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Preliminary Final report

Lebanon, Jordan & Iraq: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal MDR81003	Glide n° OT-2012-000135-BN/JOR/IRQ
Date of issue: 31 Decmeber 2014	Date of disaster: Early 2011
Operation manager: Azmat Ulla	Point of contact: Michael Higginson, Head of Syria Crisis
Operation start date: 09 August 2012	Operation end date: 30 September 2014
Operation budget: CHF 49.2m	Appeal Coverage: 32%
Number of people assisted: 479,350 people	
Host National Societies present:	
Iraq Red Crescent Society: 18 branches and 4,000 volunteers	
Jordan Red Crescent: 12 branches and 600 volunteers out of which 200 are active	
Lebanese Red Cross: 12 branches and 4,270 volunteers	
Red Cross Red Crescent Movement partners actively involved in the operation:	
American Red Cross, Australian Red Cross, Belgian RC, British Red Cross, Bulgarian Red Cross, Canadian Red Cross Society/Canadian Government, Danish Red Cross, Finish Red Cross, French Red Cross, German Red Cross, Icelandic Red Cross, Iraqi Red Crescent, Iran Red Crescent, Italian Red Cross, Japanese Red Cross, Kuwaiti Red Crescent, Netherlands Red Cross/Netherlands Government, Norwegian Red Cross, Palestine Red Crescent Society/Lebanon Branch, Qatari Red Crescent, Red Crescent Society of Islamic Republic of Iran, Saudi Arabia Red Crescent, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, Turkish Red Crescent, United Arab Emirates Red Crescent, and as well as IFRC and ICRC	
Other partner organizations actively involved in the operation:	
<ul style="list-style-type: none"> • Government Institutions: Ministry of interior, Ministries of Health, Ministry of Education, Ministry of Planning and International Cooperation, Ministry of Social Development, Royal Jordanian Medical Services, Lebanese Ministry of Energy and Water, Ministry of Displacement and Migration (MoDM) in Baghdad and the Government of Kurdistan • UN agencies: WFP, UNICEF, UNHCR, UNRWA • International organizations: Norwegian Refugee Council, MEDAIR, ACTED, CARITAS, World Vision, Mercy Corps, Save the Children, Danish Refugee Council, IRD, MSF, MDM, IRC and others • Private companies: Islamic Development Bank • Other: Australian Government, ECHO, Japanese Government, Netherlands Government, Italian Government, PRM, Danish Refugee Council, Norwegian Refugee Council, Arab Red Crescent Organization. 	

Summary:

The Syrian conflict, now in its fourth year, has resulted in more than 150,000 deaths according to UNOCHA of which nearly 11,000 are women and children. As at 4 September 2014, there were 10.8 million people in need in Syria and 6.45 million of them internally displaced. Also, UNHCR reports that there are over 3 million Syrian refugees in the neighbouring countries.

IRAQ

Iraq has been providing refuge to affected Syrian households since the beginning of the crisis. Despite the fact that Iraq is not a signatory to the 1951 Refugee Convention and its 1967 Protocol, the country is a host to over 200,000 Syrian Refugees. A new refugee law has been drafted, and is pending with the Iraq Parliament and the Shura Council.

The 30 September 2014 Report from UNHCR Indicates that there are 215,387 Syrian refugees in Iraq. Fifty eight per cent (58%) of the refugees are living outside camps with the host population, while 42% are in the camps.

Syrian refugees distribution in Iraq: UNHCR Data as at end September 2014)

Governorate	Distribution of Syrian refugees
Anbar	4,526
Dahuk	93,833
Erbil	90,192
Kirkuk	626 ¹
Ninewa	1,339 ²
Refugees dispersed in Iraq	1,425
Sulaymaniyah	23,446
Total	215,387

The humanitarian situation in Iraq took a dramatic turn on 10 June 2014 with the deterioration of the security situation in the regions of Ninewa, Salaheddin, and Diyala provinces. Fighting carried out by armed groups reached several major cities in the country such as Mosul, Samara, Baquba, and Ramadi. Mosul, the second largest city of Iraq, has fallen under the control of armed groups along with most of the province of Ninewa, Erbil, Dahuk and Basheeqa. This caused massive internal displacements of the populations in those areas. Based on International Organization of Migration's (IOM's) Displacement Tracking Matrix (DTM) from January to September 2014, there are an estimated 1,725,432 Internally Displaced Persons (IDPs) across 1,715 distinct locations in Iraq.

On 13 August 2014, the situation in Iraq was declared as a Level 3 humanitarian crisis by the United Nations the highest classification, to ensure a more effective humanitarian response. The Level 3 declaration led to the activation of the cluster system, and up-scaling of pre-existing clusters in Iraq.

The IDP crisis which has come on top of the still-existing Syria crisis, has resulted to some Syrian asylum-seekers to return back to Syria from KR-I. An average of 300 persons a day are returning to Syria due to the recent deterioration of the security situation.

With the growing number of Syrian refugees putting additional strains on local infrastructure and essential services, which were already significantly weakened by the years of war and instability, access to basic services for the Iraqi population itself remains problematic. Stagnant socio-economic development further affects daily life in Iraq, while institutional capacity remains limited. These conditions hamper the ability of internally displaced people to return home.

¹ Non-camp refugees

² Non-camp refugees

JORDAN

Jordan is the country hosting the third largest number of Syrian refugees. As of 7 September 2014, the number of registered Syrian refugees in Jordan was estimated at 615,546. Jordan has a population of six million people. The current Syrian refugee population constitutes almost an additional 10 per cent to this population. This represents 21 per cent of the Syrian refugees in the region. Approximately 20 per cent of Syrian refugees reside in refugee camps. The largest refugee camp is Za'atari, administered by the Government of Jordan (GoJ)-appointed Syrian Refugee Camp Directorate (SRCD). Over 79,000 Syrians are living in Za'atari camp.

In late March 2013, the GoJ approved the construction of another sizeable camp near Azraq. The estimated number of Syrian refugees registered in the Azraq camp according to UNHCR on the 30 of September is 14,443 people.

Approximately 80 per cent of Syrian refugees are living in non-camp settings in urban and rural areas. The highest concentrations are in northern and central Jordan. These include Amman, Irbid, Mafrqa and Zarqa. Smaller but significant concentrations are in Balqa, Jerash, Ajloun, Karak, Madaba and Ma'an.

Jordan continues to accommodate a large number of Syrians, despite the substantial strain on national systems and infrastructure. This pressure has become even more acute over the past two years, as the global financial crisis has had an impact on Jordan's economic situation and infrastructure for water, electricity, waste management, education, and healthcare.

For the Syrian refugees, the greatest challenge they face is that of finding livelihood opportunities in order to have access to cash. This cash is mainly used for rent purposes. The limited access to livelihood opportunities has provoked increased risky coping strategies such as sale of personal assets and increased indebtedness. The increase in prices of rent, food and services make the living conditions more acute. This has accelerated the impoverishment and vulnerability of the refugee households and their dependency on assistance.

Refugees influx to Jordan

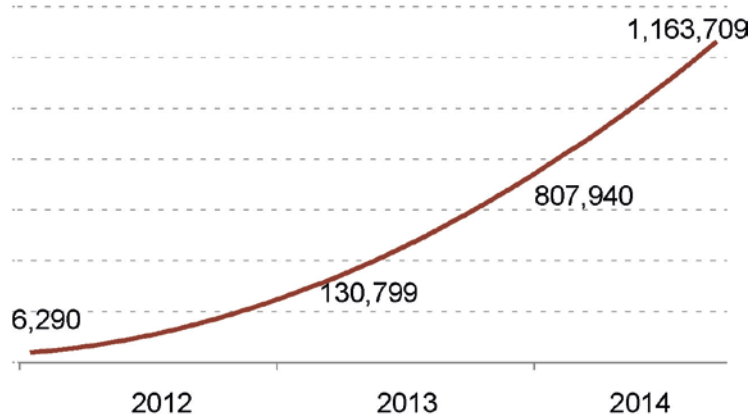


In the camps, UNHCR and other organizations, with the support of the Jordanian Ministry of Planning and Cooperation, Ministry of Health (MOH), Ministry of Education, Ministry of Interior provide humanitarian support. However, for the larger proportion of refugees outside the camps, not all needs can be adequately addressed. The Jordanian MOH provides full access to health services for the Syrians outside camps along with the local Jordanian population. Additionally, some local and international organizations (including JRC) and private sector practitioners deliver services to Syrian refugees outside the camps.

LEBANON

Lebanon has been providing refuge to affected Syrian households since the beginning of the crisis. The 23 September Report from UNHCR indicates that there are 1,191,332 Syrian refugees in Lebanon with registered refugees totalling 1,163,709 (47.5% male and 52.5% female). These refugees are spread all over the Lebanese territories: Bekaa 36%, Beirut 27%, North Lebanon 25%, and South Lebanon 12% with certain governorates, such as Bekaa and North Lebanon, sharing the largest burden of displacement. In these areas, there is less capacity to host refugees as the regions already suffered high poverty levels and low employment rates prior to the crisis. UNHCR estimates that the the Syrian refugee population could reach 1.5 million by the end of 2014

Refugees influx to Lebanon



The increased number of refugees creates several concerns regarding their living conditions and the situation of the Lebanese population hosting displaced Syrians. Local communities have found themselves in direct

competition in the commercial sector, in the labour market, and for limited public and social services. With the majority of those displaced from Syria settling in the most impoverished regions of Lebanon, the burden is increasing on host communities, on public health and social services, and on public schools.

In addition to Syrian Refugees, there are also 42,000 Palestine refugees from Syria (PRS) who have registered with UNRWA as at 31 July 2014. Lebanon is already host to approximately 440,000 Palestinian refugees, who were exiled from 1948 onwards. The Palestine Red Crescent Society in Lebanon (PRCS/L) provides support to these refugees who are particularly vulnerable due to the limited support they receive from both national and international organizations.

Also, based on the Lebanese High Relief Commission (HRC) and International Organization for Migration (IOM), over 25,000 Lebanese returnees will be registered across six governorates for a period of six months. A total of 17,510 returnees were registered between the months of July and October 2013. The UNHCR regional spokesman stated that an estimated 49,000 returnees from Syria are in need of aid. The UNHCR has faced the delicate case of Lebanese returnees. According to a report published in September 2013, the number of returning Lebanese is still inaccurate because many are “unable or unwilling to register.” Generally, the conditions of these returnees are broadly similar to those of Syrian refugees - most came to Lebanon without their belongings, are unemployed and are either renting accommodation or being hosted by Lebanese households, while some are living in collective centers and informal tented settlements. This burden is likely to increase over time.

Red Cross and Red Crescent action

Several Movement partners have been supporting the Host National Societies to respond to the needs of refugees who fled (and are still fleeing) from Syria. The one who are in-country include

Currently 9 RCRC Partners in country and the Iraq Red Crescent Society, in cooperation with PNS, ICRC and IFRC as well as other local and international organizations, has been supporting Syrian refugees - since the beginning of the crisis.

IRCS	<p>Since the beginning of the Syrian Refugee influx in Iraq the IRCS distributed a total of 59,869 Food Parcels to 11,659 families in Duhok Erbil, Sulaymaniyah, Mosul, Baghdad ,Anbar, Kirkuk, Karbala, and Najaf. Each parcel consists of (4.5 kg rice, 200g pasta, 1 litre oil, 900g sugar, 450g tea, 900g lentils, 900g beans, 830g tomato paste, 200g spaghetti)</p> <p>The IRCS also distributed a total of 11,659 parcels of Non Food Items to 11,659 families in Duhok, Erbil, Sulaymaniyah, Mousel, Baghdad, Anbar, Kirkuk, Karbala, and Najaf. Each parcel consists of a Stove, 4 blankets, 1 lantern, 1 kitchen set, 2 jerry cans and a thermos flask.</p>
IFRC	<p>FACT is supporting the IRCS with relief planning, logistics systems and reporting. The team is now looking to convert into longer term non FACT positions.</p> <p>The FACT team and IRCS started a post distribution survey in 4 locations. Overall, 370 households will be interviewed. A report will then be produced in order to assess the quality and efficiency of these distributions.</p> <p>With the last rotation of the FACT team leader ending in November, operational support will be handed over to an interim IFRC Operations Manager to continue supporting IRCS in terms of planning and coordination with a greater focus on capacity building</p>
French Red Cross	<p>2,023 households (12 106 individuals) living in the community in Sumel and Amedi districts have been reached with water, sanitation and hygiene promotion activities from Begining of August until end of October 2014. FRC is now planning to cover the water, sanitation and HP needs in all Sharya sub-district (Sharya Collective and 7 unfinished villages), and to adapt its response and activities to the upcoming winter (drainage activities for example).</p> <p>The NFI needs of the families living in Sharya-sub district have been partially covered, and FRC will keep distributing sleeping, cooking, hygiene, baby and cleaning kits. So far, 2,480 households in 26 different non-camp settlements across Sumel and Amedi districts are being supported through the distribution of NFI kits and water/sanitation activities.</p> <p>FRC has also constructed – and is currently maintaining – the water and sanitation facilities in Khanke Camp, which is hosting 3,120 households.</p> <p>Planning stages to set-up a winterization programme (NFI and Shelter intervention) targeting the vulnerable households benefiting from the current actions, in order to offer them a “full package” response.</p>

	Ongoing programming with Syrian refugees in Domiz camp, and its pilot livelihood project in the Dahuk governorate.
Italian Red Cross	The mobile kitchen arrived on the 12 September in Sumel (Dahuk Governorate). Overall, Italian RC distributed 100,087 hot meals from 22 September to 19 October. Italian RC supported Syrian refugees (11 October – 19 October) arriving at the Iraqi-Turkish border "Ibrahim Khalil" in Zhako city, following the events that took place in Kobane. In close synergy with Iraqi Red Crescent and IFRC, 10,000 meals were distributed to the refugees during the period of transit at the border. See this map
German / Swedish / Norwegian RCs Consortium	The PNS consortium is implementing a winterization project October 2014 - February 2015 through the German RC. The Consortium is represented in Baghdad by a delegate from Swedish RC, a first aid delegate and a dissemination delegate. For the winterization project 2-3 GRC delegates will be based Dahuk from October 2014- March 2015 for the implementation of the project. 120 households were also provided with cash transfers in Dahuk
Turkish Red Crescent	Distribution of 86 trucks of tents, water food parcels and hygiene parcels
Danish Red Cross	The Danish RC intends to conduct Psychosocial and Hygiene Promotion activities in Kurdistan.
ICRC	ICRC and FACT team are collaborating on the deployment planning of the ERU mobile medical teams. Several meetings took place in Dahuk in the last two weeks. A Cooperation delegate is now in the region and has met several times the FACT Team Leader in order to increase the collaboration and find synergies between IFRC and ICRC. ICRC is also conducting Protection and RFL activities. International Humanitarian Law (IHL) activity is also planned.

JORDAN

Currently 13 Movement partners are in-country working alongside JRC. They include, Canadian RC, Danish RC, Finish RC, German RC, French RC, Iraqi RC, Norwegian RC, Qatari RC, UAE RC, Kuwaiti RC and Saudi Arabian RCS as well as IFRC and ICRC

The JRC, in cooperation with partners has supported approximately 150,000 Syrian refugees since the beginning of the crisis (30,000 households) through relief distributions, cash transfer, medical services, restoring family links among others. This went a long way in meeting their needs and maintaining their dignity.

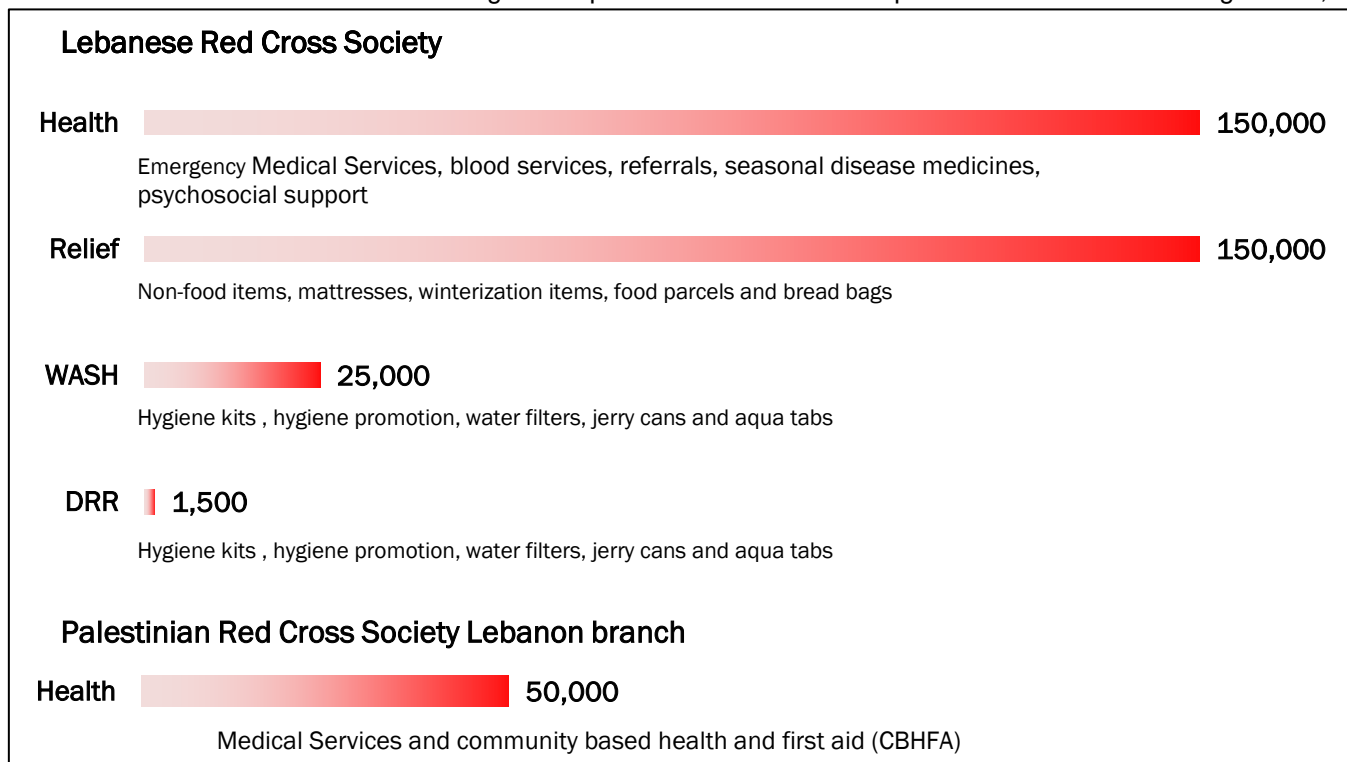
People reached by JRC and Movement partners

Jordanian Red Crescent Society		People reached
Relief	non-food items, mattresses, winterization items, food parcels, voucher assistance	150,000
WASH	hygiene kits, women emergency kit, baby kit	150,000
Cash distribution	cash distributions	33,245
Restoring family links	re-established contact with their families	33,195
Health	basic healthcare facilities, psychosocial support, community-based health services, medical treatment	25,652

LEBANON

Currently 15 Partner National Societies (PNSs) are in country and the LRC, in cooperation with PNS, ICRC and IFRC as well as other local and international organizations, has been supporting Syrian refugees as well as host communities - since the beginning of the crisis.

PRCS Lebanon Branch has been working in cooperation with Movement partners which include Belgian RC,



Canadian RC, German RC, Danish RC, Norwegian RC, Netherlands RC, British RC, Spanish RC, Swiss RC, Swedish RC and IFRC

People reached by Lebanese Red Cross, PRCS/L and Movement partners

Coordination and partnerships

IRAQ

The coordination between IFRC, IRCS and the Iraqi Government is being strengthened, to ensure better coordination to respond to the needs of refugees and IDPs in Iraq. IFRC relocated its office to IRCS headquarters to better coordinate the current and future operations in the country.

IRCS has been responding to the most urgent needs of Syrian refugees in Iraq since the beginning of the Syrian crisis in parallel to other partners. Therefore, coordination was vital for the national society in order to coordinate with other stakeholders including humanitarian actors. This coordination occurs at different levels as summarized below:

The Syrian Refugee Operation Coordination Committee:

This committee constitutes of Red Cross Red Crescent Movement in order to make sure that the Red Cross Red Crescent action responding to the most vulnerable is well coordinated as per the IRCS mandate and plan. IRCS leads the committee in which several Movement partners are part of: IFRC, ICRC, Qatar RC, Swedish RC, Norwegian RC, German RC and French RC.

The Syrian Refugee Operation Coordination committee analyses, plans and coordinates response to the Syrian refugees as well as strengthen coordination and partnership with Internal and external stakeholders. The committee members support Iraq Red Crescent Society to identify ideal locations along the Iraq-Syrian, border

where relief supplies can be pre-positioned for rapid response in the event of influx of refugees, plan the timely provision of relief supplies to affected populations, advise on continuous improvement mechanisms for responding to disasters, preparedness/mitigation measures to reduce the impact of Syrian refugees on host Communities, early Warning information collection and analysis, organizing joint monitoring and evaluation.

External Coordination:

A coordination meeting chaired by UNHCR also takes place, in which ICRC and other non RCRC partners attend. ICRC makes sure to inform the Movement partners of the committee about future plans and meeting updates.

IRCS coordinates with partners outside the movement such as the Ministry of Migration and Displacement, which leads meetings involving UNHCR, Ministry of Health, the Ministry of Education and others to discuss the needs and the response to Syrian refugees' needs.

Following a shelter assessment conducted by IFRC FACT together with IRCS, it was found that there are shelter needs that should be addressed.

Erbil is the commercial hub of the region and has also become a hub for most agencies, including UNFPA, WFP, ACTED, Save the Children, Norwegian Refugee Council, UNICEF and UNHCR. The cluster system has been activated and various agencies are carrying out assessments to identify needs and gaps and develop contingency plans should the situation continue to escalate. IRCS and IFRC are already involved in the WATSAN cluster and started to closely coordinate with UNICEF. IFRC is engaged in the coordination efforts through the cluster system, in order to avoid duplication and is supporting IRCS to engage, however, further support in this area may be needed.

JORDAN

Various coordination meetings between JRC, IFRC and other Movement partners (Danish Red Cross, Swiss Red Cross, French Red Cross Italian Red Cross, German Red Cross, Iraq Red Crescent, ICRC), PNS Hospital consortium manager (Finish Red Cross, Canadian Red Cross, Norwegian Red Cross, German Red Cross) have been taking place on a regular basis to ensure that all partners had a general agreement on plans for the current response, implementation as well as contingency planning in case of an increased influx of Syrians into the country.

Movement meetings

- Operational Movement coordination meetings led by JRC with the support of IFRC and participation of all Movement partners in-country are held after every two weeks to update each other on implementation progress as well as to discuss on future plans related to the Syria operation and organizational development of JRC.
- Regular trilateral meetings are also taking place between IFRC and ICRC to discuss about on-going programme activities, future plans and National Society Capacity Building. Other ad-hoc meetings with a more strategic focus (to provide an overall strategic element to the operation) are held according to the needs.
- Operational coordination between IFRC and PNS present in the country is ongoing. For instance, coordination with the Swiss Red Cross that implemented a cash programme until March 2014, worked well alongside the IFRC programme allowing for a pooling of resources, sharing of information and the development of a joint delivery mechanism that maximized the effectiveness / accountability and minimized the strain on JRC resources.
- JRC has also been working closely with some of the National Societies in the region including Qatar RC, Kuwait RC, Saudi Arabia RC, UAE RC, Emirates RC, Iraqi RC and Iran RC. This is in the area of relief distributions and provision medical services
- Movement meetings based on different thematic areas have also been held on a bi-monthly basis. They include meetings on organization development and strategic planning, human resources, country plan development and federation wide reporting among others.

Several meetings have been held with Iraqi RC, JRC, ICRC and IFRC regarding the Iraqi situation. The discussions were based on what could be done if the situation escalates as well as the humanitarian implications in Jordan. Three scenarios were analysed as:

- i. The affected internally displaced persons (IDP) stranded at the border might cross over to Jordan if the situation in Iraq deteriorates and conflict escalates: Very unlikely to happen and moderate humanitarian impact.
- ii. Small groups of militants might succeed in crossing the border illegally with plans to carry out terrorist attacks, but not military action in the traditional sense: Unlikely to happen and minor humanitarian impact
- iii. The Islamic State of Iraq and the Levant (ISIL) expand its actions into Jordan: very unlikely to happen although too important to major moderate humanitarian impact

Inter-agency meetings

At interagency level, members of JRC and IFRC regularly attend coordination meetings with UNHCR, World Health Organization (WHO), government authorities and other agencies including the inter-sectorial coordination mechanism, the Humanitarian Country Team (HCT), the Inter- Agency Task Force, and the Syrian International NGO Regional Forum.

The IFRC/JRC are leading the Inter-agency Community Health Task Group (CHTG) at country level in Jordan. This group is a sub group of the health sector meeting with a specific focus on the health of refugees living in the urban and rural community either with or alongside the resident population. The role of IFRC/JRC is to coordinate and facilitate the meeting and ensure all relevant information is communicated with agencies attending the CHTG as well as provide feedback on major discussion points to the UNHCR and at country interagency health sector meetings. Regular agency meetings are held every month with the presence of UNHCR, International Medical Corps (IMC), Médecins du Monde (MdM), Japan International Cooperation Agency (JICA), Medair, Save the Children Jordan, German Red Cross, Jordan Health Aid Society (JHAS) and other local and international NGOs that work in the community health sector. These meetings assist in coordinating activities, sharing resources as well as standardizing community health volunteer/worker roles and responsibilities.

The PNS Consortium Steering Committee (CSC) created a Communications Working Group (CWG) which meets on an adhoc basis. The PNS CSC reports back on major actions to members of the IFRC Communications team in MENA Zone as well as acts in an advisory capacity. The CWG assists the PNS CSC in ensuring multilateral support for the operation in the area of communications and facilitating cooperation among the four PNS Consortium, the IFRC and the JRC in the area of communications.

The PNS Consortium working in the RCRC Hospital in Azraq camp is also coordinating technically with IMC (who are running clinics in the Azraq camp) and UNHCR. The PNS Consortium members are attending the camp coordination meetings on a weekly basis where there are sectoral updates and direct coordination between more than 22 INGO, UN Agencies and RCRC Movement.

Other coordination mechanisms that JRC and IFRC through the PNS or the delegates are attending include: Cash working group, Host Community Support Platform, Health Working Group (including subsectors such as Reproductive health working group, Polio and immunization working group), Psychosocial and Gender Based Violence Working Group, non-food items (NFI) working group and Azraq Camp coordination meetings.

Government meetings

JRC has been working closely with local authorities such as the Ministry of Interior, Ministry of Health, Ministry of Social Development, Royal Jordanian Medical Services and other Jordanian humanitarian actors during the operation.

Cairo Amman Bank:

Cash transfer to beneficiaries, cash flow monitoring and beneficiary communication is done in cooperation with Cairo Amman Bank (CAB) and until September 2014 the transfers are so far being done through ATM cards. The bank has reduced the card production charges and slightly decreased monthly loading fee. Recently, the service agreement between CAB and IFRC was amended with an agreement targeting IRIS registration of the supported beneficiaries and the process commenced in September 2014. This implies that the cash transfer through ATM cards has been partly replaced (the process is still going on) by IRIS technology which is more secure and credible.

LEBANON

Mandated by the government to act as auxiliary to the public authorities in the humanitarian field during disasters and armed conflicts, and being the major provider of emergency medical services in the country, LRC works closely with the authorities to ensure plans and implementation are shared and coordinated.

LRC holds monthly coordination meetings with Movement partners present in Lebanon (in-country) for information sharing and analysis of the operation. In addition there are sector-wise meetings that are held with the participation of Movement partners who are engaged in respective actors.

LRC is in the lead in managing Movement coordination with close support from IFRC to ensure strengthened harmonization of resources and activities. Movement partners have been appointed by LRC to be focal points for the different sectors of the National Society as follows: Health – Norwegian Red Cross; Psycho-social Support – Danish Red Cross; Disaster Risk Reduction (DRR) and Disaster Management (DM) – German Red Cross; Relief - Netherlands Red Cross; Logistics – British Red Cross; Finance – Norwegian RC; Volunteering – Spanish Red Cross; EMS –ICRC; Blood Banks – Swiss Red Cross and IFRC – Organizational Development.

Based on several discussions with Movement partners, it was decided to develop one sector wide plan of action and reporting system. This will detail all the LRC planned activities and which partners are supporting (or planning to support) them. A report highlighting collective response to the operation will be published regularly through operations updates. This final report also provide information on how the Movement is responding collectively towards the needs of the vulnerable refugees and host communities.

A Movement Advisory Platform Conference on the Syria conflict was held in May 2014. This was the third conference and it was organized by the Syrian Arab Red Crescent (SARC), the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC), together with the Lebanese Red Cross. Its purpose was to strengthen the Movement's response to the Syria conflict in the following respects:

- Facilitate a shared understanding of humanitarian action required for the protracted Syrian conflict and its effects both on Syria and neighbouring countries
- Facilitate a shared understanding of the present humanitarian response inside Syria and its long-term consequences.
- Facilitate a shared understanding of the present response in neighbouring countries, its long-term consequences, and the conflict's spill-over into neighbouring countries.
- Nurture critical review and renewed focus on improving coordination within the Movement and operational mechanisms in Syria and neighbouring countries, with the aim to identify best practices, existing gaps and to propose solutions.

As a result of the meeting, several conclusions were reached collectively including: Movement to develop a comprehensive overview of its collective response; Movement's collective aim and ambition was to increase its response by 50% across the region by the end of 2015; implementing the Communication Strategy; Movement should aim to have its activities mapped and financial contributions gathered by the next meeting of the Movement Advisory Platform; Humanitarian scenarios and country plans should enable each Movement's component concerned to meet its goals and thus make the Movement's response more effective.

Movement partners attend UNHCR coordination meetings, which take place twice monthly in Beirut, and monthly or bi-monthly in Qobayat and Bekaa as well as the South in the technical sectors of NFIs, WASH, shelter, education, Cash transfer, health and protection. Regular updates are posted and accessed by the Movement through the UN information portal, which provides updates on numbers of registered Syrians and Palestinians, needs assessments and implementation progress.

IFRC has together with LRC been attending various meetings held by UN Agencies. The RCRC Movement continues to liaise with stakeholders active in the concerned sectors and geographical areas, and/or in the more global support to the Syrian refugees, in order to share information, to avoid duplication and to identify potential areas of cooperation.

IFRC, through its Lebanon Operations Coordinator, facilitates and supports LRC to strengthen Movement coordination to ensure a better utilization of partners' resources in responding to the increasing needs of both refugees and host communities. This also includes close coordination with PRCS branch in Lebanon ensuring that Palestinian refugees from Syria are also included to benefit from the operation as well as the Lebanese host

community affected by the Syria Crisis. This ensures that support is complementary and avoids duplication of activities and resources. IFRC has its representation in Ramallah that is maintaining coordination with PRCS Ramallah and Lebanon.

LRC with the support of IFRC plans to have review workshops on the progress and challenges of the Syria Crisis Operations together with Movement Partners in-Country. It is planned to have one before the end of 2014, and two more in 2015 (mid-year and end year). It is also expected that through these workshops, the LRC will be able to strengthen the Movement Coordination in addition to the operations.

Achievements against outcomes

IRAQ

Health

Outcome 1: 5,000 Syrian refugees living inside and outside in Al Anbar, Sulaymaniyah, Duhok and Erbil governorates and IRCS service providers and volunteers have access to psychosocial support.

Achievements: This activity was not implemented due to funding constraints



Food distributions being conducted. Source: IFRC

Output Indicators	Target	Achievements
		As at 30 September 2014
# of Staff and Volunteers trained in PSP and equipped	400	0
# of Syrian refugees trained in PSP	160	0
# of Syrian refugees reached with PSP services	2560	0

Outcome 2: Al Obaidy, Domiz, Dara shakran and Arbat refugees inside camps have access to first aid services.

Achievements: This activity will be implemented under the new country Appeal

Output Indicators	Target	Achievements
		As at 30 September 2014
# of large FA kits distributed in the 4 camps	200	24
# of small FA kits distributed in the 4 camps	2,000	360
# of Syrian refugees trained in First Aid	480	360

Outcome 3: Risks of outbreaks of communicable disease is reduced through public health education.

Achievements: This activity will be implemented under the new country Appeal

Output Indicators	Target	Achievements
		As at 30 September 2014
# of volunteers trained on communicable disease surveillance	200	0
# of pregnant and lactating women from the 4 camps who have received MCH services		0

Food security and livelihood

Outcome 1: Immediate food needs of 2,100 Syrian families (10,500 people) living outside the camps in Al Anbar , Sulaymaniyah , Dohuk and Erbil governorates

Achievements: Funding from the IFRC Appeal assisted 2,072 families from Erbil (center, Kwisnjeq and Soran) and Zakho with one month food rations for a family of five. The rations consisted of white beans, red lentils, marcaroni, milk powder, oil, rice, salt, spaghetti, sugar, tea and tomato paste, in quantities as indicated in the table directly below.

Quantities of food items distributed

Commodity	Beans, White	Lentils, Red	Macaroni	Milk Powder	Oil	Rice	Salt	Spaghetti	Sugar	Tea	Tomato Paste
Amount in grams	700	700	400	400	1,000	5,000	750	400	1,800	400	830

Output Indicators	Target	Achievements
		As at 30 September 2014
# of families benefitting from bi-monthly food aid	2,100	2,072

Outcome 2: Immediate needs of non-food items for 2,100 Syrian families (10,500 people) living outside the camps in Al Anbar, Sulaymaniyah, Dohuk and Erbil governorates are met with respect for gender and diversity

Achievements: Distribution of non-food items (NFIs) and hygiene kits was done between the months of 6-18 November 2014 as follows:

- 1,000 families reached in Erbil (center, Kwisnjev and Soran)
- 1,072 families reached in Zakho

The NFIs consisted of mattresses, blankets, kerosene stoves, jerry cans and kitchen sets (2 x metal sauce pans; 1 metal frying pan; 1 wooden spoon for cooking; 1 large chopping knife; 5 x metal or plastic dinner plates; 5 x metal or plastic bowl; 5 x cutlery sets (knife, fork, spoon - all metal); 5 x metal or plastic drinking cups and; food grade materials)

The hygiene kits consisted of 1 pack of disposable diapers (44 pieces per pack), 4 packs of hygienic pads (10 per pack), 2 packs of disposable razors for men (5 razors per pack), 2 packs of disposable razors for women (5 razors per pack), 2 hand towels, 7 toothbrushes, 1 bag of washing powder (5kg), 2 pieces of toothpaste for adults (57ml each), 2 pieces of toothpaste for children (75ml each), 1 bottle of body shampoo for babies (500ml), 1 bottle of body shampoo for adults (750ml-2 in 1), 5 pieces of soap as well as 2 combs (one for male and one for female use)

Output Indicators	Target	Achievements
		As at 30 September 2014
# of Syrian families living outside the camps supported with NFI	2,100	2,072
# of Syrian refugee women and youth trained in tailoring	1,000	0

Water, sanitation and hygiene promotion

Outcome 1: 20,000 Syrian refugees in Al Obaidy, Domiz, Dara shakran and Arbat camps have access to safe water and sanitation.

Achievements: This activity will be implemented under the new country Appeal

Output Indicators	Target	Achievements
		As at 30 September 2014
# of refugees who have access to safe water	20,000	0

Outcome 2: 1,000 Syrian families in Al Obaidy, Domiz, Dara shakran and Arbat camps have access to shelter.

Achievements: This activity will be implemented under the new country Appeal. This will include provision of tarpaulins as part of winterization support.

Output Indicators	Target	Achievements
		As at 30 September 2014
# of vulnerable Syrian refugee families provided with temporary shelter	1,000	0

JORDAN

Relief distributions

Since the beginning of the operation, the Jordanian Red Crescent has been providing food and non-food items with the support of other Movement partners as follows:

Distribution of relief items to an average of 30,000 households

Relief Distributions	Amount
Food parcels	103,600 parcels
Bread rations	22,500 rations
Blankets	211,829 pieces
Hygiene parcels	57,500 parcels
Floor mats	35,600 mats
Dates	125,988kg
Jerry cans	4,047 pieces
Mattresses	6,000 units
Rice	3,750kg
Heaters	2,000 units
Baby kits	3,959 kits
Women emergency Kits	13,618 kits

In addition, Spanish Red Cross, Iran RCS, Norwegian RC, Finish RC, Canadian RC, and German RC has contributed with in kind donation to the [Mobilization Table](#) for Jordan.

Shelter, settlements and non-food items

Outcome 1.1: The immediate shelter and settlement needs of 4,000 refugee families (20,000 persons) living outside camps within host communities are met.

Achievements: To ensure access to winterization items, **2,990 Syrian refugee families** living in host communities in Amman received a one-off unconditional grant of JD 280. This enabled the families to purchase winter items so as to cope during the severe climatic condition in December 2013. This was done with the support of the German Red Cross. The Swiss Red Cross supported **200 Jordanian families** during the winter season in At Turrh (Irbid

Governorate) with 200 Gas heaters 200 gas bottles and 1,600 vouchers for gas refill.



Innovation: a Syrian refugee being registered to use IRIS technology of cash withdrawal. Photo Credit IFRC

To optimise available resources and after the termination of the Swiss RC project, IFRC has since April 2014 changed focus in target area and now operates only in Amman governorate, where the families are situated mainly in South Amman. The families in Ajloun received 6 months of support from October 2013 to March 2014. Since April, a total of **2,283 Syrian refugee families** have been receiving a monthly cash grant of JD 50-120 to enable them pay for rent and purchase other essential items. Each family is supposed to receive the cash grant for a period of 15 month so as to allow them time to recover from the vulnerable situation. JRC with support from the IFRC and ICRC (2,000 families in Mafraq) continues to implement the cash transfer programme. IFRC plans to reach a total of 4,000 families until end of December 2015. ICRC is also planning to expand their cash transfer programme in the coming months in several Governorates in the Country.

In April 2014, an external evaluation was commissioned to appraise and validate the joint emergency response of IFRC and SRC through a cash assistance approach and with focus on urban context. The main objective of the evaluation was to assess the relevance, effectiveness, efficiency and performance of the cash programme. Several recommendations on how to better implement this programme were proposed. Most of them are being

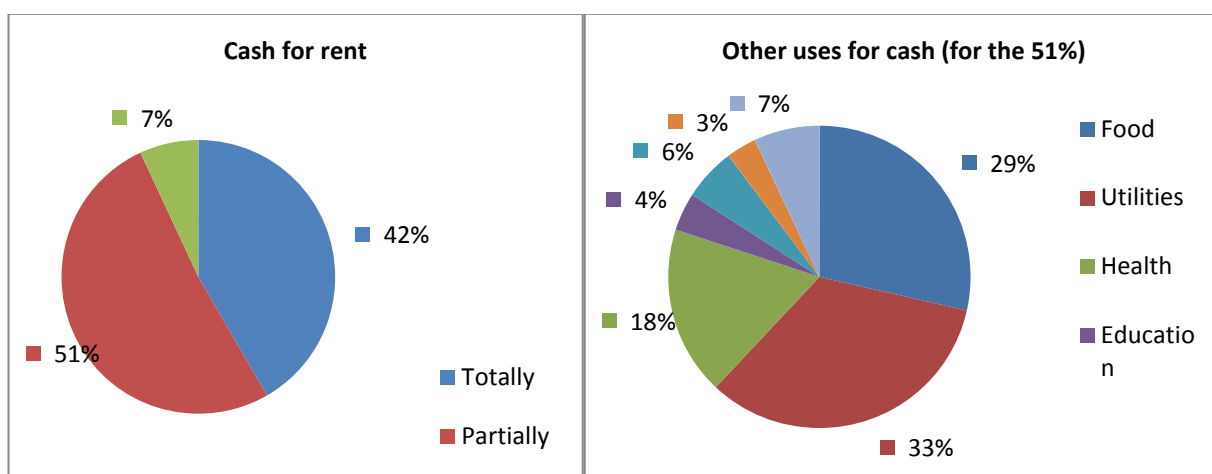
implemented with the funds available. To access this Evaluation Report, Please contact: Francisco.maldonado@ifrc.org

A post distribution monitoring for 709 households was completed in July 2014. Monitoring is usually done in two ways:

- Through a home visit and structured questionnaire
- Through focus group discussions (FGDs).

From the monitoring visits, 25% of the households mentioned daily work as a source of income to cover basic needs, 20% mentioned taking loans or debts to get extra income, while others mentioned selling food vouchers to support their income. The average monthly expenditure for the households was 470.5 JD and the costs were specify in 9 categories of which debts payment was by far the largest (183 JD) followed by rent (131 JD) and food (59 JD)

So far, the monitoring has revealed that the largest part of the support has gone to rent, and only a small percentage on other most essential things. According to information received, 93% of households have fully or partially spent the money on rent, which highlights the high need for cash for shelter. The partial use means that the given amount has been used for paying rent and anything left over has gone to meet other essential household needs. The 7% of recipients who did not use or partially used the grant for rent, used it for food, health and/or utilities.



The beneficiaries have serious challenges related to debt. More than 10% reported a debt of more than 900 JD, while the most frequent range is 200-300 JD (20%). This creates a threat to degradation of social cohesion as it is difficult to repay the debts, when livelihood opportunities are not present.

Capacity building:

On 20-22 July 2014, 13 JRCS staff and volunteers were trained in CTP. The main topics they were trained on included case work and home visits, CTP monitoring and recording of information from home visits. With this training, the staff and volunteers will have the know-how of conducting post distribution monitoring visits and gather relevant information that would inform programming. These volunteers also received a 1day psychosocial support training in August 2014.

Innovation:

Cairo Amman Bank (CAB) and IFRC/JRC has developed a process to transfer cash withdrawal technology from ATM Cards to IRIS registration and verification. This is an innovative technology that is more secure and efficient in terms of resources and time. The IRIS technology is where one registers through the IRIS biometric imaging process and cash withdrawal from an automated money distribution point is done by showing one's iris as opposed to an ATM card

An exit survey conducted during the IRIS registration indicated satisfaction about the process among the beneficiaries both related to the role of the bank and the information disseminated by JRC. Majority reported that IRIS is safer and easier to use, one cannot lose it as the ATM card and there is no need of a PIN Code.

In the autumn of 2014, the PDM questionnaire was updated in cooperation with members of the Cash Working Group (CWG). This questionnaire has since been transferred to electronic tablets where data can be collected and analysed in real time using the Open Data Kit (ODK) software. This will allow faster processing of the collected data and save time and resources.

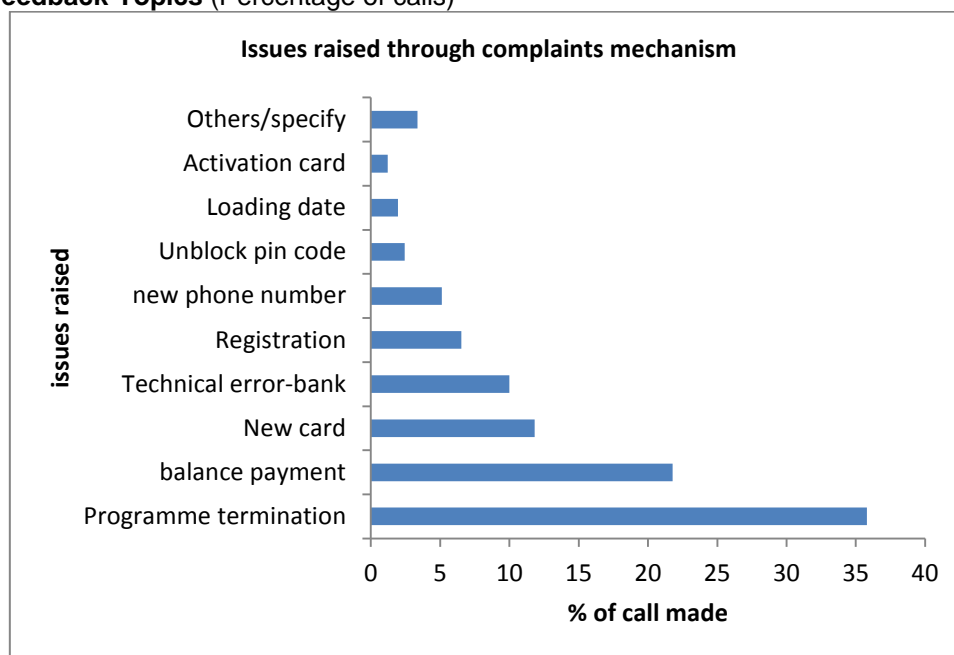
Collection of PDM data from the field in a digital format through tablets is being done by the CTP team. The IFRC IT/Database officer supported the team in developing an electronic questionnaire which simplified data collation and analysis.

Feedback and complaints mechanism:

Another feed-back mechanism – in addition to PDM - for the beneficiaries is the provision of a telephone hot line at IFRC Amman office. To ensure that the beneficiaries' concerns are addressed accordingly, IFRC/JRC set up a number that beneficiaries could call and be given appropriate assistance. This complaints and feedback mechanism is an effective way of being accountable to beneficiaries with respect to services they are being provided with. From January to September 2014, IFRC/JRC had received approximately 1,987 calls, an average of 200 calls per month.

More than 300 calls were related to card issues. And more than 230 of the issues included visits to the bank to pick up cards and pin codes followed by distribution at JRC headquarters. Totally a time consuming process as at least 3 staff (including driver) has to be involved in the physical process of issuing replacement cards. With the change to iris registration these calls are expected to decrease significantly..

Beneficiary feedback-Topics (Percentage of calls)



Case studies:

During August 2014, the project was supported by an Australian Red Cross volunteer at IFRC with the task of collecting 5 case studies from the Syrian refugees in cooperation with CTP staff and communication office at JRC. Three case studies have since been published on the IFRC website and can be accessed by clicking [here](#). A CTP information brochure has been prepared for distribution to the targeted population. Finally, one video that focuses on the innovations undertaken by the programme will be published in the coming months.

Beneficiary Communication

Based on findings from analysis of secondary data and the post distribution monitoring conducted in host communities by the cash transfer programme, access to vital information was identified as challenging for Syrian refugees living mainly in host communities. This could be information on obtaining or renewing their residence permit, how to access health facilities as well as who to call for queries related to the challenges they face. One of the recommendations was that there needs to be a better coordinated approach from humanitarian actors in order to address their needs in a satisfactory way.

A beneficiary communication delegate seconded by the Irish Red Cross was contracted (for one month) to conduct a deeper study to assess the feasibility and explore alternatives in order to develop an appropriate system to facilitate proper access to information that could lead to better access to services by the vulnerable Syrian households. The Feasibility report will provide recommendations on the best methods to use for beneficiary communication across all sectors of implementation especially once the integrated approach is adopted.

Challenges: The cash distributions are planned for until December 2015, through the new [Emergency Appeal for Jordan](#). If support is not forthcoming, it will have some impact on refugees as they might be forced to adapt some negative coping strategies including: some children might leave school and return to workforce; lack of funds for education (stationary uniforms); return to a poorer/cheaper diet, which might decrease psychological well-being; more debts, due to increment of income-expenditure gap; lack of options to repay debts creates constrains on social cohesion and degradation of social networks; inability to pay rent, have to find poorer quality shelter; risks of being caught as the refugee has to increase the amount of illegal work; increment in child marriages; families might return to an extremely insecure Syria or to camps as they cannot sustain life in host communities.

Shelter, settlements and non-food items				
Output Indicators	Target	Achievements		Cumulative
		Aug 2012 - Mar 2014	1 Apr – 30 Sept 2014	
# of Syrian refugee families living in host communities in Amman receiving unconditional cash grant for essential winterization	4,000	2,990		2,990
# of Syrian refugee families receiving cash grants for rent and other most essential household items	4,000	3,004	2,283	4,600
# of JRC volunteers and staff trained in cash transfer programming (CTP);	20	N/A	13	13

Health

Outcome 1.1: The secondary health needs of 40,000 Syrian in Azraq Camp are met (new target number)

Achievements: The Azraq camp was officially opened on 30 April 2014. According to UNHCR Public Health Profile (Week 36: 30 August -for 5 September 2014). The current population in the camp is 13,784 Syrian refugees³.

In coordination with the Jordanian Ministry of Health, the setting up of the Red Cross Red Crescent Hospital in Azraq was completed. JRC/IFRC was able to set up the 120-bed hospital with the support of Canadian, Finish, German and Norwegian Red Cross Societies. The Italian Government constructed the semi-permanent hospital and officially handed it over to IFRC.

The Memorandum of Understanding (MoU) with the Ministry of Health (MoH) first through the line ministry (Ministry of Foreign Affairs) and then Ministry of planning and International Cooperation (MoPIC) was vetted through the Ministries' legal departments, after which the Cabinet of Jordan approved it in September 2014 authorizing Minister of Health to sign this MoU with IFRC.

Since 3 August the RCRC hospital began providing laboratory and radiology services to the refugees residing in Azraq. From 12 October 2014, the hospital started providing paediatric and internal medicine as well as handling referrals from Azraq camp clinics run by IMC under UNHCR (referrals system coordinated by Jordan Health Aid Society). Below are some information about people reached with different services from the hospital:

People reached with different services at Azraq Hospital as at September 2014

Adult patients:	<ul style="list-style-type: none"> • 28 specialized internal consultations (referred from IMC) • 4 admissions • 2 referrals
Children between 0-14 years	<ul style="list-style-type: none"> • 29 specialized pediatric consultations (19 under 5 years and 10 over 5 years old) • 9 admissions
Laboratory tests	<ul style="list-style-type: none"> • 112 patients, performing 406 laboratory tests.
X-ray services	<ul style="list-style-type: none"> • 281 X-ray examinations were done and 69 cases attended

³ Data as at 15 October 2014 (Source: PNS Consortium Manager)

JRC continues to provide health care in partnership with Movement Partners. Qatari Red Crescent Society medical experts in Jordanian hospitals are providing emergency surgery to wounded Syrians from border areas (mainly spinal and eye injuries). The Red Crescent Society of the United Arab Emirates (UAE RC) deployed a field hospital in Mafraq, which provides outpatient care, paediatrics and surgery. Three mobile health clinics under UAE RC are also operating in the same area. With the support of Iraqi Red Crescent, JRC has established a clinic at the JRC hospital in Amman which is providing treatment to Syrian refugees and the local community. JRC has provided circumcision services to 600 Syrian boys living in Za'atari Camp.

Challenges: The main challenge now is to bring Azraq Hospital from the implementation phase to the running phase by creating routine and standardized procedures. A system for fixed daily working hours for all departments has been installed.

Secondary health services				
Output Indicators	Target	Achievements		Cumulative
		Aug 2012 - Mar 2014	1 Apr – 30 Sept 2014	
# of Syrian refugees who have access to secondary health care and services for 15 months in Azraq camp.	55,000	N/A	55	55

Outcome 1.2: Community awareness and skills on community-based health and first aid increased through the implementation of CBHFA programme.

Achievements: A CBHFA in Action Master Facilitators' Training was held in Amman from 25-30 January 2014. A total of 29 JRC staff and volunteers from JRC headquarters and eight branches (Ajloun, Irbid, Madaba, Karak, Tafieleh, Ma'an, Aqaba and Mafraq) participated in this training of trainers (ToT). The training was facilitated by experienced trainers from the Egyptian Red Crescent Society.

This training was followed by the recruitment of a CBHFA project officer for JRC in March 2014 who commenced the roll out of CBHFA in 5 of the most affected governorates of Jordan: Irbid, Mafraq, Jerash, Ajloun and Amman. In April, six of the CBHFA trained volunteers trained 41 community health volunteers (CHVs) in the CBHFA approach. The volunteers were also trained in specific health topics identified as the priority health issues in the communities in which they live. Since that time, the community health volunteers have been disseminating health information on a range of health topics targeting 4,000 beneficiaries affected by the Syrian crisis in 20 different communities.

The 41 CHVs are supported by five Field Office Assistants (FOAs) who are based at the branches in the implementing governorates. The FOAs visit the CHVs in their communities, assist them with their activities and help them compile monthly activity reports.

In June 2014, 16 of the original 29 CBHFA trainers participated in a two day violence prevention (VP) trainer of trainers which is a new module of CBHFA. The CBHFA VP module is specific to interpersonal violence defined as when one person uses his or her power, in any setting, to cause harm physically, sexually or psychologically to another person or group of people. The module has five key messages which cover physical, sexual and emotional abuse, informs people that violence can be prevented and that help is available.

At the end of August an additional 31 Syrian community health volunteers were trained in the CBHFA approach. They were selected from Amman, Mafraq and Irbid governorates which were identified as the most underserved in terms of community health coverage. Following their training, all 72 community health volunteers will be trained in Violence Prevention which will provide them with the necessary skills to disseminate violence prevention messages among their communities.

JRC with the support of German Red Cross started a CBHFA project focussing on Irbid City. During the months of May and June, 26 CHVs (19 Syrians and 7 Jordanians) were trained. The CHVs have since visited 157 homes for two times to disseminate information on existing health services and awareness on scabies. In addition, 478 people were reached with awareness sessions on scabies and 465 people (416 Syrians) completed a basic first aid course.

Challenges: This was a new programme within JRC which took time for systems to be developed and put in place. The programme was funded for 9 months only however CBHFA is a long term approach which requires investment in volunteers and communities to enable the behaviour change process

Community-based health and first aid (CBHFA)				
Output Indicators	Target	Achievements		Cumulative
		Aug 2012 - Mar 2014	1 Apr – 30 Sept 2014	
# of people reached by community-based health services (disaggregated by type of service)	10,000	N/A	4,000	4,000
# of JRCS staff and volunteers trained in CBHFA approach as master facilitators	29	29	19 ⁴	29
# of community health volunteers trained in CBHFA approach	120	41	31	72

Outcome 1.3: Women, men, girls and boys have improved access to safer support services and assistance that promote dignity and psychosocial well-being.

Achievements: JRC has been providing psychosocial support to Syrians in its Hashmi Al Shamali community centre which was first established in 2008 in partnership with UNICEF and the French Red Cross. It was originally established in order to provide services to Iraqi refugees but since July 2012 it also began providing services to Syrian refugees. Danish RC and Italian RC have been supporting this programme in JRC. For 2014, the National Society has reached 6,666 people with PSP support. The people include vulnerable Syrians who include caregivers (male and female) as well as children. Activities include open corners, guided workshops and group meetings on various topics and themes addressing their different needs, such as good parenting skills, coping mechanisms, improve children's playfulness, tolerance and trust, and life coping mechanisms, child protection, early marriage and GBV.

The Qatar Red Crescent Society (QRCS) and the UAE Red Crescent Society (UAE RC) have also been providing psycho-social support services inside the camps.

Challenges: Lack of funding does not allow the programme to have their own psychologist for one on one sessions. Therefore all people requiring this are referred to other establishments providing psychosocial services. The current premises are too small for all the people wishing to access the PSP, and the needs are increasing.

Psychosocial support				
Output Indicators	Target	Achievements		Cumulative
		Aug 2012 - Mar 2014	1 Apr – 30 Sept 2014	
# of people reached by psychosocial support	5,000		6,666	6,666
# of child and family protective spaces rehabilitated and equipped		0	3	3

Outcome 1.4: Critically ill Syrian refugees get access to medical care.

Achievements: Findings from assessments indicate that there are challenges in providing sufficient tertiary medical care for diseases such as cancer, thalassemia, haemophilia and chronic renal failure care. Qatari RC has been providing financial support (bilateral) to wounded Syrian refugees who needed minor or major surgeries (facial, bone or veins). So far, Qatari RC has supported 838 people.

Challenges: So far, no funds have been received to support critically ill Syrian refugees through the IFRC Appeal.

Financial support for medical care				
Output Indicators	Target	Achievements		Cumulative
		Aug 2012 - Mar 2014	1 Apr – 30 Sept 2014	
# of critically ill Syrian refugees who get financial support for needed treatment.	200	N/A	N/A	N/A

Disaster preparedness and risk reduction

Outcomes 1.1: JRC's readiness to respond urgently, appropriately and safely to an increase in the influx of refugees or other emergency is strengthened.

Achievements: Between 1-7 December 2013, JRC conducted a NDRT training in order to enhance its disaster response capacity and preparedness to any future disaster. The training was conducted in Aqaba Governorate and 34 staff and volunteers participated. The main objective of the training was to establish a team that will improve preparedness and response capacity of the JRC as well as to provide a disaster response tool to all Movement partners

⁴ These staff and volunteers were trained in violence prevention as a module in CBHFA. They had been trained in the other CBHFA modules.

to enhance coordinated responses to future disaster events. A similar training was conducted on 11-16 October 2014. A total of 25 JRC participants from 8 different Governorates (Ajloun, Jerash, Karak, Mafraq, Madaba, Irbid, Balqa and Amman) gained better knowledge in the topics covered in the area of Relief, Cash transfer programming, Logistics, Restoring Family Links, Safer Access, Red Cross Red Crescent Movement, IFRC DM global tools, JRC DM Strategy/Response Plan, Water and Sanitation in emergency, Public health in emergency, shelter in emergency, Sphere standards, Psychosocial support, assessment, plan of action and reporting.

Equipped JRCS for enhanced response				
Output Indicators	Target	Achievements		Cumulative
		Aug 2012 - Mar 2014	1 Apr – 30 Sept 2014	
# of families who can be reached with JRC prepositioned stock	2,000	N/A	N/A	N/A
# of JRC staff and volunteers trained in NDRT		34	25	59

Outcomes 1.2: JRC's capacity to deliver effective and efficient response to an emergency is strengthened.

Achievements: With support from Swiss RC and ICRC, JRC was supported in clearing and re-organizing its warehouse stock in Amman. ICRC donated a 2.5 tonne forklift and Swiss RC deployed a logistics delegate to the JRC headquarters for three months to reorganize the warehouse and review the logistics system of JRC. The delegate provided onsite training and support in warehousing, logistics management, relief distribution and capacity building as well as reinforcing procurement capacities of the JRC headquarters. A logistics software (Logic) was installed in order to enhance reporting performance of the National Society. The JRC warehouse was provided with relevant tools to effectively manage the receipt, storage and delivery of relief items.

Challenges: Funding support is needed to ensure JRC has the required logistics capacity. Also, the JRC strategic plan will be defined in the coming months. This plan would reflect what would be the core areas where JRC would like to be focused as well as the needed support

Logistics support	
Output Indicators	Achievements
JRC are equipped with logistics technical support, provision of training, logistics tools and equipment	JRC warehouse is fully equipped to manage storage and delivery of relief items

Food security and livelihood

Outcome 1.1: Livelihood activities of poor Jordanian families are improved through small scale income generating activities at household level.

Achievements: This initiative was not implemented as no funds were received received to support livelihood activities for Jordanian families

Challenges: There is a need to create livelihood alternatives for Jordanian families that can also directly or indirectly benefit the most vulnerable Syrian families living in host communities. Funding support to ensure this is a gap.

Livelihood support of Jordanian families				
Output Indicators	Target	Achievements		Cumulative
		Aug 2012 - Mar 2014	1 Apr – 30 Sept 2014	
# of Jordanian households provided with cash grant for livelihood project	200	N/A	N/A	N/A
# of people reached with skills based training	200	N/A	N/A	N/A

National Society capacity building

Outcome 1.1: The response capacity of the host NS is enhanced through strengthened capacity of headquarters and branches

Achievements: With the support of the RCRC Hospital consortium (Finish RC, Norwegian RC, German RC and Canadian RC) and in coordination with IFRC, one human resources (HR) position was contracted in JRC in order to support the development of staff policies and procedures, grading system and salary scales, benefits and allowances, recruitment procedures, performance appraisal and evaluation system, training and development.

Partial renovation of the JRC First Aid training center has been completed. However, in order to operationalize the centre for it to become a source of income for JRC, more renovations will be done to ensure that the center meets the minimum standards to be provide proper facilities for conducting trainings.

With support from ICRC, German RC and IFRC, the National Society recruited a Health Coordinator at JRC headquarters in May 2014. The coordinator, whose responsibilities include overseeing all JRC health activities (Clinics, First Aid, CBHFA), has been working closely with the IFRC Health Coordinator on CBHFA related activities that are currently being planned.

During the last week of June 2014, in coordination with ICRC and PNS, a strategic planning meeting was held with presence of JRC employees and volunteers at headquarters and branch level. This meeting was facilitated by the Palestinian RC and the IFRC. The purpose of the meeting was to reflect on where the NS was, where it is heading and how to reach its destination (achieve its objectives). The meeting also concluded on the process the JRC will go through in order to have its strategic plan in place. The next steps include designing the JRC 5-year strategy in a participatory and inclusive approach before the end of 2014. JRC will be closely supported by IFRC in this process and ICRC will also contribute with an Organizational Development (OD) delegate for 3 months and an OD national staff for 12 months.

Challenges: IFRC plans to continue supporting the JRC headquarters and branches so that they can effectively implement activities related to this operation. Support would be in human resources, operational costs, infrastructure and equipment.

Strong JRCs headquarters and branches	
Output Indicators	Achievements
HR system in place	JRC HR focal person recruited. PNS consortium HR delegate supporting in setting up HR system
JRC has an effective, well-equipped National First Aid training facility	Partial renovation done
JRC branches are active	Through the CBHFA programme, 5 branches in the most affected Governorates in the north have been supported for 3 months through the recruitment of a CBHFA Project Officer based in headquarters and 5 Field Officer Assistants in the branches to support the community health volunteers
JRC strategic plan in place and being implemented	Strategic planning process ongoing
Increased emergency health capacity of JRC	JRC Health Coordinator in place.

Support services

Outcome 1.1: The planned operation is effectively implemented through the provision of adequate human resources and other required support services.

Achievements: The IFRC team is composed of the head of operations, health coordinator and cash transfer programme delegate. This team is being provided with PMER support by a regional reporting delegate. This team was recruited with financial support from Canadian RC, Icelandic RC, Australian, British and Danish RC. In addition, the team is being supported by a CTP assistant and Data Base/IT officer, an administration officer and assistant as well as a finance manager and assistant. Two drivers are also supporting the operation.

All these positions are being financially supported by this appeal. Thus, the core positions that have been supported by IFRC during the previous reporting period might be reduced for the next reporting period. Additional funding will be required to enable the team to implement the operation based on the new Appeal.

At Azraq Hospital there are currently 26 delegates and, 3 delegates in Amman Office and an intern. The number of delegates will most probably be reduced step by step, beginning in the first months of next year. The national staff include 21 nurses/midwives, 13 doctors and 28 daily workers.

At National Society headquarters, the above team is working together with the DM director, DM officer and relief officer. The IFRC health coordinator works closely with the CBHFA Project manager and finance assistant to implement community health initiatives. For the CTP, the JRC Project officer, database officer, field officer and field officer assistant work closely with its IFRC counterparts for proper execution of cash transfers. The JRC logistics officer, warehouse manager, finance officer and volunteer coordinator, which are supported by IFRC, provide the necessary support to the operation with respect to providing transport, storage or delivery of relief items (logistics and warehouse), transfer of funds or processing payments (finance) and providing skilled volunteers. These positions are also being supported financially by the appeal.

Challenges: There are challenges related to delegate costs since there is a new appeal that needs to continue implementation so as to addressing the needs of the Syrian refugees and host communities.

Operational support	
Output Indicators	Achievements
Required staff are available to support on-going and planned operations	Adequate staff in place

Lebanon

Hygiene promotion and water supply

Outcome 1: Reduced risk of waterborne and water related diseases in Halba, Baalbek, Tripoli, Hermel, Zahle, Rachaya and Hasbaya

Achievements: Syrian refugee families living in host communities in Bekaa, Mount Lebanon, South and North of Lebanon benefited from the distribution of 19,850 hygiene kits based on rapid emergency needs assessments conducted by LRC DM unit. In addition, 1,484 people were provided with garbage bins and 890 people were provided with water filters and aqua tabs respectively. This distribution was also accompanied by sensitization on proper hygiene practices. The distributions and awareness sessions were conducted by 40 volunteers who had been trained in hygiene promotion.

As part of its water, sanitation and hygiene (WASH) programme, ICRC reached 205 Syrian refugee households with hygiene kits. LRC also distributed hygiene kits to an additional 1,331 people. The Disaster management unit teams have been working with 158 camp refugees to identify the WASH needs in the camps that LRC and partners can respond to. The revised Emergency Plan of Action provides an overview of the planned interventions for 2014. Planning for 2015 activities is underway.

Hygiene promotion and Water supply		
Output Indicators	Target	Achievements (as at 30 Sept 2014)
# of Syrian refugee households provided with emergency water supply	2,800	N/A
# of Syrian refugee households who received hygiene parcels	5,000	3,500
# of Syrian refugees reached with hygiene awareness	10,000	2,175

Partners: Austrian, German, Netherlands, Norwegian, RC societies and Arab Red Crescent Association

Relief and Winterization

Outcome 1: Immediate food needs of the most vulnerable Syrian refugees are met

Achievements: Since July 2013, Syrian refugees have benefited from the distribution of food parcels based on rapid emergency needs assessments conducted by LRC DM unit. The food distribution followed a targeting strategy and registration system which was developed by LRC in order to organize the process of relief support and registration of the most vulnerable. A monitoring and evaluation mechanism was put in place where distribution and check lists were used in order to generate accurate reports. Seventy (70) LRC staff and volunteers were trained on relief distributions in order to conduct safe distributions to Syrian refugees.

During the reporting period, a fire occurred in Zahle informal settlement where 39 Syrian refugee households were affected. In response, LRC provided them with 39 food parcels, 39 hygiene kits, 78 blankets, 39 household kits and 39 tarpaulins.

Other relief items provided included medical female hygiene kits for 3,655 women (Spanish RC), Women Emergency kits for 2,234 women (Lebanese RC), baby kits for 418 beneficiaries (ICIC), household kits for 1,430 households (Lebanese RC), clothes for 396 beneficiaries (Italian and Icelandic RC) and school bags to 2,014 beneficiaries (Danish RC).

In coordination with LRC, a pilot cash transfer programme is being implemented in Halba Region with support from ICRC and British RC. So far, 54 Syrian Refugee households have received cash grants, 124 households have received health training and ATM card use.

Distribution of food parcels

Output Indicators	Target	Achievements (as at 30 Sept 2014)
# of Syrian refugee households that benefit from 1 food parcel each	7,650	6,439
# of Syrian refugee households that benefit from 2 bread bags per day for 30 days	31,500	31,500 ⁵
# of Syrian refugee households that benefit from meat portions during Ramadhan	375	375

Outcome 2: Immediate relief items during winter for the most vulnerable Syrian refugees are met⁶

Achievements: Following the cold wave that hit Lebanon in December 2013, Syrian refugees were provided with various winterization items including:

- 10,775 high thermal blankets
- 2,500 stoves
- 18,000 fuel vouchers for heating
- 350 bags of winter clothes

Relief distributions during winter

Output Indicators	Target	Achievements (as at 30 Sept 2014)
# of Syrian refugee households who received at least one winterization item (winterization package or thermal blankets, stoves, fuel vouchers, winter clothes, tarpaulins)	5,000	2,500

Partners: Austrian, German, Kuwait, Netherlands, Norwegian, RC societies and Arab Red Crescent Association

Emergency Health

Outcome 1: Improved access to basic health, first aid, emergency treatment and transport of Syrian refugees and Lebanese host population and the capacity of 48 EMS stations is increased

Achievements: Throughout the LRC Medico-social clinics urgent medical care has been provided to Syrian refugees and host communities to ensure access to basic health services. A total of 130,867 Lebanese and other nationalities were provided with EMS services. Access to wounded (especially over difficult terrain), sick, disabled and deceased Syrian refugees and Lebanese host communities has been made possible through increasing the number of ambulances of the LRC EMS by 50 (11 ambulances under this appeal). A total of 289 LRC ambulances are fully equipped and maintained to respond effectively to any kind of calls. Out of these, 40 ambulances are used to transport wounded Syrian refugees only in difficult terrains. Also, 3,000 EMS volunteers were equipped with personal first-aid kits.

To strengthen the response timing and efficiency of ambulance support, the EMS headquarters building was renovated to accommodate a national control room. This pledge also supported to equipping the control room with all the necessary equipment and materials. The control room has improved communication and coordination between the EMS headquarters and EMS stations. Fleet movement and management is also being monitored effectively from the control room. This will strengthen the response time and efficiency of ambulance support.

From January to August 2014, LRC was able to assist Syrian refugees through 45,602 EMS missions. The services provided included transporting the sick and wounded, providing first aid, transporting the deceased among other services. Lebanese population and other nationals also receive the EMS services, where over 150,000 EMS missions were conducted during the same reporting period.

A health referral system is now functioning at the Mobile Clinics service in which an average of 50 Syrian patients are referred to secondary level hospitals per month. One operation room at the Lebanese Red Cross Hazmieh EMS station has been fully equipped to strengthen the smooth operations of the emergency services.

To ensure that there was proper information management in all EMS stations, a reporting workshop was conducted for 32 EMS staff and reporting equipment (5 laptops, 4 cameras, 1 LCD projector and screen) was purchased.

⁵ Support from Kuwait Red Crescent

⁶ This contributes to other organization winterization efforts

Challenges: LRC faced challenges in obtaining the customs exemptions for the purchased ambulances from the authorities. The delay was due to the change in the authorities as well as revised systems at customs. To counter this in future procurements, LRC is making efforts to obtain blanket custom exemption facilities from the authorities.

Access to basic health (EMS)		
Output Indicators	Target	Achievements (As at 30 Sept 2014)
# of wounded who are out of reach due to security constraints, sick, disabled or deceased Syrian refugees provided emergency medical services and transported as needed	20,674	28,491
# of Syrian refugees provided with seasonal and chronic disease medicines	28,250	28,250
# of patients referred to secondary level hospitals (July to September 2014)	900	900

Outcome 2: Improved access to safe blood among Syrian refugees and vulnerable host populations

Achievements: The 12 blood banks of the LRC are better equipped as per the International Standards through equipping them with blood test kits and other needed equipment. Trainings have also been conducted to maintain the LRC blood bank database system which ensures sex and age disaggregated data is collected and analysed. As at 30 September 2014, a total of 7,654 blood units had been provided to Syrian Refugees.

Access to safe blood		
Output Indicators	Target	Achievements (As at 30 Sept 2014)
# of people who received blood through LRC blood bank	8,239	3,061

Outcome 3: Increased access to medical services among vulnerable Syrian refugees and Lebanese host communities

Achievements: IFRC, through Canadian Red Cross funding set up an additional Mobile Clinic in Saida and Chouf area. LRC now has four functional Mobile Clinics. IFRC and other partners are supporting the running costs of these clinics: Norwegian RC is providing core funding of MMU project including cost of health delegate to ensure technical support to LRC, Danish RC is providing technical assistance for MMU PSP activities as well as supporting Tripoli MMU to ensure that mobile medical team is in place and operational, Spanish RC, Canadian RC and Netherlands RC are sharing costs of salaries, equipment, medical supply and running cost. MMU locations: Akkar, Bekaa, Tyre, Chouf and Tripoli

The clinics provide services such as vaccination and health education, medicine and laboratory tests to the most vulnerable patients with chronic diseases, seasonal disease medicines, referral of emergency cases, among others.

A health data collecting system was set up to monitor field work and facilitate reporting. A medicine consumption monitoring system will also be set up to monitor the flow of medicine stocks.

The mobile clinics provide general medicine, paediatric and gynaecological consultations. 94% of MMU beneficiaries are Syrians; 68% are women; 42% are children under 15 years. Most of MMU beneficiaries (71%) are new cases.

A look at the MMU in Chouf

The MMU was received during the first week of May 2014 and funds from Canadian Red Cross supported its running costs until end of June 2014. For continuity, the Norwegian Red Cross has been supporting the operational costs associated with running the MMU in Chouf since July 2014 onwards.

This MMU has contributed to LRC's capacity to reach out to more people in need. LRC originally had three Mobile Medical Units serving Baalbek, Tyre and Akka. Since it started operation in mid-May, this MMU has provided medical assistance to 1,019 people in May, 1,559 in June and 1,418 in July 2014. The number of new cases for the MMU during the second quarter was 2,024 where 60% were female and 40% male. The children aged under five years comprised 27% of the new cases. Below is a graphical presentation of consultations conducted for new cases in the MMU.

The MMU provides easy access to medical services in the Saida and Chouf areas. It offers medical consultations, medicines for Syrian refugees and the host community, raises awareness on communicable and non-communicable diseases as well as hygiene practices, among other services depending on needs. From the above graph, the paediatrics registered the highest type of consultations followed by general medicine and then obstetrics/gynaecology. Over 6,000 beneficiaries have been reached by health promotion messages during first 9 months of 2014. Health promotion subjects included prevention of hygiene related diseases, skin care, dangerous signs in pregnancy etc. Routine vaccination was also regularly provided in all MMU according MoH requirements.

Every month, an average of 2,600 Syrian refugees benefit from assistance of LRC dispensaries. A total of 29,643 Syrian Refugees from the regions of Beirut, Mount Lebanon, North Lebanon, Bekaa, South Lebanon and Nabatyeh were provided with health services as at end September 2014. LRC has seven dispensaries which are currently providing services to a relatively high number of Syrian beneficiaries. The centers are Chiyah, Bauchrie, Jal El Dib, Jbel, Ghazieh, Sour, Jezzine

Access to Medical Services (Mobile Clinics)		
Output Indicators	Target	Achievements (As at 30 Sept 2014)
# of vulnerable Syrian refugees and Lebanese host communities received medical assistance	55,045	59,179

Outcome 4: Increased awareness and recognition of basic health knowledge amongst Syrian refugees living in communities

Achievements: Vulnerable Syrian refugees who are mostly in need for health and first aid awareness were provided with CBHFA trainings as well as First Aid kits. During the first 7 months of 2014, Syrian refugees were trained on hygiene awareness, health information, sound behaviour during crisis and First Aid.

CBHFA		
Output Indicators	Target	Achievements (as at 30 Sept 2014)
# vulnerable Syrian refugees who were reached with knowledge on basic health	125	1,686
# of volunteers provided with First Aid kits	3,000	5,000

Outcome 2: Living environment is enhanced for the most vulnerable refugees from Syria and their host communities and the psychological distress is minimized.

Achievements: LRC has a functioning Gender programme which comprises interpersonal violence including Sexual Gender Based Violence and psycho-social programme. A total of 15 LRC health staff and volunteers were provided with Training of Trainers (ToT) trainings and in turn, trained 100 LRC volunteers from EMS, Youth, Medico-social and Blood Bank departments on psychosocial support (PS), Interpersonal violence including Sexual Gender Based Violence (SGBV) and response protocols in order to be able to identify cases of SGBV and to know how to deal and refer these cases and to gather data to be used by other service providers. The training on PS provided information on how to handle their own psychosocial reactions and that of injured individuals in order to better provide services to Syrian refugees. A referral system was put in place in September 2013 by LRC where Syrian men, women, girls and boys are referred to other organizations such as UNHCR, IMC and Terre des Hommes for psychosocial support. So far 761 cases of Syrian men, women, girls and boys have been referred.

Assessments on the potential adverse impacts and tension between refugees and host community, needs on psychosocial support and Interpersonal violence in Akkar, Baalbek and Tyr took place and appropriate interventions of the LRC teams with support from Danish Red cross are being provided. Syrian parents and caregivers have improved their adaptation mechanisms and their relationships with their children. Syrian refugees from host communities have increased and sustained interactions and community communication including public institutions and local associations through participating in the LRC open days and festivals. This has been made possible by health and psycho-social support through strengthening their ability to interact with their peers and their caregivers, promote acceptance and endurance, trust one another, deal with concerns and reduce the level of tension. As at September 2014, a total of 22,193 consultations had been done.

Psychosocial Support		
Output Indicators	Target	Achievements (as at 30 Sept 2014)
# of vulnerable refugee children from Syria and host communities participating in child protection and psychosocial activities	2,095	1,833
# of vulnerable parents and caregivers refugees from Syria and host community members who have been reached with psychosocial activities	3,305	2,550
# of vulnerable refugees from Syria and host communities participating in psychosocial activities	2,087	1,407

Partners: Canadian/IFRC, Danish, German, Japanese/IFRC, Netherlands, Norwegian, Spanish RC societies and ICRC

Disaster Risk Management and DRR

Outcome 1: Capacity and awareness of Syrian refugees on floods and water scarcity is enhanced

Achievements: Syrian refugees living in 3 Informal Tented Settlements (ITS) and one unfinished building were reached with awareness on floods and/or water scarcity using the Emergency Family Plan tool. Mitigation works were also implemented in 3 ITS including gravelling, improving soak pits at household level, improving channels and drainages with geotextile and stones as well as adding cement pipes where needed. One tool box was provided for one ITS during mitigation works.

Disaster Risk Management and DRR		
Output Indicators	Target	Achievements (as at 30 Sept 2014)
# of people reached with awareness on how to cope with sudden onset disasters	7,500	2,815
# of Syrian refugee households in Central Bekaa reached with awareness on flood risks and how to cope	302	302
# of Syrian refugee households in Central Bekaa supported in risk mitigation works	261	261

Disaster Preparedness and Capacity Building

Outcome 1: LRC operational readiness to respond urgently to an increase in influx of refugees or any emergency situation is strengthened

Achievements: The Lebanese Red Cross conducted several trainings for its volunteers from 8 targeted branches and headquarters:

- 25 staff and volunteers were trained in Safer Access
- 12 volunteers were trained in logistics and warehouse management
- 55 volunteers were trained in relief. Six of the trained volunteers are now trainers and are ready to provide these trainings to other volunteers
- 84 volunteers were trained in hygiene promotion. Six of the trained volunteers are now trainers.
- 70 volunteers were trained in DM Introduction. Six of the trained volunteers are now trainers.

With the support of IFRC, LRC now keeps a contingency stock to meet the urgent needs of 25,000 beneficiaries. This includes 10,000 blankets, 10,000 jerry cans, 10,000 tarpaulins and 5,000 household kits. A total of 1,430 household kits were already distributed in which 7,150 Syrian refugees benefited from this for rapid deployment. LRC also keeps additional contingency stock of 12,600 blankets to meet the urgent needs of 12,600 beneficiaries.

With the support of IFRC, LRC has rented 4 warehouses in Zahle, Hasbiah, Sour, and Luaizeh until end of December 2014 in order to keep the relief items ready for distribution. In addition, one LRC warehouse in North Lebanon was rehabilitated and equipped. The DM unit has also increased its fleet with 5 vehicles for easier access to areas where Syrian refugees reside.

The operational capacity of LRC has also been enhanced through setting up Information Management and Reporting Systems of DM Unit at headquarters and branch levels (ongoing) as well as supporting the operational costs of DMU to ensure availability of necessary resources during response to the needs of the Syrian refugees and host populations.

Disaster Preparedness and Capacity Building		
Output Indicators	Target	Achievements (as at 30 Sept 2014)
# of LRCS DM staff and volunteers have been trained in order to better respond to the needs of refugees	20	84 ⁷
# of people who can be reached with contingency stock	25,000	25,000
# of warehouses available to stock relief items	5	5
# of DM cars available to conduct distributions in areas where refugees reside	8	5

Partners: British, French, German, Japanese, Netherlands, Norwegian, Swiss RC societies and IFRC

⁷ Highest number of volunteers trained was selected to avoid double counting

PALESTINE RED CRESCENT SOCIETY-LEBANON BRANCH (PRCS/L)

Health

Outcome 1: The immediate health risks of the Refugees are reduced and prevented through the provision of emergency basic health care services by filling the gaps in health service provision.

Achievements: Palestine refugees in Lebanon, Syrian and Palestine refugees coming from Syria as well as the host population have been receiving medical attention from PRCS/L's five hospitals and nine medical centers. The refugees and host population were also reached with awareness on hygiene and health issues.

The PRCS hospital in Sour is currently being rehabilitated. The refurbishment of the building is complete. In addition, necessary equipment for the functioning of the hospital including replacing old broken beds, fixing elevator, procuring adult beds and food trays is planned depending on funds that will be received.

PRCS/L-Health		
Output Indicators	Target	Achievements (as at 30 Sept 2014)
# of people provided with rapid medical treatment for injuries and diseases	56,130	43,630
# of people reached with community based health and first aid (CBHFA) activities	6,625	5,625
# of households provided with hygiene kits	1,000	3,077

Partners: Danish, Netherlands, Norwegian, Spanish, Swedish, Swiss and German RC societies as well as Canadian and British RC through IFRC

Contact information

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1. Click [here](#) to return to the title page
2. Click [here](#) to return to see the preliminary financial report **as per the procedure in cases where a Final Report cannot be issued within 90 days of the end date of an Emergency Operation a Preliminary Final Report must be issued.*

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

MDR81003 - Lebanon, Jordan & Iraq - Population Movement

Timeframe: 09 Aug 12 to 30 Sep 14

Appeal Launch Date: 09 Aug 12

Interim Report

Selected Parameters

Reporting Timeframe	2012/6-2014/11	Programme	MDR81003
Budget Timeframe	2012/6-2014/9	Budget	APPROVED
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		39,280,878				39,280,878	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		541,143				541,143	
Australian Red Cross		151,354				151,354	
Australian Red Cross (from Australian Government*)		1,581,848				1,581,848	
British Red Cross		737,960				737,960	
British Red Cross (from Great Britain - Private Donors*)		3,955				3,955	
French Red Cross (from European Commission - DG ECHO*)		379,458				379,458	
German Red Cross		962				962	
German Red Cross (from German Government*)		1,140,107				1,140,107	
Icelandic Red Cross		64,960				64,960	
Icelandic Red Cross (from Icelandic Government*)		187,040				187,040	
Irish Red Cross Society		48,078				48,078	
Italian Red Cross		86,061				86,061	
Japanese Government		576,914				576,914	330,043
Japanese Red Cross Society		153,400				153,400	
Korea Intern. Coop. Agency (KOICA) (from Republic of Korea Government*)		88,928				88,928	
Norwegian Red Cross		72,914				72,914	
Other		257,951				257,951	
Red Cross of Monaco		8,041				8,041	
Spanish Red Cross		16,391				16,391	
Swedish Red Cross		1,692,422				1,692,422	
The Canadian Red Cross Society		179,906				179,906	
The Canadian Red Cross Society (from Canadian Government*)		1,278,078				1,278,078	
The Netherlands Red Cross		130,032				130,032	
The Netherlands Red Cross (from Netherlands Government*)		2,361,771				2,361,771	
UNDP - United Nations Development Programme (from Chile Government*)		90,719				90,719	
United States Government - PRM		354,471				354,471	
C1. Cash contributions		12,184,865				12,184,865	330,043
Inkind Goods & Transport							
German Red Cross		17,000				17,000	
Norwegian Red Cross		19,837				19,837	
Spanish Red Cross		252,190				252,190	
The Netherlands Red Cross		138,798				138,798	
C2. Inkind Goods & Transport		427,825				427,825	
Inkind Personnel							
Australian Red Cross		47,170				47,170	
Danish Red Cross		42,813				42,813	
C3. Inkind Personnel		89,983				89,983	
C. Total Income = SUM(C1..C4)		12,702,674				12,702,674	330,043
D. Total Funding = B + C		12,702,674				12,702,674	330,043

* Funding source data based on information provided by the donor

Disaster Response Financial Report**MDR81003 - Lebanon, Jordan & Iraq - Population Movement**

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Interim Report

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Reporting Timeframe	2012/6-2014/11	Programme	MDR81003
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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

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		12,702,674				12,702,674	330,043
E. Expenditure		-11,805,479				-11,805,479	
F. Closing Balance = (B + C + E)		897,195				897,195	330,043

Disaster Response Financial Report

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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)			39,280,878			39,280,878		
Relief items, Construction, Supplies								
Shelter - Relief	609,022		147,600			147,600	461,422	
Shelter - Transitional	9,407,265		4,460,387			4,460,387	4,946,878	
Construction - Facilities	29,991						29,991	
Clothing & Textiles	1,237,715		680,221			680,221	557,495	
Food	1,269,828		39,544			39,544	1,230,284	
Water, Sanitation & Hygiene	880,781		489,609			489,609	391,172	
Medical & First Aid	564,336						564,336	
Teaching Materials	645,348						645,348	
Utensils & Tools	13,589,502		140,548			140,548	13,448,954	
Other Supplies & Services	294,886		220,266			220,266	74,621	
Cash Disbursement	300,000						300,000	
Total Relief items, Construction, Sup	28,828,675		6,178,175			6,178,175	22,650,499	
Land, vehicles & equipment								
Land & Buildings	38,500						38,500	
Vehicles	985,908		464,202			464,202	521,707	
Computers & Telecom	30,733		14,802			14,802	15,930	
Office & Household Equipment	3,804		6,962			6,962	-3,157	
Total Land, vehicles & equipment	1,058,945		485,966			485,966	572,980	
Logistics, Transport & Storage								
Storage	133,271		9,305			9,305	123,966	
Distribution & Monitoring	399,429		102,912			102,912	296,517	
Transport & Vehicles Costs	149,308		312,372			312,372	-163,064	
Logistics Services	114,133		120,160			120,160	-6,027	
Total Logistics, Transport & Storage	796,141		544,748			544,748	251,393	
Personnel								
International Staff	1,763,617		1,323,030			1,323,030	440,587	
National Staff	175,882		111,414			111,414	64,468	
National Society Staff	439,671		169,814			169,814	269,857	
Volunteers	179,472		30,661			30,661	148,811	
Total Personnel	2,558,641		1,634,919			1,634,919	923,722	
Consultants & Professional Fees								
Consultants	66,022		26,554			26,554	39,468	
Professional Fees	102,011		134,951			134,951	-32,940	
Total Consultants & Professional Fees	168,033		161,505			161,505	6,528	
Workshops & Training								
Workshops & Training	496,476		129,210			129,210	367,265	
Total Workshops & Training	496,476		129,210			129,210	367,265	
General Expenditure								
Travel	146,160		104,328			104,328	41,832	
Information & Public Relations	164,945		32,588			32,588	132,357	
Office Costs	288,062		60,754			60,754	227,307	
Communications	29,444		20,914			20,914	8,530	
Financial Charges	130,410		78,609			78,609	51,801	
Other General Expenses	5,938		2,777			2,777	3,161	
Shared Office and Services Costs	336,087		259,666			259,666	76,422	
Total General Expenditure	1,101,045		559,634			559,634	541,411	

Disaster Response Financial Report

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Subsector:	*		

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			39,280,878			39,280,878		
Contributions & Transfers								
Cash Transfers National Societies	1,795,533		1,271,619			1,271,619	523,914	
Total Contributions & Transfers	1,795,533		1,271,619			1,271,619	523,914	
Operational Provisions								
Operational Provisions			44,102			44,102	-44,102	
Total Operational Provisions			44,102			44,102	-44,102	
Indirect Costs								
Programme & Services Support Recovr	2,392,227		708,844			708,844	1,683,383	
Total Indirect Costs	2,392,227		708,844			708,844	1,683,383	
Pledge Specific Costs								
Pledge Earmarking Fee	78,575		72,056			72,056	6,520	
Pledge Reporting Fees	6,585		14,700			14,700	-8,115	
Total Pledge Specific Costs	85,160		86,756			86,756	-1,595	
TOTAL EXPENDITURE (D)	39,280,878		11,805,479			11,805,479	27,475,398	
VARIANCE (C - D)			27,475,398			27,475,398		

Disaster Response Financial Report**MDR81003 - Lebanon, Jordan & Iraq - Population Movement**

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Interim Report

Selected Parameters

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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	39,280,878		12,702,674	12,702,674	11,805,479	897,195	330,043
Subtotal BL2	39,280,878		12,702,674	12,702,674	11,805,479	897,195	330,043
GRAND TOTAL	39,280,878		12,702,674	12,702,674	11,805,479	897,195	330,043