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## Final Report

# Syria/MENA: Complex Emergency



International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal</b>	<b>Operation n° MDRSY003</b>
<b>Date of Issue: 31 May 2022</b>	<b>Glide n° <a href="#">OT-2011-000025-SYR</a></b>
<b>Operation start date: 6 July 2012</b>	<b>Operation end date: 31 December 2021</b>
<b>Operating National Society: Syrian Arab Red Crescent (SARC)</b>	<b>Operating budget: CHF 187,021,113</b>
<b>Number of people affected: 13 million</b>	<b>Number of people assisted: 10 million<sup>1</sup></b>
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The Red Cross Red Crescent (RCRC) Movement partners have been supporting SARC response multi-laterally and bi-laterally since the beginning of the Syrian Complex Crisis. The list of partners supporting the International Federation of Red Cross and Red Crescent Societies (IFRC) Emergency Appeal ( <b>MDRSY003</b> ) is available in the IFRC <a href="#">donor response</a> . There are nine other Movement partners, including the International Committee of the Red Cross (ICRC), supporting SARC bilaterally. In 2021, nine partner National Societies have delegates in Syria and are operating bilaterally, integrated with SARC at its Damascus HQ: the British, Canadian, Danish, French, Finnish, German, Norwegian, Swedish, and Swiss Red Cross Societies.	
<b>Other partner organizations actively involved in the operation:</b> SARC is working with many international organizations and agencies present in-country, such as United Nations (UN) Agencies, including the UN Population Fund (UNFPA), UN High Commissioner for Refugees (UNHCR), UN International Children's Emergency Fund (UNICEF), World Health Organization (WHO), World Food Programme (WFP), as well as international non-governmental organizations (INGOs), including Action Against Hunger, Adventist Development and Relief Agency (ADRA), Association of Volunteers in International Service (AVSI), Cooperazione Internazionale (COOPI), Danish Refugee Council, Lutheran World Relief, MEDAIR, Oxford Committee for Famine Relief (Oxfam), Premiere Urgence, Secours Islamique France, Terre des Hommes, and Triangle. In addition, the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG-ECHO), United States Agency for International Development's Bureau for Humanitarian Assistance (USAID-BHA), Irish Aid, Austrian Development Agency, Government of Japan, Canada's Department of Foreign Affairs, Trade and Development, as well as private and corporate donors also contributed to the Emergency Appeal.	

***On behalf of the Syrian Arab Red Crescent (SARC), IFRC would like to thank the Red Cross Red Crescent Movement partners, international governments, private and individual donors, and the Government of Syria who has provided their valuable contributions and cooperation throughout this operation.***

***The list of partners supported through the IFRC Emergency Appeal (MDRSY003) is available on the IFRC [donor response](#) page.***

**<Click [here](#) for the financial report and [here](#) for the contract information>**

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<sup>1</sup> The nature of assistance delivered through this Appeal was as such that the affected population had accessed SARC services multiple times over different years. In most of the affected governorates same group of people were displaced multiple times due to recurring crisis and received SARC assistance in different locations.

***The Syria Crisis Emergency Appeal was launched in 2012 and closed at the end of 2021. While the International Appeal is now closed after running for ten years, having achieved its set objectives, there remains a balance of approximately CHF 2.3 million in unearmarked funds. The IFRC is proposing to reallocate this balance of CHF 2.3 million unearmarked to the [Syria Crisis Country Plan 2022](#). As the Syrian crisis is protracted in nature and the most vulnerable refugees still needed to be supported, the remaining funds will provide a good opportunity to continue supporting vulnerable refugees to reduce their protection and socio-economic vulnerabilities through SARC interventions. The continued priorities, such as early recovery and resilience interventions for evolving humanitarian crisis, organizational development, and localization agenda, were migrated to the Syria Crisis Country Plan (SCCP) with the dominant pillar being the delivery of humanitarian assistance. IFRC continues to support SARC in providing life-saving urgent relief at a time when the needs are higher than ever before. The SCCP 2022 reflects a One Plan and One Budget approach agreed with SARC and enables the National Society to continue life-saving and other essential services when and where needed throughout the country, while at the same time aiming to increase the longer-term coping capacities and the resilience of the Syrian people and decrease their aid dependency. The SCCP is aligned with SARC's Strategic Plan 2020-2022 and accommodates all incoming resources for IFRC's emergency and early recovery operations, as well as longer-term support to SARC's organizational development and capacity building.***

### **Appeal History:**

- **01 March 2011:** An Emergency Appeal ([MDR82001](#)) for CHF 4,458,090 was launched to assist 100,000 people displaced due to civil unrest in several countries of the Middle East and North Africa (MENA) region. Immediate humanitarian assistance in the form of non-food relief items (NFI), such as blankets and food, was provided to people waiting in between border crossing points. Due to the worsening humanitarian situation and growing needs in Syria, the Syria component of the MDR82001 was closed at the end of June 2012. All remaining funds allocated to the Syria component were transferred to the Syria Crisis Appeal.
- **6 July 2012:** [An Emergency Appeal](#) for CHF 27.5 million was launched for 12 months to directly assist over 200,000 people and to strengthen SARC's capacity in responding to the needs of more than 1.5 million people at that time.
- **17 December 2012:** The [first appeal revision](#) increased the budget to CHF 39,197,125 to directly assist 650,000 people until December 2013.
- **3 July 2013:** The [second appeal revision](#) increased the budget to CHF 53,599,100 to directly assist up to 910,000 people until the end of December 2013.
- **18 November 2013:** The [third appeal revision](#) increased the budget to CHF 106,323,513 to assist 5,460,000 people, and the appeal timeframe was extended until 31 December 2014.
- **17 December 2014:** The [fourth appeal revision](#) increased the budget to CHF 122,395,673 to assist 2.5 million people until the end of December 2015.
- **13 May 2016:** The [fifth appeal revision](#) increased the budget to CHF 145,086,034 to assist a total of 10 million people during the overall appeal time period until the end of December 2016.
- **31 December 2016:** The [sixth appeal revision](#) increased the budget to CHF 170,506,832 to provide continued assistance to 3 million affected people in 2017. The appeal timeframe was extended for an additional 12 months until the end of December 2017.
- **13 April 2018:** The [seventh appeal revision](#) increased the budget to CHF 185,152,817 to assist 3 million affected people until the end of December 2018.
- **11 November 2019:** The [eighth appeal revision](#) increased the budget to CHF 195,101,000 to assist 3 million people until the end of December 2020.
- **22 December 2020:** The [ninth appeal revision](#) increased the budget to CHF 208,882,000 to assist an additional one million people in 2021. The overall appeal timeframe was extended until the end of December 2021.

IFRC has also published several operations updates reporting on the progress of the operation, all of which can be found [here](#).

## A. SITUATION ANALYSIS

### Description of the disaster

Since March 2011, Syria has been experiencing a dire, humanitarian crisis, one of the most complex in the world. The crisis initially began in the southern governorates of Daraa and shifted to the remaining 13 governorates of Syria, seriously affecting Al-Hasakeh, As-Sweida, Damascus, Rural Damascus, Aleppo, Deir-Ez-Zor, Idleb, Homs, Hama, Lattakia, Quneitra, Ar-Raqqa, and Tartous. After 11 years of crisis, the humanitarian situation across Syria remained volatile, resulting in internal and external displacement, with over half a million people who lost their lives, of which approximately 55,000 were children and more than three million people who are estimated to live with some form of disabilities<sup>2</sup>. The Syrian crisis is now in its eleventh year, and around 6.7 million people remain internally displaced, while 5.6 million people have fled their country<sup>3</sup> to neighboring Lebanon, Jordan, Turkey, Egypt, and other countries. The displacement of Syrian families has resulted in one of the largest refugee crises in the world, with Syrian refugees making up a quarter of all refugees globally at the end of 2021. The vast majority have fled to neighboring countries, with limited prospects for return due to ongoing hostilities in many locations. The living conditions of the refugees and internally displaced are extremely difficult, with limited or no access to basic services, living under tents with insufficient facilities to protect them from the harsh winter conditions, and still depending on international humanitarian assistance as an alternative to survive.

### Key facts



**13.4 million** people affected



**12.3 million** people displaced



**0.5 million** people dead



**3.46 million** people living with disabilities

**65** SARC staff & volunteers lost their lives in the line of duty

<sup>2</sup> <https://reliefweb.int/report/syrian-arab-republic/10-years-10-facts-explain-syria-s-conflict>

<sup>3</sup> [2022 Humanitarian Needs Overview: Syrian Arab Republic \(February 2022\) UN OCHA.](#)

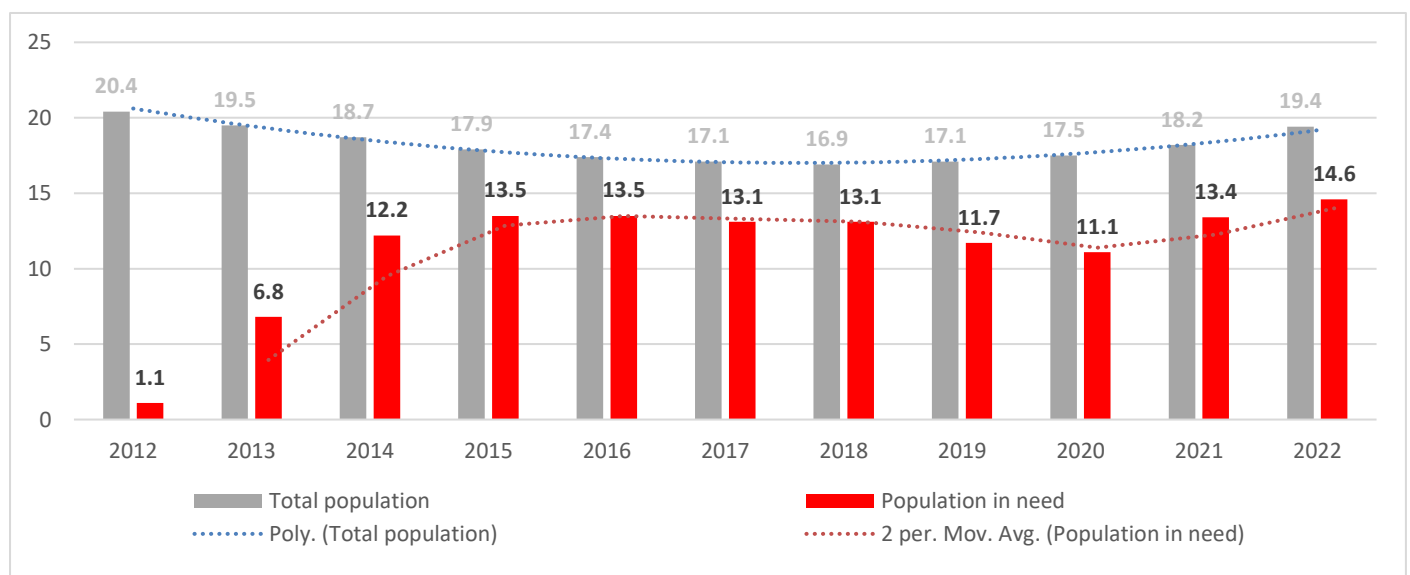




Figure 1: A SARC volunteer carrying a child while looking at the buildings fully destroyed due to the decade-long crisis in Rural Damascus. The physical **Photo: SARC**

After 11 years of the crisis, the magnitude of humanitarian needs in Syria has evolved manifold, and a greater number of Syrian children, men, and women have become in need of humanitarian assistance. The graph below shows the evolution of humanitarian needs<sup>4</sup> vis-a-vis the total population<sup>5</sup> since 2012.

**The below graph shows the Syrian population in need of humanitarian assistance since 2012 (in millions)**



<sup>4</sup> 2022 Humanitarian Needs Overview: Syrian Arab Republic (February 2022) UN OCHA.

<sup>5</sup> <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=SY>

While hostilities have subsided compared to previous years of the crisis, skirmishes between different factions, especially in the North-East, North-West part of Syria, continue to displace and affect Syrians in several parts of the country. In areas where hostilities have subsided, crucial infrastructure, such as schools, water supply systems, health facilities, and buildings, have sustained extensive damages, and much of it remained unrestored or in disrepair. People in Syria continue to suffer from localized hostilities, which uproot families from their homes, claim civilian lives, damage, destroy basic infrastructure, and limit access to basic services, such as drinking water, food, electricity, fuel, and health care services. Securing humanitarian access to all places in the country and the ability to provide relief and early recovery support was crucial. However, ensuring uninterrupted delivery of impartial and need-based humanitarian aid in a highly fluid security and international political context was difficult. In 2017, SARC assisted a maximum number of people with evacuation in Aleppo and Al-Waer in Homs. Restricted access to Idlib, combined with the forced closure of the SARC branch and health facilities in Idlib city and the surrounding villages in March 2020, hindered SARC's humanitarian efforts to reach Idlib.

The Syrian crisis is today even more critical than ever before, with an estimated 14.6 million people in need of at least one form of humanitarian assistance<sup>6</sup>, the highest number since the start of the crisis in 2012 and 1.2 million more than in 2021. The humanitarian needs far exceed the capacity of local authorities and the humanitarian response from the international community. Insufficient resources and limitations in access are worsened by the uncertain conflict environment, the worsening economic crisis, a largely destroyed public infrastructure, and the COVID-19 outbreak. The COVID-19 pandemic and the economic crises that started in 2019 have further exacerbated the needs and vulnerabilities, leading to the deterioration of the socio-economic situation and has had an impact on the physical and psychological well-being of people. The operational modalities for activities under the Syria Complex Emergency appeal were immediately adopted following the COVID-19 outbreak to prevent transmissions and protect SARC's front-line workers and volunteers. The specific response to the COVID-19 pandemic in Syria is coordinated under the Global IFRC COVID-19 Pandemic emergency appeal. While COVID-19 vaccines slowly started to arrive in Syria in 2021 through the COVID-19 Vaccines Global Access facility, known as COVAX, and bilateral donations from states, by March 2022, only 6.8% of the total population in Syria was fully vaccinated. Currently, available vaccine quantities in Syria are sufficient to vaccinate up to 38% of the population; however, challenges remain due to the lack of required resources for the administration of the vaccine, including insufficient Ministry of Health (MoH) mobile vaccination teams, shortages of fuel and electricity required to maintain the cold chain, and a widespread vaccine hesitancy among the population. It is worth noting that by mid-2021, all SARC staff and volunteers had been offered COVID-19 vaccinations (Sputnik and Sputnik light) through vaccines secured by SARC in cooperation with the MoH.

The current economic crisis is the worst in the history of Syria. The downturn of the Syrian economy is further exacerbated by the introduction of the Caesar Syria Civilian Protection Act of 2019<sup>7</sup>, and the spill-over effect of the economic crisis in Lebanon has added to an already strained Syrian economy. Since 2020, the country has registered record-level price increases in essential goods, a sharp decline in the value of the Syrian pound, and considerable fuel and gas shortages throughout the country. Food insecurity has reached record levels with 12.4 million Syrians (55.3% of the population) in need of food assistance, an increase of 3.4 million compared to 2020, of which 1.3 million people are considered severely food insecure<sup>8</sup>. Up to 90% of the population is estimated to live under the poverty line, a 10% increase from 2020. In February 2022, the national average price of WFP's standard reference food basket increased by two percent compared with January 2022, reaching SYP 231,004 (USD 92 at the official exchange rate of SYP 2,500/USD). This was the sixth consecutive month registering the highest ever recorded price since monitoring started (in 2013) with record numbers of parents struggling to feed their children and pay for water and health care. Currently, the national average price of a standard reference food basket<sup>9</sup> price is 71% higher compared to February 2021.

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<sup>6</sup> 2022 Humanitarian Needs Overview: Syrian Arab Republic (February 2022) UN OCHA.

<sup>7</sup> United States of America Congressional Bill that establishes additional sanctions and financial restrictions on institutions and individuals related to the conflict in Syria and was signed in December 2019 and came into effect June 2020.

<sup>8</sup> [WFP Syria Situation Report, January 2022](#)

<sup>9</sup> The standard food basket is a group of essential food commodities. In Syria, the food basket is set at a group of dry goods providing 2,060 kcal a day for a family of five during a month. The basket includes 37 kg bread, 19 kg rice, 19 kg lentils, 5 kg of sugar, and 7 litres of vegetable oil

With a dire humanitarian and economic crisis, protection concerns are on the rise. An increase in gender-based violence, including early marriage, forced abortions, and domestic violence, has been reported. Exposure to violence and extreme stress coupled with living in displacement for years, has led to a deterioration of people's mental health and psychosocial wellbeing, which is more likely to have long-term implications for both adults and children. Due to the cumulative effect of the conflict, the number of children out of school and children who are at risk of dropping out are almost certain to increase to 6 million children under 18 years who need humanitarian assistance by the end of 2021<sup>10</sup>. In addition, nearly 600,000 children are chronically malnourished and an additional 90,000 suffer from acute malnutrition, heightening their exposure to preventable morbidity and mortality<sup>11</sup>.

Destruction of health facilities and a limited number of qualified health staff continue to severely impede access to health care in Syria, with just 59% of hospitals, 54% of primary health care (PHC), and 58% of specialized centers being fully functional<sup>12</sup>. The fragile health system in Syria continues to face concurrent emergencies and chronic challenges, which affect the availability and quality of health services across Syria, as well as the physical and mental wellbeing of the population. Health needs in Syria remain critical, with more than 12.2 million Syrians in need of health services in 2022, including 4.4 million displaced persons, 1.33 million children under 5 years, and 3.38 million women of reproductive age (15-49 years). Around 500,000 older people still need inclusive health services, as well as those with early-onset non-communicable diseases (NCDs), estimated to account for 45% of all mortality in Syria. A total of 3.46 million people were estimated to have a disability, which places them at greater risk for exclusion from health services.

The existing and worsening conditions in Syria have put additional pressure on SARC to maintain and scale up its humanitarian assistance across the country. IFRC in the [2022 Syria Crisis Country Plan](#) continues to apply a multi-track operational strategy encompassing humanitarian assistance, early recovery, and resilience interventions, in parallel with SARC National Society development (NSD) and organizational strengthening support.

### **Summary of response**

This Emergency Appeal was a continuation and scaling up of activities initially undertaken as part of the Middle East and North Africa Civil Unrest Appeal (MDR82001). SARC with the support from IFRC, ICRC, and partner National Societies (PNSs), as well as UN agencies, INGOs, and NGOs, responded to the growing needs of the displaced Syrian population and host communities, who were severely affected during the protracted crisis. SARC volunteers in the frontline were the main providers of emergency humanitarian assistance across the 14 governorates. They worked tirelessly, often at life risk, and assisted the affected communities and their people in evacuation to safer locations, provided life-saving first aid, and distributed emergency relief items, including food parcels.

Some of the key milestones presented below were achieved, as part of the emergency appeal support. These milestones had positively contributed to the overall planning process, in setting the targets, strengthening SARC's institutional capacities, as well as positioning SARC and IFRC with their humanitarian mandates in the country.

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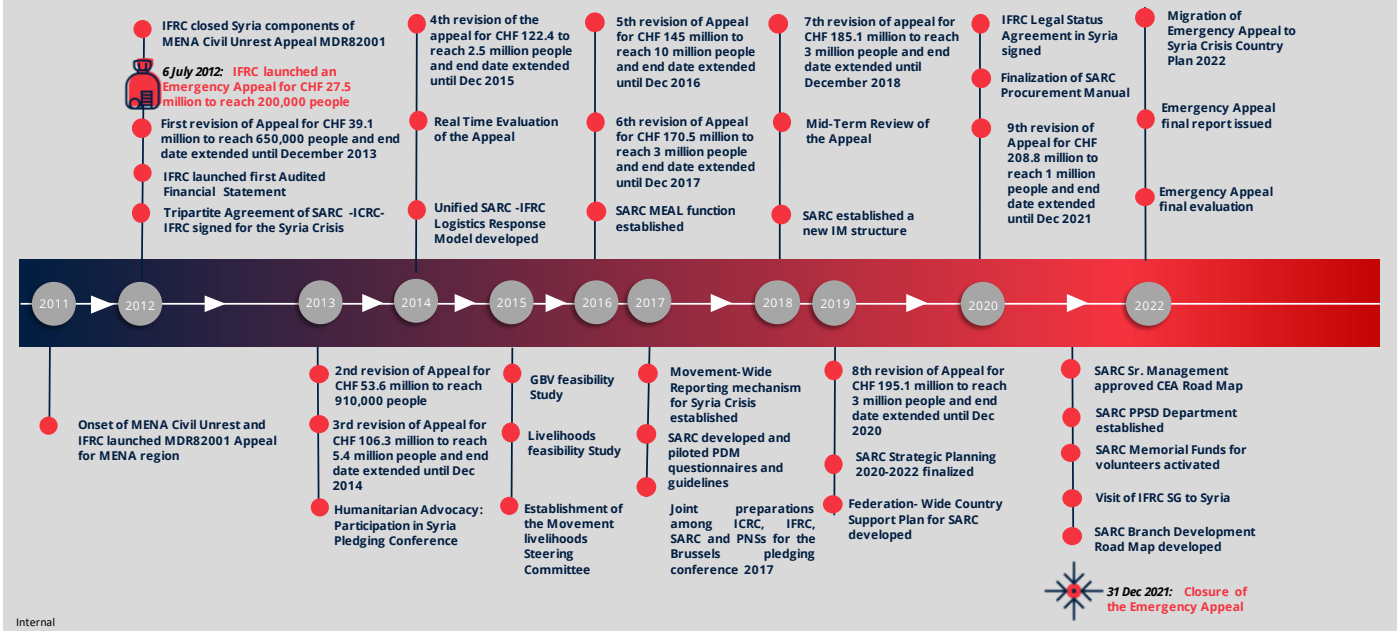
<sup>10</sup> UNICEF *Whole of Syria Humanitarian Situation Report (March 2021)*

<sup>11</sup> 2022 Humanitarian Needs Overview: Syrian Arab Republic (February 2022) UN OCHA

<sup>12</sup> [WHO Health Resources and Services Availability Monitoring System Q4 2021](#)



## KEY MILESTONES



As of December 2021, SARC through IFRC Emergency Appeal assisted more than 10 million most vulnerable people with different services in the areas of relief and NFIs, emergency food, psychosocial support, vocational skills, and livelihoods support, first aid and ambulance services, hygiene promotion, and guaranteed access to primary health care services, including the provision of life-saving medicines. The infographics below provide an overview of results achieved as part of the IFRC Emergency Appeal support since July 2012.



### 1.7 Million People

**Average number of people annually assisted with different services through the IFRC Appeal**



## FUNDING

### FUNDING RECEIVED

CHF 187,237,379

### FUNDS IMPLEMENTED

CHF 186,415,369

\*The financial figures are subject to change at the time of issuing final financial report



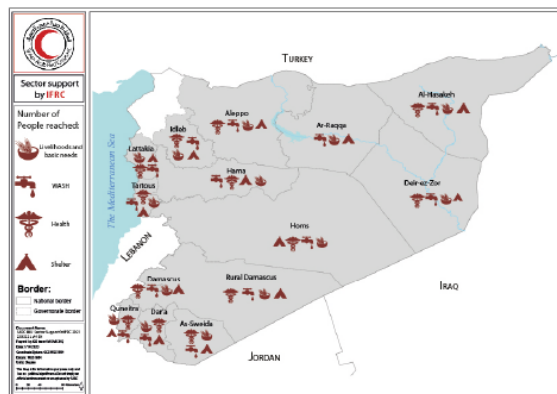
## LOGISTICS

703

Containers of Humanitarian Aid

152

Trucks of Humanitarian Aid



MORE THAN 10 MILLION PEOPLE REACHED



1,941,765  
SHELTER



6,361,174  
LIVELIHOODS &  
FOOD SECURITY

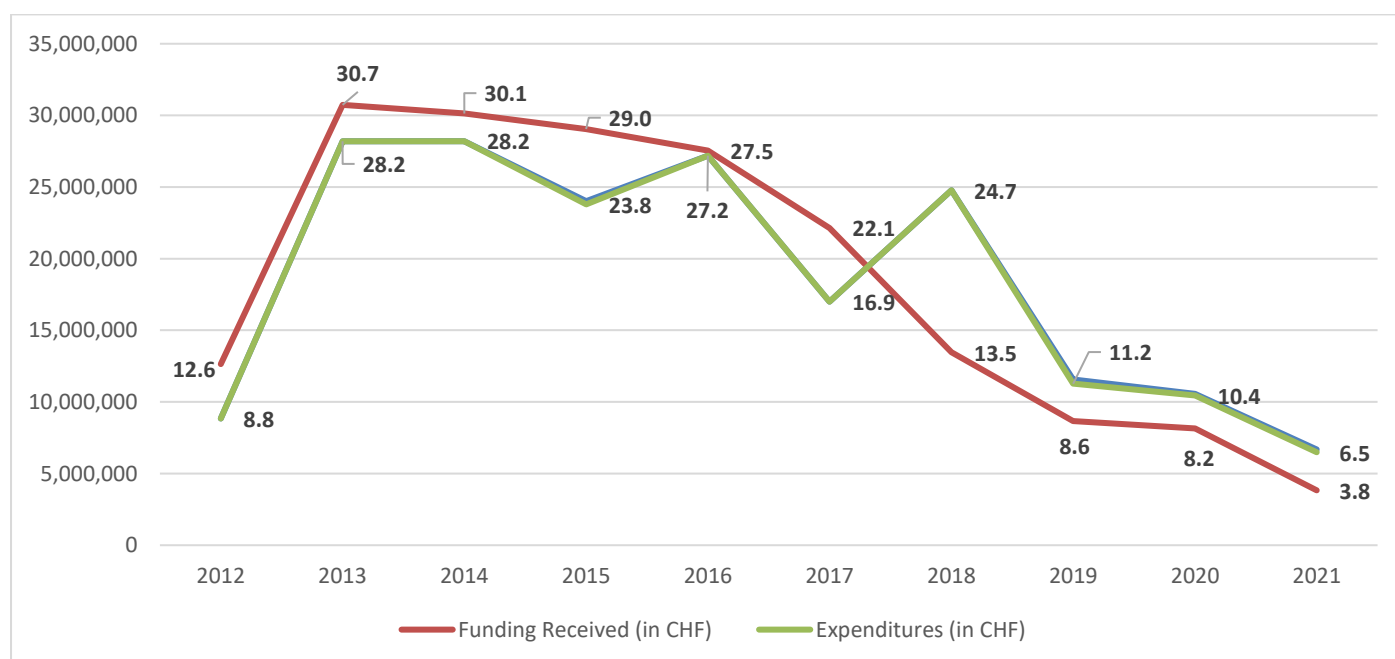


6,300,440  
HEALTH



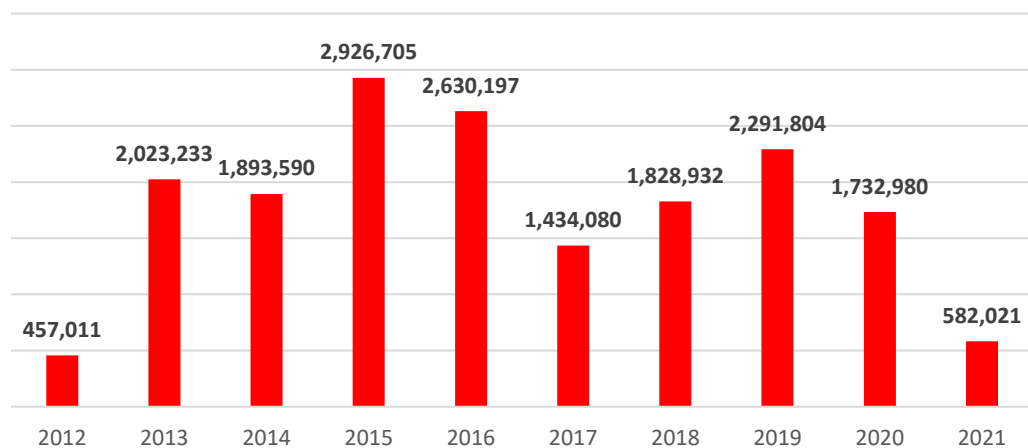
3,197,174  
WASH

The funding for this operation remained solid until the end of 2016. However, funding started declining after the international sanctions were imposed in 2017 and due to the increasing politicization of the funding environment that followed in the coming years. The declining trend of funds (in million CHF) for each year vis-à-vis expenditure of this Appeal is given in the graph below.

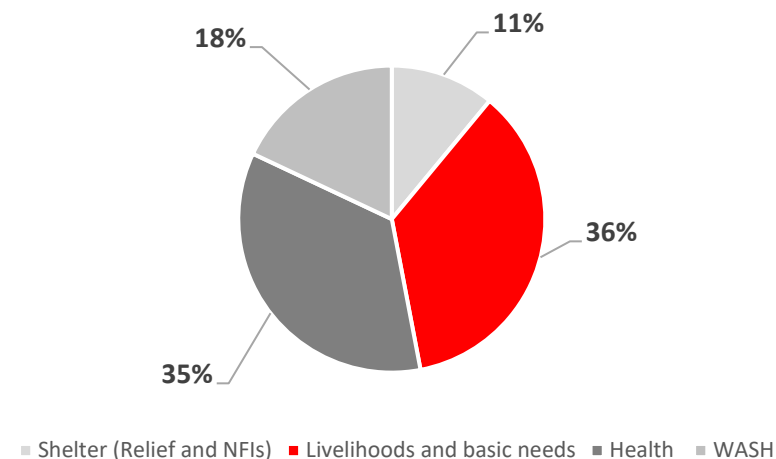




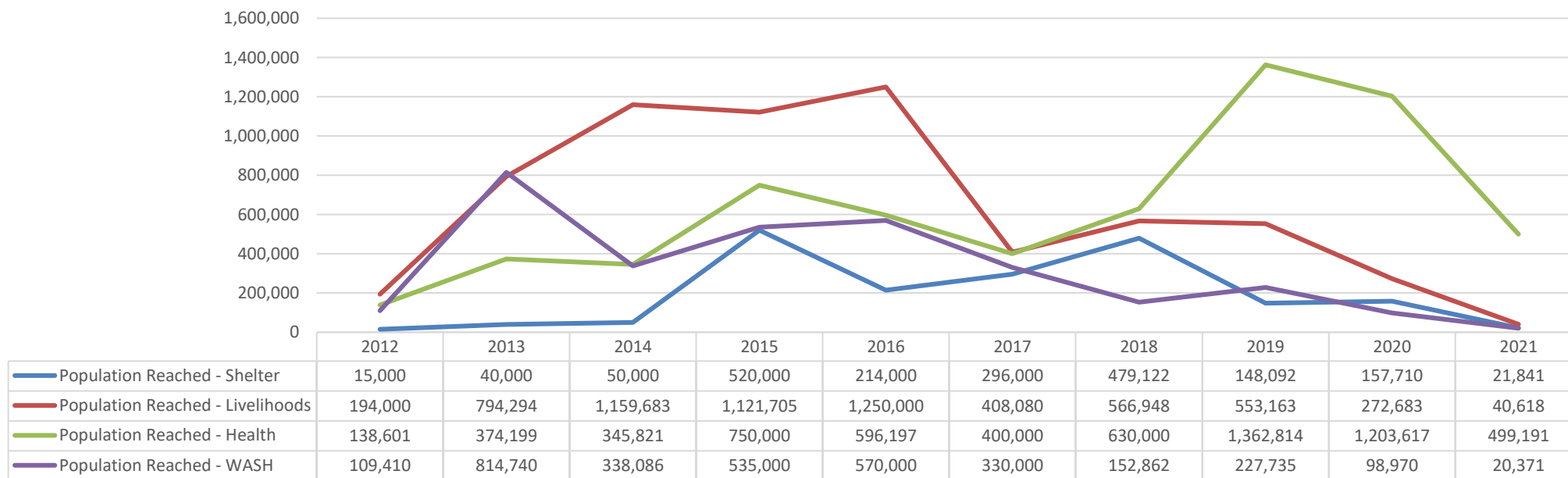
**People assisted per year with services supported through IFRC Appeal between July 2012 to Dec 2021**



**% of people assisted under each thematic sector out of the total reach**



**Trend of people assisted through SARC services under key thematic priorities of IFRC Appeal**



## Overview of Operating National Society

The Syrian Arab Red Crescent (SARC) was founded in 1942 and recognized by the International Committee of the Red Cross (ICRC) in 1946. Headquartered in Damascus, the National Society has a network of 14 branches across all the governorates of Syria and 74 active sub-branches with a total of 17,400 active volunteers and staff<sup>13</sup> across its headquarters (HQ), branches, and sub-branches. SARC is the lead humanitarian actor in Syria with an assigned coordination mandate for international assistance. SARC, with its extensive network of volunteers having a presence across most of the country, remains the largest national provider of humanitarian services in Syria.

Since 2011, SARC has responded to the unprecedented demands for life-saving humanitarian assistance across Syria during one of the world's worst humanitarian crises of recent decades. SARC mobilized its network of staff and volunteers from the beginning of the crisis. SARC volunteers have been working tirelessly, and often at great personal risk, to support the affected population throughout the country. Throughout the operation, the situation remained highly volatile and unpredictable. SARC steadily scaled up its response to meet the growing needs, and by the end of 2021 SARC had provided assistance to more than 10 million people through IFRC Emergency Appeal in the areas of relief and non-food items (NFIs), including emergency food parcels, livelihoods, provision of health care services, and water, sanitation, and hygiene (WASH) since the launch of the appeal. ICRC, IFRC, and in-country PNSs are working in close coordination with SARC to actively support its ongoing emergency response operation.

Acting in coordination with the International Red Cross Red Crescent Movement, United Nations (UN) partners, and a number of international and local Non-Governmental Organization (NGO) partners with the other humanitarian organizations and national authorities, SARC has been providing a need-driven and comprehensive response to more than five million internally displaced people, returnees, and vulnerable local communities each year. SARC, with the support of ICRC and partners, was also able to reach 80% of the Syrian population with safe water through treatment and maintenance of damaged water infrastructure.

A snapshot of SARC's response, its scale, and coverage are given below.

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<sup>13</sup> SARC 2021 annual report summary

## *A snapshot of SARC's response, its scale, and coverage*

### **The Syrian Arab Red Crescent (SARC)**

SARC continues to be the main humanitarian actor in Syria. Through its network of staff, volunteers and with SARC's assigned coordination mandate and its presence across most of the country, it is currently the largest national provider of humanitarian services in Syria. SARC works closely with local communities providing humanitarian assistance on an average of 5.5 million internally displaced people, affected host communities and returnees every year and 13 million people in need for the last five years. SARC is the main national facilitator to international humanitarian assistance, with formal coordination and cooperation with 29 partners between the International Red Cross Red Crescent Movement, UN agencies and international non-governmental organizations. This assistance is based around the provision of food and household items for shelter, hygiene items and hardware. SARC also provides medical and health care services through more than 200 health facilities. In addition, SARC's water projects provide services to close to 80% of people in Syria.



SARC Latakia branch volunteers responding to emergency calls adhering to COVID-19 guidelines (**above**), provision of water through water projects in Deir-Ez-zor (**below**).

#### **Food Support**

SARC delivers food support, both from emergency food distributions, convoys, and regular distributions to **more than 5 million people per year.**



**80% estimated number of people in Syria** gained access to clean water through emergency provision of water, treatment and maintenance of water projects supported by SARC.



**300K estimated number of people** received protection services through SARC PSS team per year.



SARC delivers essential household items, during emergency response, regular distributions and for winter response to **more than 5 million people per year.**



**More than 1 million people** receive medical consultations, medications, treatment, and emergency health services from SARC health facilities every year.



To date, **65 SARC staff and volunteers have lost their lives in the line of duty**, as well as **8 volunteers from the Palestinian Red Crescent Society**



## Overview of Red Cross Red Crescent Movement in-country

IFRC has been present in Syria since the mid-1990s with a permanent representation office since 2007, supported by the IFRC's MENA Regional Delegation in Beirut, Lebanon. As the consequences of the crisis for the overall humanitarian response worsened, IFRC, in consultation with SARC, decided to launch the Syria Crisis Emergency Appeal (MDRSYR003), building and expanding on activities undertaken under the previous MENA Civil Unrest Appeal (MDR82001) to meet ever-increasing needs. With the support of IFRC, SARC scaled up its response operation in July 2012 to provide assistance to more people with emergency health, food, and non-food relief items, through its network of 14 branches and 74 active sub-branches across all the governorates of Syria.

The in-country PNSs supported SARC across many different thematic areas, both programmatically and institutionally, throughout the operation timeframe. Their support complemented SARC's response capacity and ensured the continuity of delivering lifesaving assistance. Detailed sectoral interventions are given in the table below.

### Presence of in-country PNSs in Syria and their sectoral support for SARC's response

Name of in-Country PNS	Details of support areas
British Red Cross	Food and NFIs, Disaster Management (DM), Finance, Human Resources (HR), Monitoring, Evaluation, Accountability, and Learning (MEAL), Community Engagement, and Accountability (CEA), and Cash and voucher assistance (CVA)
The Canadian Red Cross Society	Health, Information Management (IM)/MEAL/Planning Monitoring Evaluation and Reporting (PMER), CEA, DM, Livelihoods, Mental Health and Psychosocial Support (MHPSS), Protection, Gender, Inclusion, & Engagement (PGIE), National Society Development (NSD)
Danish Red Cross	Health, livelihoods, MHPSS, and Youth, NSD, DM and leads ECHO and medical logistics consortia with partners.
Finnish Red Cross	Health, physical rehabilitation, and physiotherapy, International Humanitarian Law (IHL), and disability inclusion
French Red Cross	WASH, hygiene promotion, and distribution of hygiene kits.
German Red Cross	Logistics/warehouse development, IM/MEAL/PMER, DM, Media, IT and Telecommunications, hygiene kits & Health infrastructure.
Norwegian Red Cross	WASH rehabilitation, Logistics/ Procurement, DM, NFIs, health, and finance development
Swedish Red Cross	CEA, Health, NSD, and MHPSS.
Swiss Red Cross	WASH, livelihoods, Cash, Health, and First Aid project.

More detail on the interventions supported bilaterally by the in-country PNSs can be found in the [Ops Update 17](#).

**The ICRC** has been present in Syria since 1967 and has been working as a key operational partner with SARC. The main areas of support to SARC are emergency assistance, economic security, health, First Aid, Prosthesis Rehabilitation Programme (PRP), mental health, public health care, water and habitat, risk education (WEC), restoring family links, forensics, and strengthening SARC capacities.

### Overview of non-RCRC actors in-country

SARC is working with many international organizations and agencies present in-country<sup>14</sup>, such as UN agencies (UNFPA, UNHCR, UNICEF, WHO, WFP) and INGOs (Action Against Hunger, ADRA, AVSI, COOPI, Danish Refugee Council, Lutheran World Relief, MEDAIR, Oxfam, Premiere Urgence, Secours Islamique France, Terre des Hommes, and Triangle).

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<sup>14</sup> SARC Annual Report 2021



Besides functioning as an implementing partner for these organizations, SARC participates in cluster meetings and working groups for health, shelter and household items, livelihoods, and information management, among others. Activities conducted are carried out in coordination with local, national, and international stakeholders active in the relevant sectors.

### Needs analysis and scenario planning

In the areas where conflict is diminished and access to communities improved, SARC's staff and volunteers carried out detailed assessments while delivering urgent humanitarian assistance. SARC assessments were focused on the household or community level, whichever was more appropriate for the type of intervention. SARC engaged in principled programming to reach people based on needs in areas to which it has access. SARC responded to the ever-increasing needs through its branches, and the distribution of relief items was done based on the monthly needs assessment and data collected through field visits. In those areas where safe access was possible, SARC's operations department and volunteers conducted emergency assessments. SARC volunteers conducted the assessments through formal and informal discussions with the affected families during beneficiary registration and distribution, met local authorities and local NGOs, as well as dialogued with community members. At the same time, if there was a possibility to enter the area for a short time, rapid assessments were conducted in distribution centers and branch premises to supplement the information. The assessments were also conducted by direct observation during the field visits. Needs identified through these assessments enabled SARC to coordinate with IFRC and other Movement partners for support.

Additional programmatic assessments were done through key informant interviews, surveys, and focus group discussions with families, community leaders, and other local organizations. Trained volunteers (e.g., in disaster management or livelihoods) conducted home visits and post-distribution monitoring questionnaires to determine vulnerabilities.

The level of vulnerabilities of selected people was also assessed based on their gender, education level, income, the number of children, health conditions, and the location of their community. Also, context-specific vulnerabilities in each governorate were considered using core beneficiary selection criteria, such as internally displaced people (IDP) and host communities, youth, female-headed households, elderly and people with disabilities, people who lost their homes, and access to a source of income, among others. Once selected, the target people receive a distribution card, usually distributed once per year for each family. There are also tailored responses for different situations.

### Scenario Planning

Syria Crisis operation remained one of the most complex humanitarian operations globally. The continuous movement of people, security concerns, worsening economic crisis, international sanctions, and the global COVID-19 pandemic created a challenging environment and a need for different scenario planning to deliver life-saving humanitarian assistance. **The details are given in the table below.**

## Scenario planning and responses to major humanitarian challenges

COVID-19 transmits across a very broad geographical area	Security situation limits access in certain areas	Urgent humanitarian needs remain and are further aggravated due to the escalation of inter-factional fighting and severe cold weather	Strict economic sanctions and high inflation disrupt the supply chain of essential commodities
<p>The COVID-19 virus further complicated the situation in Syria and impacted the ongoing lifesaving and non-lifesaving humanitarian actions. SARC developed its capacity and skill in providing key humanitarian support and remains one of the largest organizations with access to people in need in Syria.</p> <p>Also, SARC developed and implemented one COVID-19 response plan which was supported by different partners, including IFRC. IFRC continued its support for SARC's COVID-19 response plan through its global COVID-19 Emergency Appeal. SARC continued its engagement with the Ministry of Health to implement the COVID-19 response plan.</p>	<p>The ongoing conflict especially in some parts of the North-East and West has limited the access of SARC's volunteers to implement activities in certain situations to affected communities.</p> <p>The IFRC security plans apply to all IFRC staff throughout Syria. An area-specific Security Risk Assessment was conducted for the operational areas and risk mitigation measures were put in place in advance. Specific guidance on immediate actions in the event of an attack was disseminated to all staff and volunteers. Close security coordination with the SARC, ICRC, and PNSs observed through regular information-sharing channels. All SARC staff and volunteers were encouraged to complete the IFRC Stay Safe e-learning courses, i.e., Stay Safe Personal Security, Stay Safe Security Management, and Stay Safe Volunteer Security online training. Insurance coverage was provided to volunteers involved in the operation.</p>	<p>Security and donor situations are worsening. With the high number of geo-political factors influencing the Syrian conflict, there was always a high level of unpredictability that affected civilians.</p> <p>SARC together with the Movement partners continued implementing emergency response activities. Through this extended timeframe of the Emergency Appeal, IFRC continued supporting SARC's humanitarian response and programmes across the country, recognizing the huge humanitarian needs.</p>	<p>From the last quarter of 2019 until the present, it has been a particularly fluid time in Syria, with increased sanctions, and the accompanying effect of inflation led to a sudden rise in prices, where the Syrian pound increased from 400 SYP to 2,500 SYP against USD.</p> <p>IFRC Country Delegation together with IFRC MENA and Geneva office worked closely on a mechanism to ensure the transfer of funds to Syria, explored local procurement options, as well as signed a new framework of agreements with the suppliers.</p>

## Risk Analysis

The security situation remained volatile and access to areas was changing throughout implementation. Since the beginning of the crisis, humanitarian access has been challenging and dangerous, restricted either by violence or by parties to the conflict denying access. The shifting frontlines and changing allegiances led to unpredictable and ever-changing power structures, which in turn affected the negotiation of humanitarian access. SARC, supported by the Movement partners led by ICRC, ensured close dialogue with armed groups and parties to the conflict for the safety and security of volunteers, staff, and aid goods wherever it was possible. The issue of sanctions imposed on Syria, although not targeting humanitarian actions, has had a devastating effect on the well-being and food security of Syrians in general, with food prices rising steeply since the last quarter of 2019.

For IFRC and other Movement partners, the risks below remained common for all interventions irrespective of projects.

## Operational risks and mitigation actions

Risk	Mitigating action
Volatile and further deteriorating security situation	Appropriate security measures were put in place, with regular monitoring of evolving security situation in the country. The overall situation was continuously evaluated through regular security meetings with the Movement partners, with security analysis inputs by the ICRC Syria delegation, IFRC MENA security, and informed by external sources, such as the UN agencies.
The economic sanctions and accompanying inflation negatively impact financial transfers and tendering process	Financial transfers were closely coordinated through IFRC MENA regional delegation, and local procurement was considered where possible. Flexible funding was requested from donors, with extended timeframes.
COVID-19 pandemic outbreak in broad geographical areas and infection of staff and volunteers	Immediately after the outbreak of the pandemic, preventative measures were implemented as per government standards, which included rostered staff attendance in offices while others worked from home. Personal protective equipment continues to be provided to all staff and volunteers and SARC is engaging in risk communication and community engagement related to COVID-19 awareness and vaccine hesitancy. SARC ensured vaccination of its front-line staff and volunteers by the end of 2021.
Violent extremism limits access to certain areas	<p>SARC/IFRC assessed every context carefully and considered the suspension of activities as needed on a case-by-case basis. SARC also coordinated with the ICRC and local authorities for safer access. SARC relied on branch volunteers and local communities to facilitate access and movement of relief items and HQ staff to hard-to-reach locations. Working through volunteers who are part of the community themselves increases acceptance.</p> <p>Further actions included adherence to security rules, detailed procedures in place for field missions, and aborting missions where necessary, as well as advocating the IHL and the Humanitarian Fundamental Principles together with ICRC, IFRC, and other partners.</p>
Institutional sustainability of SARC weakened due to funding constraints	Difficulties in receiving multi-year commitments from partners/donors had a significant impact on the sustainability of SARC's programmes and operations, including running costs, especially retention and timely payment for operational staff and volunteers in sub-branches and

	<p>branches. IFRC advocated with partners for multi-year funding to allow more predictability in funding streams.</p> <p>SARC is undertaking continuous institutional gap analysis and negotiates with partners to fill these. A sharp decrease in funding after sanctions in combination with steep price increases triggered a closely coordinated planning and budgeting process between SARC's partners to secure the continuity of SARC's most critical services.</p>
Perception of Fundamental Principles jeopardized	In a protracted crisis, it was very challenging for SARC to manage perception around its neutrality and impartial image. SARC's incoordination with ICRC, IFRC, and in-country PNSs developed key messages for external audiences and posted pictures related to various humanitarian works through its official Facebook page.
Adverse weather; especially harsh winter season, floods, and droughts	SARC and IFRC monitored the weather forecasting and adjusted operational activities accordingly. Also, IFRC coordinated with the Movement partners to respond to various weather-related emergencies such as winterization relief packages, floods, and drought responses based on need. IFRC mobilized financial resources, with technical support through DREF operations.
Disrupted and delayed procurement and supply chain	<p>SARC and other Movement senior officials keep a regular dialogue with authorities to facilitate international procurement of goods when needed and following appropriate procedures. Partners supported a coordinated logistics supply chain system and participated in the logistics cluster meetings.</p> <p>IFRC recruited logistics and procurement delegates based on the need to facilitate the procurement process and supported SARC to strengthen its local procurement capacity and sign new framework agreements.</p>
Operational capacity of SARC staff and volunteers is weakened due to burned-out under the extreme operational context	<p>Staff and volunteers received adequate management and support, including psychosocial support, training, and fit-for-purpose equipment and tools.</p> <p>There has been a scarcity of qualified staff due to the ongoing crisis in the country. SARC took measures to build capacity through various trainings and incentives to retain its core staff.</p>

## B. OPERATIONAL STRATEGY

### Proposed strategy

IFRC launched this Emergency Appeal in response to the crisis in July 2012, to enhance SARC's operational capacities and delivered essential humanitarian assistance to the most vulnerable population affected by the decade-long crisis. In support of this overarching objective, the strategy also sought to mobilize resources to provide SARC with a level of flexibility to meet the ever-changing situation in delivering lifesaving aid to vulnerable communities across Syria, including areas that are hard to reach for various and often complex reasons. Resources mobilized through this Emergency Appeal were an integral part of SARC's strategy of response and have complemented the bilateral support that SARC had received from the Red Cross Red Crescent (RCRC) Movement partners and other larger partners, such as the World Food Programme (WFP) and other UN agencies.

As the needs increased with the changing security situations and displacement of people, SARC adjusted its response strategy and accordingly **IFRC revised and adjusted the operational needs in terms of financial**



**resources and the timeframe of this emergency appeal.** Such revisions were done in consultation with the SARC, partners, and IFRC regional and Geneva offices on nine occasions. Through these revisions, IFRC continued supporting flexible humanitarian response and programmes across the 14 governorates of the country based on **one plan and budget approach**, recognizing the massive response operation that SARC had mounted with partners from inside and outside the RCRC Movement. An increased focus was placed on **strengthening the operational and organizational capacities** for delivering the services that SARC prioritized, based on the criteria of its mandate and the needs of the people.

The IFRC, ICRC, and PNSs supported SARC across many different thematic areas, both programmatically and institutionally. The model below briefly summarizes the IFRC's collective support, based on SARC's priorities within its Strategic Plan 2020 –2022. As such, it relied on three pillars:

**1. *Ensure coordinated provision of lifesaving and life-sustaining humanitarian assistance through:***

Safeguarding the relationship that SARC has with affected communities it has served so committedly over the past ten years. The Emergency Appeal, which was extended until the end of December 2021 enabled IFRC to continue the same basic level of support in most of the areas that were targeted.

- **Emergency relief:** supported SARC's relief operations by maintaining the provision of **standard family food parcels and canned food parcels** for response to sudden displacements, returns, and convoy operations. The emergency response needs also provided **special kits for children**, designed to cover their needs during winter, as well as core relief items, such as tarpaulins, blankets, and mattresses to the communities. The overall concept of IFRC support for relief items was to support SARC's timely and flexible response model to meet immediate needs.
- **Emergency health services:** supported SARC's primary and emergency **medical services** for people in areas with limited access to such services, or for those who were still experiencing the direct humanitarian consequences of the crises.

**2. *Enhance SARC's capacity to support early recovery efforts and contribute towards improving the resilience of vulnerable people:***

SARC's **food security and livelihoods** programme continued, and through careful reviews and pilots, plan out how to broaden its scope and sustainability. IFRC and partners introduced new methodologies, including cash-based interventions and documenting their impact and shared learning from the programme.

**3. *Ensure coordinated tailor-made NSD support and migration from Emergency Appeal to Country Plan:***

- As the context evolved, so does the need. IFRC discussed with the partners a collective approach to respond to the protracted crisis and look into the future path of SARC, with less support for operations and increased efforts on NSD. The increased SARC's operational and structural capacity was complemented by a longer-term sustainability approach through operational capacity building and coordinated organizational development for SARC's headquarters, branches, and sub-branches. This approach focused on leadership development, branch development, volunteer development, and financial sustainability, complemented by enhanced SARC's response preparedness through Preparedness for Effective Response (PER). IFRC continues to apply a multi-track approach that addresses immediate life-saving humanitarian needs in parallel with investing in recovery interventions to reduce aid dependency and a strong emphasis on localization. The annual [Syria Crisis Country Plan](#) embeds this multi-track approach and became a way-forward working platform for all IFRC humanitarian interventions in the country.
- Federation-wide support works on consolidation and refocusing of existing programmes in line with the five result areas of the SARC Strategic Plan. The proposed intervention was capitalized on successful Movement and shared leadership approaches developed during past years. Several examples include enhanced operational logistics and capacity building with German and Danish Red Cross; cash and voucher assistance

interventions with British Red Cross; NSD in emergency with IFRC, Danish, German, and Swedish Red Cross; finance development, essentially a Norwegian Red Cross endeavor where the IFRC facilitated obtaining licenses for software; health with Canadian, Danish, Finnish, French, Swedish, and Swiss Red Cross; Swiss and German Red Cross with logistics surge, COVID-19 response, among others. ICRC and PNSs will continue to contribute coherent support to SARC across different thematic areas, both programmatically and institutionally, primarily to ensure SARC's capacity to keep delivering lifesaving assistance addressing critical humanitarian needs whenever and wherever needed.

Through this operation, IFRC supported SARC to scale up its activities in coordination with other Movement partners. This increased the need to expand infrastructure, organizational running costs, and technical assistance. The appeal contribution enabled SARC to maintain its infrastructure and administrative functions including core human resources (HR) positions and equipment. IFRC collaborated with the in-country PNSs and the regional delegation for continued operational and technical assistance. As part of the implementation strategy, IFRC supported the key position of the SARC operation team and covered HR costs of 297 core positions at HQ, 14 branches, and 17 sub-branches. IFRC prioritized its focus to strengthen SARC infrastructure (health facilities, warehouses, office facilities) damaged during the protracted crisis. IFRC supported the establishment of SARC's warehouse, information management (IM), reporting, communication, and community engagement and accountability (CEA) capacities of SARC HQ and branches. The capacity-building trainings provided to staff and volunteers improved their operational capacity to capture and analyze data for informed decisions on the response operation, as well as maintained a two-way communication approach for sharing information with the target communities and general public. IFRC had commissioned a number of evaluations and reviews to assess the impact, speed, and quality of humanitarian assistance on affected communities and captured key challenges and lessons learned. Since 2017, IFRC worked closely with the SARC and other MENA National Societies to update Movement-wide data related to Syria Complex Crisis through the Movement-Wide Reporting (MWR) mechanism. Several rounds of data were collected against key indicators and updated. These activities were critical for information sharing, as well as the accountability with our partners and other stakeholders.

IFRC, through coordination meetings at the country level and partners meeting at the regional level, ensured sharing of information with the Movement partners. IFRC also supported SARC in its coordination mandates and participated in the cluster meetings, sectoral working group meetings, and Humanitarian Country Team (HCT) meetings for sharing information with external stakeholders in the country.

## **C. DETAILED OPERATIONAL PLAN**

Achievements reported under each thematic sector provide an overview of the overall results in terms of people assisted with different services through this Emergency Appeal since July 2012. The results against each set of indicators reported below are in line with the last revised Emergency Plan of Action (EPOA), which was done in December 2020. This applies to all relevant outputs under each thematic sector below. More than 10 million people received different services delivered by SARC through this appeal. The nature of the crisis was such that the same group of the affected population had accessed SARC services multiple times during different years; especially families who were displaced multiple times due to recurring crises. Further details on results achieved under each sector between July 2012 to November 2020 can be found in the previously published operations updates [here](#).



## Shelter

**Total people reached between July 2012 to December 2021: 1,941,765 people**

Male: 912,630

Female: 1,029,135

**People reached as per the latest revision: 32,402<sup>15</sup>**

Male: 15,437

Female: 16,965

### Outcome 1: Communities in disaster and crisis-affected areas restore and strengthen their safety through emergency household items provision

Indicators <sup>16</sup> :	Target	Actual
# households provided with emergency shelter and settlement assistance	10,000	10,000

### Output 1.1: Short and medium-term shelter assistance is provided to affected households

Indicators:	Target	Actual
# households provided with emergency shelter and settlement assistance	10,000	10,000
# of people provided with emergency shelter items	110,000	21,841
# of children provided with winterization kits	30,000	10,561 <sup>17</sup>

### Narrative description of achievements

SARC is one of the leading humanitarian agencies in providing non-food relief items (NFIs) to vulnerable IDPs, returnees, and conflict-affected communities throughout the country. As part of the Emergency Appeal, IFRC supported SARC to distribute a range of NFIs, especially blankets, tarpaulins, sleeping mattresses, quilts, mats, kitchen sets, dignity kits, and winter clothes that met the basic shelter needs of the affected population. In July 2012, IFRC released relief items to fill urgent gaps in needs, as they arise and to complement ICRC distributions to displaced Syrians in the central and north eastern regions, in Rural Damascus. Provision of relief items remained one of the critical supports that was ensured through the IFRC Emergency Appeal to families displaced multiple times and living in camps, IDPs, returnees, and conflict-affected families throughout the country. The provision of NFIs remained a lifesaving priority for these families. Relief items, such as NFIs provided by SARC, helped them to ensure some degree of safety in the absence of adequate housing. Since July 2012, SARC distributed 1,172,858 different types of NFIs as shelter relief, reaching out to 1,941,765 people (47% were male and 53% were female).

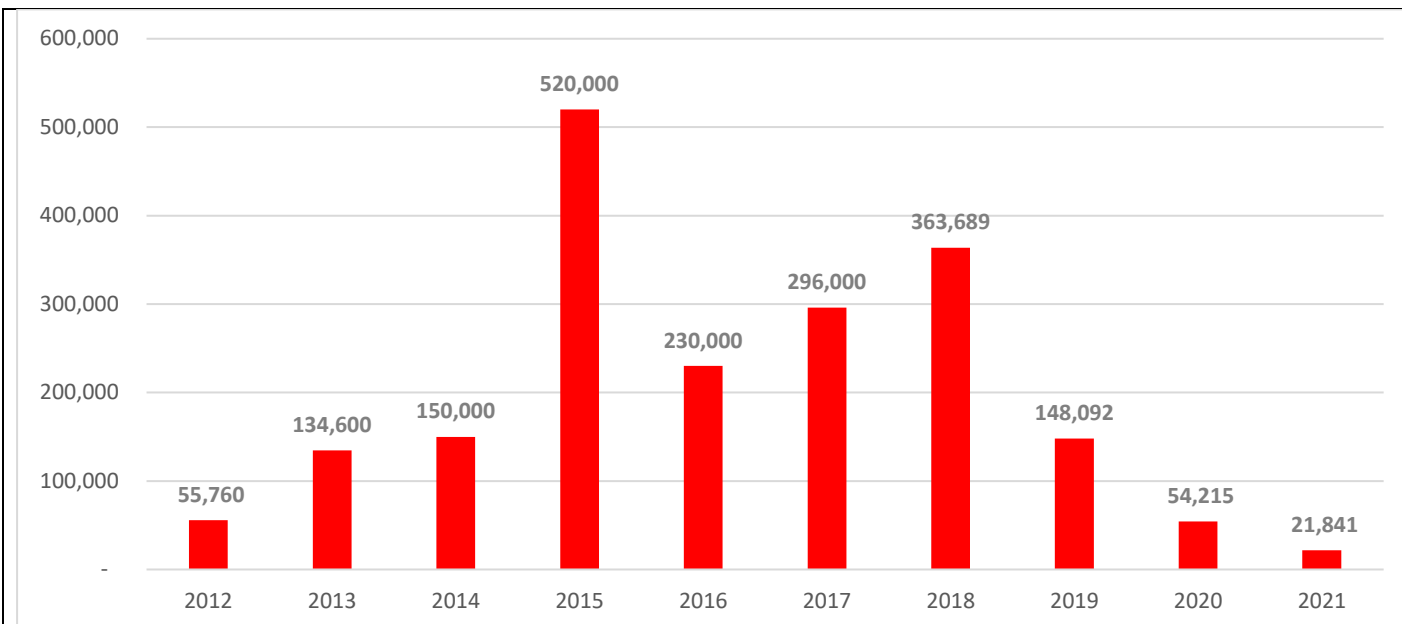
**The number of people supported since July 2012 is given in the graph below.**

### People who received shelter/NFIs assistance

<sup>15</sup> Achieved as part of the activities supported through last revised Emergency Appeal.

<sup>16</sup> The set of indicators and its target vis-à-vis actual progress are reported as per the latest revised EPoA 2020.

<sup>17</sup> boys: 5,227 (49%) and girls: 5,334 (51%)



In 2021, SARC provided shelter-related materials to 10,000 households to protect their dignity, privacy, and health. SARC procured 20,307 different NFIs, of which 16,376 items were distributed in 2021 and 3,931 blankets and kitchen sets were prepositioned in the warehouse for further distribution. Prepositioning standardized relief items allowed SARC a timely response until further assistance became available. A total of 21,841 people (10,210 (47%) males and 11,631 (53%) females) benefited from the distribution of NFIs.



*Figure 2: A girl after receiving SARC NFI assistance. A significant number of vulnerable populations benefited from the NFIs provided by the SARC. Prepositioning of NFIs at strategically located warehouses provided flexibility to SARC branches to respond to the evolving*



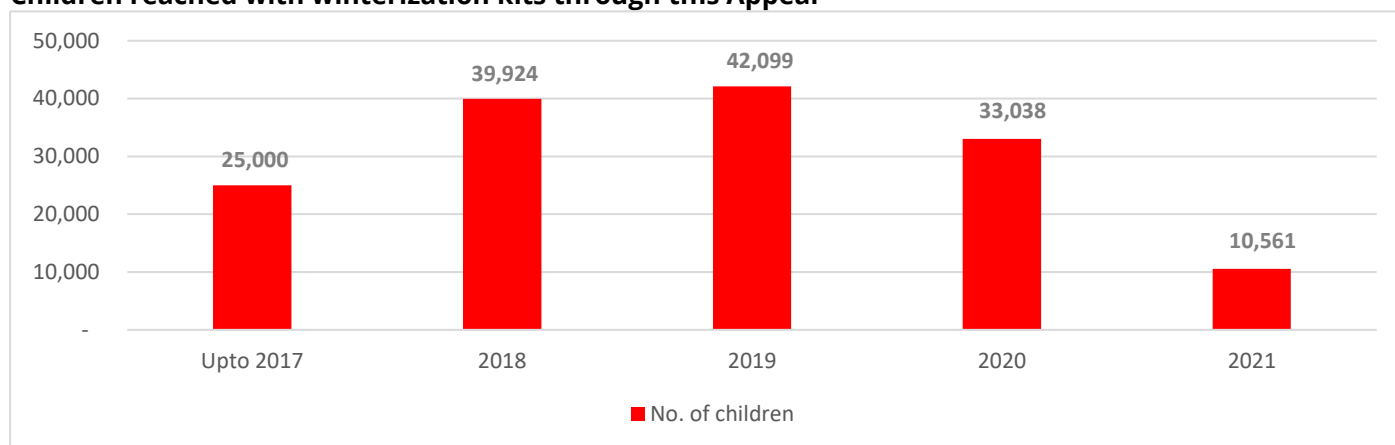
needs until further assistance was available. The relevance of SARC's relief assistance to affected families was well recognized since the beginning of the Syrian crisis. **Photo: SARC**

The living conditions during the winter seasons were extraordinarily harsh for many families in Syria, both displaced and non-displaced, due to the severe shortage of heating facilities, fuel, and electricity. In order to support the specific needs of babies and children, SARC started distribution of baby kits and school kits supported by different partners, in the last quarter of 2013. IFRC support for winterization kits was part of the SARC's overall distribution plan for the winter clothes in the North East regions. Content in each winterization kit is listed in the table on the right.

Quantity	Winter Kit Contents
1	Rain boots (pair)
2	cotton socks (pair)
1	winter cotton underwear (unit)
1	winter jacket (piece)
1	wool scarf (unit)
1	wool hat (unit)

These items were procured following the standard procurement process and delivered to SARC warehouses. IFRC provided coordination and technical support to SARC team and coordinated with the in-country Movement partners and provided required logistic services related to procurement and distribution as well. During the reporting period, SARC provided winterization kits to 150,622 children (52% were girls and 48% were boys) across 11 governorates (*Aleppo, Hama, Homs, Lattakia, Idleb, As-Sweida, Damascus, Quneitra, Deir-Ez-Zor, Daraa, and Tartous*). **The details are given in the graph below.**

**Children reached with winterization kits through this Appeal**



In autumn 2021, winter support was among the top three most critical needs reported by respondents to the SARC survey in Lattakia and Tartous. Not being able to provide for the needs of their family members during the winter season also caused psychological distress for breadwinners in the household. At least 2.4 million children remained out of school in 2021<sup>18</sup>. SARC, with the support of IFRC in 2021, prepositioned 9,254 winterization kits, each containing a winter jacket, rain boots, a wool hat and scarf, winter-long underwear, and socks, for two to fourteen years old children. These kits were distributed in the first quarter of 2022, of which 700 were distributed in Damascus, 2,779 mobilized for Ar-Raqqa, and 5,775 kits for Deir-Ez-Zor, respectively. In addition, a total of 1,307 boys and girls among vulnerable internally displaced and returnee families in Rural Damascus and Quneitra received winter clothing in 2021.

<sup>18</sup> HNO 2022



*Figure 3: A child from one of the programme areas carrying SARC winterization kits in Al-Raqqa. The kit was procured in 2021 and repositioned for the 2022 winter season. With the return of the cold waves, children from the vulnerable families suffered the most, SARC distributed winter clothes to protect children aged between 4 – 14 years old with the support of IFRC Appeal, as part of winterization support. The provision of winter clothes for vulnerable children and babies in conflict-affected communities is still a life-saving priority. **Photo: SARC***

Distribution plans and locations were based on needs assessment and SARC's local knowledge of conditions in the communities through its regular monthly humanitarian assistance operations. The area targeting was also closely coordinated with SARC's other partners, including UNICEF and ICRC, as well as other agencies, in order to meet the most critical gaps and avoid duplication. Assistance was prioritized for newly displaced vulnerable families (including people displaced multiple times), people living in hard-to-reach areas and sub-standard shelters, spontaneous and self-organized returnees, as well as people in newly accessible locations who have not been assisted in the past. Appropriate winter clothing was vital for children's health, access to school, and participation in child-friendly activities undertaken by SARC in their localities. One of the reasons for children not attending school during the winter reported to SARC was the lack of winter clothes and winter boots. The winterization kits furthermore allowed parents and caretakers to manage their scarce resources on other essential items, such as food.

More details on relief/NFIs and winterization support is available on published operations updates [here](#).

## Challenges

- In the initial stage of the operation, unpredictable cuts in road access and communications in certain areas had a direct consequence on the operation. IFRC, together with SARC, looked into alternate supply routes, and SARC decentralized its warehousing facilities to keep the supply pipeline running, particularly to affected areas in the north.

- The shifting and growing nature of the crisis in Syria led to the unpredictable movement of IDPs, with people moving to new places. This posed several challenges for the SARC operation team, including beneficiary registration and implementation of scheduled distribution. At the same time, another factor affecting the distributions was related to the escalation of violence and the changes in frontlines that resulted in road closures for main distribution routes. At times of poor security, distribution plans were rescheduled, and this resulted in the delayed distribution of NFIs and food items to the target population. SARC volunteers in branches worked directly or in partnership with the local NGOs and communities to ensure access to IDPs and those trapped by fighting. They also adopted a consistent information management procedure for the beneficiary registration to collect and report beneficiary numbers.
- The Syrian local currency has been rapidly losing its value, with the exchange rate to the US dollar having changed from SYP 54 in 2011 to SYP 2,500 in 2021, which is more than 4,000% higher. This affected the prices of transportation, fuel cost, as well as basic commodities. The rapid fluctuation in the exchange rate had an impact on local procurement, whereby prices offered were valid for a very short period.

#### Lessons Learned

- The establishment of Framework Agreements for Food and NFIs took much longer to establish than anticipated. This, together with the need to reinforce a solid supply chain management system, remained one of the key priorities for IFRC and Movement partners in supporting SARC's overall logistics and procurement capacity.
- Flexible funding and prepositioning of relief stocks including NFIs have led to a faster response and better targeting.



### Livelihoods and basic needs

**Total people reached between July 2012 to December 2021: 6,361,174**

Male: 3,116,975

Female: 3,244,199

**People reached as per the last revision: 40,595<sup>19</sup>**

Male: 17,846

Female: 22,749

#### Outcome 1: Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods

Indicators <sup>20</sup> :	Target	Actual
# of people reached by food security and livelihoods initiatives, including emergency response	479,500	40,595

#### Output 1.1: Vocational skills training and productive assets to improve income sources are provided to target population.

Indicators:	Target	Actual
# of people trained in vocational skills trainings or receiving assets to increase their income sources	900	1,098

#### Narrative description of achievements

<sup>19</sup> Achieved as part of the activities supported through last revised Emergency Appeal.

<sup>20</sup> The set of indicators and its target vis-à-vis actual progress are reported as per the latest revised EPoA 2020

In order to restore the livelihoods of displaced families and affected host communities, through this Appeal, IFRC worked with SARC to improve the operational and institutional livelihoods capacity of SARC, in close coordination with

ICRC and in-country PNSs. In 2015, together with the Movement partners, IFRC supported SARC to put a livelihoods structure in place, in order to appropriately coordinate a coherent and consistent approach to livelihood interventions. IFRC piloted various livelihood training sessions for SARC staff and volunteers to build their skills and capacity, and also supported key livelihood positions at HQ and branches. Since then, SARC's livelihood unit has been steadily increasing and scaling-up implementation with support from other partners.

In 2021, IFRC continued its technical support to SARC in developing its strategic direction for the livelihood initiative, as well as guidance in project design, implementation strategy, supervision, and monitoring. Also, IFRC supported SARC's livelihoods structure at the HQ and branch levels. The SARC livelihoods team from HQ oversaw the implementation and monitoring visits to the target communities to follow up on the relevance of the livelihood programmes, reinforce accountability, improve the intervention, and identify and prevent any deviation from the plan.

Between 2016 and December 2021, a total of 578 SARC staff and volunteers received different types of capacity-building training. The details are given in the table below.

#### Livelihoods capacity building trainings for SARC staff and volunteers

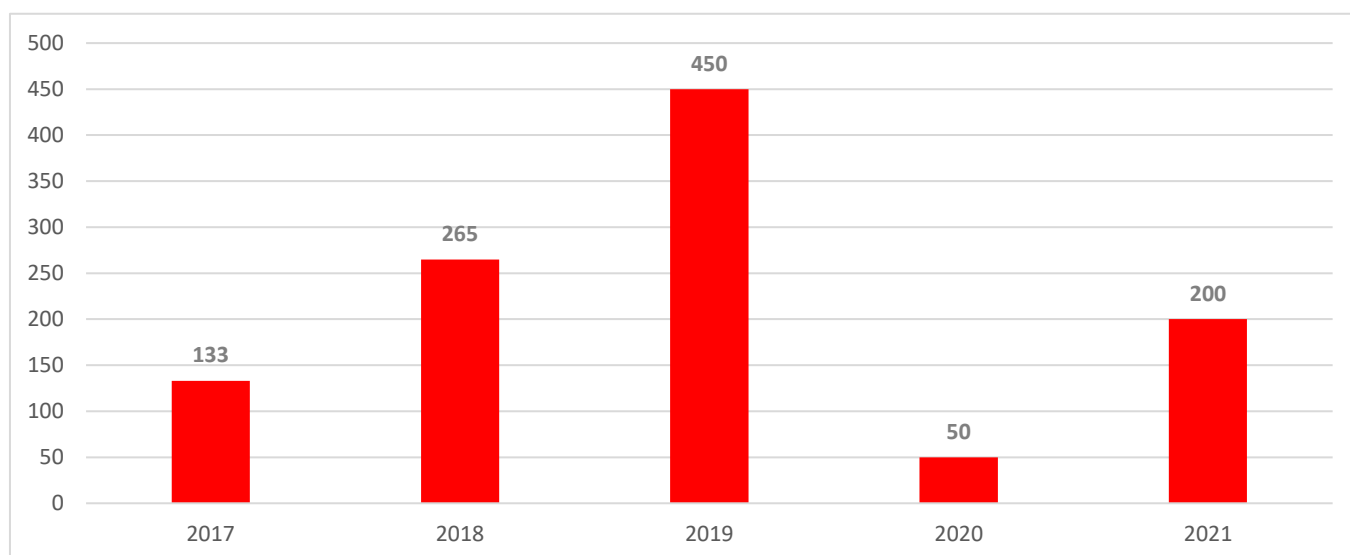
Training	Number of staff and volunteers	Year of the training
Livelihoods Programming Training	526	In 2016: 181 In 2017: 121 In 2018: 132 In 2019: 32 In 2020: 38 In 2021: 22
Livestock Emergency Guidelines and Standards (LEGS) training	22	In 2021
Training of Trainer (ToT)	8	In 2021
Early Recovery Livelihoods Assessment (ERLA)	22	In 2021
<b>Total</b>	<b>578</b>	

In October 2015, SARC conducted a livelihoods feasibility study to assess the livelihoods needs. This was supported by the British Red Cross. After this study, SARC and IFRC prioritized 11 potential livelihoods pilot projects in Aleppo, Lattakia, Hama, Homs, and Rural Damascus. Out of 11 projects, 4 were supported by ICRC in 2016 with IFRC technical support, as per the agreement between SARC, IFRC, and ICRC. SARC started the livelihoods project pilot after recruiting a livelihoods coordinator at HQ, who worked closely with the community centers to implement different vocational training sessions. IFRC-supported pilot vocational training kicked off between December 2017 and June 2019. A total of 398 individuals completed the training sessions in the pilot phase and received tool kits to begin income-generating activities in their respective fields. Most of the participants selected were between 20 and 28 years old. In addition, youth, with solid knowledge, motivation, and previous experience but lacking the initial financial capital to restart their economic activities were supported. After completing the pilot phase of the vocational training, SARC headquarters, along with the technical support of the IFRC, implemented full-phased vocational skill training sessions in Aleppo, Hama, Damascus, Rural Damascus, and Latakia governorates, including in the three SARC community centres (At-Tall, Bab Amr and Ghizlaniya) between July 2019 and December 2021. The community centers focused on youth, whereas governorate-level vocational training targeted vulnerable households, IDPs, and returnees. The training



curriculum covered various traditional handicrafts and local business activities, with the provision of an initial set of inputs that helped them to restart their livelihoods. A total of 700 individuals were trained from community centers (50), Damascus (150 (105 women and 45 men, of which 52% were under 35 years and 48% above 35 years)), Aleppo (100 (20 women and 80 men, of which 60% were under 30 years and 40% above 35 years)), Hama (300 (251 women and 49 men)), Lattakia (100 (60 women and 40 men, of which 38% were under 30 years)). After successful completion of the trainings, 698 participants received the tool kits to restart their economic activities. From the results of post-distribution monitoring and end-line surveys, it was found that SARC interventions positively contributed to family income, which in turn, helped them meet the cost of basic needs, such as food and medical care. Between November 2020 and December 2021, SARC trained additional 200 individuals (Hama: 100, Lattakia: 100) with vocational skills, out of which, 532 (40%) were women, 549 (60%) were men, and 97% were returnees. The tool kits were already delivered to the SARC warehouse and the distribution was delayed due to transportation approval and the worsening fuel crisis in the country. The kits will be distributed to each participant in 2022 to restart new economic activities. The total number of households that benefited through the vocational skill training and distribution of tool kits is given in the graph below.

**People trained in vocational skill development and received start-up support from SARC through this appeal between December 2017 to December 2021**



A total of 1,098 individuals benefited through the pilot and scale-up phase of the vocational trainings. This includes 448 through SARC community centres, 100 from Aleppo, 150 from Damascus, 300 from Hama, and 100 from Lattakia governorates. The vocational training course covered a wide range of economic activities considering local demand and economic opportunities such as mobile repairing, embroidery, tailoring, hairdressing, sewing, clothes, handbag manufacturing, dairy products processing, upholstering, sweet candies, electrical repairing, wooden handicrafts, traditional copper crafts, glass painting, leather industry, carpet manufacturing, plumbing, aluminium works, ladies hairdressing, nail, and acrylic care. The tool kits were procured following standard IFRC international procurement procedures.



Figure 4: Participants learning electricity installation process during the Latakia vocational training session. The tool kit was distributed in March 2021. The vocational training projects have a positive impact not only through improving the skills and the assets of the beneficiaries, but also in terms of increasing the self-confidence of the beneficiaries, promoting cooperation between them, and expanding their social network in the community. This is a significant value addition given many beneficiaries face a high level of distress and concerns due to their inability to cater to the needs of their children and family members. **Photo: SARC**

#### Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicators:	Target	Actual
# of people reached with emergency food assistance	60,000	13,217

#### Narrative description of achievements

Multiple displacements as a result of the protracted crisis and current economic crisis have pushed more Syrian people to the brink of poverty, with limited access to food and livelihoods. Since the beginning of the crisis, IFRC Appeal prioritized the provision of food parcels for the displaced families waiting between the border crossing points, living in camps, and returnees, especially women and children. The relevance of SARC's food assistance remained a lifesaving priority in all affected communities. IFRC continued to provide SARC with food for emergency provision, which was integral to the overall food assistance strategy of the National Society and

supports the general food assistance provided by other partners, such as WFP. Food parcels, supported by the IFRC appeal were released to fill urgent gaps in needs and to complement SARC and ICRC distribution. This gave flexibility to SARC and urgent support to people, who may not have been included in the longer-term food assistance strategies of other partners.

From 2012 to 2021, IFRC Appeal supported the procurement of 1,732,651 food parcels that were sufficient to cover the emergency food need of more than 6 million people. Each food parcel was meant to cover the majority of food needs for a family of five for one month, reaching, in 2021, a total of 13,217 people (men: 4,307 (33%), women: 8,910 (67%)). SARC, through its branch and community-based volunteers, distributed canned food parcels and standard food parcels. SARC pre-positioned 3,497 food parcels in January 2021. While funding for food parcels remained challenging and often fell short of the target, the sharp price increase of food items over 2021 (year-on-year price inflation reached almost 90%) resulted in the procurement of fewer food parcels than originally planned. The details are given in the below graph between 2012 to 2021.

IDPs and returnee families which is 83% of the total food parcel beneficiary received RCRC emergency food assistance

**Food parcel distribution trend and people number of people benefited during different years**

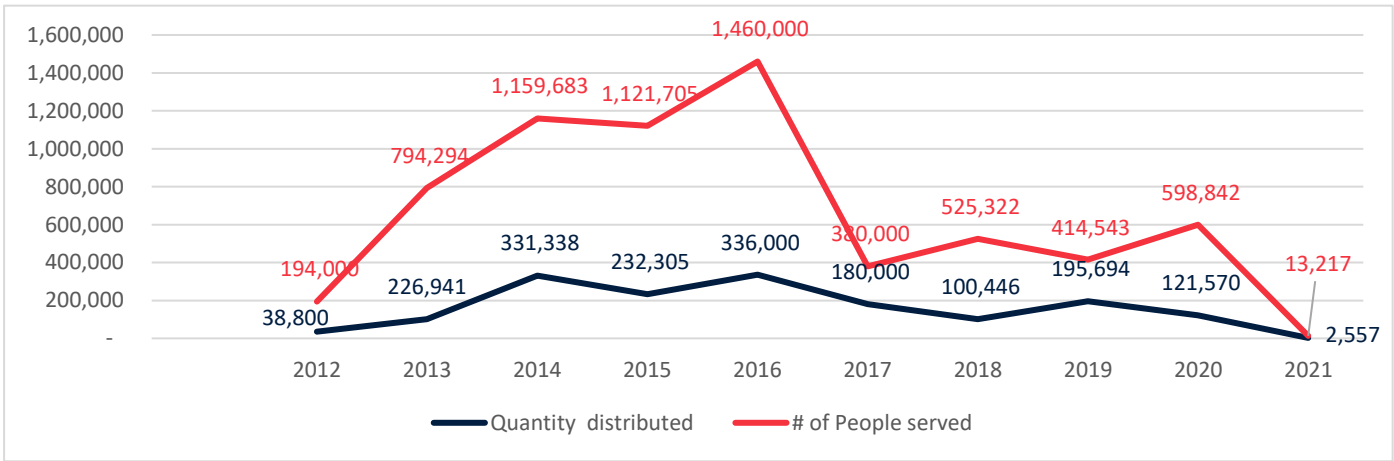




Figure 5: Distribution of food parcels along with other relief items by SARC volunteers. Photo: SARC

Distribution of food parcels procured through IFRC Appeal focused in the Central and North-Eastern part and the Rural Damascus. These areas have been experiencing a higher number of IDPs since July 2012. From 2013 to 2016, the demand vis-a-vis distribution of the number of food parcels almost doubled compared to 2012. IFRC had also supported the provision of nutritional items since 2016 based on need. The main items distributed were baby milk, specific multivitamins, micronutrients, and high-energy biscuits to 68,522 children and lactating women. Between June 2019 and June 2020, IFRC supported the distribution of plumpy nuts for 163,726 babies.

**Output 1.3: Household livelihoods security is enhanced through food production and income-generating activities**

<i>Indicators:</i>	<i>Target</i>	<i>Actual</i>
# of households supported to improve household food production	25,000	3,856
# of households supported for income-generating activities	10,000	8,128

**Narrative description of achievements**

Since 2017, IFRC continued its support to SARC's livelihood interventions in Aleppo, Al-Hassakeh, Hama, Homs, Idleb, Rural Damascus, and Quinetra governorates. SARC implemented home gardening, livestock, community land rehabilitation projects, and other income-generating activities, which supported 18,895 crisis-affected households (117,812 people) to improve their food production and income sources, especially the returnees and IDPs who lost their livelihoods. In 2021, SARC continued its support through livelihood interventions focused on the restoration and protection of the disrupted livelihoods of affected households and communities. Detailed livelihoods interventions supported between 2012 to 2021 are given in the table below.

**Key livelihoods intervention supported through this Appeal**



Livelihoods intervention	Number of Households	Total people reached	Remarks (governorate name and number of households)
Home gardening support with vegetable kits	14,968	93,740	Damascus: 500, Deir-Ez-Zor: 868, Idleb: 1,600, Hama: 5,000, Hassakeh: 1,000, Homs: 2,000, Rural Damascus: 3,000, and Quneitra: 1,000
Livestock support with sheep distribution	700	4,178	Aleppo: 150, Homs: 200, Hama: 125, Rural Damascus: 125, Sweida: 100
Livestock support with poultry farming	200	937	Quneitra: 200
Community land rehabilitation	2,621	16,717	Homs: 233 Deir-Ez-Zor: 2,388
Dairy products processing for women head households	78	432	Deir-Ez-Zor: 78
Dairy products processing for women head households	78	402	Daraa: 78
Beans and peas	100	557	Quneitra: 100
Protection of livelihoods (CVA intervention)	150	849	Rural Damascus: 150
<b>Total</b>	<b>18,895</b>	<b>117,812</b>	

During June and July 2018, SARC conducted assessments in Hama, Homs, Aleppo, Rural Damascus, and As-Sweida governorates. Key stakeholders, including community leaders, affected families, and members of the agricultural directorates, were interviewed to identify geographic areas, needs, and major problems, as well as possible solutions. The home gardening kits contents were agreed-on and standardized in cooperation with the ICRC, in order to provide a consistent quality of assistance to households across Syria.

**Home gardening and vegetable production projects:** The home gardening food production focused specifically on the provision of an initial set of inputs, which helped the target households to quickly improve their household food availability and income. The areas of intervention and the related needs were identified in coordination with the Ministry of Agriculture and Agrarian Reform (MoAAR). The areas selected for this intervention were Aleppo, Al-Hassakeh, Hama, Homs, Idleb, Rural Damascus, Quneitra, and Latakia governorates. Each target household of the gardening project received gardening tools, fertilizer, and a vegetable kit composed of varieties of vegetable seeds for the summer and winter seasons. The content of the kit was decided considering the geographical location and commonly used vegetables. A total of 14,968 households (93,740 people) benefited through home gardening support under the IFRC appeal.

In 2021, people from Deir-Ez-Zor and Idleb were selected in close coordination with the local authorities (Directorates of Agriculture). A total of 868 households (4,340 people) were selected. The kits were purchased at the end of 2021 and will be distributed in 2022.



Also, a total of 100 households in Quneitra (557 people) were selected to contribute to the restoration of their livelihood activities and the reduction of their long-term vulnerability, as well as to support them through the distribution of bean and pea seeds and fertilizers to develop their economic activities and improve their standard of living. Each target household will receive 40kg of bean seeds, 40kg of pea seeds, and 40kg of fertilizer that will be distributed in 2022.

**Livestock project:** SARC's livestock support under IFRC Appeal contributed to restarting the livelihoods activities, reducing the vulnerability of affected households in the long term, and receiving livestock inputs including sheep and poultry support. During the reporting period, the livestock project supported 900 affected households who live permanently in target communities of Aleppo, Rural Damascus, Swedia, Homs, and Hama governorates.

A total of 1,250 households from Hama (425), Aleppo (150), Rural Damascus (125), Al Sweida (100), Homs (200), and Lattakia (250) received further in-kind support between 2018 to early 2020. Criteria for the selection of families vary depending on vulnerability and capacity criteria in the selected communities. IDPs and returnees together represent 59.8% of the total households. A total of 7,201 people (35% were women head of the household) benefited through sheep distribution assistance. All the assisted people were returnees in Aleppo and Hama, while in Swedia mainly affected host communities, in Homs and Rural Damascus both IDPs and affected host communities.

The project provided the following in-kind inputs identified by the communities through a participatory approach:

- 2 pregnant sheep
- 600 kg of feed (200 kg every two months)
- Veterinary services (medicines and vaccination)
- Technical support by SARC HQ Agriculture and Veterinarian Officer and SARC Volunteers.

Additionally, 200 households (937 people) from the Quneitra governorate received SARC poultry assistance for income generation activities. Of these, 77% of the households were from the host community, 21% were returnees and 2% were IDPs. Approximately 61% of the total target was women's head households.



*Figure 6: SARC volunteers monitoring home gardening project.*

*The home gardening interventions have contributed to increasing household food production and consumption in six governorates and to providing direct access to food that can be harvested, prepared, and fed to family members, often on a daily basis. Even for very poor, landless people practicing gardening on small patches of homestead land, vacant lots, roadsides, edges of a field, or in containers, gardening provides a diversity of fresh foods that improve the quantity and quality of nutrients required for a family. Photo: SARC*



*Figure 7: Veterinary assistance was provided to the target households who received sheep through the livestock project. SARC assistance helped 1,250 households to restart their livelihoods activities and to improve their standard of living. **Photo: SARC.***

By 2021, SARC, IFRC, and ICRC worked together on Standard Operating Procedure (SOP) for livestock projects based on the recommendations given by the Food and Agriculture Sector. Support was also provided on standardizing tools to improve SARC assessments based on the economic security of the household. The assessment tools were jointly reviewed and standardized by IFRC, SARC, and ICRC.

**Community land rehabilitation:** The rehabilitation of community land project was started in late 2019. This project provided critical support to affected households in the Northern District of Deir Baalba and Deir-Ez-Zor to restart their farming activities. In 2019, a total of 233 households (1,133 people) benefited from the distribution of water pumps of 3-5 horse power capacity and other accessories for 57 wells. SARC's livelihood teams in the Homs branch conducted post-distribution monitoring (PDM) in August 2019. The installation of an additional eight water pumps in the communities of Taiba, Taiah, Shamia, and Mahkan in rural Deir-Ez-Zor was completed in March 2021. This project contributed to the rehabilitation of the land of affected families in the Deir-Ez-Zor governorate and enabled approximately 2,388 households (16,717 people) to resume their livelihood activities in terms of production of the main staple crops and vegetables.





*Figure 8: One of the community people benefited through the land rehabilitation project in the Deir-Ez-zour governorate. With the support received from SARC, he managed to cultivate wheat in his field which had remained barren-land prior to the intervention. SARC supported 2,388 families in 2021 from Deir-Ez-zor to resume their agricultural activities which were stopped due to lack of water. The provision of horizontal water pumps helped them to reclaim more than 9,000,000 square metres of land. This support has reduced the long-term vulnerability of 2,621 families in total. **Photo: SARC***

**Food processing:** Basic inputs needed to start the process of producing cheese and dairy products will be provided to families headed by women with experience in this activity to restore their livelihoods activities. Through coordination with local authorities, 156 households (834 people) headed by women were selected: 78 in Nawa, Daraa Governorate (all of them returnees), and 78 in Deir-Ez-Zor (Ayyash, Kharyta, El-Enabaa) of which 63% are returnees. All beneficiaries had previous experience and lost their assets during the crisis. The kits were purchased at the end of 2021 and will be delivered in 2022.

**Protection of livelihoods:** Due to the drought-like conditions in the country resulting in the increase in livestock feed prices, reduced fodder stocks, limited availability of pasture and fodder, and the general raise in prices, the small livestock herder's capacity to generate income and to access food was reducing. The objective of this project was to support 150 households (849 people) of small livestock herders to prevent asset loss and protect livelihood activities through a multi-purpose cash transfer. The mechanism used for the cash distribution was through a Financial Service Provider (FSP). The value of the cash transfer was calculated based on the recommendations of the Cash Working Group (CWG) covering 60% of the gap of the minimum expenditure basket (MEB) of April 2021, and it was topped up to protect livelihoods with 60% of the price of the fodder and the transportation cost of beneficiaries. Each household received 3 installments. In addition, awareness-raising sessions were held for the target population by a technician specialized in the hydroponic fodder system, where the barley cultivation system contributed to reducing production costs by approximately 50%, as well as providing the capacity to germinate and provide fodder for livestock during all months of the year. Protection of livelihoods is a priority to

ensure access to essential food and income to meet basic needs by preventing the sale of assets to allow households to spend time on productive activities and prevent further damage to the lives of the affected people.

For more updates, the achievements in home gardening, livestock, and other livelihood interventions were reported in [Ops Update 16](#) and [Ops Update 17](#).

The results achieved in 2021, fall short of the targets in the revised EPoA. SARC has been operating in an environment of deepening economic crisis. International sanctions imposed on Syria following the Caesar Act were extended until June 2022. This has negatively impacted the overall funding situation, and funds transfers to Syria became increasingly challenging, which delayed the implementation of the operations in 2021. Difficulties in receiving funds in-country continued in 2021 due to over-compliance and de-risking strategies applied by banks. In July 2021, transfers were unlocked by seeking external legal advice and have since been received timely.

### **Challenges**

- Due to the lack of funding available, especially for the food parcels, it was difficult to reach the targeted families planned for each month. SARC used the food parcels supported by IFRC for an emergency response to cover gaps in distributions and to reach out to areas where other agencies are not present. This has resulted in an increase in needs among the most vulnerable groups of the population.
- Delays in the procurement processes affected the planting season in the case of the agro-interventions. Financial delays in the payment to the staff and volunteers at the branch level affected the regular livelihood activities.
- Greater turnover in the livelihood of staff and volunteers at the Branch and HQ levels affected the stability of the implementation of livelihood programming.

### **Lessons Learned**

- The top three priority needs, as expressed by Syrian households, were access to food/nutrition, livelihood support, and winterization/shelter support<sup>21</sup>. Accordingly, the support for livelihoods and vocational training activities were essential, and it became increasingly important to identify innovative ways of including the population, as well as the private sector, in securing income and longer-term job creation to foster socio-economic resilience building and facilitate participation in the rebuilding of the Syrian society and economy.
- While the Monitoring & Evaluation system and tools (baseline, Post-Distribution Monitoring, Post-Harvest Monitoring, and end-line) are becoming within humanitarian assistance, consistent use of these tools was relevant to measure and ensure the relevancy of livelihood programming and to reinforce accountability and the level of satisfaction of the beneficiaries with the assistance provided. It needs a constant review and adaptation for each project for future interventions to ensure that all relevant data required for programming and accountability is collected in a timely manner. It is important to note that the end-lines reporting the impact of livelihood projects need to be conducted at least 6 months after the end of the project. However, improved feedback mechanisms for people accessing SARC services are required to ensure timely actions.
- The presence of the SARC livelihoods team (staff and volunteers) in the communities during the implementation of the project built a relationship between the community and the stakeholders, helped to understand the situation of the beneficiaries, and developed the local knowledge and skills of the volunteers. Also, engagement with the relevant stakeholders, such as community leaders and local authorities, provided a strong basis to select the beneficiaries, speed up implementation, and resolve challenges – a) Livelihoods support and direct support to the affected population through cash was excellent responses in a highly politicized funding context, b) SARC's early engagement and capacity building within livelihoods has positioned the National Society well in terms of early recovery and resilience building.

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<sup>21</sup> UN's 2021 Syria needs presented at the SOM. Note that SARC data was also used to complete this analysis



## Health

**Total people reached between July 2012 to December 2021: 6,300,440 people**

Male: 2,835,198

Female: 3,465,242

**People reached as per the last revision: 499,191<sup>22</sup>**

Male: 220,483

Female: 278,710

### Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators <sup>23</sup> :	Target	Actual
# of people reached by First Aid and emergency health services	300,000	499,191

### Output 1.1: Target population is provided with rapid medical management of injuries and diseases

Indicators:	Target	Actual
# of response centers assessed	5	0

### Narrative description of achievements

The planned assessment of response centers was postponed due to the deepening economic crisis, COVID-19 pandemic, and declining funding situation. SARC prioritized life-saving emergency health care services and used alternative mechanisms to assess the response capacity of its health centers, such as beneficiary satisfaction surveys and direct observation during the field visits. Information was collected by SARC for the Health Resources Availability Monitoring System (HeRAMs), and it was shared with the WHO and other partners. SARC's abilities to collect information are still not fully developed, and high staff turnover also slowed the capacity development. In upcoming plans, IFRC and the Movement partners will work closely with SARC to conduct a health services/facilities assessment in 2022. The objectives of this assessment will be:

- To develop a more cost-efficient, people-centered service delivery model, based on clearly identified and documented needs,
- To conduct a mapping of the available health services in the governorates with the aim to reach a conclusion on whether there is a need to sustain the provision of health services through SARC facilities,
- To review SARC's current service delivery approach, the type of services provided, and the locations, as well as the service structure in order to support strategic planning and fundraising for SARC Health and the wider SARC organizational strategy.

The findings of the planned assessment will be used to promote sustainability and assure the quality and effectiveness of SARC health services in a context of diminishing resources.

SARC piloted a beneficiary satisfaction survey in seven SARC clinics from Rural Damascus, Al-Sweida, Daraa, Latakia, Hama, and Homs, between November and December 2020. The survey assessed beneficiary satisfaction with the quality and appropriateness of services. It also assessed interactions between beneficiaries and health facility staff to evaluate the behavior, professionalism, and attentiveness of clinic staff. The overall result from this survey was based on the response received from 364 randomly selected patients visiting SARC clinics (62% females and 38% males). The findings showed that 89% of the beneficiaries were satisfied with the quality and type of health services provided, while 11% were not satisfied.

### Output 1.2: Enhance SARC's capacity to provide relevant health care support to vulnerable households

<sup>22</sup> Achieved as part of the activities supported through last revised Emergency Appeal.

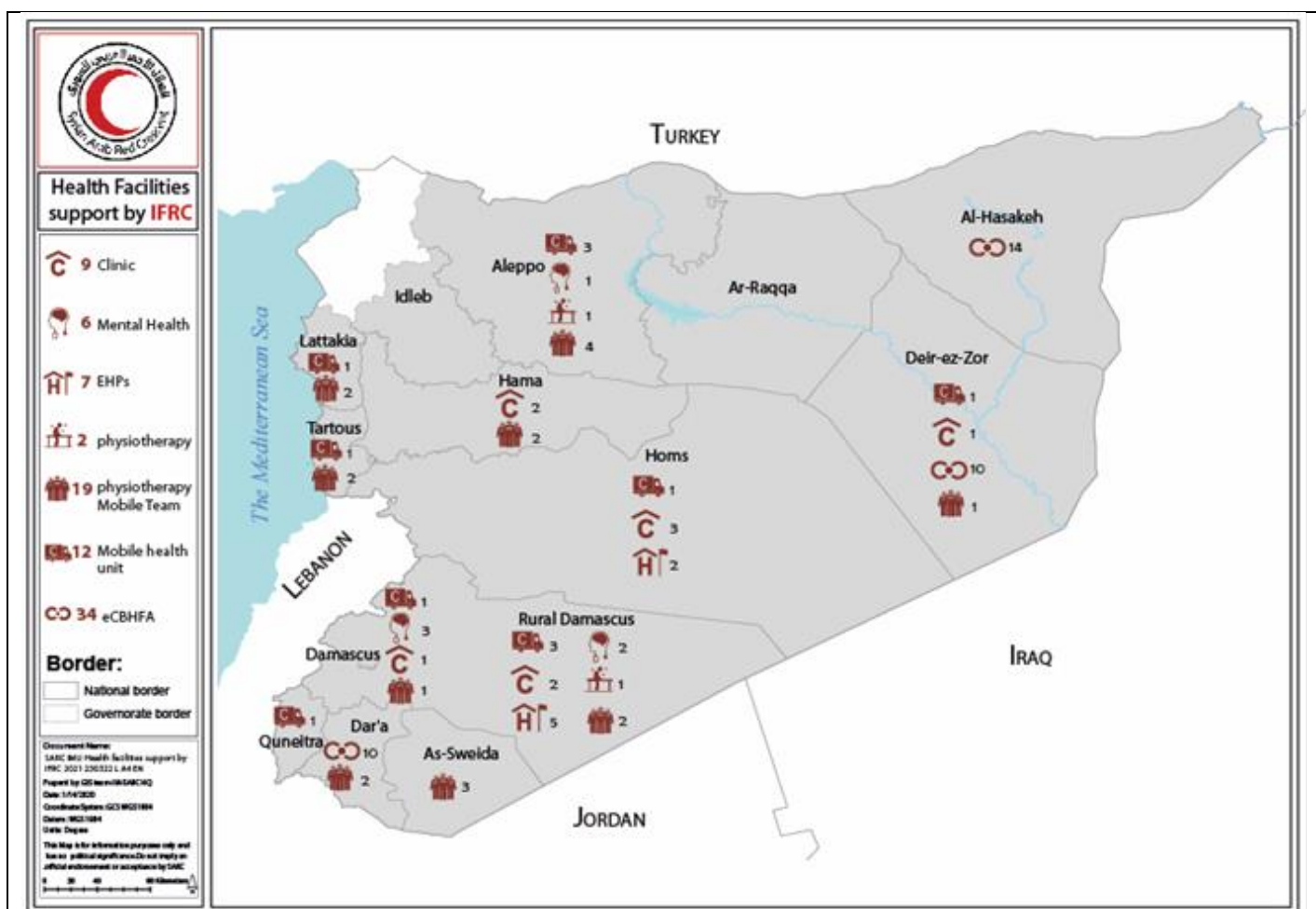
<sup>23</sup> The set of indicators and its target vis-à-vis actual progress are reported as per the latest revised EPoA 2020



Indicators:	Target	Actual
# of targeted capacity building trainings conducted for SARC staff and volunteers	42	5
<b>Narrative description of achievements</b>		
<p>IFRC continued its support to strengthen SARC's health operational capacity, as part of the two-track approach adopted for this operation. It was critical to train medical staff and volunteers on a regular basis considering high turnover, especially in a country where more than 50% of healthcare workers are estimated to have fled the country<sup>24</sup>. In order to make its health setups agile and to ensure quality healthcare services, SARC ensured context-specific training that included refresher training and advanced first aid training for its staff and volunteers since 2012. More than 2,100 SARC health staff and volunteers were trained, as part of the capacity building initiative under this Emergency Appeal. These trainings covered a wide range of health topics, such as first aid, health education, major incident medical management and support (MIMMS), delivering health care services in Mobile Health Units (MHUs), Emergency Health Points (EHPs) and clinics, hygiene promotion, community-based health and first aid (CBHFA), epidemic controls, Psychosocial Support (PSS) and child resilience, hospital waste management, medical stocks management, physiotherapy, and technical training for the doctors. Further details on each training are available on the operations updates <a href="#">here</a>. The training sessions provided in 2021 were as follows:</p> <ul style="list-style-type: none"> <li>Between 13 and 18 March 2021, SARC conducted waste management training for 32 health staff and volunteers working in its clinics at Dwelaa, Jaramana, Al-Shammas, Al-Zahraa, Al-Salamea, and Salhap. The training sessions were facilitated by the Ministry of Health and SARC health coordinators. During the training, the participants learned about different types of clinical waste produced, the separation of hazardous and non-hazardous wastes, and appropriate measures for their safe disposal. The scheduled training for Al-Ghouta and Deir-Ez-Zor clinics was postponed due to time and access constraints and the unavailability of trainers.</li> <li>In early March 2021, SARC's health department organized a two-day training on diabetes in Damascus in order to improve understanding of the types of diabetes, its physiology, and insulin medications. A total of 22 doctors from IFRC-supported clinics participated in this training.</li> <li>In the first quarter of 2021, SARC trained 32 pharmacists from IFRC and Danish RC-supported clinics. During the training, the pharmacists learned about the rational use of medicines, as well as managing medicine stocks for effecting distribution.</li> <li>Capacity building on various training topics was organized for the staff of SARC centers and mobile teams to improve the quality of multidisciplinary rehabilitation services for persons with mobility disabilities and acute traumas. The training aimed to increase both competence and theoretical knowledge. Two introductory training courses for the 15 new project staff (4 doctors, 6 physiotherapists, and 5 nurses) were held in Damascus on physiotherapy SOPs and the assessment tools and methods. Refresher training was provided for physiotherapists and physicians based on gaps identified through observation, tests, and discussion. Specialized training sessions for 17 nurses in their work with persons with long-term disabilities were organized in November and December 2021.</li> </ul>		
<b>Outcome 2: The medium-term risks to the health of affected populations are reduced</b>		
Indicators:	Target	Actual
# of categories/types of medical services provided to vulnerable children, men, and women in Syria	6	6
<b>Output 2.1: The health situation and medium-term risks are properly assessed</b>		
Indicators:	Target	Actual

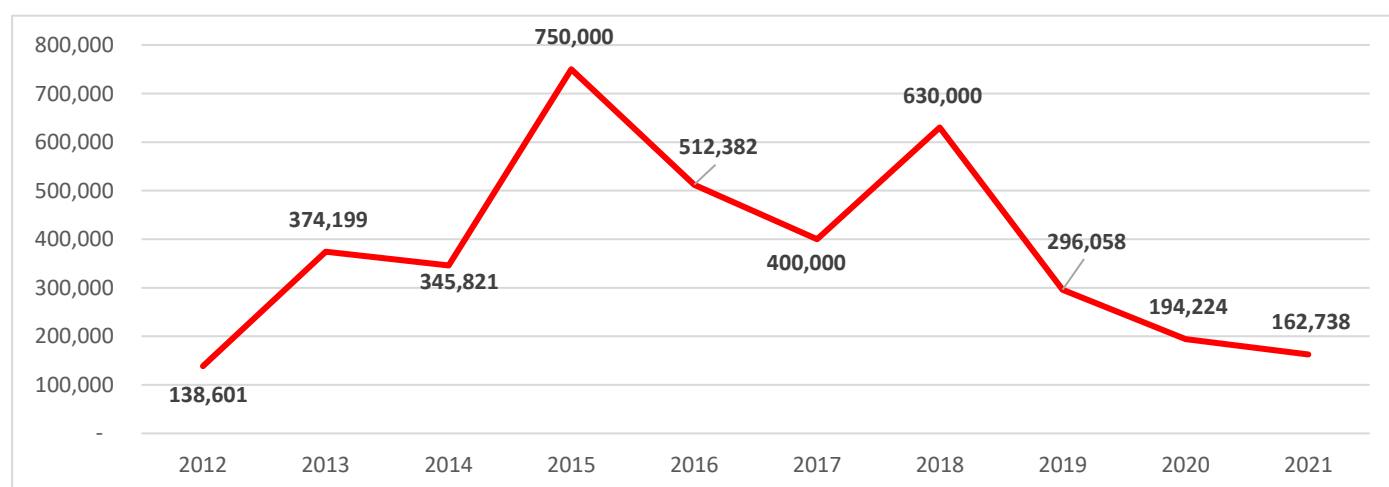
<sup>24</sup> [2022 Humanitarian Needs Overview: Syrian Arab Republic \(February 2022\) UN OCHA.](#)

SARC has updated health facility assessments and distribution plans for medical stock	1	1
<b>Narrative description of achievements</b>		
<p>Considering the dire economic situation in Syria, ensuring timely access to quality medication in-country was a very challenging task. Despite the notable shortage of medicines in-country and the challenges faced in the procurement of medicines, SARC was committed to doing its best to distribute the needed medical stock to the clinics and health centers across Syria. In 2021, in order to standardize its medicines needs, SARC, with the support of IFRC and the Movement partners, put in place a new list of standard medicines based on WHO's model list of essential medicines and the Syrian MoH's list of essential medications. Following the procurement and reception of medication, SARC's pharmacist based at the HQ followed up with the medical stock needs of the health facilities submitted through the PHIS (Pharmacy Health Information System), and the medicines were later dispatched to the centers based on previous consumption trends and stock availability.</p>		
<b>Output 2.2: Gaps in the provision of the affected population filled</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people provided with clinical health care services	215,000	162,738
<b>Narrative description of achievements</b>		
<p>Syria continued to face concurrent emergencies and chronic challenges, which affected the availability and quality of health services across Syria, as well as the physical and mental wellbeing of the population. The importance of SARC healthcare services has become more relevant, as a very high number of patients are now visiting SARC health facilities in the context of a deepening economic crisis that has brought new groups of the population, previously less affected by the conflict, into poverty. Recent statistics show that health needs in Syria remain critical with more than 12.2 million Syrians in need of health services in 2022, including 4.4 million displaced persons, 1.33 million children under 5 years, and 3.38 million women of reproductive age (15-49 years).</p> <p>Since the very beginning of the crisis, SARC's staff and volunteers have been responding to health emergencies and remained one of the lead humanitarian agencies delivering much-needed life-saving health care services through its health facilities to the Syrian population across the 14 governorates. The protracted crisis has weakened medical infrastructure, and more than 12.2 million Syrian have a hard time fulfilling health care needs, especially in the crisis-affected communities. SARC had established <b>ambulance services and clinics</b> to support the Iraqi refugees; however, as the crisis changed in the country, they started providing free services for Syrians as well. In the early days of the crisis, SARC was one of the few organizations that provided first aid and ambulance services to the injured and ill people in hard-to-reach areas. Since 2011, the main priorities under IFRC appeals were to strengthen SARC's first aid and ambulance service capacity. As the crisis evolved, IFRC scaled up its support to SARC in other health services, such as clinics, MHUs, EHPs, mental health, and medicines.</p> <p>Through IFRC Appeal, SARC facilities provided special medical services to people who are vulnerable due to multiple displacements, economic crises, and age and gender, as well as to children, women, and men with mental and physical disabilities. SARC health facilities were carefully chosen to serve areas where health service coverage was at its lowest, especially hard-to-reach areas and areas where public health facilities are not able to be fully operational. SARC clinics, MHUs, and EHPs continued to complement the government healthcare systems and functioned as per the MoH standards. Through this Emergency Appeal, SARC supported the delivery of quality healthcare services through 12 MHUs, 11 clinics, and 7 EHPs that include ambulances, 6 mental health clinics, 2 physiotherapy centers, 19 physiotherapy mobile teams, and 19 CBHFA teams at the community level. The location of health facilities supported through this Emergency Appeal is shown on the map below.</p>		



Through a wide range of medical services and CBHFA activities, SARC was able to assist a total of 6,300,400 people between July 2012 to December 2021. Of which, 45% were male, 55% were female, and 23% were children. The total number of people who directly benefited through SARC health facilities under this Appeal between 2012 to 2021 is given in the graph below.

### The trend of people receiving medical services through health facilities supported under the IFRC Appeal



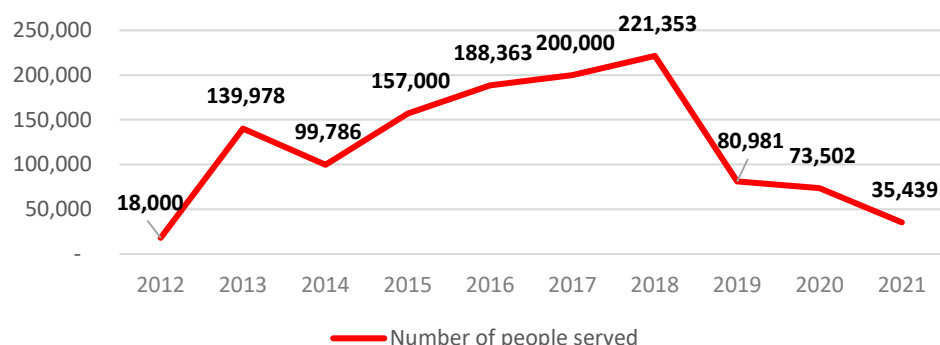
In 2021, IFRC continued its technical support with reduced funding to SARC clinics, EHPs, and mental health clinics. IFRC coordinated with other in-country partners, including the Finnish Red Cross, Danish Red Cross, Norwegian Red Cross, and Swedish Red Cross, for bilateral support to SARC health facilities. During 2021, through IFRC-supported health facilities, SARC reached to 499,191 (male - 137,564, female - 197,241, children - 164,388) people. SARC continued healthcare services in 2021 based on the Health Strategy 2018 – 2023 aligned to its Strategic Plan 2020 – 2022. Health activities were implemented in line with the objectives and response priorities of the Syrian Ministry of Health and the WHO. Details of the number of people reached with IFRC-supported health interventions are given in the table below.

#### People assisted with health care services in 2021

<b>Support areas</b>	<b>Adult Male</b>	<b>Child Male</b>	<b>Adult Female</b>	<b>Child Female</b>	<b>Total</b>
<i>Support for 7 SARC EHPs</i>	10,660	14,562	25,511	14,562	<b>65,294</b>
<i>Support for 12 SARC MHUs</i>	11,006	11,024	15,958	11,024	<b>49,012</b>
<i>Support for 9 SARC Clinics (January-March) and 3 clinics (April –December)</i>	11,435	8,362	7,281	8,362	<b>35,439</b>
<i>Support for First Aid Activities through 5 EHPs</i>	4,315	755	755	295	<b>6,119</b>
<i>Support for 6 mental health clinics</i>	1,695	1,498	1,978	834	<b>6,005</b>
<i>CBHFA activities in 19 communities</i>	95,827	45,528	143,566	45,528	<b>330,448</b>
<b>Total</b>	<b>137,564</b>	<b>82,919</b>	<b>197,241</b>	<b>81,469</b>	<b>499,191</b>

SARC clinics, supported by IFRC, enabled people in need to access primary healthcare services. Clinics were supported with medicinal supplies, medical equipment, running costs, and human resources. The sizes of clinics were different based on specialty, and they were all operated by specialized professionals providing treatments in the following areas: internal health, gynecology, pediatrics, and nutrition. Moreover, some of the clinics were equipped with X-ray and laboratory equipment. Depending on the availability of specialists, clinics also provided services, such as dental healthcare (Jaramana, Al-Shammas, Al-Ghouta, Al-Salameya, Daraa, and Deir-Ez-Zor), ophthalmology, and medical glasses (Jaramana and Dwelaa), physiotherapy, neurology, nephrology (including renal dialysis), dermatology, psychiatry, and cardiology. They also operated pharmacies and had insulin, and some had X-ray facilities (Jaramana and Al-Ghouta). Nutrition services were integrated into some of the clinics (Jaramana, Al-Salameya, Deir-Ez-Zor, and Daraa clinics), which include nutrition screening and treatment for both moderate acute malnutrition (MAM) cases and severe acute malnutrition (SAM) cases, targeting both children under five and pregnant and lactating women in hard-to-reach locations.

**Trend of people served by SARC clinics supported through IFRC Appeal**

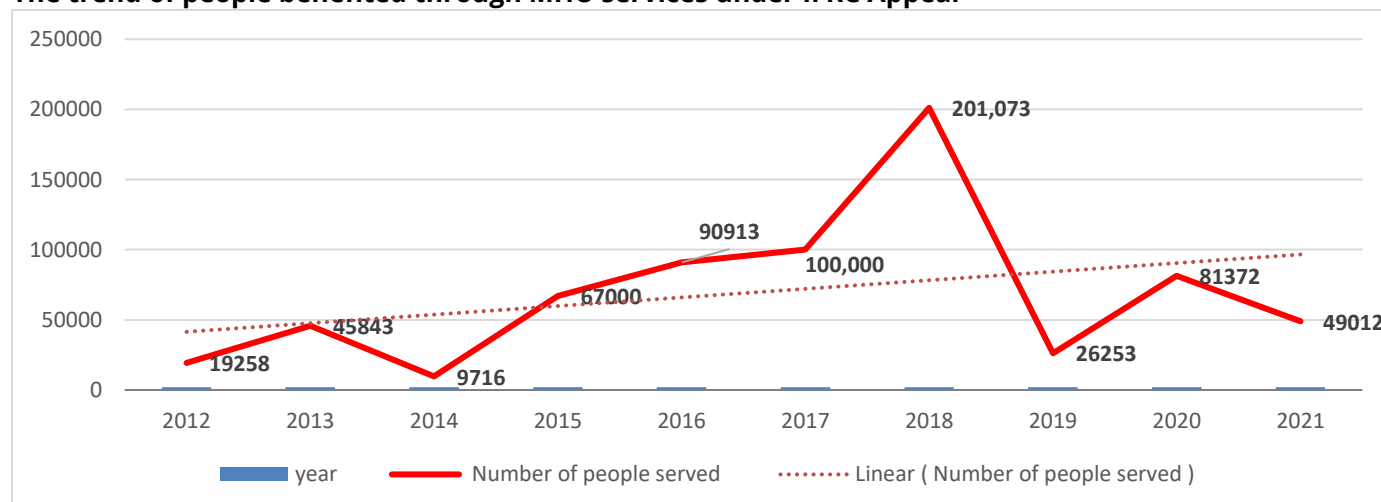


Between July 2012 and December 2021, a total of 1,214,402 people directly benefited through 11 clinics supported through this appeal. These clinics were operational in Al-Hassakeh, Damascus, Daraa, Deir-Ez-Zor, Hama, Homs, and Rural Damascus. In 2021, IFRC scaled down its support and supported SARC clinics operationally located in

Damascus (1 clinic), Rural Damascus (1 clinic), Hama (2 clinics), Homs (3 clinics), Deir-Ez-Zor (1 clinic), and Daraa (1 clinic). From April 2021, six clinics were supported bilaterally by the Swedish Red Cross (5 clinics) and the Danish Red Cross (1 clinic). These clinics are permanent facilities providing affordable health services and free medications to the people living in the catchment areas. Many visitors to the clinics had chronic conditions and mainly relied on the SARC clinics to receive their health services and medicines. For example, the SARC clinic in Jaramana serves an area that hosts around 1.5 million people. Around 5,000 patients access the services monthly. The most common diseases reported were hypertension, cardiovascular disease, diabetes insulin-dependent, diabetes non-insulin-dependent, teeth/gum disease, acute respiratory infection, and consultation for pregnancies.

**Mobile Health Units (MHUs)** are mobile and fully equipped and have been providing primary healthcare services to internally displaced people (IDPs) living in emergency shelters, as well as in rural areas, reaching out to communities with a lack of access to regular healthcare services. The added value of MHUs was providing health services in areas where there were no static health facilities, thereby addressing a gap in the health service provision in the country. Physicians at MHUs were also trained in mental health and referral to specialized services upon need. During the reporting period, IFRC supported operation costs of 12 SARC MHUs: Damascus (1), Rural Damascus (3), Quneitra (1), Homs (1), Latakia (1), Aleppo (3), Deir-Ez-Zor (1), and Tartous (1). The total number of patients treated by MHUs during the reporting period was 690,440 people. The majority of the patients were female and at least 40% of them were children.

**The trend of people benefited through MHU services under IFRC Appeal**



In 2021, a total of 49,012 people (females: 15,958, male: 11,006, children: 22,048) benefited through the services delivered by MHUs under IFRC appeal. Each MHU had a doctor, nurse, and driver and operated six days per week



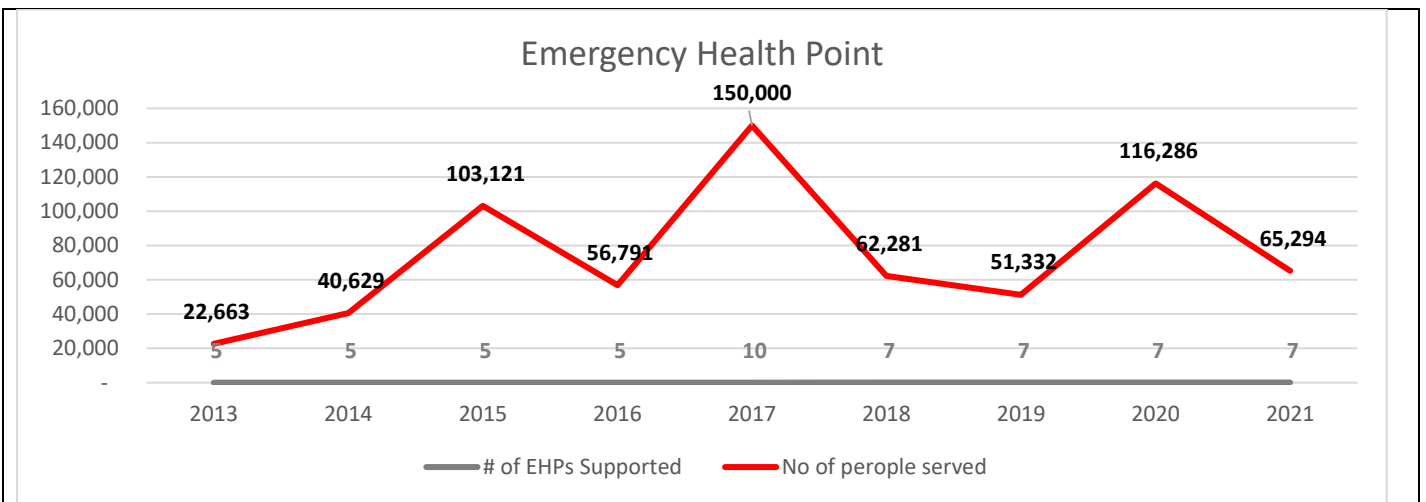
from 08:30h to 15:00h, traveling to different locations according to the needs that were assessed every three months. They provided primary healthcare services, including internal medicine, newborn and child health, gynecological services, simple diagnostic services, medicinal referrals, as well as drug dispensing. In some cases, MHUs also provided referrals to secondary and tertiary care. Based on need, the MHUs visited the Al-Rukban camp on the Jordanian border to provide medical and health services.



*Figure 9: SARC mobile clinics provided free health check-ups and medicines in remote villages and hard-to-reach locations, which lack medical services. It is worth noting that these mobile clinics delivered much-needed health care services, especially to the elderly population and children from vulnerable families who used to visit traditional healers, as they can't afford high-cost medical services in cities and have difficulty to access. Photo: SARC*

**Emergency Health points (EHPs)**, supported by IFRC, were established near camps and hard-to-reach communities as a contingency to provide health services under difficult circumstances that led to the suspension of the ambulance and medical services in certain locations, where no other health facility was available. EHPs continued to provide emergency medical assistance for rapid management of injuries and primary healthcare to people. SARC runs 12 EHPs, out of which 7 were funded through IFRC Emergency Appeal. Provision of first aid and ambulance services also continued in areas where EHPs are located, as part of the overall health approach. Different services delivered include emergency surgical support available 24/7 with two ambulances on standby, as well as most medical services available at clinics, such as Gynecology, maternal, neonatal, and child health, including antenatal and post-partum care, internal medicine, mental health (case management towards referrals), full laboratory and diagnostic services including X-ray facilities, and referral to secondary or tertiary care for severe cases. Most had also diversified to include dental clinics, as a greater number of patients came with dental problems, which was not available in the locality. To date, SARC has served 668,397 people through IFRC-supported EHPs. Details are given in the graph below.

#### **People served through the EHPs services**



In 2021, through these seven EHPs (Homs: 2 and Rural Damascus governorate: 5), a total of 65,294 people benefited from the specialized services, including surgeries. As public primary clinics mainly provided vaccination services and had very limited specialized services, and with the ongoing economic crisis, access to private clinics was very expensive. Thus, a higher number of people now depend on SARC EHPs for primary health services. All EHPs are now equipped with PPEs as a measure to reduce the risks of COVID-19 transmission. Staff and volunteers that make up these agile setups were well trained in advanced first aid with regular refresher training. The SARC EHPs ensured uninterrupted provision of emergency and basic healthcare services reaching out to people in need. This has been complemented by CBHFA activities in communities where the CBHFA team is present.



Figure 10: SARC responded to the polio outbreak in the country. Through this Appeal, SARC procured cool boxes and assisted in the vaccination of 52,069 children during the crisis. **Photo: SARC**

SARC **First Aid services** operated across the country and SARC is one of the main service providers in many areas in Syria. Through IFRC support, SARC provided first aid and ambulance services mainly in Aleppo, Daraa, Deir-Ez-Zor, Homs, Idleb, and Rural Damascus governorates at the beginning of the crisis and scaled up the services to other governorates later. A total of 365,962 people assisted through the ambulance and first aid services since 2012. In 2021, a total of 6,119 people benefited in Homs and Rural Damascus governorate.

Providing the patients with **medicine** was done in two parallel ways. Prior to the conflict, SARC had established Memorandums of Understanding (MoU) with pharmacies close to the clinics where patients could collect their medicine based on a prescription from a SARC doctor. With the shortage of medicine in the country, IFRC supported medicines through international procurement that was distributed to the clinics, MHUs, and EHPs and was handled directly by a pharmacist inside the clinic. The medicines prepositioned with IFRC appeal support allowed SARC to ensure continued healthcare services through its health facilities. Medical consumables, including PPEs, were also provided to the first aid teams operational in the field to respond to the emergency. Approximately 1,641,411 people benefited through different medicines mobilized by the Movement partners coordinated through IFRC since 2012. The current medicine shortage has been severely affecting patients with chronic diseases and non-communicable diseases. These medicines were not available in the local pharmacies since many of the local factories were closed and the prices of imported medicines became very high. The

IFRC provided 26 fully equipped ambulances to SARC branches, These were procured through IFRC Global Logistics Hub in Dubai



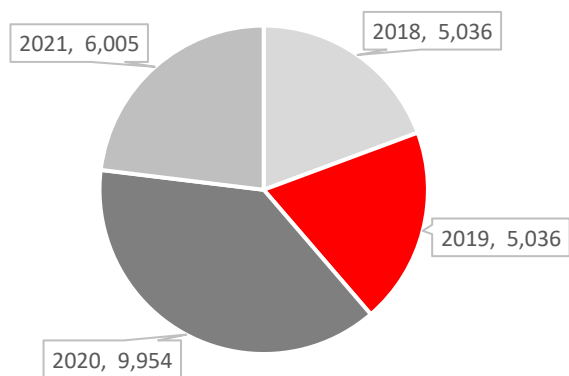
medicine list for international procurement was composed of items defined by the needs of patients being mostly treated and by discussions with the doctors at the clinics.



Figure 11: Syria experienced critical shortages in medicines and pharmaceutical products due to substantial damage to pharmaceutical plants located in rural Aleppo, Homs and Rural Damascus. To respond to this situation, IFRC supported SARC in coordination with other in-country PNSs to build medical contingency stocks as a matter of priority. For example, approximately 5 tons of medicine were sent to Idlib in response to the urgent health needs of the populations affected by the outbreak of violence in Idlib city in April 2015. The procurement of primary health care medicines was done as per the WHO lists for Syria. **Photo: SARC**

Through IFRC appeal, SARC has been running six **mental health clinics** in Damascus, Rural Damascus, and Aleppo since 2018. The mental health services include drug treatment, psychological consultations or counseling, rehabilitation of language and speech disorders, and psychological and social counseling. During the reporting period, a total of 26,031 people received mental health care and related support. Most of the mental health clinics were in Damascus and Rural Damascus, as it was very difficult to find qualified mental health practitioners in rural areas where health infrastructure was severely damaged.

People assisted through Mental Health Clinics



### Output 2.3: Community-based Health and First Aid (CBHFA) measures provided

Indicators:	Target	Actual
# of communities implementing CBHFA interventions	8	18

#### Narrative description of achievements

Through its CBHFA approach, SARC has been able to contribute to the community health aspects in terms of awareness campaigns and reducing mortality related to diseases and injuries, such as diarrhea and COVID-19 infection, among the target population. Under CBHFA, SARC aimed to support the capacity of its staff and volunteers to provide first aid interventions and to ensure that different community-based health services continue to be provided to people affected by the protracted crisis in Syria. These volunteers prioritized areas of concern that have been raised



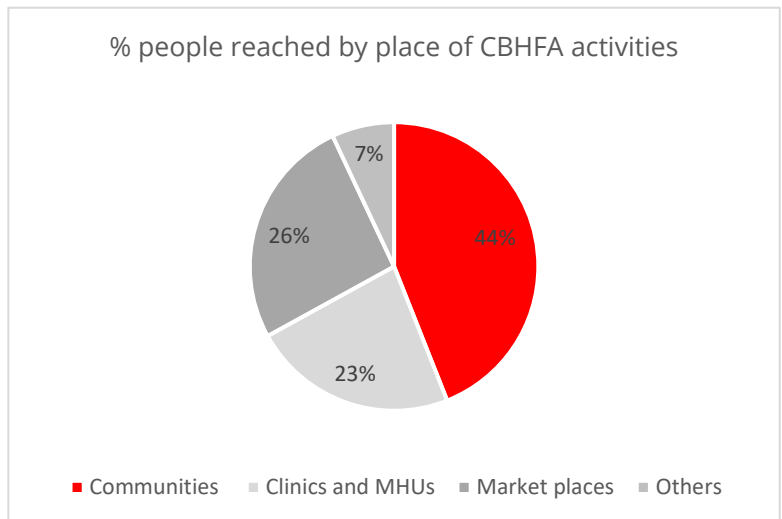
Figure 12: Basic First Aid training for SARC CBHFA volunteers and staff in Homs Governorate in October 2018. Photo: SARC

by the community health volunteers and during the focus group discussions. SARC has been using a community approach to cover old as well as new communities through different activities. Together with trained staff and volunteers, the Community Health Promoters who are based in the communities played an important role in empowering the community members. They organized a range of activities, such as first aid training, relief distribution, and awareness-raising activities related to COVID-19, non-communicable diseases, maternal care and nutrition, and hand washing and personal hygiene. These activities were conducted in the clinic waiting areas and MHUs, marketplaces, as well as in their own communities where they have a presence. They also made an effort to ensure the participation of people with disabilities in the sensitization sessions.



In 2021, CBHFA teams were operational in 36 communities and health facilities in Daraa, Deir-Ez-Zor, and Al Hassakeh. During the reporting period, SARC reached 330,448 people (female: 143,566, male: 95,827, boys: 45,528 and girls: 45,528) with different CBHFA activities. In six governorates, the teams were led by SARC staff, CBHFA branch coordinator, and officers. In five governorates, the CBHFA activities were led by SARC volunteers. In all 11 governorates, the community health promoters based in the communities formed the backbone of the successful implementation of the programme. CBHFA also contributed to SARC's capacity to provide first aid services and ensure that different community-based health activities continue in areas affected by the protracted crisis.

Based on the number of people reached and the type of activities in different locations, 44% benefited through activities implemented in communities, 23% benefited through activities in clinics and MHUs, 26% from activities in crowded marketplaces, and 7% from others as illustrated in the pie chart on the right.



Other achievements under CBHFA intervention were as follows:

- IDPs and returnees were specifically targeted. Returnees were mainstreamed across the community health activities undertaken under the CBHFA programme. For example, the CBHFA teams worked in the Vaveem Kurdish camp in Aleppo, spreading COVID-19 and non-COVID-related information and awareness messages. During the awareness activities, trained CBHFA volunteers used the Kurdish language to reach the camp residents.
- SARC has prioritized women empowerment and gender inclusion under its CBHFA activities. In some areas, women were not allowed to open the door for health promoters, whereas now they have become more open, especially to gathering and discussing community health issues. For example, the community in Deir Hafer, in Aleppo initially did not accept females to deliver awareness sessions. After the launch of the CBHFA interventions and active communication and engagement, the community got used to the team, and as a result, now female volunteers have full access to the community and play an integral part in the CBHFA activities. Currently, a literacy program is being undertaken for females in Aleppo.
- Under CBHFA, there was a plan to target people with disabilities and include them in the sensitization sessions in the community. In Aleppo, a CBHFA volunteer with a physical disability played an important role in raising health awareness in the community. He is a private teacher and is always making efforts to pass out health awareness messages during his teaching sessions.

### Success stories

- *Iman, a 20-year-old community volunteer with a physical disability along with two of her colleagues were able to play an important role in their communities in Hama as health promoters. Iman said that through her participation in the CBHFA project, she reached her dream in being an effective part of her society, despite her disability, she has been contributing to alleviating the health issues of her society. She would always like to assure people with disabilities are integral part of the society and can bring effective changes for the betterment of the society despite their disability/ies.*
- *After receiving training on COVID cases detection, health promoters were able to detect and report many COVID cases, which were later supported in home isolation.*



Figure 13: SARC CBHFA volunteers in Homs provided awareness sessions to a school for the deaf and mute, using sign language. The volunteers were also able to understand the student's needs and communicate effectively. This played a big part in ensuring their inclusion in the school. **Photo: SARC**

#### **Output 2.4: Improved Access to health-related rehabilitation services for persons with mobility disabilities or traumas**

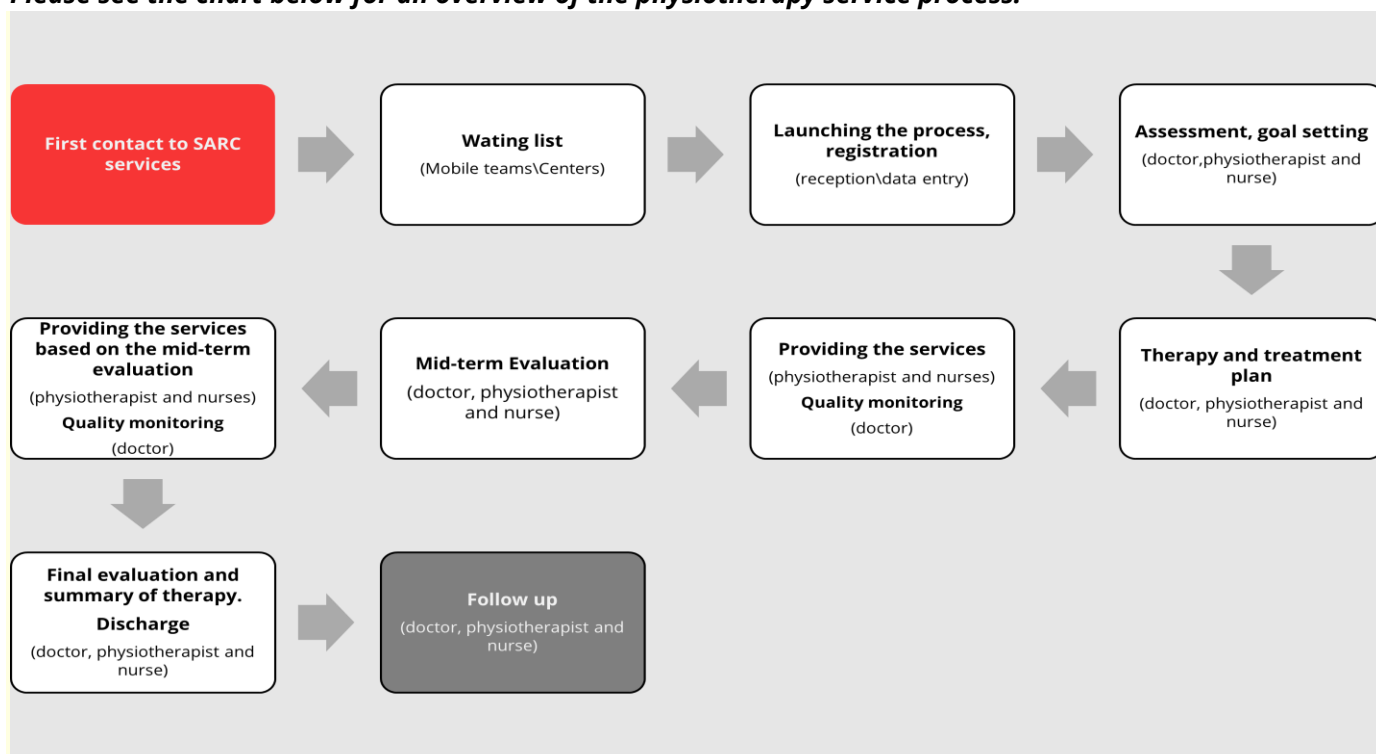
Indicators:	Target	Actual
# of mobile teams (28) across 11 Governorates and 4 physiotherapy centers in 3 governorates	28	19

#### **Narrative description of achievements**

The relevance of and need for multi-professional physical rehabilitation services remains high as the disability prevalence in Syria is extremely high (disability prevalence is 30% in the population of 12+ years according to the Humanitarian Needs Assessment Programme of May 2022) and 4.2 million persons with disabilities are in need of humanitarian assistance.

SARC has been providing multi-professional physical rehabilitation and nursing services to persons with long-term mobility disabilities from April 2021 onwards multilaterally through the IFRC. The services were provided by licensed physiotherapists (specialists, technicians), nurses, and doctors from two physiotherapy centers, in addition to 19 mobile teams across 9 governorates in Syria. The mobile teams were located in Aleppo ((Sphere (1), Fafin (2)), Aleppo city (1), Damascus (1), Dara'a (2), Deir-Ez-Zor (1), Hama (2), Lattakia (2), rural Damascus (2), Sweida (3), and Tartous (2). The mobile physiotherapy teams delivered essential services to people with disability living in hard-to-reach areas, including in IDP camps. From April to December 2021, a total of 1,414 people with disabilities received in total 5,460 physical rehabilitation sessions in the centers. The mobile team delivered 14,317 sessions to 5,460 people in their homes. In total, 6,874 persons with disabilities (female: 2,192, male: 2,626, girls: 865, boys: 1,191) were reached with physical rehabilitation and physiotherapy services. The mobile teams also gave nursing services to the people and health awareness sessions, including COVID-19 preventative measures, to their family members.

***Please see the chart below for an overview of the physiotherapy service process.***



From April to June 2021, the teams distributed 755 assistive devices for children and adults (wheelchairs, crutches, medical beds, air mattresses, walkers) along with guidance on how to best use them to increase independence and functionality according to each of the beneficiaries' individual needs and situation. The procurement process for additional medical equipment and assistive devices for 929 people was completed in 2021. These devices will be distributed to people with physical impairment in 2022.

During the implementation period, two physiotherapy centers were providing multidisciplinary rehabilitation services in two locations: Jaramana (Rural Damascus) and Al Furqan (Aleppo city) for 1,414 people through 5,755 sessions. The search for a suitable location for a new physiotherapy center in Nubol (Aleppo governorate) that meets the Syrian MoH standard for physiotherapy centers continues in 2022. The cooperation with other stakeholders and referrals to other SARC services (e.g., prostheses and orthosis services provided by ICRC) continued during the reporting period.





Figure 14: A SARC volunteer speaking to one of the girls who benefited from the physiotherapy services supported through IFRC Appeal. **Photo: SARC**

## Challenges

- Access to hard-to-reach areas could not always be sustained and SARC had to close or relocate several emergency clinics and reprioritized operations throughout the conflict. This has hampered service delivery and proven logistically difficult and costly.
- After a decade of protracted crisis, the maintenance of technical medical equipment is a challenge at all levels of health facilities. Unavailability of critical equipment and medicines in-country and import-related challenges due to international sanctions has compromised the quality of health care services in general. The disruption of technical equipment and shortage of medicines has been life-threatening. Similarly, rehabilitation centers that are treating an increasing number of people with disabilities are facing continuous shortages. Health Partners also issued alerts on the lack of orthopedic surgical equipment, such as external fixators and plates, which are necessary to treat complex bone fractures. SARC continued its partnership with other Movement partners and stakeholders leveraging its presence across Syria to respond to health needs at the facility level and through establishing and strengthening community networks.
- The procurement of medical and assistive devices took a longer time than planned considering the availability of items in the local market and the required quality certification.
- The COVID-19 pandemic went through its third wave in 2021 resulting in extra precautions by SARC for its front-line staff and volunteers. SARC had by mid-2021 been able to secure sufficient vaccines (Sputnik) for its staff and volunteers vaccinations.
- As a result of the ongoing crisis, most of the health infrastructure in Syria suffered massive damage, and health care capacity, in general, remained weak and limited to meet the rising daily needs. This transferred the load of health service delivery to SARC health facilities, putting an additional burden on the medical staff and resources, as a new group of vulnerable populations emerged in the context of deepening economic crisis and made it a challenging task to respond to all healthcare needs, in a time when needs were growing exponentially. This impacted the rate of attendance in SARC health facilities. SARC is planning to expand the clinics as well as the operating hours. The challenge is to find qualified medical personnel available in the country and resources since it is very difficult to respond to all the exponentially-growing health care needs at SARC clinics.

## Lessons Learned

- SARC's efforts to ensure respect for the emblem and promote an understanding of the principles of impartiality and neutrality were a priority. SARC's continuous dialogue with the relevant parties on the importance of protecting the emblem and safety of its staff and volunteers resulted in better access to hard-to-reach areas with ambulance missions and delivering of lifesaving health services through its health facilities.
- Sustainability of health services should be taken into consideration at the forefront of planning health service interventions, and the plan for procurement (both national and international) of medicines, medical equipment, materials, and PPE for staff and volunteers should be completed in advance, considering the evolving economic situation, price, and availability of medical consumables in the local market. This was critical in a situation where expectations of the National Society remained high, and the health system continued to be fragile throughout the country. In addition to new sanctions and COVID-19-related challenges, the overall supply chain in the country remained unpredictable throughout the operation. Advanced planning and timely completion of tendering process, especially for the life-saving medicines, is essential for the continuity of emergency health care services, as a higher number of people are now depending on SARC clinics due to the deepening economic crisis and the increased price of basic medications, in general. For example, delayed procurement of medicines in 2020 affected their distribution and availability in the clinics. IFRC Syria delegation recruited a procurement delegate to finalize a working modality and ensured a smooth supply chain in 2021.
- SARC, at the outbreak of the COVID-19 pandemic, adjusted its activities and took measures to protect its health care staff, first aid team, and front-line volunteers. SARC was able to maintain its operations through 2020 after the initial movement restrictions were lifted. The COVID-19 protection measures for the staff and volunteers, including the provision of PPE kits and training, were critical to maintaining their commitment toward the implementation and continuation of SARC's urgent life-saving and humanitarian assistance to millions of vulnerable people, who are in need due to the ongoing protracted crisis in Syria.

## Water, sanitation and hygiene



**Total people reached between July 2012 to December 2021: 3,197,174**

Male: 1,438,728

Female: 1,758,446

**People reached as per the last revision<sup>25</sup>: 20,371**

Male: 9,822

Female: 10,549

### Outcome1: Immediate reduction in risk of waterborne and water-related diseases in targeted communities

Indicators <sup>26</sup> :	Target	Actual
# of households reached by hygiene promotion through CBHFA interventions	30,000	30,000
<b>Output 1.1: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population</b>		
Indicators:	Target	Actual
# of households provided with a set of essential hygiene items through CBHFA interventions	15,000	336
<b>Narrative description of achievements</b>		

<sup>25</sup> Achieved as part of the activities supported through the last revised Emergency Appeal.

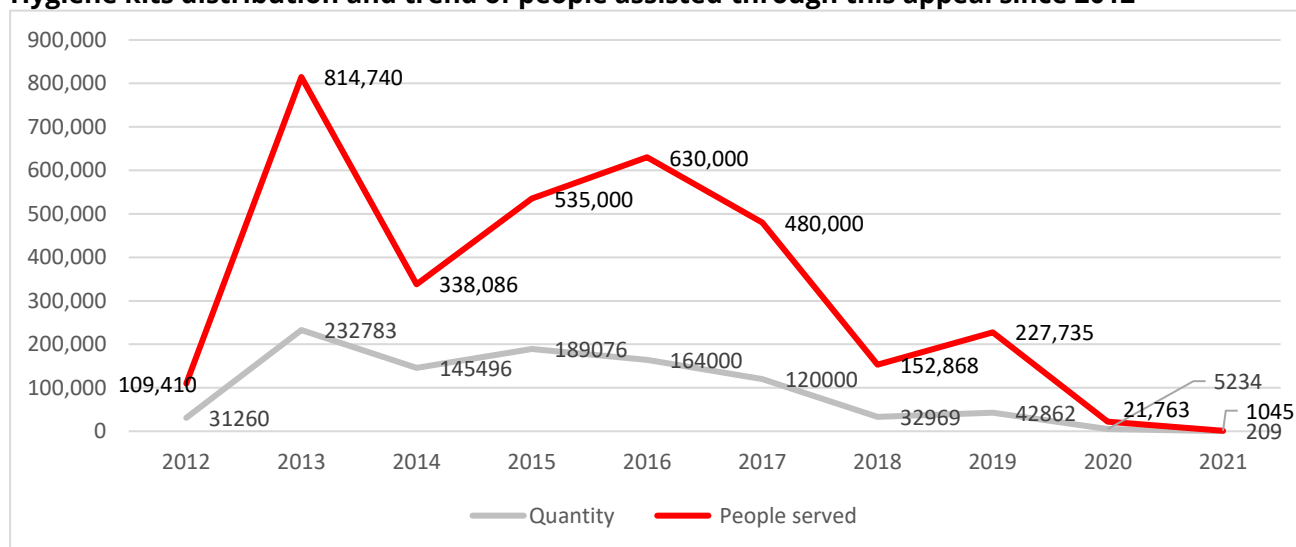
<sup>26</sup> The set of indicators and its target vis-à-vis actual progress are reported as per the latest revised EPoA 2020



Since 2012, IFRC support to WASH interventions under this appeal has been predominated by the provision of hygiene items and hygiene promotion activities through CBHFA interventions. Other Movement partners, such as ICRC and other in-country PNSs, supported this sector throughout the operation. For example, ICRC supported drinking water, and the Norwegian Red Cross, through the consortium with the German Red Cross, has been supporting WASH activities since February 2013. In the early stage of the operation, IFRC also dispatched WATSAN emergency response kit No. 5 to Syria which was used by SARC in locations that was hosting IDPs. Through IFRC Appeal, SARC supported the affected populations with drinking water facilities such as provision of gerators for the Tartous water pump stations that benefited 133,350 people and distributed more than 300 water tanks in Aleppo city and Daraa that benefited 100,000 people.

As part of WASH support through the IFRC appeal, SARC distributed hygiene kits<sup>27</sup> and carried out hygiene promotion activities through the CBHFA interventions. SARC's CBHFA volunteers carried out hygiene promotion activities, such as hand washing techniques and personal hygiene, while distributing the hygiene kits. During the reporting period, IFRC provided SARC with 963,889 hygiene kits, including both family hygiene parcels and women's emergency kits, which were distributed to 3,197,174 people in different locations.

#### Hygiene kits distribution and trend of people assisted through this appeal since 2012



<sup>27</sup> SARC developed a standard package as part of the hygiene kits that were distributed by the CBHFA volunteers in the target communities. The hygiene kits included soaps, washing powder, shampoo, toothbrush and paste, toilet papers, cotton hand towel, cleaning fluids, shaving razor and cream, nail clipper, etc.



*Figure 10: SARC CBHFA volunteers delivering appropriate hand washing techniques to school children. This has been increasingly important with the outbreak of the COVID-19 pandemic. CBHFA volunteers carried out a range of activities to promote awareness on maintaining personal hygiene, and to establish healthy communities in which volunteers work with their communities for the prevention of diseases. **Photo: SARC.***

These kits were provided to IDPs living in a camp set up and returnees affected by the ongoing conflict. The distribution of hygiene kits to vulnerable populations, who most often don't have or have very limited access to personal hygiene items, is considered the first line of defense against the spread of communicable and waterborne diseases. In usually overcrowded and unhygienic settings, such as IDP and refugee camps, providing the population with relevant personal hygiene items and cleaning material contributed to the overall wellbeing of these people and minimized the need for future interventions in the case of the spread of infections. Also, the provision of items, such as sanitary napkins, played a role in preserving the dignity of the target people.

Now, SARC has a well-established water and rehabilitation capacity and extensive ongoing programmes both in terms of WASH emergency preparedness and response and in the operation and maintenance of WASH service provision to vulnerable communities in the longer term. Working with both RCRC Movement and external partners, SARC has been recognized as a significant WASH service provider in Syria, especially in urban settings. In MENA and globally, SARC has contributed to WASH knowledge sharing with both partner and host National Societies and has been often consulted on and has contributed to

**SARC also supported other WASH related activities under this appeal including support for pumping stations, distribution of water tanks, jerry cans and aqua tablets. In 2013, SARC distributed 4,500 jerry cans and aqua tablets in 2020 benefiting 99,000 people**

the MENA WASH Technical Sub-Working Group that is coordinated by the IFRC MENA Regional WASH Team. SARC's vast expertise benefitted the National Societies in MENA and globally through the sharing of tools and guidelines developed in Syria.



*Figure 11: Distribution of soap and anti-lice shampoo in schools by SARC volunteers. Photo: SARC*

In 2021, SARC distributed a total of 12,574 anti-lice shampoo and soaps as part of the hygiene kits to 20,371 people (male: 5,839, female: 6,249, children: 8,283). During this period, the procurement of hygiene kits proved a challenge from a procurement perspective, and only 336 hygiene kits were distributed, of which 209 kits had been prepositioned in the SARC warehouse. SARC prioritized improving knowledge and changing the behaviour toward personal hygiene during the COVID-19 pandemic.





Figure 13: SARC also promoted better personal hygiene behaviour among both men and women in the target communities. Through IFRC Appeal, women's emergency health kits and dignity kits were provided. In 2020, SARC provided 28,000 dignity kits to men in order to promote healthy hygiene practices among men. **Photo: SARC.**

#### Challenges

Nothing to report

#### Lessons Learned

Nothing to report

### Protection Gender and Inclusion

**Total people reached between July 2012 to December 2021: 93,276 people**

Male: 45,705

Female: 47,571

**People reached as per the last revision: 6,000**

Male: 2,400

Female: 3,600

**Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalized groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs**

**Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.**

**Indicators<sup>28</sup>:**

# of people reached by services

**Target**

1,000

**Actual**

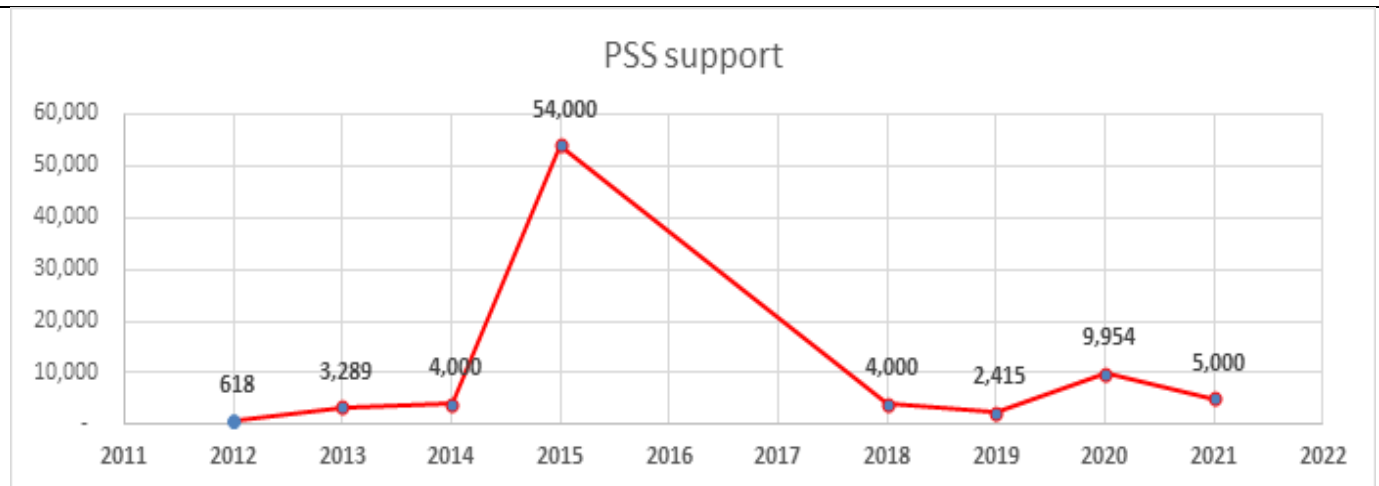
1,000

**Output 1.3: Psychosocial support provided to the people affected by the conflict**

<sup>28</sup> The set of indicators and its target vis-à-vis actual progress are reported as per the latest revised EPoA 2020.



Indicators:	Target	Actual
# of people reached by psychosocial support	5,000	5,000
<b>Narrative description of achievements</b>		
<p>As a cross-cutting operational priority, Protection, Gender, and Inclusion (PGI) interventions continued in 2021. Protection-related questions were included in assessment reports and post-distribution monitoring activities, and partners strived to follow the Dignity, Access, Participation, and Safety (DAPS) Framework in emergency programming. SARC strengthened the capacities of 10,000 staff, volunteers, and community people on various PGI-related topics through this appeal.</p> <p>Along with the support of IFRC, SARC conducted a Gender-based Violence (GBV) feasibility study in 2015. This study enabled SARC to integrate this into the thematic areas and used resources from the Movement partners to further strengthen it. Gender and diversity-sensitive humanitarian action are integral to SARC operations. Under this concept, it was always at the utmost priority for SARC to ensure that gender considerations and the inclusion of men, women, boys, and girls are at the heart of the SARC's operation. These considerations were mirrored throughout the relief distribution, livelihoods programming, and primary health and mental health services provided at the SARC clinics. Reproductive and maternal health care services were at the heart of the basic health packages provided at the SARC health facilities, and an effective referral of gender-based violence cases, when found, was being performed at the mental health clinics. SARC and its partners have been scaling up efforts to empower and improve the lives of Syrian women and youth and impacted communities. One of the considerations SARC undertook to ensure that the accessibility of women to reproductive health services was not hindered by gender-related issues, was the employment of female gynecologists and midwives at the SARC health facilities. In one of the EHPs, in the Ain Mneen area, after noticing that having a male gynecologist was playing a role in limiting the access of several women to reproductive and maternal health services, SARC has recruited a female gynecologist to provide the consultations. Another example was the provision of female nurse presence with male specialist physicians during the medical consultations if requested.</p> <p>In 2015, SARC organized CBHFA violence prevention workshop and trained 22 participants from SARC branches. The workshop focused on the review of IFRC violence prevention material related to its context and relevance and future possible application. The tailored material was translated and used for awareness raising activities in the communities.</p> <p>Through IFRC Appeal support, SARC also carried out a wide range of activities related to <b>psychosocial support</b> (PSS) to youths in the affected communities since 2012. PSS to youth was mainly based on standard protection and PSS guidelines, which are then tailored into specific activities, such as art therapy, recreation, and handicrafts, through the community centers and outreach activities. SARC was able to support vulnerable young people to reconcile emotional conflicts, foster self-awareness, manage behaviour and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. Between 2012 to 2021, SARC assisted 83,276 with different PSS-related activities since 2012.</p>		
<b>Trend of people assisted with PPS support</b>		



SARC community centers and outreach programmes played a vital role in providing PSS in rural communities, together with a safe space for community gatherings. IFRC continued to support two PSS centers at Ghozlania and Inshaat with funding from the Swedish Red Cross during the first quarter of 2021. From April onwards, the centers were supported bilaterally by the Swedish Red Cross. Through a community-centered approach, SARC has been empowering individuals to become resilient and self-sufficient individuals and contribute positively to their families and communities. In line with international standards outlined in the Inter-Agency Standing Committee (IASC) Guidelines in humanitarian settings, persons are supported to maintain their mental health and psychosocial wellbeing by accessing key community and family support. Each center has a 'safe space', particularly for women and children. On occasions, men, women, and elderly persons have social gatherings and meetings to discuss community needs and challenges and find solutions within a supportive atmosphere. The safe space has been supporting social interaction and encouraging community members to return to routine everyday activities. SARC has outreach teams that visit households with people who cannot access community centers. SARC community centers and outreach teams target particularly vulnerable groups, including children, youth, and their families who have difficulty in reaching community centers. SARC provided guidance and information about services available and ways to address their needs reaching out to 982 people in 2021.



*Figure 5: Activities that contributed to increasing child resilience, and providing safe spaces for learning and recreation were one of the main components of SARC work in the Al-Ghizlaniya and Inshaat community centers supported through IFRC Emergency Appeal. A nine-year-old boy attended awareness and psychosocial support sessions for two months with his twin brother who for*

some time was his only friend. Now they are having a wonderful time with 250 other children during one of the open days celebrated at the end of the sessions. "I'm no longer ashamed to communicate with other people. Now I have a lot of friends", he said to SARC volunteers. **Photo: SARC**



Detailed achievements through PSS interventions, such as the child resilience programme, were already reported in the previous operation updates [here](#).

Two disability inclusion trainings (Hama and Aleppo) for 40 key persons in 5 SARC branches (board members, team leaders, branch coordinators, and human resources staff) were conducted in 2021, increasing awareness about disability inclusion, the rights of persons with disability, how to activate effective referral mechanism, and dissemination of disability inclusion to other staff in the branches. Key

persons in the SARC branches and sub-branches, who participated in disability inclusion training, shared the information of the training with 641 staff and volunteers in 5 branches. Awareness sessions for persons with disabilities' rights through the physiotherapy centers and mobile teams were conducted during the reporting period. About 7,500 family members and care providers for persons with disabilities attended awareness sessions about the rights of persons with disabilities from SARC's staff in the centers and mobile teams at all the locations. Disability inclusion events were kept in 5 locations (Damascus, Rural Damascus, Lattakia, Aleppo, and Deir-Ez-Zor). A total of 240 persons with disabilities participated in 8 disability inclusion events with about 1,000 family members and care providers.

### Challenges

Nothing to report

### Lessons Learned

Nothing to report

## Strengthen National Society

**SFI1.1: SARC's capacities and organizational development objectives are facilitated towards building ethical and financial foundations, systems and structures to plan and perform**

**Output S1.1.4: SARC has effective and motivated volunteers who are protected**

**Output S1.1.6: SARC has the necessary corporate infrastructure and systems in place to effectively respond to the humanitarian consequences of the conflict**

### Narrative description of achievements

Trained and experienced volunteers, ready to render their time and technical expertise to provide humanitarian services, have been the backbone of SARC and key actors in delivering timely and relevant humanitarian assistance to people in need. The volunteers were members of the communities in which they operate and have a good understanding of the vulnerabilities and specific needs of their localities. IFRC insured more than 7,525 SARC volunteers under the IFRC global accident insurance scheme during this operation, and the insurance was extended in December 2021 to cover volunteers in 2022. This scheme covers, up to a stipulated ceiling, medical treatment costs related to accidents, death, or disability while the volunteers are performing their duties with SARC.

SARC initiated in 2015 a memorial fund under the name "SARC Heart" aiming at supporting the wounded volunteers and the families of the victims. This fund is essential for the front-liners and has helped hundreds of volunteers and their families after an unfortunate incident on duty. With the outbreak of the COVID-19 pandemic, this fund was also used to extend assistance to volunteers affected by the pandemic. IFRC contributed to SARC's Memorial Funding Mechanism during the reporting period. This contribution came at a time when volunteers are in most need for social security, in light of the deteriorated economic situation in Syria

Due to the continued scaling up of activities, a strengthened operational capacity and the availability of human resources both at SARC HQ, branches and sub-branches were critical to ensuring a continued response to the protracted crisis and needs. Throughout the operation, IFRC supported SARC's 297 core staff positions at HQ, branches, and sub-branches within the departments/units of disaster management, livelihoods, health, logistics, IT, telecommunications, IM, finance, and budgeting, and PMER. The support functions formed a vital part of SARC's work and last-mile delivery of humanitarian assistance to people most in need. Without this support, SARC would not have been able to deliver upon its commitment to

vulnerable people. This support was also continued in 2021. A detailed number of positions supported during the operation timeframe is available in the operations updates [here](#).

*A rudimentary comparison of sub-branch capacities in 2013 and 2020 was undertaken in 2021. In seven sampled sub-branches supported by the IFRC, the number of beneficiaries registered by the sub-branches increased up to 200,000 people on average over the period 2013-2020. The number of geographical areas covered by the sub-branches has currently more than doubled compared to 2013. Areas now covered by sub-branches were before under the responsibility of branches. SARC engaged 215 new qualified and trained volunteers in these sub-branches. The presence of sub-branches and strong adherence to impartiality, neutrality, and accountability have increased the acceptance and access for SARC. CEA towards beneficiaries improved as beneficiaries have a local channel to provide feedback and communicate their concerns and recommendations. Sub-branches' preparedness, quality, and timeliness of response including needs assessments, beneficiary targeting, and reporting have improved as well as coordination with local administration and sub-relief committees.*

At the same time, IFRC supported SARC's operational disaster management structures in its 14 branches by funding the branch DM coordinator positions, volunteer allowances, and necessary operational costs for the DM units in the branches. IFRC also supported basic operational costs of 17 SARC sub-branches in Rural Damascus, Homs, Lattakia, Tartous, and Quneitra, including positions, such as relief distribution, registration, and reporting officers, and finance and administration officers. Since the beginning of the operation, additional support was provided to branches and sub-branches in terms of needed vehicles, furniture, IT equipment, software, fuel costs, and warehousing and operational costs dedicated to the distribution of emergency relief. This support ensured a localized response and analysis of needs, and it strengthened SARC's access and acceptance in the localities. With a strong network of sub-branches, SARC was able to provide a timely, relevant, and principled response to the people in need. Throughout 2021, SARC continued to respond to the needs of vulnerable children, men, and women affected by a very complex and protracted crisis, compounded by the COVID-19 pandemic and the fast-deteriorating state of the economy. In this process, with the support from its various partners, SARC continued to strengthen its institutional capacities at various levels.

- In 2021, a National Society Development (NSD) concept note was finalized and approved by management and is now the prime guiding document outlining SARC's approach to NSD, as well as the key principles and tools for enhanced Movement coordination. This process, owned and led by SARC, offers



opportunities for the partners to support in line with their various areas of expertise. During the reporting period, a mapping of recent and ongoing NSD-related initiatives within SARC was initiated across all departments and units. The mapping outlined Movement Partners' areas of interest and expertise and the continuous support for the implementation of SARC's NSD plans.

- SARC is at the forefront of implementing its own digital transformation agenda through the development of various systems and software solutions that assist SARC in its provision of relevant services effectively and efficiently to people in need of assistance. During the reporting period, SARC and IFRC agreed on the roadmap for the implementation of the key IT priorities supported by the IFRC. The procurement of a Next-Generation Firewall and an Internet access gateway (IAG) to enhance cyber security was initiated in 2021 with the installation completed in the first quarter of 2022. IFRC is supporting SARC in the renewal of their Office 365 Bureau of Industry and Security (BIS) export license required to keep Microsoft Office operational inside Syria. The process to obtain the export license related to the procurement of the Enterprise Resource Planning (ERP) system equipment was started, the contract with the implementing company and consultancy company was secured, and a coordinator was recruited. Also, IFRC is supporting SARC with a conference system under the IFRC 'Enhancing NS Digital Engagement'.
- In 2021, the technical skills capacity of SARC's telecommunication unit in VOIP and Private Branch Exchange was enhanced. This unit is a vital support service unit for SARC's overall operations and programmes, such as the operation of first aid ambulance teams and ensuring the security of staff and volunteers through emergency communication systems in sensitive contexts. Achievements of SARC's telecommunications unit in 2021 were included. Following assessments and technical design, the implementation of a large-scale telecommunications infrastructure project for branches was started. This project is supported by several Movement partners, in addition to IFRC, including ICRC and the German Red Cross. It also bolsters the technical system for SARC's CEA activities by providing reliable and easily accessible two-way communication channels for the general population to reach SARC through hotlines and a standardized number for First Aid ambulances. With the support from the IFRC, five SARC branches (Damascus, Rural Damascus, Homs, Al-Sweida, and Quneitra) benefited from facilities for a stable branch radio network and extended coverage in the branch governorate.
- SARC is the first National Society to use the Preparedness for Effective Response (PER)<sup>29</sup> assessment tool at the branch level and an expanded purpose for mapping and analyzing capacities and development areas of branches that go beyond their response capacity. In 2021, SARC conducted PER assessments with five branches in Aleppo, Hama, Homs, Latakia, Quneitra, and Tartous. The process was led by SARC's Partnership and Programme Support Department (PPSD) with a facilitation team from HQ consisting of members from the Disaster Management (DM) Department, overseen by SARC's Branch Development Steering Committee and supported by IFRC and ICRC. Results from the assessments undertaken in Hama, Homs, Latakia, Quneitra, and Tartous are described under strategic priority for Evolving Crises and Disasters. In May 2021, SARC shared its experience from this adapted PER process with other National Societies in the MENA region during an online knowledge exchange event organized by IFRC. This was an important contribution from SARC as more and more National Societies in the MENA region are using the PER for their organizational capacity assessments and prioritization of areas for improvement. The tool was adapted to the context and linked to SARC's Strategic Plan (2020-2022) and Branch Development Roadmap (2019-2021).
- In 2021, SARC continued to build its expertise in cash and voucher assistance. In April, SARC signed a Framework Agreement (FA) with a Financial Service Provider (FSP) for cash-based interventions, following a thorough procurement process with technical support from IFRC and the British Red Cross. This FA enabled the rapid implementation of multipurpose cash grants as a modality for humanitarian assistance

<sup>29</sup> Preparedness for Effective Response is a cyclical approach for a National Society to systematically assess, measure, and analyse the strengths and weaknesses of its response system in order to take remedial actions. The PER approach puts the NS in the driver's seat to construct a work-plan that, when implemented, will strengthen its overall response capacity. The approach complements other major RCRC Movement tools including the Organisational Capacity Assessment and Certification (OCAC), Branch Organisational Capacity Assessment (BOCA), and Safer Access Framework (SAF).

<p>and it also facilitated the use of cash grants as a modality to deliver livelihoods and health services such as cash for nutrition and cash for livelihoods inputs.</p> <ul style="list-style-type: none"> <li>In 2021 SARC staff and volunteers translated the updated IFRC Global National Response Team (NRT) training package into Arabic. This made the important curriculum accessible to Arab-speaking National Societies and it also ensured that SARC is abreast with the latest tools and methodologies in this technical area. In 2022, IFRC will continue to cooperate with SARC for the translation of key DRM materials into Arabic.</li> </ul>
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>SARC departments saw a number of personnel resignations and difficulty finding newly qualified staff throughout the operation. Reasons for resignation included the low salary, no possibility of career development, work pressure, and the overall situation in Syria. In April 2021, SARC effectively doubled staff compensation; however, with a sharp increase in prices, this did not make up for the loss in purchasing power. SARC will continue trying to keep critical staff in their positions by offering more staff development opportunities, and despite the downturn in the economy, SARC remains a well-regarded employer.</li> </ul>
<p><b>Lessons Learned</b></p> <ul style="list-style-type: none"> <li>IFRC and SARC aim to increase investment in the core of service delivery and proximity to vulnerable communities by supporting SARC's branch and sub-branches with tools and capacities, in their efforts of rebuilding resilience, promoting synergies at the local level in different initiatives, introducing participatory and gender-sensitive approaches, and mainstreaming cross-cutting approaches such as gender, CEA, and protection. With increased operational capacity and skilled staff and volunteers, SARC becomes better prepared to conduct activities to respond to the most urgent needs of communities. SARC's livelihoods projects are proving to be much needed and very successful. Livelihood programmes provide opportunities for families to become self-sufficient again. It reduces aid dependency, supports community strength and resiliency, food security, and helps to ensure access to health services and education.</li> </ul>

<p><b>International Disaster Response</b></p>
<p>SFI2.1: Effective and coordinated international disaster response is ensured</p>
<p><b>Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards</b></p>
<p><b>Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced</b></p>
<p><b>Narrative description of achievements</b></p>
<p><b>Supply chain and fleet services:</b></p> <p>This appeal contributed significantly to strengthen SARC's capacities in logistics, procurement and warehouse information management system. IFRC continued its general logistics support, complemented by regular guidance and direct support by MENA Regional Delegation, the Regional Logistics Hub in Dubai, and the in-country PNSs, especially the German Red Cross, Danish Red Cross, and other partners, for a coordinated supply chain management throughout the operation. SARC, IFRC, and German Red Cross maintained close cooperation in the field of enhancing logistics infrastructure and logistics capacity building. Since 2012, IFRC in coordination with the in-country PNSs conducted various logistics workshops and trained more than 200 SARC staff and volunteers from HQ and branches. Logistics quality assurance was implemented on a regular basis. The quality of relief items was regularly assessed and tested, and feedback was shared with partners and suppliers. A well managed and supported logistics allowed SARC to deliver more than 40,000 tonnes of imported relief items to tens of thousands of people in hard-to-reach areas, as well as in the internally displaced camps.</p>



*Figure 15: IFRC's monitoring visit to Tartous warehouse. In the field of logistics, IFRC continued providing continuous mentoring and coaching and supported SARC as well as the in-country PNSs in procurement and ensured uninterrupted supply chain throughout this operation. This appeal has contributed significantly to establish and strengthen SARC's logistics and warehouse capacity for timely mobilization of relief items to the affected communities. IFRC together with the German Red Cross established a central warehouse in Tartous and standardized warehouse management system that allowed SARC to account for relief items received, stored and dispatched. Photo: SARC*

IFRC mobilized surge support and also recruited procurement delegates based on need in order to manage the overall procurement pipeline and provide technical support to SARC to ensure compliance with IFRC procurement rules and procedures. Significant progress was made in timely follow-up on procurement processes and compliance with rules and regulations, and all procurements undertaken by SARC with the support from the IFRC were completed on time. IFRC worked closely with SARC's Logistics Department in all aspects across the supply chain. The focus was on strengthening the procurement planning, consolidation, and execution to ensure efficiency and accountability of the procurement processes. IFRC in Syria continued working with partners supporting logistics, warehousing, and procurement. For example, IFRC supported, in 2021, warehouse management in 17 sub-branches, as well as the core staff functions to ensure proper medical warehouse management.

#### **The coordinating role of the IFRC within the international humanitarian system is enhanced:**

SARC is the main national facilitator of international humanitarian assistance and maintains formal coordination and cooperation with 29 partners, including the International RCRC Movement, UN agencies, and national and international non-governmental organizations. Approximately half of the overall UN relief in Syria is delivered and

implemented by SARC, making it the largest provider of humanitarian assistance in the country. Partnerships with key stakeholders are crucial for IFRC to fulfilling its goal of supporting SARC.

IFRC has observer status on the Humanitarian Country Team (HCT) along with SARC and ICRC. In 2021, IFRC contributed to the work of the HCT, for example, to update the risk register during the HCT retreat. IFRC participated alongside SARC in the cluster meetings and working groups for food security and agriculture sector, health, cash and voucher assistance, shelter, and household items, among others. Activities conducted were carried out in coordination with local, national, and international stakeholders active in the relevant sectors.

IFRC supports SARC in its interventions through partnerships with the Government of Japan, DG-ECHO, USAID-BHA, Irish Aid, Austrian Development Agency, Canada's Department of Foreign Affairs, Trade and Development, and private and corporate donors. IFRC is also working to leverage its International Organization status in the partnerships with UN agencies, aiming for a more balanced and equitable agreement, which would benefit SARC institutionally in the longer term and elevate SARC from being a mere 'implementing partner'. In 2021, IFRC engaged SARC in a regional initiative with WHO and UNICEF on COVID-19 vaccinations and vaccine hesitancy.

When appropriate and necessary IFRC leads external livelihood-related coordination representing SARC and the Movement in coordination meetings with key stakeholders, such as the Food Security and Agriculture Sector, SARC partner INGOs, UN agencies, and others as required.

## **SFI2.2: The complementarity and strengths of the Movement are enhanced**

### **Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and SARC enhance their operational reach and effectiveness through new means of coordination**

#### **Narrative description of achievements**

The IFRC Syria delegation coordinates and collaborates closely in a Movement context which is complementary to the IFRC membership coordination. The Membership Coordination Meetings where ICRC has an observer status take place bi-weekly bringing together representatives of SARC, IFRC, ICRC, and in-country PNSs, to ensure good sharing of information, joint planning, efficient coordination of resources, and aligned strategies related to partners' support to SARC. The Strengthening Movement Coordination and Cooperation (SMCC) initiative was applied by all Movement partners in Syria. The objective of SMCC is to improve the way Movement partners work together and enhance coordination and cooperation, especially in response to large-scale emergencies. The context of Syria includes promoting common planning and analysis and coordinated activities and utilizing the specific expertise and know-how of respective Movement components to optimize the reach and quality of humanitarian assistance.

IFRC works together with SARC to promote complementarity and cooperation between different PNSs to deliver urgent humanitarian assistance in Syria. As of 2021, nine PNSs have had delegates in Syria and have been operating bilaterally: the British, Canadian, Danish, French, Finnish, German, Norwegian, Swedish, and Swiss Red Cross Societies. The Austrian, Japanese, and Netherlands Red Cross societies engage in support through their regional representations in Beirut, Lebanon. IFRC Country Delegation collaborates closely with all the in-country PNSs as this allows maximizing the opportunity to tap into the availability of resources both financially and technically. The ICRC and IFRC work closely together in Syria both on the strategic level and the operational and technical programmatic level in their support to SARC. IFRC, ICRC, and SARC cooperate closely around humanitarian diplomacy, developing common key messages for the use of all Movement partners in their strategic dialogue with donors, governments, and policymakers.

Different coordination mechanisms have been established to ensure continuity of support and guidance to SARC. For example, sectoral coordination meetings have been taking place to ensure solid technical coordination. On-demand, IFRC's Global Humanitarian Services, and Supply Chain Management have been providing international procurement services to PNSs through its established supply chain. The IFRC Syria delegation has been maintaining close collaboration with SARC at all levels and has aimed to continue the provision of technical



support in SARC's range of services, including emergency relief, livelihood, health, water and sanitation, community services, community engagement, inclusiveness and accountability (CEA), and NSD.

In 2021, regular IFRC Membership Coordination Meetings were initiated during the reporting period following a one-day workshop to define the purpose and agenda for the meetings. These meetings brought together SARC senior management and in-country IFRC Membership to discuss areas of common interest and coordinate joint efforts to strengthen SARC's organization and efficiency and effectiveness of operations and programmes. The meetings identified the need for improved coordination, and with the facilitation of the IFRC, SARC will embark on the development of an online open-source and Geographic Information System (GIS) based interactive platform/dashboard and a documents/repository database for improved Movement information sharing. In addition, IFRC developed a Movement-wide Humanitarian Diplomacy paper for the Syria operation in 2021.

A mapping of the various NSD initiatives was conducted by SARC with the support from IFRC to take stock of the numerous areas and to serve as a baseline for prioritization of development and capacity enhancement initiatives. The mapping enabled partners with similar NSD interests and technical expertise to join efforts in supporting SARC for more effective and cost-efficient results. Following a request for technical support on this file, an agreement was entered into between SARC, IFRC, ICRC, and the Danish Red Cross (DRC), where the latter provided technical support to SARC's Performance and Partnership Support Department (PPSD) during 2021 on behalf of the Movement in Syria. In addition to providing technical support, DRC's Global NSD delegate supported Movement coordination on NSD. This was a practical example of a coordinated Movement approach, drawing from existing Federation-wide resources and collective responsibilities for National Society development and capacity strengthening.

IFRC together with SARC and ICRC continued their participation in the yearly Syria Pledging Conferences. The participation provided a good platform for SARC for leveraging humanitarian diplomacy and emphasized its neutrality and impartiality in the international fora. SARC also provided its briefing to the Security Council on the effects of sanctions and restrictive measures on humanitarian operations in Syria. Ahead of the Brussels pledging conference in March 2021, which coincided with the 10-year mark since the start of the crisis, IFRC together with SARC and ICRC developed key messages and reactive lines that were shared with all IFRC Members to support a joint advocacy effort vis-à-vis back donors and stakeholders. SARC, IFRC, and ICRC delivered speeches at the conference portraying the plight of the people in Syria and raising awareness about the significant collected work by the Movement in Syria and neighboring countries.

## Challenges

- Over the decade, SARC responded to several crises and disasters that increased the vulnerabilities of the Syrian communities. The following were supported by IFRC either through the launch of an Emergency Appeal. These included Wildfires (October 2020), Droughts (October 2021), and Al-Hasakeh Floods (March 2019). These disasters created an additional burden on SARC response capacity, as well as temporary suspension of ongoing relief interventions. To meet the urgent humanitarian needs arising from these additional disasters, IFRC mobilized resources to support SARC interventions through the DREF operation and Emergency Appeal mechanism. SARC response details can be found [here](#).
- An international sanction, a restriction on the movement of goods, and a critical lack of protective equipment for staff and volunteers were just some of the challenges that have dramatically impacted operations in Syria since the outbreak of the COVID-19 pandemic. The pandemic accelerated the economic downturn by further reducing already sparse income-generating opportunities in a context where 50% of the working-age population are now estimated to be unemployed with 300,000 having lost their jobs since March 2020.
- The operating environment for the National Society and IFRC was changing rapidly which created new challenges each time. Although SARC had good access to most of the country, at a certain point, the National Society had ad-hoc access to some of the conflict areas. SARC clinics and ambulance services were pushed out of those areas either due to security issues or had limited access after one year of delivering humanitarian services. At the same time, the import and transportation of relief items, medical equipment, medicine, and other services remained challenging due to increasing international sanctions and unprecedented price rises.

IFRC, in consultation with SARC and other Movement partners, worked on alternative modalities between international and national procurement, depending on the availability, price, quality, and delivery time of different goods and services.

### Lessons Learned

- With the closure of the Emergency Appeal in December 2021, IFRC refocused its priorities in Syria with less support for operations and increased efforts on NSD. In 2022, IFRC will recruit an NSD delegate that is a shared Movement resource based in Syria to support SARC in a critical time being at the crossroads of having to define its future priorities as a relevant humanitarian actor and embarking on the planning process for its next Strategic Planning.
- Maintaining a balanced coordination approach was important for IFRC throughout the operation. IFRC managed this crucial mandate to a certain degree and institutionalization of membership coordination was partly possible. Membership coordination should go in parallel with the humanitarian diplomacy and NSD file in order to maximize the benefits of Movement presence. For such a massive appeal, IFRC had a small country team that focused on implementation for obvious reasons. Also, there were only a few PNSs, and their number increased from 2015 onwards.

## Influence others as leading strategic partner

**Outcome SFI3.1.2: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable**

**Output SFI3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming**

### Narrative description of achievements

In 2021 extensive efforts were undertaken to build the profile of SARC and the IFRC network in Syria to ensure that the various stakeholders understand and appreciate the role of the Movement including its different mandates. Meetings were held with various embassy representatives, permanent missions, and global institutions, such as the World Bank, highlighting the added value as a local and volunteer-driven actor with trusted community access with the capacity to serve hard-to-reach persons in need. Efforts were taken to ensure the continued and increased trust in the integrity, transparency, and principled approach of SARC and the Movement in Syria. IFRC developed humanitarian diplomacy papers and key messages that were widely distributed among the IFRC membership.

The IFRC Secretary General and the MENA Regional Director undertook a mission to Syria in June 2021. This mission included high-level meetings with the Ministry for Foreign Affairs and Expatriates. IFRC during the reporting period took the first steps in implementing its legal Status Agreement that offers a clear and strong legal-based for the IFRC presence in Syria.

Due to the overall diminishing funding for Syria, the politicization of aid with grant terms and conditions that cannot be aligned with IFRC's global policies and procedures or adjusted for specific contexts such as Syria, the IFRC Syria country delegation was not able to secure the anticipated funding in 2021, despite the significant increase in efforts. IFRC has been making efforts to support SARC to diversify its funding sources and SARC in 2021 submitted a successful application for a bridge grant from the National Society Investment Alliance that focused on the branch and volunteer development. In 2021, IFRC prioritized its efforts to strengthen partnership and funding mechanisms for Syria. Some of the key initiatives undertaken were as follow:

- Developed the Partners Engagement Plan.
- Mapped the in-country partners.
- Started the bi-weekly membership coordination meetings.
- Disseminated the closure of the Syria Emergency Appeal.
- Promoted the Syria Crisis Country Plan for 2021.

IFRC had commissioned various studies and reviews to assess the response operation in terms of delivery, quality, impact on affected communities, coordination, and accountability to the partners. This includes the Real Time Evaluation (RTE) in 2014, Mid-Term Review (MTR) in 2018, and a final evaluation in 2021. The findings from the RTE and MTR were used to redesign and scale-up IFRC-supported interventions in Syria. The final reports of both the exercises are available [here](#). In 2021, MENA Regional Director commissioned a final evaluation to assess the relevance, effectiveness, efficiency, quality, and sustainability through the programmatic lens. The final evaluation will be completed in the first half of 2022; the recruitment process of the lead consultant is in the process at the time of writing this report.

By March 2017, the IFRC MENA Regional Delegation developed a Movement-Wide Reporting (MWR) mechanism for the Syria Crisis. This was implemented as part of the Council of Delegates Resolution on SMCC and the subsequent Movement Communication Strategy. In December 2019, IFRC and ICRC jointly organized the MWR-SYRIA workshop and its Way Forward in Amman, Jordan. With the evolving context of the Syria crisis, more than 10 rounds of data were collected, and IFRC conducted a review in 2019.

SARC's Information Management (IM) unit, which is part of the PPSD, has an extensive team of professional staff and volunteers at HQ and in all 14 branches in all governorates in Syria and has an instrumental role in SARC's operations and programmes. SARC has, over the years of the crises, built up a very professional IM team consisting of staff and volunteers across the country, including those at branches and sub-branches. These locally based IM experts support local programming in data collection through surveys and monitoring, analysis, and reporting that support a unified and integrated local response based on community participation and evidence. In 2021, the IFRC supported key staff positions and volunteers in all these locations. A training of trainers (ToT) was conducted for 23 people, and many more received on-the-job coaching and learning in data literacy, analysis, and presentation. The IM unit's support for programmes and partners also included providing them with assessment tools and analysis (analysis and presentation of 253 Open Data Kit assessments and the design of 74 new Open Data Kit questionnaires), professional reports and standardized reporting templates, dashboards, and many infographic reports and maps, which numbered more than 370 maps. The IM unit is also responsible for the production of monthly warehouse and stock movement reports, collating information from all SARC warehouses across Syria. These products and functions contributed towards better programme reporting, managing, and analyzing data for informed decisions, programme accountability, and producing visual maps and infographics in order to demonstrate results.

IFRC recognized the need for a more structured, systematic, and strategic approach to operational planning for which technical assistance and orientation were provided to SARC. In 2021, SARC moved from activity-oriented planning to planning aligned with the SARC's Strategic Plan 2020-2022. Under the leadership of the PPSD department, all programmes and operations were guided in how to do their planning for 2022 in order to ensure all plans are aligned with SARC's Strategic Plan. The IFRC supported the development of planning templates for the process. In 2019, Monitoring, Evaluation, Accountability, and Learning (MEAL) assessments were conducted parallel to PER assessments to identify gaps for strengthening capacities in monitoring, evaluation, and reporting at the branch level. SARC has been engaging in the use of digital data collection applications and analysis platforms. Volunteers have been trained on the use of data collection systems, such as Open Data Kit (ODK), to collect and analyze data on PDMs and beneficiary satisfaction surveys. The SARC IM is closely coordinating with SARC's MEAL unit and heads of sectors and partners in developing efficient data collection systems.

For this response operation, a special Syria section was created on [DMIS](#) and IFRC communication platform, to facilitate access to the latest information for donors and the RCRC partners. With the successful completion of the global digital transformation project, all key emergency information products and data are now available on the IFRC GO platform ([www.go.ifrc.org](http://www.go.ifrc.org)).

IFRC worked with SARRC to establish its radio equipment and telecommunications. This support enhanced SARC's overall field communications when lines were disrupted. IFRC recruited communications development delegates

and reinforced SARC's profile by strengthening its communications capacities. In 2021, SARC's Communications Department was trained on using digital platforms in the best possible way for preparedness, response, as well as reporting purposes. The trainings included, for example, the management of social media, developing risk communications content, and strategic communications. IFRC also supported SARC in developing and conducting the campaign marking the ten years of the crisis in Syria, as well as provided technical guidance on implementing communications workshops for the Communications Focal Points in the branches.

#### Challenges

- Projecting and planning for the increasing expectations on SARC as the main humanitarian assistance provider in Syria was important in the context of a deepening crisis that has brought new groups of the population previously less affected by the conflict into poverty. This put more pressure on ensuring SARC's emergency response readiness and securing funding for the continuity of its health care facilities, including trained staff and medicines.
- With no common political agreement among the international actors and the Syrian Government insight, resources, and support for humanitarian work in Syria have steadily diminished and continued to render millions of Syrians extremely vulnerable. The change in the humanitarian situation in Afghanistan and Ukraine is also creating an impact.

#### Lessons Learned

*Nothing to report*

## Effective, credible and accountable IFRC

### SFI4.1: The IFRC enhances its effectiveness, credibility and accountability

**Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders**

**Output S4.1.4: Staff security is prioritized in all IFRC activities**

#### Narrative description of achievements

IFRC's Syria-based team during the reporting period included technical expertise in livelihood, procurement, physiotherapy specialist, finance and administration, PRD, MEAL, and PMER, in addition to the head of Country Delegation and Program Manager. Due to COVID-19 restrictions and precautions, two positions, MEAL and PMER, worked mostly remotely. In addition, the IFRC MENA regional Emergency Health officer technically supported SARC's health programme interventions with frequent visits to Syria. These visits proved instrumental in engaging with SARC and facilitating coordination among partners. With this team in place, IFRC, in 2021, was able to provide more effective support to SARC in terms of project management and follow-up, including financial planning and reporting.

The IFRC Syria team continuously provided support to SARC through conducting monitoring sessions with the finance staff on key procedures and on the implementation of risk management frameworks. Moreover, during 2021, IFRC took the lead to support the development and review of policies through technical support to keep SARC up-to-date with regulations and technology. IFRC regional delegation assisted SARC and IFRC country delegation in developing project proposals and closely monitored pledges and donor requirements were met during the implementation and at the time of reporting, as well.

IFRC has been supporting SARC to undertake PDM, as well as a beneficiary satisfaction survey. IFRC supported SARC departments to institutionalize M&E systems and procedures. Since the first quarter of 2017, specific support was provided to SARC with the overarching PMEAL plan of action and developed PDM questionnaires which were used to conduct PDM exercises. Also, assisted SARC health department and developed patient feedback survey questionnaires, which were used during the pilot surveys. All programmes in SARC are now routinely conducting PDM exercises after interventions as well as beneficiary satisfaction assessments for services provided. The information collected from these exercises has provided SARC with essential data that



helps SARC gain a better understanding of the living conditions of populations affected by the crisis, in addition to monitoring the relevance, effectiveness, efficiency, and impact of the SARC programmes. As an example, complaints and feedback mechanisms were present in all branches. Monitoring was done in various ways including field visits (direct observation), data analysis, stakeholder feedback, and lessons learned workshops. Monitoring surveys were also completed across all the projects with baselines, PDM, post-harvest monitoring, post-training evaluation, and end-lines in all livelihood projects. IFRC supported SARC to design the templates and analyze the data obtained in the surveys to collect the beneficiary's feedback, measure and ensure the relevancy of the livelihoods programming, to reinforce accountability and level of satisfaction of the beneficiaries (the commodities received in terms of quantity and quality as well as their utilization), appropriateness of the assistance provided, and identify any improvement when implementing similar activities in the future.

Supported by IFRC's regional CEA senior officer and in-country Movement partners, SARC, in 2021, endorsed its strategy for the institutionalization of CEA. SARC recognizes and values community members as equal partners, whose opinions are heard and used to design and guide its work. SARC achieved this by integrating meaningful community participation, open and honest communication, and mechanisms to listen to and act on feedback within programmes and operations. SARC's approach to CEA is guided by interconnectivity between a set of distinct components. These include feedback mechanisms and SOPs, participatory assessments, policies, and procedures, including Protection from Sexual Exploitation and Abuse (PSEA), Code of Conduct, Anti-corruption guidelines, and monitoring and reporting mechanisms on programme and operational achievements, with a clear distribution of roles and responsibilities of CEA across SARC. SOPs for CEA and feedback mechanisms are currently being developed with technical support from the Swedish Red Cross and will support the roll-out and institutionalization of the new CEA Strategy. These are aligned with the IFRC CEA framework. In 2021, with the support from the Swedish and Canadian Red Cross, a total of 49 SARC staff from both HQ and the health clinics were trained on CEA in general and on feedback mechanisms in particular. A core group of 10 staff drafted the first SOP for a clinic feedback mechanism that was piloted in three primary health clinics. This work also interlinked SARC's programmatic departments with the MEAL and IM units. Based on the experience and learning from the pilot, a closed-loop feedback mechanism will be developed in 2022 applicable to all SARC programmes and operations.

IFRC country delegation coordinated all security measures with SARC and ICRC. Location-specific security briefing provided to IFRC staff, with the provision of radio equipment. Close security coordination with the SARC, ICRC, and PNS is observed through regular information-sharing channels. As per the existing mechanism, ICRC provided security services to IFRC and all in-country PNSs in line with the Movement Security Framework. ICRC, together with SARC, monitored the evolution of the security situation in the country. ICRC provided regular security updates, which were further distributed to the Movement partners by the IFRC, and also provided alerts and on-request briefings on the general situation and specific subjects as needed. All SARC staff and volunteers were encouraged to complete the IFRC Stay Safe e-learning courses, i.e., Stay Safe Personal Security, Stay Safe Security Management, and Stay Safe Volunteer Security online training.

The work on finalizing the Movement Security Framework Agreement continued during 2021. The Agreement clarified and outlined the roles and responsibilities of each Movement Partner when it came to security. While SARC continued as the Lead Agency, including the lead on security support, the ICRC also continued to provide strong security support to all Movement partners.

IFRC regional security delegate conducted two missions to Syria in 2021 to assess the overall situation in the country and provide guidance. IFRC security focal points are kept in coordination with SARC operations for situational monitoring and contingency mapping. The IFRC maintained close coordination with SARC and all the Movement partners in Syria on security matters. Situational and context monitoring continues on a daily basis with any key incidents or concerns followed up directly between respective Movement partners. Discussions and planning on contingency plans occur periodically.

## Challenges

- International sanctions that were imposed on Syria following the Caesar Act and were extended until June 2022 negatively impacted fund transfers to Syria causing major delays in the implementation of the operations. Difficulties in receiving funds in-country during 2020 and 2021 impacted severely the country delegation's ability to undertake its planned support to SARC during this period. Secondly, the accompanying effect of unprecedented price rise and high inflation rates caused by the economic crisis and collapse of the Syrian Pound against the US Dollar from around 490 in January 2020 to an all-time high at 4,000 in March 2021 resulted in the revision of the project budgets and significantly impacted all procurement of agreements with the suppliers. Following a series of consultations at various levels, a special arrangement was made that allowed IFRC transfer the working advance to SARC. As a contingency plan to avoid such gaps in the future, the Syria delegation in 2021 ensured earlier cash transfer requests and completed the opening of the bank account, as well as new framework agreements signed with the local suppliers.
- Operating in an environment of deepening economic crises, fluctuations in the exchange rate resulting in very high inflation and diminishing donor funding required close budget management and flexibility in the reallocation of funding. The increase in the preferential rate for humanitarian organizations granted by the central bank in April 2021 to 2,500 SYP/USD (at a time when the unofficial market rate reached 4,000 SYP/USD) did not completely fill the funding gap brought about by the significant price increase and resulted in a reprioritization of activities to ensure critical programmes could continue.
- The slow replacement of some of the key technical positions within the IFRC country delegation such as the health coordinator, supply chain and logistics delegate, NSD, and disaster management positions were extremely concerning given the high-risk context, largely relief focused emergency operation, and the decision to conduct local procurement through the National Society.

## Lessons Learned

- For this emergency appeal, IFRC received a good funding response from its partners and donors. At a certain stage, the funding environment became complex and started declining after international sanctions were put in place, with the politicization of the operational context and the funding environment in general. The important aspect of multilateral funding to IFRC appeal was the flexibility to respond to the needs in complex and ever-evolving needs. The flexible funding allowed IFRC to support SARC interventions to meet unmet needs and expand services to the most vulnerable people in hard-to-reach areas, where other agencies had limited access.
- In a very dynamic and complex operating environment, IFRC and its partners need to be flexible to position as one Movement and as an organization with the right policies, procedures, guidelines, and funding, in order to assist more people who are in need of RCRC assistance in a time when increasing needs are driven by a declining economic situation.
- While managing an operation of such a big scale and complexity, it is important that IFRC works with a gradual scaling down strategy, in parallel to institutional strengthening with the National Society. IFRC had huge funding without having a proper implementable strategy to scale down or migrate from the emergency platform to a more sustainable long-term programming with a strong NSD component. The plan for scaling down was developed together with SARC in 2021 when 80% of funds were slashed. This does not allow SARC to adapt its operation gradually over the years. A scenario planning on the funding situation based on risk assessment, especially analyzing the political implication of the IFRC appeal funding is extremely critical. The mitigation strategy needs to be developed and made operational well in advance and in line with the future direction of such a protracted crisis.

## D. Financial Report

The IFRC is publishing a preliminary final financial report because there are audits and evaluation provisions. Once replaced with the actuals, the IFRC will publish the final report.

*As per the attached preliminary final financial report, this Emergency Appeal is closed as follows:*

- The total funding requirement of the Appeal was **CHF 208,882,000 million**, and the funding received was **CHF 187,378,435**
- The total expenditure was **CHF 185,355,180** and the total unspent balance is CHF 2,282,085. The IFRC is proposing to the donors to reallocate this unspent balance (unearmarked) to the [Syria Crisis Country Plan 2022](#) upon the donor's approval.

Partners and donors who may have any questions regarding this balance are kindly requested to contact Luca Peciarolo [Luca.PECIAROLO@ifrc.org](mailto:Luca.PECIAROLO@ifrc.org) within 30 days of publication of this final report. Pass this date, the relocation will be processed as indicated.

[bo.ifrc.org](#) > Public Folders > Finance > Donor Reports > Appeals and Projects > Emergency Appeal - Standard Report

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## Emergency Appeal

### PRELIMINARY FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2012/7-2022/5	Operation	MDRSY003
Budget Timeframe	2012-2022	Budget	APPROVED

Prepared on 23 Jun 2022

All figures are in Swiss Francs (CHF)

### MDRSY003 - Syria - Syria Complex Emergency

Operating Timeframe: 06 Jul 2012 to 31 Dec 2021; appeal launch date: 06 Jul 2012

## I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	82,762,000
AOF2 - Shelter	9,918,000
AOF3 - Livelihoods and basic needs	27,776,000
AOF4 - Health	30,879,000
AOF5 - Water, sanitation and hygiene	14,678,000
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	19,469,000
SFI2 - Effective international disaster management	4,517,000
SFI3 - Influence others as leading strategic partners	262,000
SFI4 - Ensure a strong IFRC	18,621,000
<b>Total Funding Requirements</b>	<b>208,882,000</b>
<b>Donor Response* as per 23 Jun 2022</b>	<b>187,378,435</b>
<b>Appeal Coverage</b>	<b>89.71%</b>

## II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	74,377,448	74,345,760	31,688
AOF2 - Shelter	6,052,959	7,577,727	-1,524,768
AOF3 - Livelihoods and basic needs	42,214,331	41,792,830	421,501
AOF4 - Health	33,722,019	31,888,271	1,833,749
AOF5 - Water, sanitation and hygiene	8,536,656	8,538,641	-1,985
AOF6 - Protection, Gender & Inclusion	8	8	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	11,430,244	10,425,114	1,005,130
SFI2 - Effective international disaster management	834,173	851,659	-17,486
SFI3 - Influence others as leading strategic partners	741,784	660,927	80,856
SFI4 - Ensure a strong IFRC	9,111,491	9,274,244	-162,753
<b>Grand Total</b>	<b>187,021,113</b>	<b>185,355,180</b>	<b>1,665,933</b>

## III. Operating Movement & Closing Balance per 2022/05

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	187,637,265
Expenditure	-185,355,180
<b>Closing Balance</b>	<b>2,282,085</b>
Deferred Income	2,325
Funds Available	2,284,410

## IV. DREF Loan

* not included in Donor Response	Loan :	Reimbursed :	Outstanding :
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# Emergency Appeal

## PRELIMINARY FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2012/7-2022/6	Operation Budget	MDRSY003
Budget Timeframe	2012-2022	Budget	APPROVED

Prepared on 23 Jun 2022

All figures are in Swiss Francs (CHF)

### MDRSY003 - Syria - Syria Complex Emergency

Operating Timeframe: 06 Jul 2012 to 31 Dec 2021; appeal launch date: 06 Jul 2012

#### V. Contributions by Donor and Other Income

Opening Balance						0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Airbus	37,852				37,852	
Amazon	89				89	
American Red Cross	1,080,570	144,105			1,224,675	
Andorran Red Cross	7,578				7,578	
Australian Red Cross	1,509,988				1,509,988	
Austrian Government	0				0	
Austrian Red Cross	30,290				30,290	
Austrian Red Cross (from Austrian Government*)	3,318,354				3,318,354	
Austria - Private Donors	975				975	
Belgian Red Cross (Flanders)	69,384	153,544			222,928	
Belgian Red Cross (Francophone) (from Belgian Feder	358,399				358,399	
Belgium - Private Donors	283				283	
BG Group	570				570	
British Red Cross	11,095,033	10,813,019	23,017		21,781,089	
British Red Cross (from British Government*)	3,504,290				3,504,290	
British Red Cross (from DEC (Disasters Emergency Co	1,702,888				1,702,888	
British Red Cross (from Great Britain - Private Donors*)	4,140				4,140	
British Red Cross (from Unidentified donor*)	27,207				27,207	
Canadian Government	0				0	
China Red Cross, Hong Kong branch	70,943	78,857			149,800	
Danish Red Cross	2,364,559	149,851			2,514,410	
Danish Red Cross (from Danish Government*)	112,000				112,000	
Danish Red Cross (from European Commission - DG E	8,212,879				8,212,879	
Danish Red Cross (from Ramboll Group A/S*)	137,922				137,922	
Dawn Al-Qayyad	264,543				264,543	
European Commission - DG ECHO	11,727,800				11,727,800	
Finnish Red Cross	832,284	1,020,372	538,520		2,391,176	
Finnish Red Cross (from Finnish Government*)	8,831,845				8,831,845	
France - Private Donors	2,489				2,489	
Fundraising Fees				-18,889	-18,889	
German Red Cross	40,480				40,480	
German Red Cross (from German Government*)	270,881				270,881	
Germany - Private Donors	633				633	
Google	200				200	
Great Britain - Private Donors	4,308				4,308	
ICRC	300,000				300,000	
IFRC at the UN Inc	978				978	
International Arab Charity	7,439				7,439	
Ireland - Private Donors	1,238				1,238	
Irish Government	2,515,809				2,515,809	
Irish Red Cross Society	595,858				595,858	
Italian Government Bilateral Emergency Fund	181,089				181,089	
Italian Red Cross	381,448				381,448	
Italian Red Cross (from Italian Government*)	511,847				511,847	
Japanese Government	2,032,858				2,032,858	
Japanese Red Cross Society	2,121,783				2,121,783	
JK Group Inc.	447				447	
Juniper Networks	9				9	
Kuwait Red Crescent Society	457,792				457,792	
Luxembourg Government	124,797				124,797	

# Emergency Appeal

## PRELIMINARY FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2012:07-2022:05	Operation	MDRSY003
Budget Timeframe	2012-2022	Budget	APPROVED

Prepared on 23 Jun 2022

All figures are in Swiss Francs (CHF)

### MDRSY003 - Syria - Syria Complex Emergency

Operating Timeframe: 06 Jul 2012 to 31 Dec 2021; appeal launch date: 06 Jul 2012

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Luxembourg - Private Donors	153				153	
NetApp	22				22	
Netherlands - Private Donors	11				11	
New Zealand Red Cross	302,036				302,036	
Norwegian Red Cross	2,885,017	62,432			2,947,449	
Norwegian Red Cross (from Norwegian Government*)	14,511,130				14,511,130	
On Line donations	206,198				206,198	
On Line donations (from Aland Islands - Private donors)	78				78	
On Line donations (from Albania - Private donors*)	3				3	
On Line donations (from Andorra - Private Donors*)	11				11	
On Line donations (from Antigua And Barbuda - Private Donors*)	3				3	
On Line donations (from Argentina - Private Donors*)	13				13	
On Line donations (from Armenia - Private Donors*)	1				1	
On Line donations (from Australia - Private Donors*)	4,343				4,343	
On Line donations (from Austria - Private Donors*)	81				81	
On Line donations (from Azerbaijan Private Donors*)	18				18	
On Line donations (from Bahamas - Private Donors*)	0				0	
On Line donations (from Bahrain - Private Donors*)	1,384				1,384	
On Line donations (from Bangladesh - Private Donors*)	5				5	
On Line donations (from Barbados - Private Donors*)	28				28	
On Line donations (from Belarus - Private Donors*)	10				10	
On Line donations (from Belgium - Private Donors*)	227				227	
On Line donations (from Bermuda - Private Donors*)	107				107	
On Line donations (from Bhutan - Private donors*)	20				20	
On Line donations (from Bolivia Private Donors*)	1				1	
On Line donations (from Bosnia And Herzegovina - Private Donors*)	0				0	
On Line donations (from Botswana - Private donors*)	22				22	
On Line donations (from Brazil - Private Donors*)	788				788	
On Line donations (from British Indian Ocean Territory)	4				4	
On Line donations (from Brunei - Private Donors*)	930				930	
On Line donations (from Bulgaria - Private Donors*)	238				238	
On Line donations (from Cambodia - Private Donors*)	2				2	
On Line donations (from Cameroon Private donors*)	0				0	
On Line donations (from Canada - Private Donors*)	3,991				3,991	
On Line donations (from Cayman Islands - Private Donors*)	1				1	
On Line donations (from Chad - Private donors*)	1				1	
On Line donations (from Chile Private Donors*)	88				88	
On Line donations (from China - Private Donors*)	1,817				1,817	
On Line donations (from Colombia - Private Donors*)	49				49	
On Line donations (from Costa Rica - Private Donors*)	37				37	
On Line donations (from Croatia - Private Donors*)	31				31	
On Line donations (from Cuba - Private donors*)	1				1	
On Line donations (from Cyprus - Private Donors*)	539				539	
On Line donations (from Czech private donors*)	115				115	
On Line donations (from Denmark - Private Donors*)	118				118	
On Line donations (from Dominican Republic - Private Donors*)	14				14	
On Line donations (from Dominica Private Donors*)	8				8	
On Line donations (from Ecuador - Private Donors*)	93				93	
On Line donations (from Egypt - Private Donors*)	741				741	
On Line donations (from Estonia - Private donors*)	4				4	
On Line donations (from Falkland Islands (Malvinas) - Private Donors*)	5				5	
On Line donations (from Fiji Private Donors*)	15				15	
On Line donations (from Finland - Private Donors*)	188				188	
On Line donations (from France - Private Donors*)	1,890				1,890	

# Emergency Appeal

## PRELIMINARY FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2012-2022	Operation	MDRSY003
Budget Timeframe	2012-2022	Budget	APPROVED

Prepared on 23 Jun 2022

All figures are in Swiss Francs (CHF)

### MDRSY003 - Syria - Syria Complex Emergency

Operating Timeframe: 06 Jul 2012 to 31 Dec 2021; appeal launch date: 06 Jul 2012

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
On Line donations (from French Guiana - Private dono	98				98	
On Line donations (from Georgia Private Donors")	8				8	
On Line donations (from Germany - Private Donors")	728				728	
On Line donations (from Ghana Private Donors")	2				2	
On Line donations (from Gibraltar - Private donors")	31				31	
On Line donations (from Great Britain - Private Donors	12,447				12,447	
On Line donations (from Greece - Private Donors")	488				488	
On Line donations (from Greenland - Private donors")	4				4	
On Line donations (from Guam - Private donors")	4				4	
On Line donations (from Guatemala Private donors")	3				3	
On Line donations (from Guernsey - Private donors")	14				14	
On Line donations (from Guyana Private Donors")	1				1	
On Line donations (from Haiti- Private Donors")	0				0	
On Line donations (from Holy See (Vatican City State)	1				1	
On Line donations (from Hong Kong - Private Donors")	1,055				1,055	
On Line donations (from Hungarian - Private Donors")	82				82	
On Line donations (from Icelandic RC")	3				3	
On Line donations (from India - Private Donors")	1,897				1,897	
On Line donations (from Indonesia - Private Donors")	275				275	
On Line donations (from Iranian private donors")	0				0	
On Line donations (from Ireland - Private Donors")	445				445	
On Line donations (from Isle Of Man - Private donors")	3				3	
On Line donations (from Israel - Private Donors")	40				40	
On Line donations (from Italy - Private Donors")	289				289	
On Line donations (from Jamaica - Private Donors")	0				0	
On Line donations (from Japan - Private Donors")	1,124				1,124	
On Line donations (from Jersey - Private donors")	3				3	
On Line donations (from Jordan - Private Donors")	58				58	
On Line donations (from Kazakhstan - Private Donors"	182				182	
On Line donations (from Kenya - Private Donors")	21				21	
On Line donations (from Kosovo - Private donors")	3				3	
On Line donations (from Kuwait - Private Donors")	1,301				1,301	
On Line donations (from Latvia - Private Donors")	10				10	
On Line donations (from Lebanese - Private Donors")	132				132	
On Line donations (from Lithuania- Private Donors")	48				48	
On Line donations (from Luxembourg - Private Donors	131				131	
On Line donations (from Macao - Private donors")	18				18	
On Line donations (from Malaysia - Private Donors")	2,119				2,119	
On Line donations (from Maldives Private Donors")	6				6	
On Line donations (from Malta - Private Donors")	120				120	
On Line donations (from Mauritius Private Donors")	18				18	
On Line donations (from Mexico - Private Donors")	171				171	
On Line donations (from Moldova, Republic Of - Privat	3				3	
On Line donations (from Mongolia - Private Donors")	0				0	
On Line donations (from Morocco Private Donors")	30				30	
On Line donations (from Myanmar - Private Donors")	22				22	
On Line donations (from Namibia - Private Donors")	5				5	
On Line donations (from Nepal Private Donors")	10				10	
On Line donations (from Netherlands Antilles - Private	1				1	
On Line donations (from Netherlands - Private Donors"	272				272	
On Line donations (from New Caledonia Private Donor	28				28	
On Line donations (from New Zealand - Private Donor	531				531	
On Line donations (from Nicaragua Private Donors")	1				1	
On Line donations (from Nigeria private donors")	18				18	

# Emergency Appeal

## PRELIMINARY FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2012/7-2022/5	Operation Budget	MDRSY003 APPROVED
Budget Timeframe	2012-2022		

Prepared on 23 Jun 2022

All figures are in Swiss Francs (CHF)

### MDRSY003 - Syria - Syria Complex Emergency

Operating Timeframe: 06 Jul 2012 to 31 Dec 2021; appeal launch date: 06 Jul 2012

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
On Line donations (from Northern Mariana Islands - Private Donors")	0				0	
On Line donations (from Norway - Private Donors")	492				492	
On Line donations (from Oman - Private Donors")	412				412	
On Line donations (from Pakistan Private Donors")	281				281	
On Line donations (from Panama Private donors")	647				647	
On Line donations (from Peru - Private Donors")	29				29	
On Line donations (from Philippines - Private Donors")	143				143	
On Line donations (from Poland - Private Donors")	500				500	
On Line donations (from Portuguese - Private Donors")	185				185	
On Line donations (from Puerto Rico - Private donors")	113				113	
On Line donations (from Qatar Private Donors")	1,509				1,509	
On Line donations (from Republic of Korea - Private Donors")	148				148	
On Line donations (from Reunion - Private donors")	29				29	
On Line donations (from Romania Private Donors")	120				120	
On Line donations (from Russia - Private Donors")	423				423	
On Line donations (from Saint Helena - Private donors")	1				1	
On Line donations (from Salvador - Private Donors")	0				0	
On Line donations (from Saudi Arabia - Private Donors")	1,609				1,609	
On Line donations (from Serbia - Private Donors")	2				2	
On Line donations (from Seychelles private donors")	29				29	
On Line donations (from Sierra Leone - Private Donors")	17				17	
On Line donations (from Singapore - Private Donors")	4,142				4,142	
On Line donations (from Slovakia Private Donors")	19				19	
On Line donations (from Slovenia - Private Donors")	15				15	
On Line donations (from South Africa - Private Donors")	355				355	
On Line donations (from Spain - Private Donors")	583				583	
On Line donations (from Sri Lanka - Private Donors")	51				51	
On Line donations (from St Kitts and Nevis Private donors")	5				5	
On Line donations (from Swedish - Private Donors")	702				702	
On Line donations (from Switzerland - Private Donors")	2,180				2,180	
On Line donations (from Syria Private Donors")	90				90	
On Line donations (from Taiwan - Private Donors")	940				940	
On Line donations (from Tajikistan - Private Donors")	5				5	
On Line donations (from Tanzania - Private Donors")	1				1	
On Line donations (from Thailand - Private Donors")	529				529	
On Line donations (from Trinidad & Tobago - Private Donors")	788				788	
On Line donations (from Tunis Private Donors")	1				1	
On Line donations (from Turkey - Private Donors")	371				371	
On Line donations (from Uganda - Private Donors")	0				0	
On Line donations (from Ukraine private donors")	31				31	
On Line donations (from Unidentified donor")	2,104				2,104	
On Line donations (from United Arab Emirates - Private Donors")	10,455				10,455	
On Line donations (from United States - Private Donors")	89,393				89,393	
On Line donations (from Uruguay - Private Donors")	5				5	
On Line donations (from Venezuela - Private Donors")	5				5	
On Line donations (from Vietnam - Private Donors")	80				80	
On Line donations (from Virgin Islands, U.S. - Private Donors")	0				0	
On Line donations (from Zimbabwe - Private Donors")	2				2	
Other	1,330,457		40,613		1,377,070	
Poland - Private Donors	147				147	
Procter & Gamble	48,984				48,984	
Red Crescent Society of the Islamic Republic of Iran	30,000				30,000	
Red Cross of Monaco	14,472				14,472	
Romanian Red Cross	241				241	



# Emergency Appeal

## PRELIMINARY FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2012/7-2022/6	Operation	MDRSY003
Budget Timeframe	2012-2022	Budget	APPROVED

Prepared on 23 Jun 2022

All figures are in Swiss Francs (CHF)

### MDRSY003 - Syria - Syria Complex Emergency

Operating Timeframe: 06 Jul 2012 to 31 Dec 2021; appeal launch date: 06 Jul 2012

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Royal Bank of Canada	137				137	
Runtastic	71				71	
SAP	27				27	
Singapore Red Cross Society	14,487				14,487	
Spanish Red Cross	166,191	514,785			680,976	
Suncor Energy Inc.	238,891				238,891	
Supreme Master Ching Hai	58,388				58,388	
Swedish Red Cross	26,070,644		522,390		26,593,034	
Swedish Red Cross (from Radiohjälpen (Sveriges Tele	688,424				688,424	
Swedish Red Cross (from Swedish Government")	7,348,827				7,348,827	
Switzerland - Private Donors	3,023				3,023	
Syrian Arab Red Crescent			159,800		159,800	
Taiwan Red Cross Organisation	432,829				432,829	
The Canadian Red Cross Society	695,624	121,195	113,290		930,109	
The Canadian Red Cross Society (from Canada - Privat	53,851				53,851	
The Canadian Red Cross Society (from Canadian Gov	10,234,519				10,234,519	
The Netherlands Red Cross	8,523,530	2,946,558			11,470,088	
The Netherlands Red Cross (from Nederlandse Publie	2,233,491				2,233,491	
The Netherlands Red Cross (from Netherlands Govern	15,968,970				15,968,970	
The Netherlands Red Cross (from Netherlands - Privat	17,599				17,599	
The OPEC Fund for International Development	389,887				389,887	
The Red Cross Society of Bosnia and Herzegovina	2,488				2,488	
Tripadvisor	44				44	
United States Government - USAID	15,049,890				15,049,890	2,325
United States - Private Donors	14,358				14,358	
<b>Total Contributions and Other Income</b>	<b>170,445,808</b>	<b>15,804,717</b>	<b>1,403,491</b>	<b>-18,689</b>	<b>187,637,286</b>	<b>2,325</b>
<b>Total Income and Deferred Income</b>					<b>187,637,286</b>	<b>2,325</b>

## Contact information

### Reference documents

Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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

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## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.