This Emergency Appeal seeks CHF 3,216,107 (USD 3,109,303 or EUR 2,126,600) in cash, kind, or services to support the Syrian Arab Red Crescent Society (SARC) to assist 68,000 beneficiaries1 for 12 months, and will be completed by the end of December, 2010. The Appeal is a continuation of the activities developed in the Middle East: Population Displaced from Iraq Emergency Appeal (MDR81002) that ends its regional approach for Jordan and Syria on 31 December 2009. The starting date for this Appeal will therefore be 1 January 2010. A Final Report will be made available by the end of March 2011 (three months after the end of the operation).

The International Federation continues to support SARC response to the immediate needs of Iraqi displaced in Syria. Due to many of the activities already being covered by the Syria Drought Emergency Appeal (MDRSY001) launched in August 2009 and the clinic support to assist the Iraqi displaced not being a long term activity that the International Federation will continue to support, the activities are not put under an annual plan. This Appeal is almost entirely focusing on emergency response, with an emphasis on access to health care for the target population.

Summary:
Syria continues to host the largest number of externally displaced Iraqis in the region. According to government figures, there are approximately 1,2 million Iraqis present in Syria. Despite considerable economic and social consequences, Syria has continued to provide support to the displaced Iraqis. In view of the volatile situation in Iraq which is not encouraging voluntary repatriation, the Iraqis’ stay in Syria will be prolonged with a majority of them being exposed to increased vulnerability. Agencies report of increased numbers seeking assistance, counselling and protection.

Supported by the International Federation, SARC has responded to the needs of the Iraqi displaced since April 2007 with the launch of the Middle East: Population Displaced from Iraq Emergency Appeal (MDR81002) in line with the Global Agenda Goals of the International Federation. The main components of

1 SARC will provide 45,000 patients with primary health and care, 20,000 school children with distribution of school kits and 3,000 people (600 families) with fuel for heating.
the response have been provision of quality basic health services and distribution of non-food items to 200,000 Iraqi families and vulnerable host communities. With the assistance of the Netherlands Red Cross supported by European Commission Humanitarian Aid Office (ECHO), the National Society established in early 2008 a number of health clinics all over Syria to provide health support to the displaced Iraqis. The responsibility to support these clinics was shifted to the International Federation in October 2008. It is a priority for SARC to continue the provision of nation wide health care to the Iraqi displaced regardless of their status - registered and non-registered by United Nations Higher Commissioner for Refugees (UNHCR) - and vulnerable host communities. More than 150,000 consultations had been carried out as of the end of October 2009 to almost 35,000 individual vulnerable patients. Approximately 1,000 new patients were received every month and there is no indication that the situation will change in the coming months. In early 2009, a patient flat rate was introduced in the clinics that further enhanced access to health care for Iraqi patients and poor host communities. An efficient system for provision of medicine was in place, utilizing the countrywide well established pharmacy system. In 2009, 80,000 hygiene parcels, 30,000 mattresses and 20,000 blankets were distributed to families in need.

Based on the situation, this Emergency Appeal responds to a request from SARC, and focuses on providing support to take an appropriate and timely response in delivering assistance and relief in the following sectors: relief distribution, clinic based health and care, community based health and first aid (CBHFA) and institutional development. The focus is to continue supporting the National Society’s health care services through 10 health clinics and four mobile health units in 2010, but also to increase access to psycho-social support through awareness-raising of clinic staff and to enhance health education and health promotion. Provision of school kits to 20,000 children and fuel for heating for 600 families is included in the Appeal with the purpose to encourage children's school attendance and to prevent illnesses in the cold season. Also part of the Appeal is focusing on continued organisational support for monitoring and supervision of programme implementation, including upgrading and development of the health information system (SCIS) established by SARC. Training of branch leadership is included in the Appeal to enhance awareness of the Red Cross/Red Crescent (RC/RC) Movement.

SARC has been mandated by the government to coordinate external support and assistance to the Iraqi displaced. To date, 16 international non-governmental organisations (NGOs) have signed a memorandum of understanding (MoU) with the National Society. SARC also works in close cooperation and coordination with United Nations agencies and government institutions. In 2009, six partner National Societies (PNSs) - Qatar Red Crescent, Danish Red Cross, French Red Cross, British Red Cross, Turkish Red Crescent and United Arab Emirates Red Crescent - provided support related to the drought in the eastern parts of the country. SARC also cooperates with and is supported by the International Committee of the Red Cross (ICRC).

The International Federation wishes to thank the United States Department for Population, Refugees & Migration (PRM), the Swedish Government and Swedish Red Cross, OPEC, German Red Cross, Japanese Red Cross, American Red Cross, Finnish Red Cross, British Red Cross, China Red Cross/Hong Kong branch, Monaco Red Cross and Poland Red Cross as well as private donors in Switzerland, United States and online donations for the kind contributions to the Middle East Population Displaced from Iraq Emergency Appeal. Through this support, SARC has been able to provide humanitarian aid, including quality health services, to the Iraqi population in Syria and vulnerable members of the host community.

<click here to view the attached Emergency Appeal Budget; here to link to a map of the affected area; or here to view contact details>

The situation

Syria continues to host the largest number of externally displaced Iraqis in the region. According to government figures there are approximately 1.2 million Iraqis present in the country. Despite considerable economic and social consequences, Syria has continued to show generosity towards the displaced Iraqis. In view of the volatile situation in Iraq, which is not encouraging voluntary repatriation, the Iraqis' stay in Syria will be prolonged with a majority of them being exposed to increased vulnerability. UN reports that around 85 per cent of the displaced in Syria do not see permanent return as a feasible option in the near future - the main reason for not returning is the security concern. While 2,000-3,000 new individuals are being registered every month according to UNHCR reports, the number of assisted voluntary returns in 2009 stood at 705 persons at the end of September.
As time goes by, the Iraqi people are facing increased hardship. Agencies report of increased numbers seeking assistance, counselling and protection; including an increased number of female headed households. The majority of the displaced Iraqis are to be found in Damascus and rural Damascus. Financial hardship has led to mobility in search of cheaper living costs and accommodation. According to the UN mid term review, more than 50,000 registered Iraqis were present in other governorates. As a result of lack of resources, 2009 has seen an increased number of children dropping out of school to support their families.

In 2009, Syria was faced with yet another disaster due to severe drought in the eastern parts of the country that has affected large parts of the population. Out of a total of 1.3 million people affected, the Ministry of Agriculture and Agrarian Reform (MAAR) and the UN in Syria estimate that some 800,000 persons suffer from severe vulnerability. According to the government of Syria, as of June 2009, an estimated 36,000 households originating from Al Hassakeh alone, have migrated to urban centers of Western Syria, notably Damascus, Dara'a, and Aleppo. This further increases the strain on resources, public services and a limited job market.

Coordination and partnerships

Supported by the International Federation, SARC has responded to the needs of the Iraqi displaced since April 2007 with the launch of the Middle East: Population Displaced from Iraq Emergency Appeal. The main components of the response have been provision of basic health services and distribution of non-food items to 200,000 Iraqi families and vulnerable host communities. With the assistance of the Netherlands Red Cross supported by ECHO, the National Society established a number of health clinics all over Syria to provide health support to the displaced Iraqis. The responsibility to support these clinics was shifted to the International Federation in October 2008. It is a priority for SARC to continue the provision of nation wide health care to the Iraqi displaced regardless of their status (registered and non-registered by UNHCR) and vulnerable host communities.

SARC has been mandated by the government to coordinate international support to the Iraqi displaced. To date, 16 NGOs have signed a MoU with the National Society and are active primarily in areas of health care, education and relief.

SARC works in close cooperation and coordination with UN agencies. Coordination mechanisms have been established through working groups, sector meetings and interagency meetings. In cooperation with UNHCR, SARC runs five clinics for registered Iraqis inside Damascus and in rural Damascus and receives support for another three clinics outside Damascus area. Through its nation wide network of branches, SARC assists UNHCR and the World Food Programme (WFP) in distribution of food, school kits and other items. With United Nations Development Fund (UNICEF), SARC has developed partnership in community based psycho-social support.
Six PNSs supported SARC bilaterally in 2009. The Qatar Red Crescent continued to provide support to three SARC clinics in the eastern part of the country. The Danish Red Cross, which supports the psycho-social support programme at national level, will extend its support by establishing two more community centres, in Deir az Zor and Damascus. The Danish Red Cross also supports capacity building of all 14 SARC branches. The French Red Cross is contributing to the displaced Iraqis programme through a health clinic in Saydi Zeinab in rural Damascus and the British Red Cross assists the disaster management capacity and disaster risk reduction (DRR) activities of SARC. Turkish Red Crescent and United Arab Emirates Red Crescent provided support to the drought affected populations.

By the ICRC, the National Society is supported in its activities to re-establish family links, dissemination of RC/RC Fundamental Principles, first aid in emergencies and mine awareness.

The severe drought that has affected the population in the eastern regions of Syria resulted in increasing hardship in 2009. In coordination with the authorities, SARC initiated its response through the provision of food, water and medicines. Supported by the International Federation under the Syria Drought Emergency Appeal, SARC has committed to provide 140,000 persons with food and 13,000 families with hygiene parcels. In addition, 50,000 pupils will be provided with clean water and around 70,000 in the area will have access to health care through six SARC clinics and two mobile health units.

SARC is the most important national actor besides government agencies. The National Society coordinates and cooperates with all relevant government ministries on a national, regional and local level.

**Red Cross and Red Crescent action**

**The needs**

**Beneficiary selection:** In principle, all Iraqis and vulnerable host communities may receive health care in 10 SARC clinics supported by the International Federation. According to the experience from the last years, around 45,000 patients are envisaged to visit the clinics and receive health care.

20,000 schoolchildren from non-registered Iraqi families and vulnerable host communities will receive school kits to encourage education. 600 families will receive fuel for heating.

Based on a combination of needs and performance, 10 SARC clinics have been selected to receive support in 2010. As per the assumption and confirmation that SARC wishes to continue running the clinics also after a withdrawal of the International Federation support, the National Society and International Federation considers 2010 to be a year of transition for the clinics to develop self-sustainability. The International Federation will support promotion of the clinics in order to attract fully paying patients, which is key to long term sustainability. Close relation to and support from branch management is another important factor.

**The proposed operation**

**Relief distributions**

| **Objective:** School kits and fuel are distributed to beneficiaries to support the education of schoolchildren and protect the families from the winter. |
|-----------------|-------------------------------------------------|
| **Expected results** | **Activities planned** |
| 20,000 Iraqi children and children from vulnerable host communities are supported with school kits and their education is sustained. | • Identify the 20,000 children needing school kits in cooperation with local authorities.  
• Procure and distribute school kits (backpacker and stationary) to the selected children prior to the new school year in September 2010.  
• Coordinate with local authorities and government to ensure the effective distribution to the most vulnerable and avoid overlapping.  
• Mobilize branch distribution teams.  
• Monitor and evaluate the relief activities and provide reporting on relief distributions. |
600 vulnerable non-registered Iraqi families are provided with fuel and protected from the cold winter.

- Establish MoU with local fuel providers.
- Identify the families together with SARC branches and organise voucher delivery for 240 litres of fuel to 600 families.

Clinic based health and care

The clinic based health and care is a continuation of the current International Federation support to SARC health clinics. SARC has established a well functioning nation wide network of clinics to provide Iraqis with health care regardless of whether the patients have registered with UNHCR or not. The subsidised health care also includes vulnerable persons from host communities (10-12 per cent by the end of October 2009). The number of consultations of supported patients stood at around 150,000 as of 31 October. The clinics have a standard set up of services and staff team includes a general practitioner/internist, a gynaecologist/obstetrician, a paediatrician, a dentist, a pharmacist, two nurses, an administrator, a cleaner and a guard. The International Federation also supports provision of medicine, consumables and other operating costs.

Surveys indicate a high patient satisfaction. There is as a clear commitment by SARC to continue the provision of health services to Iraqi displaced and vulnerable host communities. Measures to enhance sustainability will be focused on in 2010.

A referral system has been established for tertiary health care through agreements between UNHCR and the Ministry of Health (MOH). The International Federation support includes diagnostic referrals for laboratory and x-ray services.

SARC has developed an excellent monitoring tool through the health information system (SCIS). It has enormous potential and needs to be supported and developed into the next version. SCIS has been introduced also in Jordan and is used by almost all agencies there. Other National Societies in the region have expressed an interest to start using the SCIS. This system has the potential to be developed worldwide. The International Federation also aims to continue supporting the monitoring and support team for the implementation of the Appeal that has been developed by SARC.

The activities related to psycho social needs are planned to be carried out in coordination with Danish Red Cross. The International Federation wishes to support increased awareness among clinic staff to identify psycho-social needs and opportunities for referral. The activity is planned to be carried out with the support of the SARC volunteers who have been trained through the Danish Red Cross.

<table>
<thead>
<tr>
<th>Objective: The externally displaced Iraqi families in Syria as well as the most vulnerable among host communities are provided with basic health care.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expected Results</strong></td>
</tr>
<tr>
<td>Displaced Iraqi population, regardless of their status in the country, and poor local population have access to nation wide basic health care.</td>
</tr>
<tr>
<td>Patients have received medication provided by pharmacies according to standardised medicine list and through established procedures developed by SARC.</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Iraqi displaced received secondary and tertiary health care through an established referral system.</td>
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<tr>
<td></td>
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<tr>
<td>The National Society was able to monitor and report the use of the health services and adapt its</td>
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</table>
interventions accordingly. 

Coherent and coordinated quality health care services were delivered from SARC health clinics.

Access of Iraqi displaced and vulnerable host communities to the National Society psycho-social activities is increased.

• Facilitate the participation of SARC health staff and branches in two coordination workshops organised by the National Society.

• Introduce psycho-social support to clinic staff.

• Use trained SARC volunteers in the clinics to increase the knowledge and awareness of the clinic staff on posttraumatic stress disorder and ways of referral.

• Encourage and support knowledge sharing and awareness sessions between volunteers trained in psycho-social support and clinic staff.

Community based health and first aid (CBHFA)

The International Federation wishes to support training of National Society volunteers in relevant areas of CBHFA by using the newly established and translated CBHFA training package. Some of the clinics already have very good health education through staff dissemination and posters. The International Federation will support and facilitate printing and distribution of posters and leaflets to all National Society clinics. Through the trained volunteers, SARC will be able to enhance its health education.

Objective: The health risks on the affected population are reduced through the provision of community-level health and first aid.

<table>
<thead>
<tr>
<th>Expected Results</th>
<th>Activities planned</th>
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<tbody>
<tr>
<td>The scope and quality of the SARC health and care services are improved.</td>
<td>Support training of 20 National Society volunteers from branches in relevant areas of CBHFA by using the newly established and translated International Federation CBHFA training package and other tools such as vulnerability and capacity assessment (VCA). Support the National Society to follow up the key messages in three clinics as a first pilot phase. Support and facilitate printing and distribution of posters and leaflets to all National Society clinics.</td>
</tr>
</tbody>
</table>

Capacity to address the most urgent situations of vulnerability

SARC has been entrusted by the government to coordinate international humanitarian assistance and activities targeting the Iraqi displaced in Syria. This huge task combined with coordination and cooperation with UN agencies and government institutions, in addition to a lot of expectations on the National Society and its disaster response, has forced SARC to increase its number of staff, which still is relatively modest. The International Federation will continue to assist SARC headquarters in fulfilling its coordination role by providing staff salary support and to ensure availability of technical support when required. The National Society will hold elections to the governing board in early 2010 both on national and branch level. Although it is still early to predict any changes, one objective to organise an induction course for the new leadership at branch level has been included in this Appeal.

Objective: Institutional development was enhanced with improved coordination, programme management and strategic planning.

<table>
<thead>
<tr>
<th>Expected Results</th>
<th>Activities planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARC was able to efficiently coordinate and support cooperation with international organizations, government authorities and other major stakeholders.</td>
<td>Ensure provision of support to key functions in the National Society (costs of personnel). Coordinate with the Zone Office for the Middle East and North Africa (MENA) for technical assistance.</td>
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<table>
<thead>
<tr>
<th>Expected Results</th>
<th>Activities planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARC clinics stepped up activities towards self-sustainability.</td>
<td>Support the National Society engagement in activities aimed at increasing financial autonomy to run the clinics after the departure of the International Federation.</td>
</tr>
</tbody>
</table>
The support of SARC to the Iraqi displaced is analysed and evaluated which will help in future programme development.

• Conduct a self-assessment of the support provided to Iraqi displaced.

The awareness of the National Society branch leadership in the RC/RC Movement structures, priorities including Strategy 2020, National Society strategies in disaster management and health is increased.

• Organise an induction course for newly appointed branch governance and management.

Communications – Advocacy and Public information

Maintaining a steady flow of timely and accurate information between the field and other major stakeholders is vital for fundraising, advocacy and maintaining the profile of emergency operations. During an operation, communications between affected populations and the Red Cross and Red Crescent, as well as with the media and donors, is an essential mechanism for effective disaster response and the cornerstone to promote greater quality, accountability, and transparency.

The National Society will produce progress reports for distribution to donors, the International RC/RC Movement, diplomatic missions, ministries, UN agencies, and NGOs.

On the other hand, the International Federation will increase its support to promotion activities by the SARC clinics and to develop appropriate communication tools. It will continue to advocate on behalf of the National Society and enhance its role in promoting the achievements of SARC that deserves more attention among donor communities, RC/RC Movement and the public.

Capacity of the National Society

SARC has supported the displaced Iraqis in Syria for a number of years. Supported by the International Federation, the National Society has responded to the needs of the Iraqi displaced since April 2007 with the launch of the Middle East Population Displaced from Iraq Emergency Appeal. The main components of the response have been provision of basic health services and distribution of non-food items to 200,000 Iraqi families and vulnerable host communities. The National Society has established a monitoring and support team at headquarters level that carries out meticulous monitoring of the activities in the clinics supported under this Appeal. The monitoring includes operational procedures and data entry in the health information system SCIS; medical and financial monitoring and supervision. The supervision includes regular visits to the clinics. Cost effectiveness, quality and results of the programme are continuously monitored and addressed. The National Society management follows the implementation closely and provides instructions and guidance to the team. Bi-annual meetings are organised for clinic management and administrators for information sharing purposes, introduction of new procedures and joint discussions on areas that may need improvement or changes. SARC health information system SCIS, used by all clinics, has considerably improved the possibility of monitoring and programme analysis.

SARC has 14 branches, one in every governorate, and a number of sub branches. While some branches are very strong and active, others may need additional support from the headquarters. To have a capable and professional nation wide structure working in close cooperation with the communities is one of SARC’s priorities. 2010 will be a year for SARC to focus on enhancing sustainability of the clinics currently supported by the International Federation. This further requires close coordination between branches and clinic management, innovate thinking and skilled leadership.

SARC has been mandated by the government to coordinate international support to the Iraqi displaced. To date, 16 international NGOs have signed a MoU with the National Society and are active primarily in areas of health care, education and relief. SARC works in close cooperation and coordination with UN agencies, primarily UNHCR, UNICEF and WFP.
The National Society is part of the overall national response system and is the most important national actor besides government agencies. It has developed a five year disaster management plan that includes DRR activities and regional and local structures are in place. SARC is one of seven National Society members in the Steering Committee for Disaster Management in the Zone Office for MENA.

Capacity of the Federation

The International Federation’s representation in Syria has its premises in SARC headquarters and includes a Federation representative and programme coordinator. The International Federation work closely with SARC management and jointly with the SARC team established to monitor and support the International Federation programme for Iraqi displaced. The International Federation representation ensures programme development and analysis together with SARC. It further ensures fund raising, planning and reporting as well as adherence to established procedures of the International Federation on i.e. financial reporting and procurement. The International Federation country office will continue to ensure coordination and cooperation among Movement partners and support the National Society in its coordination with international NGOs and UN agencies as well as other areas that may be required by the National Society.

The Zone Office for MENA based in Amman has programme coordinators for disaster management, health and care, organizational development and a psycho-social support program consultant, along with technical support units for finance and planning, monitoring, evaluation and reporting. The Zone office provides long term capacity building to SARC and is ready to support to the International Federation representation in Syria as needed. Resource mobilization and communications related activities are carried out with the support of the respective departments in the Secretariat in Geneva.

Budget summary

See attached budget (Annex 1) for details.

Yasemin Aysan
Under Secretary General
Disaster Response and Early Recovery Division

Bekele Geleta
Secretary General

How we work

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

The International Federation’s activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:
- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:
- In Syria: Mr. Marwan Abdallah, Executive Director, Syrian Arab Red Crescent Society, Damascus; phone +963 11 5355873/5356462/5356291; fax: +963 11 5357171; email: sarc@net.sy
- In Syria: Ms. Erika Jansson, Federation Representative, Damascus; mobile: +963 95 6543075; fax: +963 11 5357171; email: asaerika.jansson@ifrc.org
• In United Arab Emirates (for the mobilization of relief items and logistics inquiries): Peter Glenister, Regional Logistics Coordinator, Regional Logistics Unit, Dubai; phone: +971 50 600 9166; fax +971 4 883 2212; e-mail: peter.glenister@ifrc.org

• In Jordan: Martin Faller, Head of Operations, Middle East and North Africa Zone Office, Amman; phone: +962 6 5694911; fax: + 962 6 5694556; email: martin.faller@ifrc.org

• In Geneva: Pablo Medina, Operations Coordinator, Operations Support Department; phone: +41 22 730 4381; fax: +41 22 730 0395; email: pablo.medina@ifrc.org

<Emergency Appeal budget and map below; click here to return to the title page>
# Appeal Budget Summary

## Syria: Population Displaced from Iraq

### Original

#### Relief Needs
- Shelter
- Construction Materials
- Clothing & Textiles
- Food
- Seeds & Plants
- Water & Sanitation
- Medical & First Aid 1,145,000
- Teaching Materials 360,000
- Utensils & Tools
- Other Supplies & Services 255,600

**Total Relief Needs 1,760,600**

#### Capital Equipment
- Land & Buildings
- Vehicles Purchase
- Computers & Telecom Equipment 10,000
- Office/Household Furniture & Equip.
- Medical Equipment
- Other Machinery & Equipment

#### Transport, Storage & Vehicles
- Storage - Warehouse 15,000
- Distribution & Monitoring
- Transport & Vehicles Costs 102,660

#### Personnel
- International Staff 303,600
- Regionally Deployed Staff
- National Staff 103,000
- National Society Staff 534,000
- Consultants

#### Workshops & Training
- Workshops & Training 85,000

#### General Expenses
- Travel 13,000
- Information & Public Relations 5,600
- Office running costs 25,800
- Communication Costs 42,000
- Professional Fees
- Financial Charges 5,600
- Other General Expenses 1,200

#### Programme Support
- Programme Support - PSR 209,047

**Total Operational Needs 1,455,507**

**Total Appeal Budget (Cash & Kind) 3,216,107**

### Available Resources
- Net Request 3,216,107
Syria continues to host the largest number of externally displaced Iraqis in the region. According to government figures, there are approximately 1.2 million Iraqis present in Syria. Based on the situation, this Emergency Appeal responds to a request from SARC, and focuses on providing support to take an appropriate and timely response in delivering assistance and relief in the following sectors: relief distribution, clinic based health and care, community based health and first aid (CBHFA) and institutional development. The focus is to continue supporting the National Society’s health care services through 10 health clinics and four mobile health units in 2010, but also to increase access to psycho-social support through awareness-raising of clinic staff and to enhance health education and health promotion.

In 2009, Syria was faced with yet another disaster due to severe drought in the eastern parts of the country that has affected large parts of the population. Out of a total of 1.3 million people affected.