Beit Sahem and other areas in Damascus suburbs. In February, the rural parts of Deir-ez-Zor Governorate was reached during a few weeks before the road was again closed for access.

In March and April, the Syrian Arab Red Crescent (SARC) has reached Ar-Raqqa governorate with relief items and also distributed items in the eastern parts of Aleppo that had been inaccessible for a long time. In Idleb, blankets were distributed to 400 recently displaced families. Women emergency kits were distributed to women recently displaced from villages around al Hosn (Crac de Chevalier) to al Wadi; in Dumair and to women evacuated from Homs Old City. In Rural Damascus items were distributed to displaced families in Qara as well as to families in Dumair. In Damascus, items were distributed to displaced families in different districts.

Challenges:

Due to the lack of funding available, food pipeline was adjusted from one month to the next, which resulted in not achieving the planned targets. In March and April, the objective to provide food assistance to 50,000 families per month could not be reached. The number of food parcels distributed in the two months only slightly exceeded 30,000. The limited funding available was delaying the tendering process and the fact that large distributions had been ongoing in the previous months (above 50,000 families per month), the stock was not enough to sustain the planned numbers.

SARC uses the items supported by IFRC for emergency response, to cover gaps in distributions and to reach out to areas where other agencies are not present. Based on the experiences from the first four months in 2014, it is crucial that items are prepositioned and available in order to allow SARC to organise emergency dispatch immediately once distribution routes are accessible.

The escalation of violence, limited access, the changes in frontlines and road closures are affecting the distributions. In addition, at times of poor security, distributions might need to be rescheduled and this can result in changes in distribution plans.

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

Progress:

With the start of the spring season new diseases have become more significant as a result of poor hygiene, lack of adequate nutrition and poor living conditions. All these factors are related to the current emergency situation faced by the population. The health condition of people became worse with the prolonged situation after 3 years. Vaccination programmes have been disrupted causing polio and measles to significantly rise in numbers.

In response to the polio outbreak, SARC was invited to participate in the vaccination campaign, with the responsibility to ensure children are reached with vaccines in hard-to-reach areas. A total of five vaccination rounds were launched, with the last round in May. A contribution of 100 cool chain boxes provided by British Red Cross has enabled SARC to safely transport the vaccines without breaking the cool chain. By the end of April 2014, SARC has reached 455,949 children under 5 years of age under very difficult circumstances. SARC has carried out delivery of vaccine and sometimes the vaccination in rural Deir-ez-Zor, Ar-Raqqa, some areas in Homs, rural areas of Aleppo, Hama, Hassakeh, Damascus and Rural Damascus. SARC volunteers were reaching the children through house to house visits, in health facilities and in many other improvised ways.

First aid and ambulance services

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

During the first quarter of 2014 the total number of ambulance missions provided by SARC ambulances and first aid teams was 13,800 and supported a total of 11,800 patients. This number is 40 per cent higher than the patients supported in the last quarter, and the number of missions this quarter was the highest compared to any previous data. The emergency health support and the number of patients are a significant indicator to reflect the intensification of violence on the ground. SARC ambulances are providing emergency health services and first aid, but are also involved in collecting mortal remains- The highest number of missions were registered in Rural Damascus, Damascus, Homs and Deir-ez-Zor. 53 per cent of the patients receiving first aid treatment were men.

Health points

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

Out of the five operational health points, four have provided reports, one did not as the equipment arrived too late, however basic first aid services were provided to patients. A total of 40,629 patients received treatment in the four HPs. On an average, each health point, where 7 doctors and 3 nurses are working in shifts 24/7, was providing support to 96 patients on an average daily basis. Another ten HPs are run with the support from Danish RC.

Primary Health Care

During the reporting period, SARC clinics have been visited by a high number of patients. However the number of visits are dependent on safe access for the population in the surrounding areas. In case access to the specific clinic is not safe, a sudden drop in numbers may occur. This was the case specifically for the clinic supported in Homs, or in Dwela.

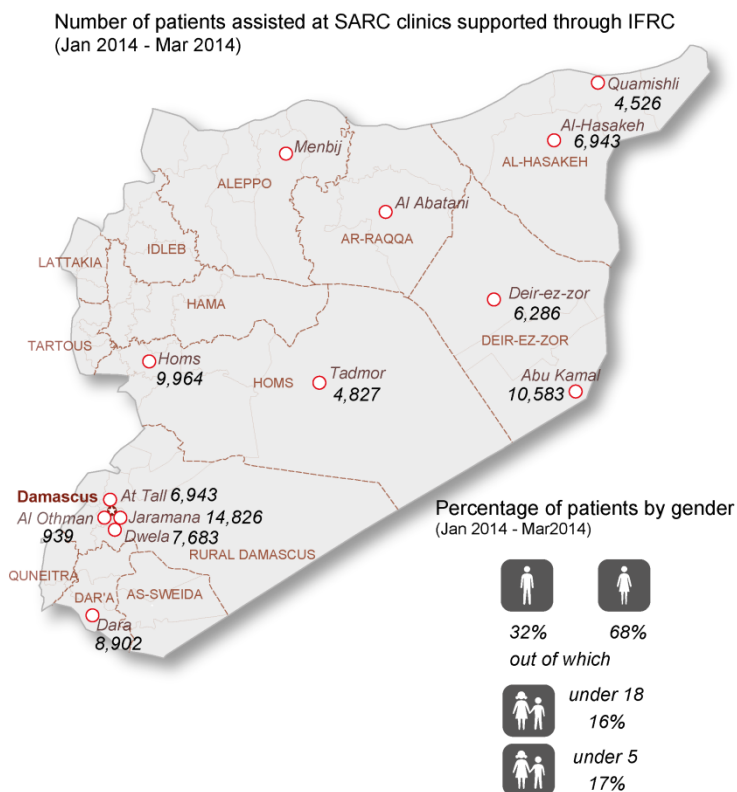
SARC has requested for support to expand the clinics facilities to be able to treat more patients. This will allow the provision of more comprehensive primary health care services to the affected population and to ease the pressure on the already overwhelmed facilities.

During the first quarter of 2014, 99,786 patients received treatment and consultations in SARC clinics supported through IFRC emergency appeal. This shows a 25 per cent increase in the total number of consultations compared to the last quarter, which is a sign of the increasing need for affordable health care and the non-availability of other health care facilities.

Compared to the figures in the last quarter there was a decrease in the number of patients in the clinic in Al Tal, which is due to the ongoing renovation works in the clinic. The clinic in Ar-Raqqa could not provide information in three months of the reporting period due to problems in the communication networks, however the clinic is operational and is providing treatments for patients even with a limited number of doctors available. The clinic in Menbij still could not be supported during the reporting timeframe due to the lack of communication and safe access to the location.

Medicines

Due to the situation many people are forced to change locations in search for safe areas, but the necessary health services might not be fully available. Providing the patients with medicine is being done in two parallel ways. Prior to the conflict SARC had established Memoranda of Understanding (MoU) with pharmacies close to the clinics where patients could collect their medicine based on a prescription from a SARC doctor. This system still applies when medicine is available. With the shortage of medicine in the country, IFRC is organising international procurement of medicines that is distributed to the clinics, MHUs and health points and is handled directly by a pharmacist inside the clinic. Procurement is currently ongoing and will be reported on in the next operations update.



Mobile Health Units (MHUs)

Registration and authorization for the six new Mobile Health Units (MHUs) were received, however the dispatch to some of the branches had to wait due to the volatile situation and road closures. By the end of the current reporting period, three new Mobile Health Units (MHUs) were operational in Rural Damascus and Damascus. One MHU belongs to the Headquarters to be dispatched to areas in case of a sudden increase of needs. Three additional MHUs were still waiting for safe roads to be dispatched to rural Deir-ez-Zor, Ar-Raqqa and Quneitra. The MHU in Al Bokamal was taken out of service during the reporting time frame to be repaired. MHUs are mainly focusing on shelters and rural areas in the Governorates and trying to reach out to beneficiaries who have lack of regular access to attend health treatments, as health facilities are destroyed or not operational. Thereby, these SARC facilities are addressing a gap in the health service provision.

SARC frequently deploys psycho-social teams to accompany the MHU teams (a doctor and a nurse) especially in shelters. The total number of patients reached through consultations was 9,716. The majority (57 per cent) of the patients are women, out of the total number of patients 24 per cent are children, but there is a growing trend compared to the last quarter related to the number of children treated.

Challenges:

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

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

Most of the health facilities in the country have limited or no capacity to meet the rising daily needs which impacted the rate of attendance in SARC health facilities, putting additional burden on the medical staff and resources. SARC is planning to expand the clinics as well as the operating hours. The challenge is to find medical personnel available.

National Society Capacity-building

Outcome 1 (Revised): The efficient operation implementation is supported through enhanced SARC capacities and a well-functioning infrastructure for future sustainability	
Outputs (expected results)	Activities planned
At least 3,000 volunteers involved in the operation are supported and promoted.	<ul style="list-style-type: none"> • Further enhance knowledge and practice of Red Cross Red Crescent Principles and values through trainings • Provide Volunteering in Emergencies training package (with focus on management of volunteers and retention) and facilitate related trainings. • Provide volunteers with minimum protection arrangements and equipment (e.g. insurance, uniforms, boots etc.) • Maximize opportunities to enable SARC to attract and retain volunteers.
SARC volunteer and staff capacity in key operational areas is strengthened (new)	<ul style="list-style-type: none"> • Enhance SARC volunteer and branch leadership capacity in key operational areas such as needs assessment in emergencies, relief, beneficiary accountability, communication (Media), information communication technologies, nutrition in emergencies, epidemic control for volunteers through trainings • Facilitating and supporting the participation of SARC staff and volunteers to represent the National Society on regional and Global opportunities within the global Red Cross Red Crescent network to enhance their knowledge and exposure • Organising a tailored Field School for key operational staff and volunteers to support synergies among the different SARC technical teams.
SARC operational capacity is enhanced to meet the increased needs of the ongoing crisis.	<ul style="list-style-type: none"> • Focus on developing SARC sub-branches prioritising those mostly involved to respond to the conflict • Provide modern communication tools and capacities to enhance connectivity and networking among the volunteers (i.e. VHF, HF and V-SAT).

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

In the field of capacity building the main purpose of IFRC support is to allow SARC to continue responding to the crisis and addressing the needs. IFRC therefore contributes to staff salaries and running costs, with emphasis on the branches. Technical support and trainings are provided based on SARC priorities and needs, therefore the areas of information management/reporting, logistics, volunteers and disaster management; are in the main focus. The situation in most parts of the country is not conducive for extensive programmes on organizational development and capacity building. Supporting the development of the most active sub-branches is for SARC a current priority.

Progress:

SARC and IFRC are working together to further refine the existing information management and reporting system and to capture and register more accurate information related to the distributions. Some parts of the health activities are now being electronically registered, which will allow more analysis. This is planned to be extended to the other areas in the health sector as well.

In April, initiatives have started to capture information about the overall support to beneficiaries. SARC, with the support of IFRC, is working on sharing standardized tools with other partners to register the data on the implementation and also to monitor and report about activities and achievements in all sectors. The aim is to avoid fragmentation of the information reported and overloading SARC available capacities. At the same time this would contribute to capturing the overall assistance SARC is providing with the support of all existing partners and to provide information on which resources are most needed by SARC.

Through the contribution provided by British Red Cross and other partners, volunteers involved in the operation are supported with equipment and tools for their activities. 2,000 disaster response volunteers were provided with vests to be used during field missions. In addition protective vests and helmets for 200 volunteers were procured as funding had been received for the items and arrived at SARC in April, Norwegian Red Cross and Spanish Red Cross pledged funds for the provision of the protective equipment while the British Red Cross supported the IFRC to identify suppliers.

Funding has been received to procure additional radio equipment to enhance SARC communications in vehicles, ambulances and branch offices. This will include the procurement of mainly HF /HF radio network, including toolkit boxes, base stations and mobile stations with equipment. The installations and maintenance will also be supported by a short term recruited expert to train national staff already recruited with the help of German RC. The items are supposed to arrive at the beginning of June.

IFRC supports a large number of positions at HQ but mainly in the branches, in order to ensure that human resources are available to continue responding to the crisis and addressing the needs. This includes 14 disaster management coordinators in all SARC branches, 14 field officers, and 14 reporting and information management officers. Additionally, 15-20 staff members at SARC HQ receive support.

In addition, to strengthen SARC capacities directly in the field, support has been planned for the most active SARC sub-branches. This was initially budgeted to support 36 administration officers and drivers for the sub-branches, aligned with the strengthened fleet capacities for sub-branches by receiving 37 vehicles from Netherlands Red Cross.

However based on SARC’s request and in coordination with other partners, IFRC has agreed to a more comprehensive support in order to strengthen the operational capacities of the sub-branches which contribute to enhance SARC structure reaching out directly to beneficiaries. This support is ongoing with Danish Red Cross direct support to SARC and will be further enhanced from the Appeal. The development is mainly in areas of:

- Rent
- Equipment, furniture
- IT
- Utilities
- Running costs
- Fuel
- Staff salaries
- Volunteer incentives
- Local warehouses
- Distribution points

Technical support to SARC operational capacity is provided in different areas through IFRC delegates as well. Currently, besides the Country Representative, IFRC delegates are supporting SARC in the fields of health, logistics, audio-visual support, and reporting. At the beginning of March, IFRC Operations Manager started his assignment in Damascus. IFRC Quality Assurance and Resource Mobilisation Delegate started at the beginning of May and a Communication Development Delegate is expected to arrive mid-June.

The IFRC MENA Zone continues to maintain close relationships with SARC at different managerial and technical levels. This includes capacity building, trainings and meetings, field visits, information sharing, technical support ensuring that standard operating procedures are followed, coordination, humanitarian diplomacy, disaster management and communication.

Logistics	
Outcome1: Logistics support is provided to ensure efficient and timely delivery of goods and services.	
Outputs (expected results)	Activities planned
Logistics process of the operation is supported through coordinated mobilization, reception, warehousing and further dispatch to branches and distribution points and reporting on supply chain status and needs, of international relief goods.	<ul style="list-style-type: none"> • Manage and coordinate the supply chain according to international standards in coordination with the IFRC GLS – Dubai Office or other expertise in GVA. • Support SARC with the procurement of relief goods according to IFRC standards and procedures, and ensuring the best sourcing. • Support SARC in monitoring the reception, warehousing and dispatch of goods from the main warehouse to branches, and in producing relevant and accurate reports.
Outcome 2: SARC is able to provide more effective and efficient logistics services through an enhanced institutional capacity that meets Movement standards	
Outputs (expected results)	Activities planned
SARC’s logistics capacities are strengthened through training, technical support and adequate resources (including tools, equipment and human resources).	<ul style="list-style-type: none"> • Support SARC, through emergency logistics coordinator and GLS structure, to enhance the logistics/relief interface coordination, in close cooperation with partners. • Support SARC on the management of logistical technical information, to ensure quality of information on mobilization of relief items, supply chain, and warehousing, at HQ and branch levels. • Support SARC to enhance the inventory control system at the central warehouse in Tartus in primary and other stores at the branches. • Improve warehousing operations and conditions, by providing human resources, vehicles, and equipment (furniture, forklifts, computers, generators, software, and tools, including promotion of Federation Warehouse Information System). • Support the recruitment of SARC logistics staff (logistics officer, pipeline/mobilisation officer, clearance officer, fleet manager, and warehouse management coordinator) and provide training according to recognized standards, at HQ and branch levels. • Enhance the skill of SARC drivers at the HQ and in the field by providing 4x4 and Fleet management training

- | | |
|--|---|
| | <ul style="list-style-type: none">• Equip warehouses with fire and alarm systems. |
|--|---|

Progress:

IFRC Logistics Coordinator continued to closely follow-up on the movement of items donated through cash contributions or in-kind, supported bilaterally or multilaterally by partners. According to the funding available to the IFRC appeal, in 2014, a total of 213,000 food parcels were ordered and 128,000 items arrived. As for the other items, 48,900 hygiene kits, 61,000 blankets, 20,000 Women's emergency kits and various medicines were ordered and also dispatched in the reporting period in order to ensure uninterrupted supply chain.

Together with SARC team, IFRC is supporting ongoing logistics reinforcement of inspection and quality control, implemented in SARC central warehouse in Tartous, recommendations on the items are continuously shared with the Federation Global Logistics Service (GLS) in Dubai.

Reinforcement of logistics capacities is ongoing through the engagement of SARC logistics mobilization officer and other logistics staff in the mobilization of relief items. Moreover support has been provided through continuous monitoring of the logistics processes and coaching. IFRC Logistics is operating in an integrated approach with SARC and liaising with German Red Cross on the enhancement of the logistics infrastructure.

Furthermore in relation to logistics capacity building, preparations are ongoing to establish and implement an inventory control system (LOGIC database). This will enhance stock inventory information, which is an important part of warehouse management. SARC, IFRC and German Red Cross are closely cooperating in the field of enhancing logistics infrastructure and logistics capacity building, as German Red Cross is supporting SARC with rental, running costs and the necessary equipment for the warehouses.

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

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

Challenges

At the time of writing, the appeal coverage is 56%. The current funding situation allows only for procurement of food until the end of July. More resources are urgently needed to be able to meet the needs for the second half of the year.

During the first four months of 2014, humanitarian access has been granted intermittently to areas that were out of reach for a long time. Therefore increased flexibility is needed in the planning of the supply chain and the distributions to be able to rapidly assist, in a very short period of time, the population present in these particular areas.

Although the numbers are modest compared to WFP food assistance, the IFRC support brings an additional value to SARC as it is used in rapidly developing emergency situations where availability of food parcels is urgent: in situations of large influx of internally displaced or to fill gaps in areas where the needs exceed the food items available by other agencies.

The priority need of food combined with restricted funding, have resulted in that other items i.e. hygiene parcels and shelter items are far below the planned target. Medicine continues to be a priority need with continued reduced availability of medicines and prices having sky-rocketed. The lack of regular access to basic supplies of food and medical care enhances the risk to the already weakened health status of the affected population and affects primarily people with chronic diseases. SARC aims to continue running its health facilities throughout the year to provide health care and medical support to the IDPs and other affected populations, given that adequate funding be provided.

In addition, procurement of medicines and medical consumables, financial support to staff and running costs of health facilities are necessary to ensure that affected populations across the country, have at least a minimum access to emergency and health care.

Communications – Advocacy and Public Information

During the reporting period, communications remained to play an essential role to raise awareness on the humanitarian needs inside Syria, raise the profile of SARC response and advocate strongly for the protection of the staff and volunteers.

A regular flow of information continued between the field and other stakeholders. SARC action in the evacuation of Homs had an impressive media coverage (more than 300 articles) in international media outlets such as [BBC](#), [Al Jazeera](#), [AP](#), [The Guardian](#), [France 24](#) and others. Additionally the Polio campaign implemented by SARC across Syria was a main area of interest to media and partners. Different stories and videos were posted on IFRC platforms in support of this campaign.

As major key events were taking place around the Syria crisis, the IFRC increased its communications support to further position SARC and support the advocacy efforts to protect staff and volunteers.

Kuwait Pledging Conference:

- Design Syria booklet to support the IFRC presence in the Kuwait pledging conference
- Statement delivered by IFRC <http://www.ifrc.org/en/news-and-media/opinions-and-positions/speeches/2014/pledging-conference-on-the-syria-crisis/>
- Statement by Ban Ki moon mentioning the Red Pillar with a specific tribute to SARC work and volunteers <http://www.un.org/sg/statements/index.asp?nid=7397>

Geneva II talks: [Op-ed](#) By IFRC Secretary General, Bekele Geleta to highlight the need for unhindered access and the work of SARC

Joint Calls: Three statements published jointly with the SARC and ICRC to provide access to humanitarian convoys and on the death of additional SARC volunteers.

Food Aid Proposal: Design Food Proposal layout to support the call to raise more funds for the food component of the appeal

On the 3rd anniversary of the crisis, SARC, IFRC and ICRC have teamed up to deliver a comprehensive communication pack which included a social engagement strategy which all National Societies were engaged in to show support and solidarity with SARC's volunteers, as well as several communication products (stories, videos, testimonials, volunteers' profiles) adapted for their local use.

A major and historic traffic spike on the IFRC social media platform was registered on 15 March, official day of the commemoration of the Syria conflict and the peak of the social engagement initiative #RedforSyria organized around the 3rd year anniversary.

Movement Communication and Positioning Workshop on the Syria Crisis was held in May 13-14 and attended by representatives of the SARC, 10 National Societies, ICRC and IFRC. The workshop focused on achievements and challenges to date with regards to the recommendations made at the last Movement Advisory Platform in May 2013 and to the implementation of the Movement communication strategy on the Syria crisis adopted in November 2013. An outcome document was presented to the RCRC leadership gathered at the subsequent MAP meeting (May 17-18) and fully endorsed. A follow-up meeting will be held in Geneva (second week of June) to discuss the eight areas of focus of the workshop outcomes and to agree on concrete actions, timelines and distribution of roles.

Contact information

For further information specifically related to this operation please contact:

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For In-Kind donations and Mobilization table:

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

For Resource Mobilization and Pledges:

- **In IFRC Syria:** Sophie Sutrich, Quality Assurance & Resource Mobilization delegate for Syria, phone: +961 5 428 442, email: Sophie.sutrich@ifrc.org

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

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



[Click here](#)

1. Click [here](#) to see the Donor response
2. Click [here](#) to see the interim financial report and revised budget
3. Click [here](#) to see the map of distributions
4. Click [here](#) to return to the title page

How we work

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

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

www.ifrc.org

Saving lives, changing minds.



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

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

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 14

Appeal Launch Date: 06 Jul 12

Interim Report

Selected Parameters

Reporting Timeframe	2012/7-2014/4	Programme	MDRSY003
Budget Timeframe	2012/7-2014/12	Budget	BUDGET9
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		107,450,687				107,450,687	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		565,868				565,868	
Australian Red Cross		198,588				198,588	
Austrian Government		0				0	
Austrian Red Cross (from Austrian Government*)		964,733				964,733	
Austria - Private Donors		975				975	
Belgian Red Cross (Flanders)		60,053				60,053	
Belgian Red Cross (Francophone) (from Belgian Federal Government*)		358,399				358,399	
British Red Cross		2,041,105				2,041,105	
British Red Cross (from British Government*)		1,583,549				1,583,549	
British Red Cross (from DEC (Disasters Emergency Committee)*)		926,839				926,839	
British Red Cross (from DFID - British Government*)		1,267,126				1,267,126	
British Red Cross (from Great Britain - Private Donors*)		4,140				4,140	
British Red Cross (from Unidentified donor*)		27,207				27,207	
Canadian Government		0				0	
China Red Cross, Hong Kong branch		5,700				5,700	
Danish Red Cross		170,088				170,088	
European Commission - DG ECHO		11,835,456				11,835,456	
Finnish Red Cross (from Finnish Government*)		501,279				501,279	
France - Private Donors		2,415				2,415	
International Arab Charity		7,439				7,439	
Ireland - Private Donors		1,238				1,238	
Irish Red Cross Society		91,822				91,822	
Italian Red Cross		120,120				120,120	
Japanese Red Cross Society		233,872				233,872	
Kuwait Red Crescent Society		457,792				457,792	
Luxembourg Government		124,797				124,797	
Luxembourg - Private Donors		153				153	
New Zealand Red Cross		96,863				96,863	
Norwegian Red Cross		564,220				564,220	
Norwegian Red Cross (from Norwegian Government*)		3,108,902				3,108,902	
On Line donations		116,536				116,536	
Poland - Private Donors		147				147	
Red Crescent Society of Islamic Republic of Iran		30,000				30,000	
Red Cross of Monaco		14,472				14,472	
Romanian Red Cross		241				241	
Singapore Red Cross Society		4,404				4,404	
Spanish Red Cross		123,039				123,039	
Suncor Energy Inc.		238,260				238,260	
Swedish Red Cross		9,923,052				9,923,052	
Switzerland - Private Donors		1,600				1,600	
Taiwan Red Cross Organisation		46,681				46,681	
The Canadian Red Cross Society		360,290				360,290	
The Canadian Red Cross Society (from Canadian Government*)		5,892,154				5,892,154	
The Netherlands Red Cross		735,711				735,711	
The Netherlands Red Cross (from Netherlands Government*)		3,102,553				3,102,553	
The Red Cross Society of Bosnia and Herzegovina		2,466				2,466	
United States Government - USAID		2,639,145				2,639,145	

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

<i>United States - Private Donors</i>	13,396	13,396
C1. Cash contributions	48,564,883	48,564,883
Inkind Goods & Transport		
<i>Belgian Red Cross (Flanders)</i>	145,564	145,564
<i>British Red Cross</i>	6,442,472	6,442,472
<i>China Red Cross, Hong Kong branch</i>	79,072	79,072
<i>Finnish Red Cross</i>	180,734	180,734
<i>Norwegian Red Cross</i>	23,307	23,307
<i>Spanish Red Cross</i>	350,114	350,114
<i>The Canadian Red Cross Society</i>	121,195	121,195
<i>The Netherlands Red Cross</i>	1,740,091	1,740,091
C2. Inkind Goods & Transport	9,082,549	9,082,549
Inkind Personnel		
<i>Finnish Red Cross</i>	50,160	50,160
<i>Swedish Red Cross</i>	188,800	188,800
C3. Inkind Personnel	238,960	238,960
Other Income		
<i>Balance Reallocation</i>	1,330,318	1,330,318
<i>Fundraising Fees</i>	-11,913	-11,913
<i>Programme & Services Support Recover</i>	563,163	563,163
C4. Other Income	1,881,568	1,881,568
C. Total Income = SUM(C1..C4)	59,767,960	59,767,960
D. Total Funding = B + C	59,767,960	59,767,960

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		59,767,960				59,767,960	
E. Expenditure		-44,624,118				-44,624,118	
F. Closing Balance = (B + C + E)		15,143,842				15,143,842	

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			107,450,687			107,450,687		
Relief items, Construction, Supplies								
Shelter - Relief	1,651,437		651,414			651,414	1,000,023	
Clothing & Textiles	10,216,253		6,450,594			6,450,594	3,765,659	
Food	33,558,171		12,705,288			12,705,288	20,852,883	
Water, Sanitation & Hygiene	16,816,292		3,649,178			3,649,178	13,167,114	
Medical & First Aid	12,819,061		3,906,051			3,906,051	8,913,010	
Utensils & Tools	592,658		482,803			482,803	109,856	
Other Supplies & Services	410,405		390,657			390,657	19,748	
Total Relief items, Construction, Sup	76,064,277		28,235,985			28,235,985	47,828,292	
Land, vehicles & equipment								
Vehicles	1,761,633		1,707,772			1,707,772	53,861	
Computers & Telecom	425,000		7,605			7,605	417,395	
Total Land, vehicles & equipment	2,186,633		1,715,377			1,715,377	471,257	
Logistics, Transport & Storage								
Storage	2,560,000		966,861			966,861	1,593,139	
Distribution & Monitoring	4,515,000		1,921,192			1,921,192	2,593,808	
Transport & Vehicles Costs	548,744		506,248			506,248	42,496	
Logistics Services	2,653,140		895,698			895,698	1,757,442	
Total Logistics, Transport & Storage	10,276,884		4,289,999			4,289,999	5,986,885	
Personnel								
International Staff	2,456,640		1,154,529			1,154,529	1,302,111	
National Staff	149,250		94,422			94,422	54,828	
National Society Staff	2,733,075		640,928			640,928	2,092,147	
Volunteers	1,035,742		151,193			151,193	884,549	
Total Personnel	6,374,707		2,041,072			2,041,072	4,333,635	
Consultants & Professional Fees								
Consultants	26,456		26,707			26,707	-251	
Professional Fees	56,000		64,075			64,075	-8,075	
Total Consultants & Professional Fees	82,456		90,782			90,782	-8,326	
Workshops & Training								
Workshops & Training	90,000		52,040			52,040	37,960	
Total Workshops & Training	90,000		52,040			52,040	37,960	
General Expenditure								
Travel	148,500		106,623			106,623	41,877	
Information & Public Relations	60,000		11,823			11,823	48,177	
Office Costs	52,200		2,192			2,192	50,008	
Communications	52,000		36,439			36,439	15,561	
Financial Charges	276,200		189,419			189,419	86,781	
Other General Expenses	17,595		13,703			13,703	3,892	
Shared Office and Services Costs	183,080		121,760			121,760	61,320	
Total General Expenditure	789,575		481,960			481,960	307,615	
Contributions & Transfers								
Cash Transfers National Societies	4,801,399		4,801,399			4,801,399	0	
Total Contributions & Transfers	4,801,399		4,801,399			4,801,399	0	
Operational Provisions								
Operational Provisions			7,155			7,155	-7,155	

Disaster Response Financial Report

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Appeal Launch Date: 06 Jul 12

Interim Report

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Budget Timeframe	2012/7-2014/12	Budget	BUDGET9
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			107,450,687			107,450,687		
Total Operational Provisions			7,155			7,155	-7,155	
Indirect Costs								
Programme & Services Support Recov	6,543,286		2,668,777			2,668,777	3,874,508	
Total Indirect Costs	6,543,286		2,668,777			2,668,777	3,874,508	
Pledge Specific Costs								
Pledge Earmarking Fee	241,470		214,251			214,251	27,219	
Pledge Reporting Fees			25,320			25,320	-25,320	
Total Pledge Specific Costs	241,470		239,571			239,571	1,899	
TOTAL EXPENDITURE (D)	107,450,687		44,624,118			44,624,118	62,826,569	
VARIANCE (C - D)			62,826,569			62,826,569		

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

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Budget Timeframe	2012/7-2014/12	Budget	BUDGET9
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	107,450,687		59,767,960	59,767,960	44,624,118	15,143,842	
Subtotal BL2	107,450,687		59,767,960	59,767,960	44,624,118	15,143,842	
GRAND TOTAL	107,450,687		59,767,960	59,767,960	44,624,118	15,143,842	

EMERGENCY APPEAL

13/06/2014

MDRSY003

Syria - Syria Crisis

Budget Group	Multilateral Response	Bilateral Response	Appeal Budget CHF
Shelter - Relief	1,651,437		1,651,437
Shelter - Transitional	0		0
Construction - Housing	0		0
Construction - Facilities	0		0
Construction - Materials	0		0
Clothing & Textiles	10,216,253		10,216,253
Food	33,558,171		33,558,171
Seeds & Plants	0		0
Water, Sanitation & Hygiene	16,816,292		16,816,292
Medical & First Aid	12,819,061		12,819,061
Teaching Materials	0		0
Utensils & Tools	592,658		592,658
Other Supplies & Services	410,405		410,405
Emergency Response Units	0		0
Cash Disbursements	0		0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	76,064,277	0	76,064,277
Land & Buildings	0		0
Vehicles	1,761,633		1,761,633
Computer & Telecom Equipment	425,000		425,000
Office/Household Furniture & Equipment	0		0
Medical Equipment	0		0
Other Machinery & Equipment	0		0
Total LAND, VEHICLES AND EQUIPMENT	2,186,633	0	2,186,633
Storage, Warehousing	2,560,000		2,560,000
Distribution & Monitoring	4,515,000		4,515,000
Transport & Vehicle Costs	548,744		548,744
Logistics Services	2,653,140		2,653,140
Total LOGISTICS, TRANSPORT AND STORAGE	10,276,884	0	10,276,884
International Staff	2,456,640		2,456,640
National Staff	149,250		149,250
National Society Staff	2,733,075		2,733,075
Volunteers	1,035,742		1,035,742
Total PERSONNEL	6,374,707	0	6,374,707
Consultants	26,456		26,456
Professional Fees	56,000		56,000
Total CONSULTANTS & PROFESSIONAL FEES	82,456	0	82,456
Workshops & Training	90,000		90,000
Total WORKSHOP & TRAINING	90,000	0	90,000
Travel	148,500		148,500
Information & Public Relations	60,000		60,000
Office Costs	52,200		52,200
Communications	52,000		52,000
Financial Charges	276,200		276,200
Other General Expenses	17,595		17,595
Shared Office and Services Costs	183,080		183,080
Total GENERAL EXPENDITURES	789,575	0	789,575
Partner National Societies	4,801,399		4,801,399
Other Partners (NGOs, UN, other)	0		0
Total TRANSFER TO PARTNERS	4,801,399	0	4,801,399
Programme and Services Support Recovery	6,543,286		6,543,286
Total INDIRECT COSTS	6,543,286	0	6,543,286
Pledge Earmarking & Reporting Fees	241,470		241,470
Total PLEDGE SPECIFIC COSTS	241,470	0	241,470
TOTAL BUDGET	107,450,687	0	107,450,687
Available Resources			
Multilateral Contributions	59,767,960		59,767,960
Bilateral Contributions	0		0
TOTAL AVAILABLE RESOURCES	59,767,960	0	59,767,960
NET EMERGENCY APPEAL NEEDS	47,682,727	0	47,682,727



15,035 (British RC, Swedish RC)
 7,020 (Irish RC, Netherlands RC, OFDA)

10,000 (British RC)
 10,005 (Irish RC, Netherlands RC)
 5,000 (British RC)

19,488 (British RC, Swedish RC)
 24,300 (British RC, Irish RC, Netherlands RC, Swedish RC)
 7,763 (British RC)

15,845 (British RC, Swedish RC)
 33,015 (British RC, OFDA)

5,000 (British RC)
 1,148 (British RC)

21,500 (British RC)

26,230 (British RC, Swedish RC)
 7,005 (Irish RC, Netherlands RC)
 17,884 (British RC)

22,660 (British RC, Swedish RC)
 56,330 (British RC, Irish RC, Netherlands RC, OFDA)
 7,763 (British RC)

- Relief items**
- Food parcels
 - Blankets
 - Hygiene Kit

