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Emergency appeal operation update

Syria: Complex Emergency

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRSYR003 GLIDE n° OT-2011-000025-SYR Operation update n°7 - Two years on update 11th October 2014

Period covered by this operation update:
July 2012 - August 2014

Appeal target (current)

CHF 96.9 million

seeking in cash, in kind and services to support
the Syrian Arab Red Crescent (SARC)

5,460,000

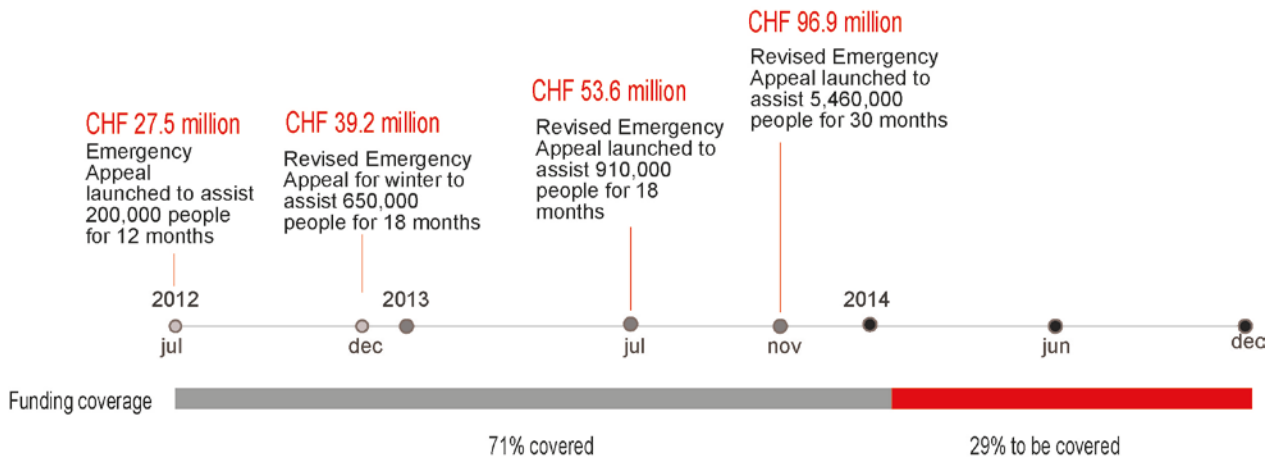
beneficiaries to be supported till December 2014

*<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 >*



Food parcels arriving to Alyadodeh, Dara'a Governorate. Photo: Ibrahim Malla, IFRC

Appeal history



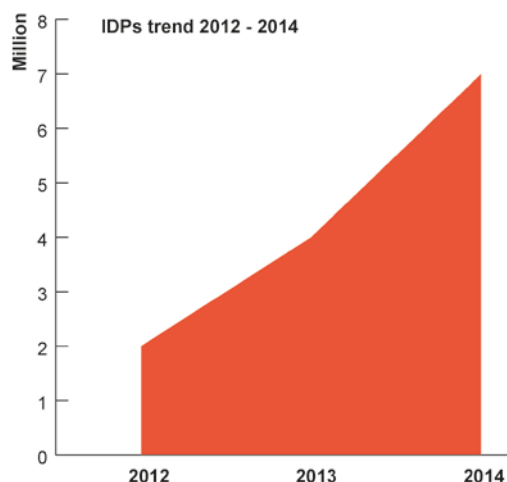
The budget of the emergency appeal has been revised taking into consideration the changes in the prices of items for food and the amount of items for hygiene. The total budget is therefore CHF 96,862,105, the current budget is decreased by 9.85% compared to the previous budget (CHF 107,450,687).

In order to facilitate 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

Being in the fourth year of the crisis the situation in Syria has become more protracted with an increasingly urgent need for humanitarian assistance. The number of people in need has increased continuously due to the protracted character of the crisis resulting in half of the population in need of humanitarian assistance. All segments of everyday life have been affected resulting in multiple cycles of displacements, pressure on basic social and health services, decreased access to food and water aggravated by less alternatives of livelihood opportunities.

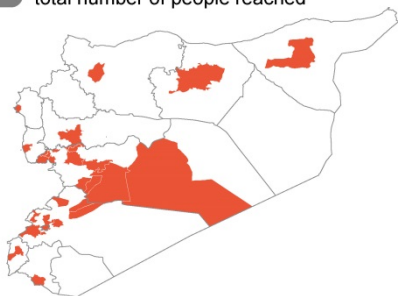


IFRC assistance to beneficiaries 2012 - 2014

2012 Covers the second half of 2012 starting from July 2012



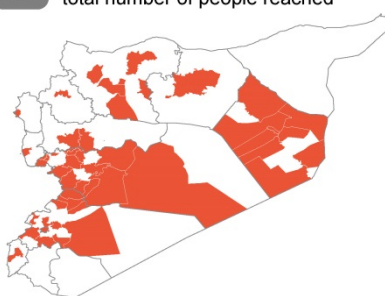
553,006
total number of people reached



2013



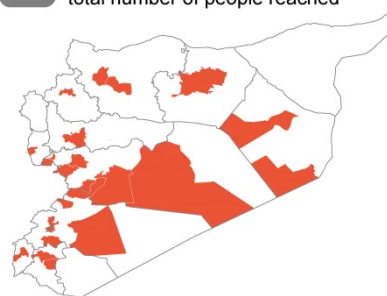
3,140,135
total number of people reached



2014 Covers the period Jan-Aug 2014

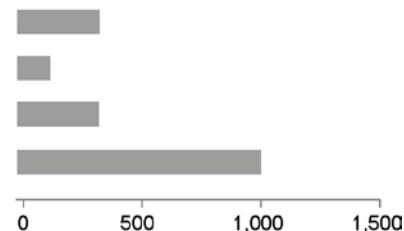
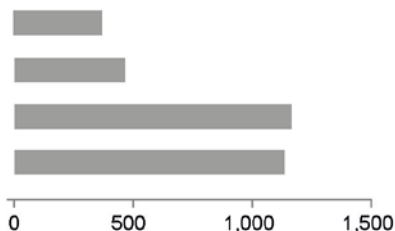


1,852,591
total number of people reached



Health ■
NFI ■
Hygiene ■
Food ■

0 500 1,000 1,500
Thousands



NEEDS 2014

- The current funding situation allows **procurement of food until mid-November**. More resources to procure approximately 75,000 food parcels for the winter are urgently needed.
- Increased flexibility is needed in the planning of the supply chain and the distributions to be able to rapidly respond, in a very short period of time, to the needs of the population present in particular areas.
- The priority need for food combined with restricted funding, have resulted in not reaching the planned target for other items i.e. hygiene parcels.
- Recent commitments for funding the **Winterization support** allows to address the needs of 47,000 families. However based on ongoing assessments the needs exceed the targeted 50,000 families, in case funding is available additional families are planned to be supported.
- **Medicine** continues to be a priority need with continued reduced availability of medications and prices having sky-rocketed in the country. The lack of regular access to basic supplies of food and medical care enhances the risk for the already weakened health status of the affected population and affects primarily people with chronic diseases.

The situation

More than three years of armed conflict and its expansion to vast areas of the country has uprooted almost half the country's population, with around 7 million internally displaced and 3 million seeking safety in neighbouring countries. Almost 200,000 men, women and children have been killed according to UN figures and many more have become wounded for life. There is hardly a family that has not been affected by the ongoing conflict. The few remaining resources have been depleted leaving people to depend on humanitarian assistance, further increasing the gap between the assistance available and the needs.

Public services are on the edge of collapse and in many areas are non-existent, leaving humanitarian agencies to fill the gaps. Power plants, water pumps, sewage treatment plants, transportation stations, hospitals, schools, water wells, tanks, pipelines and very large numbers of residential buildings have been destroyed.¹

The economic situation affects access to basic services and items, and reportedly more than half of the population is living in extreme poverty. By the end of 2013, 90 per cent of industrial enterprises had closed in Aleppo, Rural Damascus and Homs, which had the highest concentration of industries pre-crisis. In some hard-to-reach locations and areas with continued fighting people have become more vulnerable to diseases and there are even reports of malnutrition. This is linked to the lack of access to basic services like health, medication and water and sanitation, and also the lack of availability of basic food items.

In general, social services have been continuously disrupted, currently less than 50 per cent of the public hospitals are still functioning on full capacity and almost one third are completely out of service. This results in decreased availability for continuous treatments of chronic diseases and increases the need for humanitarian actors to provide this type of assistance.

Damage to water and sanitation infrastructure, extensive power supply losses, and the lack of fuel contributed to the reduced availability of safe drinking water, with some locations even more affected, being able to supply 5 litres of water per day for a household. The reduced availability of safe drinking water impacted also severely the already overstretched health situation of the population.

Access

The Syrian Arab Red Crescent (SARC) is a community-based organization with a presence across the country. Thousands of volunteers are working from 14 branches (one in each governorate) and around 77 sub-branches. This means that in places where international agencies have difficulties in gaining access, SARC is already present; so in many places when we mention the lack of access, it is often lack of access for the supplies to come through and reach SARC branches and sub-branches in those areas. This is true for the eastern parts of the country where SARC is present in the main city of Deir ez-Zour and has sub-branches dotted along the Euphrates River all the way to the Iraqi border. Relief items, medicine and medical items have however only intermittently reached these volunteers. The same is true for Ar-Raqqa and the region up to the Turkish border where SARC volunteers despite all challenges continue trying to support people in need from its branch and sub-branches. Rural Damascus is another example where even inside sealed off areas like Duma, SARC volunteers continue to help the sick, injured and assist with whatever they have at hand.

Access in general has been an issue due to both insecurity and administrative hurdles. Since mid-2012, the situation has become more and more unpredictable and insecure in the country, access to affected areas was intermittent due to ongoing violence. By mid-2013, several areas were defined as "hard to reach areas" meaning that assistance had not entered in six months. Many of these areas were located in Damascus suburbs. While some of these locations could be reached in 2014 because of what is called localized truces, other areas remain without reach.

When an area becomes accessible, a road opens up or approval comes through, it is SARC to respond as soon as possible. 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 relief materials whenever needed in a flexible manner especially to respond to an emergency situation during a short window of access.

Displacement

A situation characterized as unrest that started in March 2011 has turned into an ongoing conflict with increasing violence, changing frontlines, leading to population movement internally and cross-border. The

¹ http://www.escwa.un.org/information/pressescwaprint.asp?id_code=656

overall number of internally displaced people (IDP) was reported at approximately 2.5 million by the end of 2012. In June 2014, the number of IDPs in Syria was reported to be 6.4 million, which constitutes an increase of more than 150 per cent. The highest number of IDPs were registered in the governorates of Aleppo, Homs and Rural Damascus. During the past two years in Aleppo the number of IDPs has increased from 125,000 to 1,787,000, which is more than ten times more. In Homs the number of IDPs reaches 560,000, six times more than the number initially reported in 2012. The highest number of IDPs are registered in Rural Damascus, where this number reaches almost 80 per cent of the initial population of the governorate registered before the crisis. In addition to the mentioned areas, internal displacements have recently been increasingly affecting Al-Hassakeh and Deir Ez-zor governorates.

A large proportion of the internally displaced is concentrated in relatively secure areas putting extra pressure on the local basic and health services capacities, and access to basic commodities. Therefore projects that aim to deliver aid on a regular basis are focusing in those areas to address the increasing need of IDPs and also the host communities. On the other hand relief items are distributed and used in rapidly developing emergency situations or to fill gaps in areas where the needs exceed the items available by other agencies.

Coordination and partnerships

During the past two years, SARC has been playing an operational lead role for the Red Cross Red Crescent Movement response and is facilitating and often implementing activities supported by UN partners, as well as INGOs. The National Society is present across the country with a network of sub-branches and around 3,000 active, well-trained and dedicated volunteers. It remains the primary provider of humanitarian services in Syria. SARC provides assistance to IDPs and the affected population, delivers relief across frontlines through its local units, and often the first agency able to respond 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 the Tripartite agreement established in 2012 between SARC, ICRC and IFRC the senior leadership of the three organizations meet regularly to discuss matters of strategic importance and common concerns, with the aim to re-enforce Movement cooperation in Syria. The latest high level tripartite meeting was held in Beirut in connection to the Movement Advisory Platform (MAP) that was organized in May 2014. 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 aims at contributing 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.

Who did What in Syria during the timeframe of the appeal



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



American RC, Andorran RC, Australian RC, British RC, Canadian RC, DFID, ECHO, Finnish RC, Kuwait RC, Netherlands RC, New Zealand RC, Norwegian RC, RCS of Islamic Rep of Iran, RC of Monaco, Swedish RC, Taiwan RC - [IFRC/SARC]
German RC/Norwegian RC, Iraqi RC - [SARC]



Belgian RC, Canadian RC, Canadian Government, Danish RC, DG ECHO, Italian RC, Japanese RC, Norwegian RC, 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, Singapore RC - [IFRC/SARC]



Australian RC, British RC, China RC Hong Kong, DFID, ECHO, Finnish RC, Irish RC, Italian RC, Japanese 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]

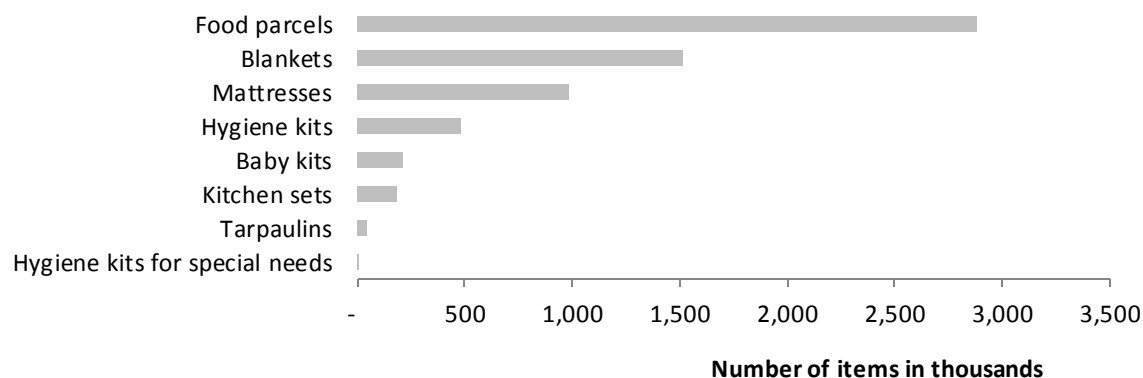
For further information you may consult the [detailed list of donor contributions](#).

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 from early summer 2012. SARC, ICRC and IFRC, 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 volunteers are exposed sometimes to life-threatening conditions and continue to provide urgent assistance to people affected on all sides of the conflict. Since the beginning of the conflict, 38 SARC and 7 Palestinian Red Crescent Society staff and volunteers have lost their lives while providing assistance to people in need.

SARC staff and volunteers distribute relief to more than 3 million people each month (food and non-food items and health), provide support in water and sanitation in places where the water supply system is damaged or has stopped functioning. Through its extensive network of health facilities and ambulances, SARC also provides emergency and primary health care services. Psycho-social support reaches thousands of children and families through outreach teams, mainly to IDPs in safer areas. Reproductive health services are provided in cooperation with UN partners. SARC also often acts as intermediary, to negotiate a temporary ceasefire to be able to bring technical experts into hard to reach areas to enable repair of necessary infrastructure such as water networks, pumping stations and electricity. SARC also supports people living in public shelters in cooperation with other partners, UN agencies and INGOs.

During the first six months of 2014, with collective support from all partners² involved in humanitarian assistance in Syria, SARC was able to provide, among others, the following assistance in the field of relief:



Out of the overall relief provided by SARC, Red Cross and Red Crescent Movement partners contributed approximately 15 per cent of the food items, 62 per cent of the hygiene kits and 44 per cent of the mattresses. It has to be mentioned that 98 per cent of the hygiene kits for special needs were covered by German Red Cross and Norwegian Red Cross.

German Red Cross, present in Syria, has been supporting SARC in strengthening its logistics capacity through warehouse rent and rehabilitation, running costs and maintenance for the fleet and logistical structures, as well as through means of transport, radio equipment and staff salary support. Furthermore, GRC has been providing non-food items (NFIs), medicines, medical equipment and food, reaching an approximate total of 550,000 beneficiary families in the period August 2012 - August 2014.

The Norwegian Red Cross, through the consortium with German Red Cross, has supported SARC's programs within the water, sanitation and hygiene promotion (WASH) sector since February 2013. The SARC projects include hygiene promotion activities and distribution of hygiene kits and baby kits for 95,723 beneficiary families, and emergency water provision through installing tanks and repairing water wells reaching an estimated 399,600 beneficiaries.

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.

² Partners include all UN agencies, INGOs, ICRC and German RC, Norwegian RC, Danish RC and also support channeled through IFRC.

Progress towards outcomes based on the IFRC appeal

Relief distributions (food and basic non-food items)

Outcome 1: The most affected populations have access to items to address their immediate food needs

Indicator	Target	Result 2012	Result 2013	Result 2014 ³	Total	Comments
# of food parcels are distributed	930,000	38,800	226,941	331,338	597,079	The total number of food parcels targeted was based on the monthly targets. ⁴ The total implementation rate is reaching 64 per cent.
# of beneficiaries reached with food	2,300,000	194,000	794,294	1,159,683	2,147,977	The total number of beneficiaries has been counted with an estimation that approximately 30% of the total number of beneficiaries reached with relief items will be the same.

Outcome 2: The most vulnerable families have access to items to ensure dignity, personal hygiene and health and to reduce vulnerabilities

Indicator	Target	Result 2012	Result 2013	Result 2014	Total	Comments
# hygiene kits distributed	930,000	31,260	232,783	96,596	360,639	With the support provided by German RCs/Norwegian RC, which has stepped in to support SARC in line with the needs expressed in the IFRC Emergency appeal another total 206,313 HPs arrived in 2014), resulting in a total implementation rate of more than 60 per cent. ⁵
# of beneficiaries reached with hygiene kits	2,300,000	109,410	814,740	338,086	1,262,236	The total number of beneficiaries has been counted with an estimation that approximately 30% of the total number of beneficiaries reached with relief items will be the same.

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

Indicator	Target	Result 2012	Result 2013	Result 2014	Total	Comments
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³ Until August 2014

⁴ Initially only a total of 30,000 families were planned to be supported. This number has been increased to 20,000 families on a monthly basis, mainly in Rural Damascus and Homs Governorates. In July 2013, SARC and IFRC decided to increase this target to 30,000 families that was further increased to 50,000 families to be reached per month for 2014.

⁵ The overall implementation rate of the hygiene kit distribution has decreased significantly in 2014 due to lack of funding and priorities on food.

of families reached with winterization items⁶

100,000⁷

15,000

40,000

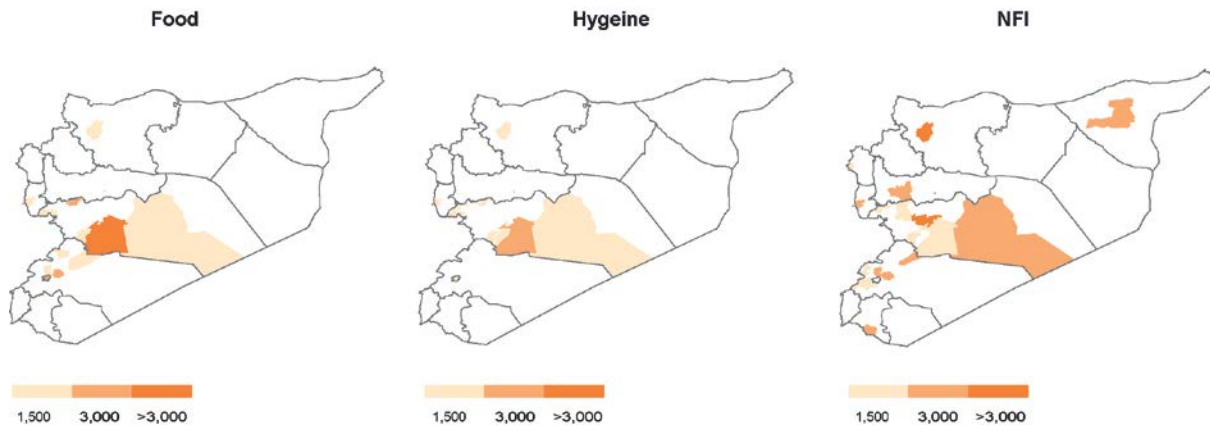
ongoing

55,000

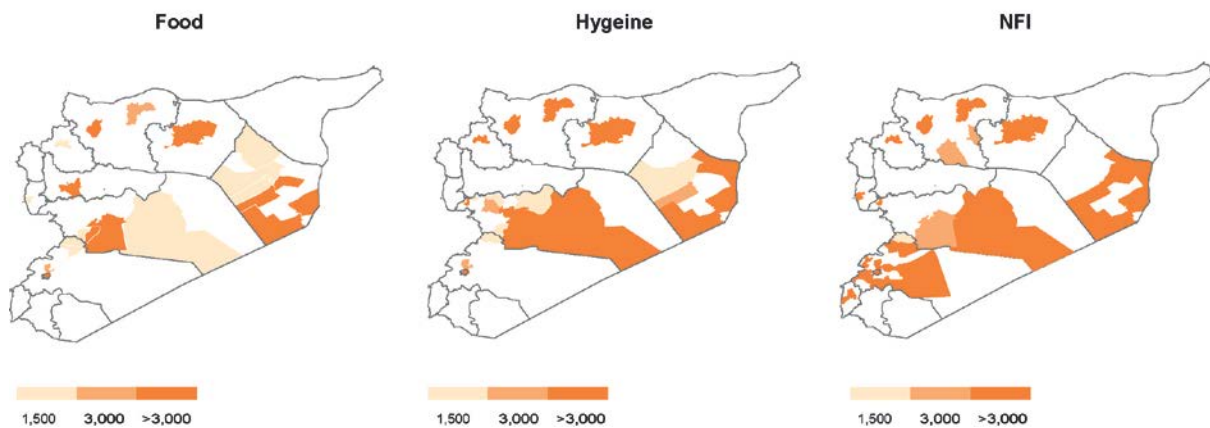
The procurement of winterization items for 2014 is still ongoing.

Progress:

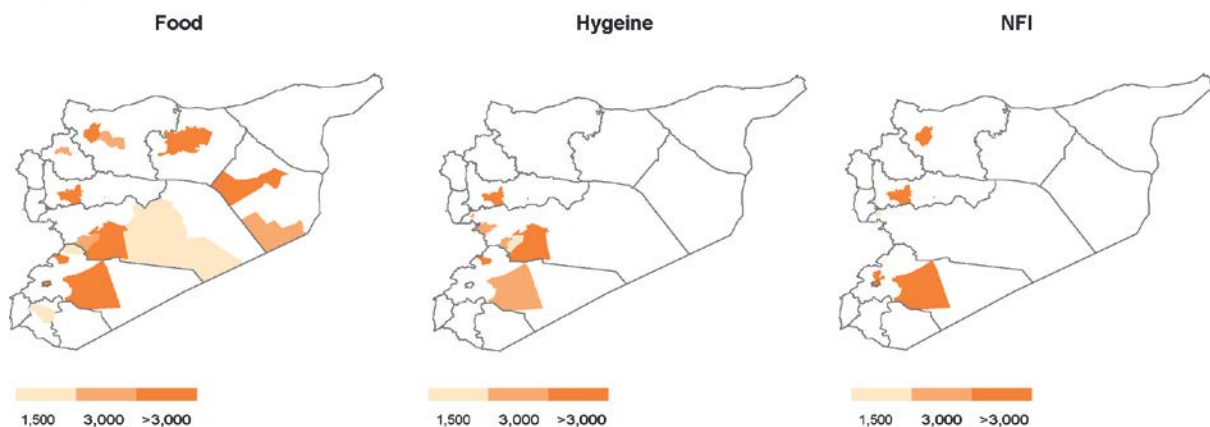
2012



2013



2014



Support to the IFRC appeal has provided almost 600,000 families with food in times when many are completely depending on support from humanitarian agencies for their survival. While funding the parcels has been challenging and often we do not reach our targets, IFRC food parcels have been available in the most hard to reach areas at any given opportunity of access. When suddenly a road opens up or approval is received from the parties, SARC has immediately responded by using IFRC procured food parcels.

⁶ Winterization items include: blankets, mattresses, mats and tarpaulins

⁷ 20,000 in 2012, 30,000 in 2013, and 50,000 in 2014

During 2012, less than 40,000 food parcels reached primarily targeted areas in Rural Homs and Rural Damascus. As the situation deteriorated in the country and SARC reached out increasingly with relief activities to address the increasing humanitarian needs, in the first six months of 2013 the number of food parcels distributed doubled compared to the number in the second half of 2012. The appeal was revised accordingly and until the end of 2013 the monthly target for food parcels was increased to 30,000 on a monthly basis. Based on the elevated scale of internal displacements, the depleted resources among both IDPs and host families, and the results of assessments at distribution points while registering beneficiaries, SARC requested IFRC to further scale up food assistance in 2014. Therefore a target of 50,000 families on a monthly basis has been decided. Although a small area in rural Homs is still provided on a monthly basis, it has been agreed that **IFRC support will be used in rapidly developing situations and emergency response, to cover gaps in distributions and to reach out to areas where other agencies are not present; when a road opens up or access is granted.**⁸ So as a percentage more than 60 per cent of the food parcels provided by IFRC was distributed in hard to reach areas.

According to the experiences from the first six months in 2014, it is **crucial that items are prepositioned and available in order to allow SARC to organize emergency dispatch immediately once distribution routes are accessible.** Through this approach SARC was able to immediately respond in situations like the evacuation of Adra, Moaddamiya, the local truces in Barzeh, Yalda and Babilla and also in the old city of Homs. During the summer also rural areas in Dara'a Governorate became accessible after two years, and SARC was able to dispatch food and hygiene parcels to the affected populations within a few hours.

SARC staff and volunteers are conducting needs assessments through informal and formal discussions with affected populations and local authorities. Data for beneficiary registration is collected through interviews with affected families during field assessments, at distribution centres, in IDP shelters as well as at branch premises. IFRC distribution plans are prepared based on the registered needs per location and branches that are adjusted to the actual situation on the ground before the distribution takes place. Since SARC has been present in all 14 governorates of Syria and maintains 77 sub-branches at grass root level, staff and volunteers of SARC represent the community itself, living in the affected areas. Therefore SARC staff has direct access to the communities and has clear view on needs to feed the SARC HQ with up to date assessment information.

When individual registration is not possible (due to violence/protection reasons) SARC together with local NGOs estimates the needs based on the knowledge of the situation on the ground. In sudden population displacement, SARC is able to respond to the needs thanks to the network of its sub-branches. Thus information is shared between the affected branches about the number of IDPs, the general situation and the possible needs.

IFRC support has contributed to capacity building in all operational areas required to maintain transparent operations of SARC including capacity building in needs and emergency assessment methodologies, approaches and conducting impartial humanitarian assistance in Syria. IFRC team in Syria has been directly addressing issues linked to raise standards of raising humanitarian standards through systematic trainings in the field of emergency needs assessment, reporting and information management.

In its role, IFRC has been closely assisting SARC at all key levels to deliver on internationally accepted standards defined for humanitarian relief according to the Rules and Principles of Humanitarian relief and Fundamental Principles of the Red Cross and Red Crescent Movement.⁹

SARC, being the part of the community itself through its branches and sub-branches, has a direct knowledge and up to date information of the outstanding needs of the population. SARC has been maintaining beneficiary screening filing system, which has been updated on a regular base. The support, SARC receives through the IFRC, assists the population, predominantly women, children and the elderly - each having unique needs, challenges and coping mechanisms. The movement of internally displaced persons (IDPs) continues to be large-scale and fluid as many Syrians are displaced multiple times. At the same time, SARC may also use IFRC assistance to support to host communities in areas where there is a sudden increase of needs due to the emergency situation or an escalation of violence.

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

⁸ In the second half of 2013 SARC managed to deliver assistance to Deir-Ez-Zor and Raqqa the first time in August. These hard to reach areas had been difficult to access for several months before (and continue to be difficult). As there was an opening to dispatch relief items, SARC immediately distributed 75,000 food parcels to address the needs mainly in the rural areas of Deir Ez-Zor Governorate.

⁹ For more information please go to Capacity building section

Monitoring visits were conducted in several occasions visiting SARC Logistics hub. Regular visits are paid to SARC operated clinics, and medical facilities, health points in Rural Damascus area. Several visits were also conducted to Jaramana distribution point and first aid centre. In addition to SARC Damascus warehouse, SARC central fleet base, Homs branch etc.

Challenges: During the overall timeframe, escalation of violence, limited access to areas, the changing frontlines and road closures were affecting the distributions. In addition, at times of poor security, distributions needed to be rescheduled and this resulted in changes in distribution plans. During the year, new administrative procedures were slowing down the dispatch process as approvals had to be thoroughly obtained for aid convoys.

As seen in the figures the targets initially planned could not be reached due to the limited funding available. As a soon as a contribution was received, procurement was initiated. However due to lack of enough items, parcels, distributions could not be planned in advance, and therefore distribution plans had to be adjusted based on the items available.

Emergency health and basic health care

Outcome 4 (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.

Indicator	Target	Result 2012	Result 2013	Result 2014 ¹⁰	Total	Comments
# of clinics operational	13	11	13	11	n.a	Initially IFRC was supporting 11 clinics run by SARC. By 2013, the clinic in Deir Ez-Zor had been established and the clinic in Tadmur was upgraded to provide more services to patients. In 2014, the clinic in Ar-Raqqa was not accessible for transporting medical equipment and medicines. Also the clinic in Menbej could not be supported for the same reason.
# MHUs provided to SARC	9	4	9	9	n.a	Initially IFRC has been planning to support 4 existing SARC Mobile Health Units, and increase the fleet with 6 more units. However the unit in n Qamishly was stolen . . Six additional units were procured and provided to SARC in 2013.
# HPs operational	5	2	4	5	n.a	Three health points are operational in Rural Damascus Governorate and the two others were established in Deir-Ez Zor and Al Bokamal in 2013 although fully operational only in 2014.
# of patients treated in SARC health facilities	710,000	138,601	374,199	345,821	858,621	The number of patients reported through the facilities supported by IFRC (ambulance services, clinics, MHUs and health points). The number exceeds the initial target. .

Progress:

SARC **First Aid services** are operating across the country and are one of the main services providers in many areas in Syria. During the past two years more than 75,000 people have received first aid services through SARC. The highest numbers are registered in areas with ongoing violence, mainly in Aleppo, Deir-Ez-Zor, Homs and Rural Damascus Governorates. In Ar-Raqqa, SARC has been actually the main First Aid

¹⁰ Until August 2014

service provider in 2014. On a monthly basis, each SARC ambulance was providing services to almost 70 persons on average.

SARC **clinics** were initially established to support the Iraqi refugees, however as the situation changed in the country, the clinics started to provide free services for Syrians as well. SARC clinics supported by IFRC enable people in need to access primary health care services. Clinics are supported with medicine supplies, medical equipment, running costs and human resources. Size of clinics are different based on speciality and they are all operated by specialized professionals providing treatments in the following areas: internal health, gynaecology, paediatrics. In addition to this some of the clinics are equipped with X-ray and laboratory tools. The total number of patients receiving treatments in clinics were 570,846 since the beginning of the appeal. The highest number of patients were registered in the clinics supported in Al Bokamal, Jaramana and Homs.

On a monthly average the number of consultations per clinic is 1,933. 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. From the monthly number of patients treated the highest numbers were registered in November 2013 and in February 2014 when large scale population movements were also registered. Therefore clinics received new patients arriving in the catchment areas of the clinics. Children represent at least one third of the patients registered at the clinics, with the majority of them being younger than 5 years old.

Mobile Health Units (MHU) are mainly focusing on shelters and rural areas in the governorates and trying to reach out to beneficiaries who lack regular access to health care. Thereby, these SARC facilities are addressing a gap in the health service provision. The total number of patients treated by MHUs during the reporting period was more than 87,000. The majority of the patients are female and at least 40 per cent of the patients are children.

Health points supported by IFRC were established with the aim of providing improved access to emergency medical assistance for rapid management of injuries, and to primary health care for people residing in severely affected areas. Most of the health points were established in hard-to-reach areas where health service provision is not available. The total number of patients registered in the health points were 127,973. Based on the monthly reports received on the health points activities a significant increase in the number of patients was registered in 2014 compared to the same period in 2013 (almost 150 per cent increase). Based on the treatments registered, in most cases the health points were dealing with internal health, child birth and pregnancy, which shows that actually there is no other health facility available and providing services in the location. All IFRC health points but one are out of reach for IFRC delegates. Danish Red Cross support an additional eight SARC health points.

Providing the patients with **medicine** is being done in two parallel ways. Prior to the conflict SARC had established Memorandums 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 organizing international procurement of medicines that is distributed to the clinics, MHUs and health points and is handled directly by a pharmacist inside the clinic. The current medicine shortage is severely affecting patients with chronic diseases and non-communicable diseases. These medicines are not available in the local pharmacies due to the fact that many of the local factories are closed and the prices of imported medicines are very high. The medicine list for international procurement is composed of items defined by the needs of patients being mostly treated and discussion with the doctors at the clinics.

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. While some recent progress has been noticed for the clinic in Raqqa to become operational again IFRC agreed with SARC in summer 2014 for the clinic in Menbej to be supported by ICRC in hope that its presence in Aleppo will make it easier to provide the clinic with support. In general, lengthy administrative procedures to supply the clinics and road closures caused delays in distributing medical equipment and medicines to several 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 5 (Revised): The efficient operation implementation is supported through enhanced SARC capacities and a well-functioning infrastructure for future sustainability						
Indicator	Target	Result 2012	Result 2013	Result 2014	Total	Comments
# of staff members supported in SARC branch level		143	308	350	n.a	Staff are supported in the branch and sub-branch offices and also in the clinics, MHUs, health points
# of staff members supported in SARC HQ level		11	13	15	n.a	
Communication tools are provided to SARC volunteers to support connectivity while on duty	aligned to the scale-up and priorities of the operation	n.a.	Procurement started for HF radios	Arrival of radios, establishing the system has started	n.a.	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.
# of national level trainings organised		0	5	6	11	National level trainings were organised in the field of IM/Reporting, Logistics, Disaster management, health information system and MHUs
# of volunteers involved in the operation are supported	3,000	n.a.	3,000	3,000	3,000	SARC volunteers are included in IFRC global insurance scheme. Volunteers are provided with uniforms, vests and other protective equipment
# of trainings and international events where SARC staff and volunteers are present	n.a.	No exact data available	No exact data available	No exact data available		SARC staff and volunteers were representing the National Society on several international events, among other the IFRC General Assembly in Sydney in 2013, and the Solferino events and youth networks. In addition volunteers attended trainings to further expand their professional knowledge in shelter, emergency health and disaster response.

Progress:

During the reporting period IFRC capacity building support to SARC has been gradually scaled up and aligned to the priorities of the operation. Due to the emergency, SARC has since the beginning of the crisis, focused on responding to the needs. Furthermore, the challenging situation on the ground, limited access because of unsafe roads hindered extensive training and development programmes for branches and volunteers. Nevertheless, different technical areas were strengthened and new systems and tools were developed within SARC structure at HQ and branch levels. The purpose of the IFRC capacity building support is related to supporting the operational capacity building efforts of SARC. This support to SARC is based on the operational needs and is aiming to reinforce existing capacities surrounding and contributing to SARC's response. Logistics, information management, disaster management and communication are areas

where IFRC has contributed directly to enhanced capacity.

Logistics: SARC central warehouse in Tartous has been supported to establish standardized warehouse management procedures that allow the National Society to account for relief items received, dispatched and stored (see more below under Logistics). In the field of logistics, IFRC continued providing continuous mentoring and coaching and supported SARC as well as Partner National Societies in procurement and to ensure the supply chain remains uninterrupted. SARC logistics capacities were further enhanced through the recruitment of a Logistics Mobilization officer in 2013. Supported by Netherlands RC, SARC sub-branches were strengthened through the contribution of 37 land cruisers to ensure needs assessment, beneficiary identification and distributions also outside the town centres. IFRC with SARC established a database for warehouse inventory and organized a training in using the database, and also provides continuous mentoring and coaching. IFRC and SARC are working in close cooperation with German Red Cross in the field of logistics.

In order to improve SARC's ability to respond efficiently to the needs on the ground, several technical trainings on **Disaster Management** were organized:

- One of the fields of training was shelter support. Training provided practical knowledge on different aspects of shelter activities, such as the usage of the shelter kits.
- As conducting assessments are the basis to address the real needs of the beneficiaries, a needs assessment in emergencies training was conducted, where participants from SARC branches prepared a checklist to plan assessments and developed the necessary tools, such as a questionnaire.
- In order to ensure that volunteers and field staff in the branches have sufficient professional knowledge in disaster management a training of trainers was supported through IFRC, and was facilitated by SARC trainers of trainers with technical support from IFRC.

Further, 14 disaster management officers and 14 field officers (one in each branch) could be recruited with IFRC support.

In terms of **communication**, the presence of a communication development delegate and an audio-visual delegate has significantly contributed to promoting SARC response to the crisis. The National Society communications capacities have been strengthened through communications and photography in emergencies training (2013), with a focus on profiling SARC volunteers and their achievements in line with humanitarian principles, in close cooperation with ICRC.

Reporting and data collection: 14 reporting officers (one in each branch) plus a coordinator at HQ were recruited with support from IFRC to ensure information and data to arrive from the branches and to be shared with management and presented to donors and partners. Several trainings and workshops were organized to build up the system in this specific field. This included developing reporting templates for sharing qualitative information with SARC management, but also standardized data collection tools and methods were agreed upon and developed. This resulted in SARC currently using one tool for registration of the distributions for all partners they are working with. This tool is feeding in to a database that helps SARC HQ and also partners to have access to data that further supports informed decision making once analysed. It also contributes to monitoring progress on the operations implementation. IFRC further supported SARC in establishing a **health information system**, which allows follow-up of patients' history and also analysing disease trends, monitoring potential outbreaks and also treatment adherence in specific cases. The system is used by doctors in SARC health facilities and also allows reporting on the number of consultations, patients, different types of diseases, and the use of medications. Based on this system health professionals will be able to project further needs in medicines, and patient adherence to health facilities. Furthermore several basic trainings, and coaching sessions were organized in data visualization and analysis, however this needs to be further followed-up.

Logistics						
Outcome 1: Logistics support is provided to ensure efficient and timely delivery of goods and services.						
Indicator	Target	Result 2012	Result 2013	Result 2014 ¹¹	Total	Comments
Coordinated mobilization of goods is in place	Mobilization table is kept regularly updated	yes	yes	yes	n.a.	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.
Logistics process of the operation is supported through reception, warehousing and further dispatch to branches and distribution points	Stock Movement is regularly reported	no	partly	yes	n.a.	Completed implementation and pilot of an inventory control system (LOGIC database) to enhance stock inventory information including stock movement in SARC central warehouse with an anticipation to expand the system to the branches. Monthly reports are shared.
Outcome 2: SARC is able to provide more effective and efficient logistics services through an enhanced institutional capacity that meets Movement standards						
Indicator	Target	Result 2012	Result 2013	Result 2014	Total	Comments
Standard operating procedures developed	No target defined	no	no	3	3	SOPs were developed and followed related to the reception of goods, inventory stocktake and inspection of shipments (quality control)
# trainings organised	No target defined	0	1	3	4	In 2013 a general Logistics training was organized for SARC branch staff involved in logistics. In 2014 a refresher training on warehouse management, the LOGIC implementation training, and the LOGIC database operators training was organised.
Adequate resources (including tools, equipment and human resources) are provided to SARC	No target defined	n.a.	2 staff	2 staff	2 staff	This target has been completed in cooperation with German Red Cross, that is supporting the renting, equipment and human resources for SARC warehouses and logistics. SARC Mobilization officer and SARC Clearance officer are supported through this appeal

The development of SARC logistics hubs, with funding from German Red Cross and technical support from IFRC, has resulted in a 10,000 square metre Movement warehouse space in line with international standards and equipped through the support of IFRC and German Red Cross, 40 employees trained by IFRC. The warehouse staff has been trained on and are using IFRC LOGIC database (also monitored and supported by IFRC) which gives them full control of all stock movement including current stock, dispatch per donor and location. Hundreds of trucks are moving in and out of the warehouse each day.

¹¹ Until August 2014

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. With support of the German Red Cross, SARC has rented additional 1,600 square meters warehouse in Al Hawash which is about 50 km south of Tartous.

From March 2012 until mid-June 2012, 3,686 tons of relief and food items equivalent to 152 trucks reached Syria carrying aid from IFRC and Partner National Societies. In 2014, so far, the following magnitude of items has arrived to Tartous through the support to this emergency appeal and was handled by SARC:

- 9,277 tons of food parcels
- 869 tons of hygiene kits
- 25 tons of blankets

The implementation of the LOGIC database contributes to regular monitoring of the dispatch of items from both SARC logistics hubs in Tartous, including tracking of relief items, where those are dispatched, aligned with the stock position report about the items still available. Other types of reports can be made on request and now we can ensure that SARC is able to account for all consignments and relief items received in their custody in Tartous and dispatched for distribution.

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.

Communications – Advocacy and Public Information

Developing a strong, coordinated public voice on humanitarian needs in Syria crisis has been the main goal of the RCRC Movement since the onset of the crisis until today. During the last two years, the IFRC along with ICRC and the Movement partners have given a special attention to communications and invested resources to enhance the capacity of SARC communications.

In 2012, due to the nature of the emergency in Syria, the IFRC was adopting a reactive approach rather than being pro-active. This is also due to the limited resources available to leverage the communication capacities. The last two years have witnessed a gradual scale-up in the production and the capacities of communications as the crisis continued to deepen. Starting with very limited resources between the MENA Zone and the National Society, there was a significant enhancement in the communication capacities. SARC new communication officer, recruited in January 2013, established good working relations with the MENA zone communications coordinator and with other actors in the country. During the first year, focus was on engaging with SARC communications for better visibility of the National Society externally and internally. Increasing number of blogs, web stories, video galleries, social media posts were published and internal documents produced.

The IFRC, with support from the Italian Red Cross has assigned an Audio Visual consultant for the period of three months starting July 2013. Further enhancing communication capacities and providing technical support to SARC, IFRC deployed a communications development delegate to ensure regular news and social media updates are being provided by SARC and IFRC on Syria, with specific attention to timely updates on operational priorities and achievements. In August 2014, the Syria crisis communications' coordinator was deployed to the MENA Zone to support the communication needs in Syria and the region. The presence of the Audio Visual consultant with the communications development delegate until now has vividly enhanced the content generation process.

Capacity building remained a key element where SARC along with other NSs involved in the crisis in the region were participating in key workshops and trainings organized by the IFRC and other Movement partners (IFRC MENA communications workshop on 2012, Syria crisis Movement meeting in 2013 and 2014, content development workshop in 2013 in Beirut at the IFRC office, Beneficiary communications bootcamp in Sri Lanka in 2013 and this year global communications forum in Nairobi).

Together SARC, the IFRC, the ICRC, and partner National Societies succeeded to strengthen the profile of SARC and advocate for the most pressing humanitarian needs through investing in advocacy and communications efforts. In addition to ICRC support to SARC communications capacity inside Syria, the IFRC was able to engage with partner National Societies to create a dedicated communications team for Syria crisis.

Communication approaches focused mainly on the needs of the affected populations, promoting SARC operations, advocating for the protection of volunteers, and adhering international campaigns. Regular communications platforms and tools with the coordination of information management and reporting teams have contributed to a more efficient content generation and information sharing among SARC, the IFRC, the ICRC and the Movement Partners.

Main achievements:

- The first Movement communications meeting on Syria crisis was held in May 2013 in Beirut and resulted in the Movement communications strategy aiming at strengthening the RC/RC Movement's collective efforts to raise awareness of the humanitarian needs in Syria and the surrounding countries.
- SARC action in major operations like the evacuation in Yarmouk camp, Moadamiya and Homs had an impressive media coverage in the 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.
- Joint Calls: Regular joint statements with SARC and ICRC to advocate for greater support to the needs inside Syria and protection of volunteers and aid workers.
- The 3rd anniversary of the crisis: SARC, IFRC and ICRC have joined efforts to deliver a comprehensive communication pack which included a social engagement strategy, as well as several communication products (stories, videos, testimonials, volunteers' profiles) adapted for partners local use. A major and historic traffic spike on the IFRC social media platform was registered with the social engagement initiative #RedforSyria.
- The second Movement Communication and Positioning Workshop on the Syria Crisis was held in May 2014. An outcome document was presented to the RCRC leadership gathered at the subsequent MAP meeting (May 17-18) and fully endorsed the eight areas of focus of the workshop outcomes.
- World Humanitarian Day 19 August 2014: Stories from 10 SARC branches, joint Movement press release to mark the day and highlight danger to volunteers, contributions from SARC and PRCS within Syria to the social media campaign and Buzzfeed page, also 'Protect Our Volunteers' video. (SARC contributions for the IFRC campaign helped to reach 378,000 people via Facebook, their most popular Facebook post to date, and twitter messages were exposed to 3.8m people, potentially 8.8m impressions).
- Drought in Syria: Press release, photo gallery, blog by a SARC water engineer and associated stories on the risks to health and food production produced. Resulted in coverage in [Reuters](#), [Middle East Eye](#) and [Global Post](#).
- World First Aid Day: First-person stories from 13 volunteers at SARC branches, plus sharing of SARC first aid advice to general population via social media. Joint Movement press release. Local radio and TV interviews undertaken.

The Audio-Visual communication on the humanitarian crisis in Syria had a remarkable boost in the last year given by:

- Audio-visual coverage and publication of photos and videos of the most important humanitarian activities in Syria such as: Aid deliveries across the country, evacuations, services provided by SARC.
- Creation of an audio-visual network in Syria to get a constant flow of updated audio-visual material from Syrian Arab Red Crescent branches
- Workshops on photography in emergency to volunteers and staff of SARC and to the International Committee of the Red Cross in Damascus
- Audio-visual documentation of official visits to Syria
- Photography exhibitions about the Syria crisis in several European locations, Sydney and Moscow.

Together SARC, IFRC, the ICRC, and partner National Societies succeeded to strengthen the profile of SARC and advocate for the most pressing humanitarian needs through investing in advocacy and communications efforts.

In the coming months of 2014, the proactive approach will be followed by IFRC communications team focusing on Syria. The main topics of food, health and winterization have been identified to be addressed with specific attention to the needs of the affected populations. Advocacy tools are being developed to represent a common approach in communications products related to the Syria crisis.

Contact information

For further information specifically related to this operation please contact:

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

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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 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.
-

EMERGENCY APPEAL

01/10/2014

MDRSY003 Syria - Syria Crisis

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	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	29,245,191			29,245,191
Seeds & Plants	0			0
Water, Sanitation & Hygiene	11,072,077			11,072,077
Medical & First Aid	12,819,061			12,819,061
Teaching Materials	0			0
Utensils & Tools	663,498			663,498
Other Supplies & Services	430,995			430,995
Emergency Response Units	0			0
Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	66,098,512	0	0	66,098,512
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	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	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	0	6,374,707
Consultants	26,707			26,707
Professional Fees	79,183			79,183
Total CONSULTANTS & PROFESSIONAL FEES	105,890	0	0	105,890
Workshops & Training	90,000			90,000
Total WORKSHOP & TRAINING	90,000	0	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	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	0	4,801,399
Programme and Services Support Recovery	5,897,034	0		5,897,034
Total INDIRECT COSTS	5,897,034	0	0	5,897,034
Pledge Earmarking & Reporting Fees	241,470			241,470
Total PLEDGE SPECIFIC COSTS	241,470	0	0	241,470
TOTAL BUDGET	96,862,105	0	0	96,862,105
Available Resources				
Multilateral Contributions	65,977,116			65,977,116
Bilateral Contributions	0			0
TOTAL AVAILABLE RESOURCES	65,977,116	0	0	65,977,116
NET EMERGENCY APPEAL NEEDS	30,884,989	0	0	30,884,989

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 14

Appeal Launch Date: 06 Jul 12

Midl Report

Selected Parameters

Reporting Timeframe	2012/6-2014/8	Programme	MDRSY003
Budget Timeframe	2012/6-2014/12	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		96,862,105				96,862,105	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		1,029,202				1,029,202	
Andorran Red Cross		7,576				7,576	
Australian Red Cross		198,588				198,588	
Austrian Red Cross (from Austrian Government*)		964,733				964,733	
Austria - Private Donors		975				975	
Belgian Red Cross (Flanders)		69,384				69,384	
Belgian Red Cross (Francophone) (from Belgian Federal Government*)		358,399				358,399	
British Red Cross		3,242,541				3,242,541	
British Red Cross (from British Government*)		2,403,007				2,403,007	
British Red Cross (from DEC (Disasters Emergency Committee)*)		1,248,732				1,248,732	
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	
China Red Cross, Hong Kong branch		10,353				10,353	
Danish Red Cross		170,088				170,088	
Danish Red Cross (from European Commission - DG ECHO*)		1,811,652				1,811,652	
European Commission - DG ECHO		11,705,521				11,705,521	22,080
Finnish Red Cross		57,821				57,821	
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		173,443				173,443	
Norwegian Red Cross		565,735				565,735	
Norwegian Red Cross (from Norwegian Government*)		3,119,499				3,119,499	
On Line donations		123,117				123,117	
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		148,156				148,156	
Suncor Energy Inc.		238,260				238,260	
Swedish Red Cross		10,447,751				10,447,751	
Switzerland - Private Donors		1,700				1,700	
Taiwan Red Cross Organisation		46,681				46,681	
The Canadian Red Cross Society		367,963				367,963	
The Canadian Red Cross Society (from Canadian Government*)		5,895,988				5,895,988	
The Netherlands Red Cross		856,933				856,933	
The Netherlands Red Cross (from Netherlands Government*)		3,102,553				3,102,553	

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 14

Appeal Launch Date: 06 Jul 12

Midl Report

		Selected Parameters	
		Reporting Timeframe	2012/6-2014/8
		Programme	MDRSY003
		Budget Timeframe	2012/6-2014/12
		Budget	BUDGET9
		Split by funding source	Y
		Project	*
		Subsector:	*
All figures are in Swiss Francs (CHF)			
<i>The Red Cross Society of Bosnia and Herzegovina</i>	2,466	2,466	
<i>United States Government - USAID</i>	2,710,159	2,710,159	
<i>United States - Private Donors</i>	13,396	13,396	
C1. Cash contributions	53,981,036	53,981,036	22,080
Inkind Goods & Transport			
<i>American Red Cross</i>	144,105	144,105	
<i>Belgian Red Cross (Flanders)</i>	155,518	155,518	
<i>British Red Cross</i>	6,570,864	6,570,864	
<i>China Red Cross, Hong Kong branch</i>	79,072	79,072	
<i>Finnish Red Cross</i>	899,163	899,163	
<i>Norwegian Red Cross</i>	23,307	23,307	
<i>Spanish Red Cross</i>	386,416	386,416	
<i>The Canadian Red Cross Society</i>	121,195	121,195	
<i>The Netherlands Red Cross</i>	1,989,796	1,989,796	
C2. Inkind Goods & Transport	10,369,435	10,369,435	
Inkind Personnel			
<i>Finnish Red Cross</i>	50,160	50,160	
<i>Swedish Red Cross</i>	236,000	236,000	
C3. Inkind Personnel	286,160	286,160	
Other Income			
<i>Balance Reallocation</i>	1,330,318	1,330,318	
<i>Fundraising Fees</i>	-11,913	-11,913	
C4. Other Income	1,318,405	1,318,405	
C. Total Income = SUM(C1..C4)	65,955,036	65,955,036	22,080
D. Total Funding = B +C	65,955,036	65,955,036	22,080

* 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		65,955,036				65,955,036	22,080
E. Expenditure		-51,209,178				-51,209,178	
F. Closing Balance = (B + C + E)		14,745,858				14,745,858	22,080

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 14

Appeal Launch Date: 06 Jul 12

Midl Report

Selected Parameters

Reporting Timeframe	2012/6-2014/8	Programme	MDRSY003
Budget Timeframe	2012/6-2014/12	Budget	BUDGET9
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			96,862,105			96,862,105		
Relief items, Construction, Supplies								
Shelter - Relief	1,651,437		651,414			651,414	1,000,023	
Clothing & Textiles	10,216,253		6,538,378			6,538,378	3,677,875	
Food	29,245,191		15,232,018			15,232,018	14,013,173	
Water, Sanitation & Hygiene	11,072,077		4,260,308			4,260,308	6,811,769	
Medical & First Aid	12,819,061		5,145,971			5,145,971	7,673,090	
Utensils & Tools	663,498		663,210			663,210	289	
Other Supplies & Services	430,995		436,993			436,993	-5,997	
Total Relief items, Construction, Sup	66,098,512		32,928,292			32,928,292	33,170,220	
Land, vehicles & equipment								
Vehicles	1,761,633		1,759,890			1,759,890	1,743	
Computers & Telecom	425,000		8,197			8,197	416,803	
Total Land, vehicles & equipment	2,186,633		1,768,088			1,768,088	418,546	
Logistics, Transport & Storage								
Storage	2,560,000		1,118,810			1,118,810	1,441,190	
Distribution & Monitoring	4,515,000		2,312,667			2,312,667	2,202,333	
Transport & Vehicles Costs	548,744		515,153			515,153	33,591	
Logistics Services	2,653,140		1,092,979			1,092,979	1,560,161	
Total Logistics, Transport & Storage	10,276,884		5,039,609			5,039,609	5,237,275	
Personnel								
International Staff	2,456,640		1,526,786			1,526,786	929,854	
National Staff	149,250		114,797			114,797	34,453	
National Society Staff	2,733,075		770,127			770,127	1,962,948	
Volunteers	1,035,742		151,193			151,193	884,549	
Total Personnel	6,374,707		2,562,903			2,562,903	3,811,804	
Consultants & Professional Fees								
Consultants	26,707		26,707			26,707	0	
Professional Fees	79,183		79,183			79,183	0	
Total Consultants & Professional Fees	105,890		105,890			105,890	0	
Workshops & Training								
Workshops & Training	90,000		63,500			63,500	26,500	
Total Workshops & Training	90,000		63,500			63,500	26,500	
General Expenditure								
Travel	148,500		123,425			123,425	25,075	
Information & Public Relations	60,000		19,370			19,370	40,630	
Office Costs	52,200		2,756			2,756	49,444	
Communications	52,000		47,428			47,428	4,572	
Financial Charges	276,200		272,362			272,362	3,838	
Other General Expenses	17,595		13,703			13,703	3,892	
Shared Office and Services Costs	183,080		161,201			161,201	21,879	
Total General Expenditure	789,575		640,244			640,244	149,331	
Contributions & Transfers								
Cash Transfers National Societies	4,801,399		4,557,832			4,557,832	243,567	
Total Contributions & Transfers	4,801,399		4,557,832			4,557,832	243,567	
Operational Provisions								
Operational Provisions			214,605			214,605	-214,605	

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 14

Appeal Launch Date: 06 Jul 12

Midl Report

Selected Parameters

Reporting Timeframe	2012/6-2014/8	Programme	MDRSY003
Budget Timeframe	2012/6-2014/12	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)			96,862,105			96,862,105		
Total Operational Provisions			214,605			214,605	-214,605	
Indirect Costs								
Programme & Services Support Recov	5,897,034		3,065,802			3,065,802	2,831,232	
Total Indirect Costs	5,897,034		3,065,802			3,065,802	2,831,232	
Pledge Specific Costs								
Pledge Earmarking Fee	241,470		234,293			234,293	7,178	
Pledge Reporting Fees			28,120			28,120	-28,120	
Total Pledge Specific Costs	241,470		262,413			262,413	-20,943	
TOTAL EXPENDITURE (D)	96,862,105		51,209,178			51,209,178	45,652,927	
VARIANCE (C - D)			45,652,927			45,652,927		

Disaster Response Financial Report

MDRSY003 - Syria - Syria Crisis

Timeframe: 06 Jul 12 to 31 Dec 14

Appeal Launch Date: 06 Jul 12

Midl Report

Selected Parameters

Reporting Timeframe	2012/6-2014/8	Programme	MDRSY003
Budget Timeframe	2012/6-2014/12	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	96,862,105		65,955,036	65,955,036	51,209,178	14,745,858	22,080
Subtotal BL2	96,862,105		65,955,036	65,955,036	51,209,178	14,745,858	22,080
GRAND TOTAL	96,862,105		65,955,036	65,955,036	51,209,178	14,745,858	22,080