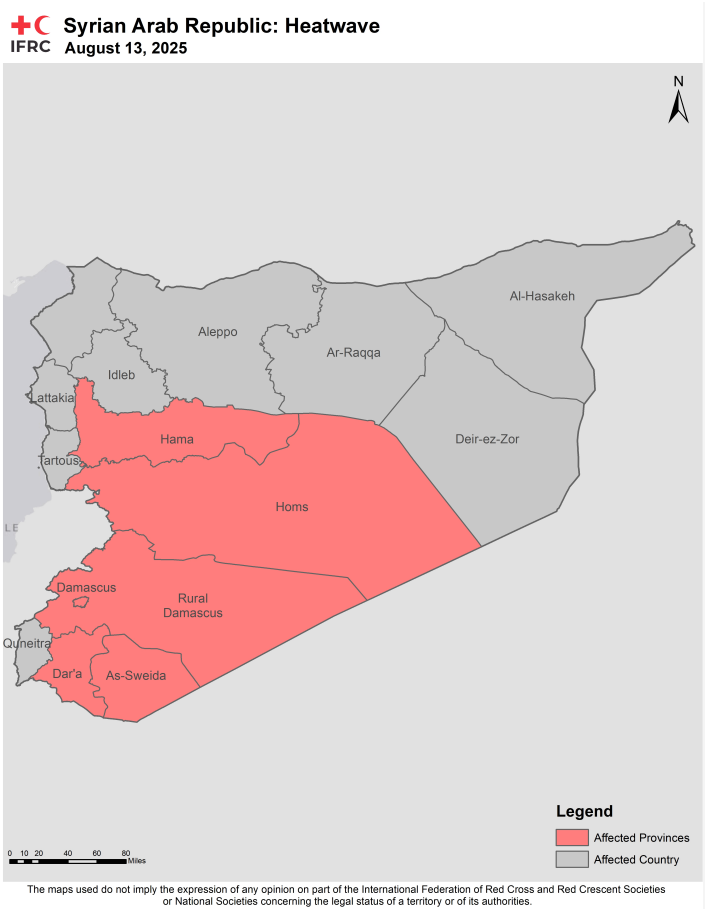
DREF Final Report

Syrian Arab Republic Heat Wave 2025

Appeal: **MDRSY016**	Total DREF Allocation: **CHF 170,305**	Crisis Category: **Orange**	Hazard: **Heat Wave**
Glide Number: **HT-2025-000132-SYR**	People Affected: **11,000,000 people**	People Targeted: **24,495 people**	People Assisted: **24,495 people**
Event Onset: **Sudden**	Operation Start Date: **19-08-2025**	Operational End Date: **30-11-2025**	Total Operating Timeframe: **3 months**

Targeted Regions: **Damascus, Rural Damascus, Dara'a, Hama, Homs, Al-Sweida**

Description of the Event



Date of event

08-08-2025

What happened, where and when?

On 8 August 2025, the Syrian Arab Republic experienced a severe heatwave, with temperatures exceeding 45°C in several parts of the country. The event was unprecedented in its intensity and duration, following a dry summer and exacerbating the vulnerability of populations already affected by conflict, displacement, and limited access to basic services.

The heatwave had heavily impacted the governorates of Rural Damascus, Hama, Aleppo, Homs, Sweida, and Daraa, where many communities live in poor shelter conditions with limited protection from extreme heat. Reports from Syrian Arab Red Crescent (SARC) field teams indicated increased cases of heat-related illness, dehydration, and worsening health conditions among vulnerable groups, particularly children, older adults, and persons with chronic illnesses.

As of 12 August 2025, the heatwave was ongoing, with national meteorological agencies continuing to issue warnings for extreme temperatures expected to persist in the coming days.

This DREF was sought to enable immediate and targeted humanitarian response by SARC to reduce heat-related health risks and protect the most affected populations.

Scope and Scale

The heatwave in Syria, which began on 8 August 2025, had a wide-ranging impact across Rural Damascus, Hama, Aleppo, Homs, Sweida, and Daraa. Temperatures had exceeded 45°C, placing immense strain on already vulnerable communities facing multiple, compounding crises — including protracted conflict, economic deterioration, displacement, and weakened infrastructure.

The excessive heat severely impacted lives, health, and overall well-being, particularly for individuals exposed to direct sunlight or those living in overcrowded, poorly ventilated shelters. Livelihoods, especially those tied to daily outdoor labor (e.g., agriculture, construction), were disrupted as heat exposure became life-threatening during daytime hours. The heatwave also further stressed the fragile health system, particularly with rising cases of heatstroke, dehydration, and acute exacerbations of chronic illness.

Those most at risk include:

Elderly individuals, especially those with underlying conditions like cardiovascular or respiratory illnesses.

Children, particularly infants and toddlers who are more susceptible to dehydration and heat exhaustion.

Persons with disabilities and chronically ill patients, many of whom lack access to cooling, mobility, or adequate hydration.

Internally Displaced Persons (IDPs) and returnees living in informal shelters or collective centers, which often lack insulation, airflow, or access to clean water.

Rural communities and urban poor, where livelihoods depend on physical labor under the sun and access to cooling systems is limited or unaffordable.

In some affected areas, people had reported being unable to carry out basic daily activities between 10 AM and 4 PM due to the extreme heat. Field reports from SARC volunteers also noted increased ambulance callouts for dehydration and fainting, as well as community requests for cold packs, shade, and water.

Historical context:
Heatwaves have become increasingly frequent and intense in Syria in recent years. In August 2023, a heatwave caused a similar spike in hospital admissions due to heat-related complications, especially in Daraa and Homs. That event, however, did not reach the same geographical scale or prolonged exposure as the current one. The 2025 heatwave was exceptional in both intensity and reach, affecting a broader area and vulnerable population during an already strained summer season.

The compounding effects of climate change, water scarcity, and displacement have increased Syria's vulnerability to extreme weather patterns. Without early intervention, the heatwave was likely to result in preventable health complications and mortality, particularly among already fragile communities.

Source Information

Source Name	Source Link
1. Heat wave continues until next Friday- Meteorology Directorate	https://www.sana.sy/en/?p=368076
2. The Syrian Meteorological Authority warns of the continuation of a severe heatwave until the end of the week	https://www.tesaaworld.com/en/news/syrian-meteorology-warns-of-continued-severe-heatwave-until-the-end-of-the-week
3. A severe heat wave hits Syria.. and the "Meteorological" warns against exposure to sunlight	https://www.tesaaworld.com/en/news/a-severe-heatwave-hits-syria-and-the-meteorological-warns-against-exposure-to-sunlight

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC has a permanent presence in Syria through its Country Delegation in Damascus, supported by the MENA Regional Office. In response to the Heat wave emergency, IFRC is coordinating closely with the Syrian Arab Red Crescent (SARC), providing technical and strategic support to plan and implement the operation. Through this DREF, IFRC also offered financial support to address urgent needs, in line with SARC's mandate. Additional support includes coordination, PMER, logistics, finance, security, and preparedness efforts to strengthen SARC's response capacity.

Participating National Societies	RCRC actors continued their support to SARC on regular bases, allowing the team to be the first responder, ready to scale up as per needs and support such a response. Many PNSs showed their flexibility to support, during this response and in the later phases in addition to the already ongoing support.

ICRC Actions Related To The Current Event

Present in Syria since 1967, the ICRC is a neutral, impartial, and independent organization with an exclusively humanitarian mission. The ICRC works closely with and supports SARC to meet the food, water, and health needs of people and communities affected by armed conflicts and other situations of violence and to help them start rebuilding their lives. They also work together to raise awareness about the risks of mines and other explosive remnants. The ICRC works to restore family links between persons who have been separated by conflict and migration and promotes respect for international humanitarian law. Finally, ICRC provides technical advice and support to local authorities and forensics practitioners in managing human remains with respect and dignity. During emergencies, the ICRC supports SARC such as DM, Wash, or EMS teams, provides emergency food and medical supplies, and participates in the movement task forces to coordinate response. Some of the regular planned and emergency interventions, in particular WatHab and EcoSec, also address the scarcity of water and draught and related needs.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No

Needs (Gaps) Identified

Health

The health sector in Syria, already severely weakened by years of conflict, economic collapse, and chronic shortages of medical supplies, was being further strained by the ongoing heatwave. Health facilities in affected governorates were operating beyond capacity, with limited stocks of essential medicines, hydration solutions, and cooling equipment. The extreme heat had caused a marked increase in cases of dehydration, heat exhaustion, and heatstroke, particularly among children, the elderly, outdoor workers, and people with pre-existing conditions such as cardiovascular and respiratory diseases.

For communities in rural areas and displacement sites with no or limited access to fixed health facilities, the risk was even greater. Limited mobility for people with disabilities and restricted transportation due to fuel shortages made it difficult for vulnerable individuals to reach care. The lack of electricity in many health posts also compromised the safe storage of medicines and the ability to provide a cooled environment for treatment.

Mental health and psychosocial support (MHPSS) needs were also on the rise as communities face heightened anxiety and distress over health risks, the inability to work or move safely during daytime hours, and the compounding impact of the crisis on livelihoods and well-being.

Immediate health priorities include:

- Deployment of Mobile Health Units (MHUs) to deliver primary healthcare, urgent treatment for heat-related illnesses, and management of chronic conditions.
- Rapid deployment of Mobile Medical Teams (MMTs) to remote and hard-to-reach areas, providing emergency triage, first aid, and referrals for severe cases.
- On-site hydration and first aid stations in high-risk locations, linked to ambulance services for urgent evacuations.
- Community-Based Health and First Aid (CBHFA) activities to raise awareness on prevention, early recognition of heat illness, safe water storage, and hydration practices.

- Procurement and distribution of oral rehydration salts, electrolyte solutions, antipyretics, antibiotics, and sun-protective gear for health teams.

Scaling up these mobile health services and ensuring a reliable supply of essential medicines, cooling capacity, and fuel for health operations was critical to preventing avoidable illness and death during the heatwave.

Water, Sanitation And Hygiene

The WASH sector in the affected areas, already constrained by water scarcity, fuel shortages, and degraded infrastructure, was under acute pressure due to the ongoing heatwave. Prolonged exposure to extreme temperatures had significantly increased the demand for safe drinking water and shaded spaces, particularly in displacement sites where living conditions provide little to no protection from the heat. Many IDP centers lacked adequate cooling or ventilation, and residents—especially children, the elderly, and people with chronic illnesses—are at heightened risk of dehydration, heat exhaustion, and heatstroke.

In this context, the rapid establishment of cooling stations within IDP centers had emerged as a critical lifesaving intervention. These stations—equipped with solar-powered misting fans, backup battery systems, and shaded rest areas—offered immediate relief from extreme heat while reducing the incidence of heat-related illnesses. However, limited quantities of cooling equipment, installation capacity, and funds to maintain and operate these systems were restricting coverage.

Immediate priorities included scaling up the installation of cooling systems in all high-risk IDP centers, ensuring a reliable supply of safe drinking water at these locations, and intensifying community awareness on hydration and heatwave protection. Messaging was tailored to reach all community groups, including women, children, persons with disabilities, and those living in remote or underserved settlements.

Community Engagement And Accountability

Community engagement, public awareness, and protection remain critical cross-cutting needs in the heatwave response. While initial outreach was planned through radio, TV, SMS, and printed posters, there were gaps in ensuring that messages reach all population groups effectively, particularly people with disabilities, minority language speakers, and those in remote or underserved areas. Feedback and complaint mechanisms in IDP centers required further strengthening to capture community concerns in real time and adapt interventions accordingly. Protection, Gender, and Inclusion (PGI) considerations needed to be fully mainstreamed to ensure equitable access to cooling stations, safe water, and health services, with targeted outreach to female-headed households, people with disabilities, and marginalized groups. Messaging resources might be insufficient for sustained campaigns over the heatwave period, and greater use of trusted local leaders, community volunteers, and accessible formats was essential to maximize reach and impact.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aimed to reduce the humanitarian impact of the August 2025 heatwave in Damascus, Rural Damascus, Hama, Homs, Sweida, and Daraa by addressing acute health risks and vulnerabilities associated with extreme temperatures. The operation focused on delivering life-saving healthcare services through Mobile Health Units (MHUs) and Mobile Medical Teams (MMTs), providing medical consultations, rehydration therapy, and treatment for heat-related and chronic illnesses exacerbated by thermal stress.

In parallel, the operation supported the distribution of essential medical consumables and strengthened emergency medical preparedness through the procurement of additional trauma kits to enhance surge capacity. Community-Based Health and First Aid (CBHFA) activities, protection and inclusion initiatives, and multi-channel public awareness campaigns were implemented to promote early recognition of heat-related illnesses, safe hydration practices, and protective behaviours among vulnerable populations.

While certain infrastructure-related activities, such as the installation of cooling systems in IDP centres, faced implementation constraints due to the short duration of the heatwave and procurement timelines, the operation prioritized immediate life-saving interventions and contributed to strengthening SARC's readiness for future climate-related emergencies.

Operation strategy rationale

The August 2025 heatwave in Syria was characterized by extreme temperatures exceeding 40–45°C across multiple governorates, including Damascus, Rural Damascus, Hama, Homs, Sweida, and Daraa. The event occurred within a context of protracted crisis, economic deterioration, electricity shortages, and limited access to safe water, significantly increasing vulnerability—particularly among internally displaced persons (IDPs), the elderly, children, people with chronic illnesses, and persons with disabilities.

Given the short duration and rapid onset of the heatwave, the operational strategy prioritized immediate life-saving health interventions and preventive community awareness, while adapting planned infrastructure-related activities to the evolving context and procurement timelines.

Health Response

The health component formed the core of the operational strategy. Mobile Health Units (MHUs) and Mobile Medical Teams (MMTs) were deployed to high-risk urban and rural areas to provide primary healthcare consultations, treatment of heat-related illnesses (including dehydration, heat exhaustion, and heatstroke), and management of chronic conditions aggravated by thermal stress. The teams delivered rehydration therapy, distributed oral rehydration salts (ORS) and essential medicines, and referred severe cases to secondary facilities when needed.

Given the short hazard window, SARC utilized existing medical stocks to initiate the response rapidly. The operation also supported the procurement of additional medical consumables, including trauma kits (Type 1A/1B), to strengthen emergency preparedness and ensure continuity of health service delivery for future climate-related events.

Community-Based Health and First Aid (CBHFA) activities complemented clinical services by promoting early recognition of symptoms, safe hydration practices, and household-level preventive measures.

WASH – Cooling and Hydration

The initial strategy included the installation of solar-powered misting fans and shaded rest areas in 78 IDP centres in Daraa and Sweida to reduce heat exposure and improve access to cooling spaces. However, due to the short duration of the heatwave and procurement lead times, full installation was not feasible within the event window.

Despite these constraints, hygiene promotion and heat awareness messaging were implemented through printed materials and public communication channels, focusing on hydration, safe water consumption, and protection from extreme heat. The experience highlighted the need for anticipatory seasonal planning for future heatwaves.

Community Engagement & Accountability (CEA), Protection, Gender and Inclusion (PGI), and Media

Multi-channel public awareness campaigns were implemented through SMS, media broadcasts, printed materials, and community outreach. Messaging focused on heatwave preparedness, safe hydration, recognition of warning signs, and protective behaviours for high-risk groups.

Protection and inclusion considerations were integrated into outreach efforts to ensure equitable access to information and services, particularly for elderly persons, people with disabilities, women-headed households, and displaced communities.

While formal feedback mechanisms were planned, their implementation was constrained by the short operational timeframe and funding timelines. However, field-level reporting and coordination meetings supported adaptive decision-making during the response.

Adaptive and Institutional Learning Approach

The operation demonstrated SARC's capacity for rapid field mobilization while also highlighting procedural and structural constraints related to procurement, financial transfers, and approval timelines in short-onset climate events. Lessons learned from the operation informed recommendations for anticipatory DREF planning, emergency procurement streamlining, and strengthened seasonal preparedness for extreme weather events.

Targeting Strategy

Explain the selection criteria for the targeted population

The targeted communities were among the most vulnerable populations in Syria due to prolonged conflict, displacement, economic deterioration, and weakened public infrastructure. The August 2025 heatwave significantly exacerbated existing health and protection risks, particularly in areas experiencing prolonged electricity outages, limited access to safe drinking water, and overcrowded shelter

conditions.

Geographic targeting was initially based on meteorological data, field reports, and branch-level rapid assessments identifying governorates experiencing sustained extreme temperatures above seasonal averages. Priority areas included Damascus, Rural Damascus, Hama, Homs, Sweida, and Daraa, with a particular focus on displacement sites and underserved urban and rural communities with limited coping capacity.

Within these locations, the operation prioritized high-risk population groups who were disproportionately affected by extreme heat, including:

Internally displaced persons (IDPs) living in overcrowded shelters or informal settlements

Elderly persons, particularly those living alone

Children under five

Pregnant and lactating women

People with chronic illnesses (e.g., hypertension, diabetes, cardiovascular disease)

Persons with disabilities

Female-headed households

For the health component, targeting was needs-based and demand-driven. Mobile Health Units (MHUs) and Mobile Medical Teams (MMTs) were deployed to areas reporting increased heat-related illnesses, high concentrations of vulnerable populations, and limited access to functional health facilities. Beneficiary selection was therefore guided by medical vulnerability and severity of symptoms, ensuring that individuals experiencing dehydration, heat exhaustion, and exacerbation of chronic conditions received immediate care.

For awareness and prevention activities, Community-Based Health and First Aid (CBHFA) sessions and public messaging prioritized caregivers, outdoor workers, and families residing in high-density displacement settings to maximize protective behavioral impact.

Although the initial operational design included cooling interventions in 78 IDP centres, implementation constraints related to procurement timelines required adaptive prioritization toward health services and awareness activities, which allowed for more immediate impact within the short heatwave window.

Throughout the operation, branch teams worked closely with community representatives to ensure assistance was delivered equitably and without discrimination, with particular attention to inclusion, gender sensitivity, and access barriers faced by marginalized groups.

Total Assisted Population

Assisted Women	**8,274**	Rural	-
Assisted Girls (under 18)	**3,951**	Urban	-
Assisted Men	**8,304**	People with disabilities (estimated)	-
Assisted Boys (under 18)	**3,966**		
Total Assisted Population	**24,495**		
Total Targeted Population	24,495		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	**Yes**
Does your National Society have prevention of sexual exploitation and abuse policy?	**Yes**
Does your National Society have child protection/child safeguarding policy?	**Yes**
Does your National Society have whistleblower protection policy?	**Yes**
Does your National Society have anti-sexual harassment policy?	**Yes**

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Extreme weather continuation or intensification – Prolonged or more severe heatwave could increase caseloads and strain resources beyond planned capacity.	Use scalable intervention models, maintain flexible deployment plans for MHUs/MMTs, and seek complementary support from Movement partners if thresholds are exceeded.
Fuel shortages and logistics delays – Limited fuel availability and price volatility could delay transportation of cooling equipment, water supplies, and deployment of health teams.	Pre-paid contracts with three fuel suppliers to avoid fuel shortages.
Health risks to staff and volunteers – Prolonged field activities in high heat could lead to dehydration, heat exhaustion, or heatstroke among responders.	Provide responders with hydration supplies, sun-protective gear, scheduled rest periods, and shaded work areas; integrate occupational health measures into operational planning.

Please indicate any security and safety concerns for this operation:

The targeted governorates of Rural Damascus, Hama, Aleppo, Homs, Sweida, and Daraa included areas with varying security profiles. While many of the planned interventions took place in IDP centers and controlled urban areas, some rural and peri-urban locations presented elevated risks due to sporadic security incidents, localized tensions, or criminal activity.

Field operations during peak heat periods also posed significant occupational health and safety risks for staff and volunteers, including dehydration, heat exhaustion, and heatstroke. In some cases, poor infrastructure, damaged roads, and unreliable electricity supply created additional hazards during the installation of cooling equipment or the deployment of mobile health teams.

To manage these risks, the following measures were implemented:

- Close coordination with local authorities, community leaders, and SARC security focal points to monitor the evolving security context and adapt movement plans accordingly.
- Avoidance of known high-risk or insecure areas; adjustments to deployment schedules to minimize exposure during peak heat or heightened security incidents.
- Mandatory Occupational Health and Safety (OHS) protocols, including provision of hydration packs, sun-protective clothing, shaded rest areas, and scheduled breaks for all field personnel.
- Pre-deployment briefings for volunteers and staff covering security procedures, heat safety measures, and emergency communication protocols.
- Use of SARC's established security procedures, including movement tracking, vehicle safety checks, and regular situation reporting to HQ.

By integrating both security management and heat-related safety measures, the operation will prioritize the protection and well-being of staff, volunteers, and community members throughout the response

Has the child safeguarding risk analysis assessment been completed?	No

Implementation

Health

Budget: CHF 65,817
Targeted Persons: 8,000
Assisted Persons: 19,300
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people receiving primary healthcare services through Mobile Health Units (MHUs) and Mobile Medical Teams (MMTs).	1,000	5,055
Number of community members reached with Community-Based Health and First Aid (CBHFA) awareness sessions on heat illness prevention and early recognition.	7,680	19,300
Number of mobile medical units deployed and operational	4	7

Narrative description of achievements

The health component formed the core of the heatwave response and successfully delivered life-saving medical services and preventive outreach across Damascus, Rural Damascus, Hama, Homs, Sweida, and Daraa.

Deployment of Mobile Health Units (MHUs)

Mobile Health Units (MHUs) were deployed to high-density urban and rural areas with limited access to functional health facilities. The units provided primary healthcare consultations, urgent treatment for heat-related illnesses, and management of chronic diseases aggravated by extreme temperatures.
Across the operational period, MHUs delivered medical services to 5,055 beneficiaries, including:

- Homs: 3,423 beneficiaries

- Rural Damascus: 925 beneficiaries

- Hama: 707 beneficiaries

Clinical interventions focused on:

- Management of dehydration and heat exhaustion

- Rehydration therapy (oral and intravenous)

- Monitoring and stabilization of hypertension and diabetes cases

- Pediatric consultations for heat-related gastrointestinal conditions

- Referral of severe cases to secondary healthcare facilities

Daily screening and prioritization of vulnerable groups—including elderly individuals, persons with chronic illnesses, children, and displaced populations—ensured needs-based service delivery.

Deployment of Mobile Medical Teams (MMTs)

Mobile Medical Teams (MMTs) were rapidly deployed to hard-to-reach and rural areas lacking fixed health facilities. The teams provided triage, stabilization of heat-related cases, and referral support for severe conditions.
In Homs, two MMTs operated in high-vulnerability areas, while one MMT was deployed in Hama to serve agricultural communities exposed to prolonged sun exposure. These teams complemented MHU operations and functioned as both service providers and community-level surveillance mechanisms, reporting trends in heat-related morbidity to inform operational adjustments.
Coordination with ambulance services facilitated timely evacuation of severe heatstroke and critical cases.

Community-Based Health and First Aid (CBHFA)

Preventive health outreach was a major achievement of the operation. Through Community-Based Health and First Aid (CBHFA) activities, trained volunteers conducted awareness sessions and disseminated heatwave preparedness messaging across affected governorates.

A total of 19,300 individuals were reached through structured awareness activities, including:

- 8,024 females

- 6,704 males

- 4,572 children

Key awareness topics included:

- Early recognition of heatstroke and dehydration

- Safe hydration practices and electrolyte balance

- Food safety during high temperatures

- Protective measures for outdoor workers and vulnerable groups

The multi-channel communication approach, including SMS and media messaging, reinforced preventive behaviors and likely contributed

to reducing severe health complications.

Procurement, Distribution, and Replenishment of Medical Supplies

The response was initially supported through the utilization of existing SARC buffer stocks, enabling rapid activation of services before funding disbursement.
Although replenishment of certain consumables faced procedural delays related to procurement approvals, the operation successfully supported the procurement of additional medical supplies, including ten (10) trauma kits (Type 1A/1B), through IFRC procurement mechanisms. These kits were handed over to SARC to strengthen emergency medical preparedness and surge capacity for future climate-related emergencies.

Monitoring and Surveillance

Mobile teams functioned as field-based surveillance mechanisms, tracking trends in heat-related morbidity and reporting observations to coordination structures. Field data informed targeting decisions and allowed prioritization of high-risk locations and population groups.

Overall Health Impact

Through combined clinical services and preventive outreach, the health component directly reached over 24,000 individuals, representing the largest and most impactful pillar of the operation.
The strong mobilization of mobile assets and volunteers demonstrated SARC's operational capacity to respond rapidly to climate-induced public health risks, despite structural procurement and timing constraints.• •

Lessons Learnt

The health component of the heatwave response demonstrated strong field mobilization capacity while also highlighting structural areas requiring improvement for short-onset climate emergencies.

1. Mobile Assets Enable Rapid Life-Saving Response
The deployment of Mobile Health Units (MHUs) and Mobile Medical Teams (MMTs) proved highly effective in reaching vulnerable populations during extreme heat events. Pre-existing mobile infrastructure and trained personnel enabled immediate service delivery, including rehydration therapy and chronic disease management.

2. Buffer Stocks Are Critical for Immediate Activation
The initial response relied on existing medical buffer stocks before formal procurement processes were completed. This underscored the importance of maintaining pre-positioned essential medicines and supplies for predictable seasonal hazards such as heatwaves.

3. Heatwaves Exacerbate Chronic Disease Burden
A significant proportion of consultations involved chronic disease management (hypertension, diabetes, cardiovascular conditions) destabilized by extreme temperatures. Future heatwave preparedness plans should explicitly incorporate non-communicable disease (NCD) risk mitigation strategies.

4. Preventive Awareness Significantly Reduces Severe Caseloads
The large-scale CBHFA outreach (19,300 individuals reached) complemented clinical services and likely reduced progression to severe heat-related complications. Integrating preventive education into climate response is cost-effective and high impact.

5. Procurement Timelines Must Be Adapted for Short-Onset Climate Events
Delays in replenishment of medical consumables due to approval and procurement procedures highlighted systemic constraints and were further discussed in the Lessons Learned Workshop. Emergency-adapted procurement mechanisms are necessary to maintain service continuity during rapid climate hazards.

6. Climate-Related Health Risks Require Anticipatory Planning
Heatwaves are increasingly frequent and predictable seasonal events. The operation reinforced the need to integrate heat-health action plans, early warning systems, and pre-season preparedness measures into routine programming rather than relying solely on reactive emergency activation.

Challenges

Despite the strong operational performance of the health component, several contextual and structural challenges affected implementation:

1. Extreme Environmental Conditions for Field Teams
The heatwave itself posed risks to staff and volunteers operating in temperatures exceeding 40°C. Sustained field deployment required careful rotation and monitoring to prevent heat exhaustion and burnout among responders.

2. Electricity Shortages and Cold-Chain Limitations

Prolonged electricity outages in affected areas complicated the management of temperature-sensitive medications (e.g., insulin) at household level, limiting treatment continuity for patients with chronic diseases.

3. Delays in Procurement and Replenishment of Medical Supplies
Although services were initially sustained through existing buffer stocks, replenishment of certain medical consumables faced delays due to procedural approval requirements and procurement timelines. The Lessons Learned Workshop further identified procurement processes as misaligned with short-duration climate hazards.

4. Short Hazard Window for Structured Health Planning
The peak heatwave period was limited in duration, reducing the opportunity to scale up more comprehensive surveillance, preventive, and training components beyond immediate clinical service delivery.

5. Increased Caseload of Chronic Conditions
Heat stress significantly exacerbated non-communicable diseases (NCDs), increasing consultation volumes and placing additional strain on mobile teams. Managing both acute heat-related cases and chronic disease complications required high operational flexibility.

6. Concurrent Operational Pressures
The response took place alongside other ongoing operational demands, requiring staff to balance multiple priorities within limited human resource capacity.

Water, Sanitation And Hygiene

Budget: CHF 69,305
Targeted Persons: 16,700
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of cooling stations powered with Solar powered misting fans installed and operational in targeted IDP centers	78	0
Number of people accessing or benefiting from cooling station services	16,700	0

Narrative description of achievements

The WASH component of the operation aimed to mitigate the health risks associated with extreme heat exposure in displacement settings through the installation of solar-powered cooling systems in 78 IDP centres in Daraa (64 centres) and As-Suwayda (14 centres). Each planned system included misting fans, solar-powered battery units, charging accessories, and installation works to provide shaded cooling spaces.

Given the short duration of the heatwave and procurement lead times, and despite the procurement of all the needed items for the cooling systems, the utilization of the cooling systems was not feasible during the peak period. However, fans were used within the same implementation window to provide relief.

Standard procurement processes, supplier availability, and logistical requirements for installation exceeded the length of the peak heatwave, limiting the deployment of infrastructure-based cooling solutions at the critical time. Nevertheless, procurement steps were initiated, and coordination was maintained among WASH, logistics, and IFRC procurement teams to advance equipment acquisition. The experience confirmed the technical feasibility of solar-powered cooling systems for displacement settings, while also emphasizing the need for anticipatory seasonal planning and pre-positioning for short-onset climate events.

In parallel, hygiene and heat-risk awareness materials were printed and prepared for distribution. A total of 2,000 hygiene promotion posters and 1,000 drought and hydration-focused posters were produced to support community awareness on safe hydration practices, food safety during high temperatures, and prevention of heat-related illnesses. These materials complemented health outreach activities and reinforced preventive behaviors at household and community levels.

Although infrastructure installation could not be completed during the peak heatwave period, the WASH component contributed to institutional learning regarding procurement timelines, supply chain preparedness, and the need for flexible, anticipatory financing mechanisms for climate-related hazards.

Lessons Learnt

The WASH component of the heatwave response generated several important lessons related to infrastructure-based interventions in short-onset climate emergencies.

1. Infrastructure Interventions Require Anticipatory Planning
The installation of solar-powered cooling systems was technically appropriate for displacement settings; however, the short duration of the heatwave did not align with procurement and installation timelines. Infrastructure-based solutions for predictable seasonal hazards such as heatwaves require anticipatory planning, pre-positioning of materials, and pre-approved supplier agreements to ensure timely deployment.

2. Procurement Timelines Must Match Hazard Duration
Standard procurement cycles, including supplier sourcing and installation works, exceeded the one-week peak hazard window. For short-duration climate events, activating emergency procurement exceptions or maintaining framework agreements is essential to ensure operational relevance.

3. Seasonal Risk Requires Proactive Budgeting Mechanisms
The experience highlighted the need for flexible and pre-approved seasonal preparedness funding to enable rapid activation of cooling interventions before peak temperatures occur. Reactive financing mechanisms are less effective when hazard windows are brief.

4. Technical Feasibility and Sustainability Considerations
The proposed use of solar-powered misting systems demonstrated a climate-adaptive approach aligned with energy constraints in displacement settings. Future interventions would benefit from piloting and pre-installation during preparedness phases rather than during active hazard periods.

5. Integration with Health and Risk Communication Strengthens Impact
Although cooling infrastructure installation was constrained, the integration of hygiene promotion and hydration awareness messaging reinforced preventive behaviors and complemented health interventions. Cross-sector coordination between WASH and Health improved technical coherence of messaging.

Challenges

The implementation of the WASH component faced several operational and structural challenges that limited the timely utilization of planned cooling system.

1. Misalignment Between Hazard Duration and Procurement Cycles
The heatwave peak lasted approximately one week, while procurement and approval processes required significantly longer lead times. The acquisition of solar-powered misting systems, batteries, and installation components involved supplier sourcing, financial approvals, and logistical coordination that exceeded the available operational window.

2. Market Availability and Technical Installation Requirements
Some equipment components were not readily available in local markets, requiring additional sourcing efforts. Furthermore, installation of solar-powered systems required preparatory civil works (panel base foundations and electrical accessories), which further extended implementation timelines.

3. Standard Financial and Administrative Procedures
Internal financial transfer procedures and procurement compliance requirements, including IFRC approvals, added additional time constraints. These processes, while essential for accountability, limited rapid deployment capacity for infrastructure-based interventions during a short-onset emergency.

4. Structural Constraints for Reactive Climate Response
The operation highlighted broader systemic challenges in implementing infrastructure-heavy solutions under reactive funding mechanisms. Cooling systems are more suitable for anticipatory preparedness planning rather than emergency activation during peak hazard periods.

5. Compressed Operational Timeline
The three-month DREF timeframe included administrative setup and coordination phases, further reducing the effective window for technical implementation of infrastructure interventions during the most critical heat period.

Protection, Gender And Inclusion

Budget: CHF 3,709
Targeted Persons: 100
Assisted Persons: 140
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of volunteers and staff trained/oriented on PGI and CEA approaches in the context of heatwave response.	100	140

Narrative description of achievements

Protection, Gender, and Inclusion (PGI) principles were mainstreamed across all components of the heatwave response to ensure equitable, safe, and dignified access to services for affected populations.

Field teams prioritized outreach to high-risk and vulnerable groups, including female-headed households, elderly persons, people with disabilities, individuals with chronic illnesses, and displaced populations residing in overcrowded settings. Mobile Health Units (MHUs) and Mobile Medical Teams (MMTs) applied needs-based prioritization during service delivery to ensure that those most at risk of heat-related complications received timely assistance.

PGI considerations were integrated into community awareness messaging to ensure accessibility and cultural appropriateness. Communication materials were adapted to promote inclusive messaging and emphasize protection-sensitive approaches, including safe hydration practices for pregnant and lactating women, guidance for caregivers of children, and protective measures for elderly persons living alone.

Community Services and Protection teams facilitated participatory youth-led initiatives that promoted environmental improvements and awareness raising within local communities. These initiatives strengthened community ownership and inclusion while supporting localized mitigation efforts.

Planned protection-related training activities were adapted in light of the compressed operational timeline. While comprehensive standalone PGI training sessions were not fully implemented, protection briefings and guidance were provided to field teams to reinforce gender-sensitive service delivery and minimize risks of discrimination or exclusion during outreach activities.

Overall, the integration of PGI principles contributed to a more inclusive response, ensuring that vulnerable groups were not disproportionately excluded from life-saving health and awareness interventions.

Lessons Learnt

The heatwave response reinforced the importance of embedding protection, gender equality, and inclusion considerations into climate-related emergency operations. Several key lessons emerged:

1. PGI Must Be Integrated at the Planning Stage
The compressed timeline highlighted the need to integrate PGI considerations from the earliest planning phase, including explicit vulnerability criteria and tailored outreach modalities. Early mainstreaming reduces the risk of exclusion during rapid deployments.

2. Standalone Training is Difficult During Short-Onset Emergencies
Planned PGI training sessions were adapted due to the limited operational window. This underscored the importance of maintaining pre-trained staff and volunteers who are already familiar with PGI principles before emergencies occur, rather than relying on ad hoc training during response.

3. Vulnerable Groups Face Disproportionate Climate Risks
The response confirmed that elderly persons, individuals with chronic illnesses, persons with disabilities, and female-headed households are disproportionately affected by extreme heat events. Future climate responses should incorporate more structured vulnerability mapping and disaggregated data collection to strengthen targeted outreach.

4. Informal Outreach Can Support Inclusion but Requires Systematization

Direct interaction by mobile teams supported equitable service delivery; however, systematic documentation of protection-related risks and mitigation actions would enhance accountability and evidence-based adjustments.

5. Climate Adaptation Requires Gender-Sensitive Preparedness Planning
Heatwaves are predictable seasonal hazards. Embedding PGI within anticipatory climate preparedness plans—including pre-developed outreach strategies and inclusive communication materials—would improve effectiveness and reduce protection risks in future events.

Challenges

The implementation of PGI activities during the heatwave response faced several operational constraints linked to the short duration of the emergency and broader structural factors.

1. Limited Time for Structured PGI Capacity Building
The compressed operational window did not allow for the full rollout of planned standalone PGI training sessions for response teams. As a result, protection briefings were provided in a more streamlined format rather than through comprehensive capacity-building workshops.

2. Reactive Activation of PGI Mechanisms
PGI considerations were mainstreamed into ongoing activities; however, the absence of pre-established, hazard-specific PGI contingency plans limited the depth of structured protection risk analysis during implementation.

3. Constraints in Systematic Risk Documentation
While mobile teams applied needs-based prioritization and engaged vulnerable groups directly, limited standardized tools for capturing protection-related risks affected the systematic documentation and analysis of PGI data.

4. Operational Pressures in Short-Onset Climate Emergencies
The rapid onset of the heatwave and simultaneous operational demands placed pressure on field teams, reducing the opportunity to implement additional PGI-specific outreach activities beyond core service delivery.

5. Limited Dedicated Resources for PGI within Short-Term DREFs
Time and funding constraints limited the expansion of tailored PGI interventions, such as specialized outreach or enhanced accessibility adaptations in displacement settings.

Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 16,297
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of multi-channel public awareness campaigns implemented on heatwave protection and hydration.	2	2
Number of media products (press releases, short videos, photo stories) produced and shared highlighting the response.	5	5

Narrative description of achievements

The Media and Communication component contributed to risk reduction by disseminating timely, life-saving information to communities affected by the August 2025 heatwave. The strategy focused on behavior change and early recognition of heat-related health risks to prevent severe illness and reduce mortality.

During the operation:

- Technically accurate and context-specific messages were developed in coordination with WASH, Medical Services, and Community Services teams. Messaging addressed safe hydration practices, early recognition of heatstroke and dehydration symptoms, food safety during extreme heat, and protective measures for high-risk groups.

- Multi-channel dissemination was implemented through SMS alerts, public service announcements, social media platforms, and coordination with media outlets to maximize outreach across affected governorates. The campaign prioritized rapid information delivery during peak heat days.

- Field activities were covered through internal reporting, media materials, and documentation to enhance visibility and transparency of the response.

- Awareness materials were printed to support outreach efforts. While 3,000 posters were initially planned, 2,000 hygiene and heat-related posters and 1,000 drought and hydration-focused posters were printed and prepared for distribution, with additional materials coordinated through the media department.

- The media campaign played a critical preventive role by complementing health service delivery, reinforcing household-level protective behaviors, and promoting early health-seeking practices during the heatwave.

Lessons Learnt

The media and communication component demonstrated the importance of rapid, multi-channel information dissemination during short-onset climate hazards such as heatwaves. The ability to mobilize pre-existing communication capacities and develop technically sound messaging in coordination with health and WASH teams enabled timely delivery of life-saving information to affected communities.

However, several key lessons emerged:

1. Importance of Anticipatory Planning for Seasonal Risks
The short duration of the heatwave limited the operational window for full campaign rollout. While messaging was disseminated quickly, future responses would benefit from pre-developed, seasonally adapted communication packages for predictable hazards such as heatwaves, allowing immediate activation without requiring extensive coordination or approval processes.

2. Alignment Between Operational Timelines and Procurement Cycles
The printing and distribution of awareness materials faced timing constraints due to procurement lead times. For short-duration climate events, reliance on standard procurement cycles reduces impact. Pre-positioned communication materials or framework agreements with suppliers would enhance responsiveness.

3. Need for Stronger Feedback Integration
Although awareness messages were widely disseminated, formal feedback and complaint mechanisms were not fully activated due to time and funding constraints. Integrating rapid feedback loops into communication campaigns would allow real-time message adaptation and improved targeting of vulnerable groups.

4. Multi-Sectoral Coordination Strengthened Message Quality
Close coordination between health, WASH, and community services teams ensured that messages were technically accurate and contextually relevant. This cross-sectoral approach improved consistency and reduced misinformation risks.

5. Climate Change Requires Proactive Communication Strategies
The operation reinforced the need to shift from reactive communication campaigns toward anticipatory, climate-informed risk reduction strategies. Heatwaves are increasingly frequent and predictable seasonal events; therefore, risk communication should be embedded within annual preparedness plans rather than activated only after impact.

Challenges

Several operational and structural challenges affected the full implementation of risk reduction and communication activities during the heatwave response.

1. Short Hazard Window and Approval Timelines
The heatwave lasted for a limited period, while DREF approval and internal administrative procedures required nearly equivalent time. This significantly reduced the effective implementation window for communication activities, limiting the scale and depth of outreach efforts.

2. Procurement Lead Times for Awareness Materials
The printing and distribution of awareness posters were affected by standard procurement procedures and supplier lead times. For short-onset climate events such as heatwaves, conventional procurement cycles are not fully aligned with the urgency required for timely risk communication.

3. Limited Activation of Formal Feedback Mechanisms

Although awareness messaging was disseminated through multiple channels, structured Community Engagement and Accountability (CEA) feedback mechanisms were not fully operationalized due to time and funding constraints. This reduced opportunities for real-time community feedback to adapt messaging during the response.

4. Coordination Bottlenecks Across Departments
While cross-sectoral coordination strengthened message content, occasional delays in inter-departmental communication and incomplete attendance in coordination meetings affected timely alignment of messaging and reporting structures.

5. Structural Constraints for Short-Onset Climate Events
The operation highlighted broader systemic challenges in responding to short-duration, climate-related hazards. Risk communication activities are most effective when embedded within anticipatory seasonal preparedness frameworks rather than activated reactively after impact.

Community Engagement And Accountability

Budget: CHF 4,313
Targeted Persons: 5,000
Assisted Persons: 5,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of community feedback and complaints received and addressed in targeted activities and IDP centers.	5,000	5,000

Narrative description of achievements

Community Engagement and Accountability (CEA) and PGI considerations were integrated into the design and delivery of the heatwave response to ensure equitable access and responsiveness to community needs.

Although the formal establishment of structured feedback and complaint mechanisms in IDP centres was initially planned, full operationalization was constrained by the short duration of the heatwave and compressed implementation timeline. Despite this, community engagement was incorporated through direct interaction between field teams and affected populations during mobile health deployments, awareness sessions, and community-based initiatives.

Participatory approaches were applied through Community-Based Health and First Aid (CBHFA) sessions and youth-led community initiatives implemented by the Community Services and Protection unit. These activities enabled community members—particularly adolescents, women, and vulnerable groups—to contribute to local heat mitigation efforts, including environmental improvements and awareness raising.

Field teams prioritized outreach to high-risk groups, including elderly persons, individuals with chronic illnesses, persons with disabilities, and female-headed households. Messaging and awareness materials were adapted to ensure clarity and cultural appropriateness, and efforts were made to reach individuals with limited access to formal information channels.

While formalized complaint and feedback systems were not fully established during the operational window, continuous field-level reporting and coordination meetings facilitated adaptive adjustments based on emerging needs and observations. The experience reinforced the importance of embedding rapid feedback mechanisms within anticipatory preparedness frameworks for future short-onset climate events.

Lessons Learnt

The heatwave response reinforced the importance of integrating community engagement and accountability mechanisms into short-onset climate emergencies. Several key lessons emerged:

1. Rapid-Onset Climate Events Require Pre-Established Feedback Systems
The short duration of the heatwave limited the establishment of formal feedback and complaint mechanisms in IDP centres. For predictable seasonal hazards such as heatwaves, CEA systems should be pre-positioned and operationalized as part of preparedness

planning rather than activated during the response window.

2. Direct Field Interaction Remains a Strong Informal Feedback Channel
Mobile Health Units (MHUs), Mobile Medical Teams (MMTs), and community volunteers served as informal feedback channels, capturing community concerns through direct interaction. While this supported adaptive response at field level, it highlighted the need for structured documentation and systematization of feedback flows.

3. Participatory Approaches Enhance Local Ownership
Youth-led community initiatives implemented by the Community Services and Protection unit demonstrated that participatory engagement increases community ownership and sustainability of small-scale mitigation effort. Empowering communities strengthens resilience beyond immediate emergency response.

4. Inclusion Must Be Built into Operational Design from the Start
The operation confirmed the necessity of explicitly targeting elderly persons, people with disabilities, female-headed households, and individuals with chronic illnesses in extreme heat responses. PGI considerations should be embedded at planning stage with clear targeting criteria and outreach modalities.

5. Anticipatory CEA Planning is Essential for Climate Adaptation
Heatwaves are predictable seasonal hazards. Risk communication, accessible messaging formats, and feedback systems should be integrated into annual preparedness plans rather than triggered reactively. This would allow more meaningful community participation and timely adjustments.

Challenges

The implementation of CEA and PGI activities during the heatwave response faced several operational constraints:

1. Limited Time to Establish Formal Feedback Mechanisms
Although the establishment of feedback and complaint mechanisms in IDP centres was planned, the short duration of the heatwave and compressed implementation timeline limited the operationalization of structured systems. The hazard window closed before formal mechanisms could be fully deployed.

2. Funding and Administrative Constraints
Activation of dedicated CEA tools, templates, and structured reporting mechanisms required financial and procedural steps that exceeded the timeframe of the peak heatwave period. This reduced the ability to institutionalize feedback collection during the emergency.

3. Reactive Activation Rather than Anticipatory Setup
CEA mechanisms were activated reactively rather than being pre-established within seasonal preparedness plans. For predictable climate hazards such as heatwaves, reactive activation reduces the effectiveness of accountability systems.

4. Documentation and Systematization of Informal Feedback
While field teams collected informal feedback through direct interaction during health and awareness activities, limited time and standardized tools affected systematic documentation and analysis of community inputs.

5. Coordination and Communication Gaps
Occasional delays in inter-departmental coordination and incomplete attendance in operational meetings reduced opportunities for early integration of CEA considerations into decision-making processes

Secretariat Services

Budget: CHF 6,550
Targeted Persons: 1
Assisted Persons: 1
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of IFRC staff supporting the DREF Operation	1	1

National Society Strengthening

Budget: CHF 4,313
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of lessons learned workshops conducted	1	1

Narrative description of achievements

As part of the operation, regular DREF Task Force meetings were conducted throughout the implementation period to ensure structured coordination, progress monitoring, and systematic documentation of operational challenges and lessons learned.

The DREF Task Force brought together focal points from Disaster Management, Health, WASH, Community Services, Logistics, Finance, Media, and MEAL. These meetings provided a formal platform to review implementation status, address procurement and financial bottlenecks, clarify roles and responsibilities, and ensure alignment across sectors.

The Task Force mechanism strengthened internal coordination and improved information flow between departments, enabling adaptive decision-making within the constraints of a short-onset climate emergency. It also facilitated the identification of structural gaps related to procurement timelines, financial procedures, and inter-departmental communication.

Building on these coordination efforts, a formal Lessons Learned Workshop (LLW) was conducted on 20 November 2025 with participation from 16 staff members representing multiple departments. The workshop consolidated findings from the DREF Task Force discussions and translated them into actionable recommendations for improving future responses to seasonal climate hazards such as heatwaves.

Overall, the establishment and activation of the DREF Task Force strengthened institutional learning, reinforced accountability mechanisms, and contributed to enhancing SARC's preparedness and operational coherence for climate-related emergencies.

Lessons Learnt

The operation provided valuable institutional learning regarding internal coordination, governance structures, and preparedness for short-onset climate emergencies.

1. Structured Coordination Mechanisms Enhance Operational Coherence
The activation of the DREF Task Force created a formal platform for cross-departmental coordination. Regular meetings improved transparency, facilitated real-time problem solving, and strengthened alignment across sectors. This structured approach demonstrated the importance of clearly defined coordination mechanisms during emergency operations.

2. Mandatory Kick-Off Meetings Are Essential
The Lessons Learned Workshop highlighted that early engagement of all relevant departments at the activation stage is critical to avoid fragmented decision-making. Establishing mandatory, inclusive kick-off meetings before DREF activation would strengthen joint planning and clarify roles from the outset.

3. Clear Roles and Accountability Improve Efficiency
Operational delays revealed the need for clearly defined focal points and accountability frameworks (e.g., RACI roles) across departments. Formal designation of responsible, accountable, consulted, and informed actors would enhance decision-making efficiency and reduce coordination gaps.

4. Procurement and Financial Procedures Require Emergency Adaptation
Standard procurement and financial transfer procedures were not fully aligned with the rapid onset and short duration of the heatwave. The operation underscored the importance of establishing streamlined emergency procedures and pre-approved frameworks to increase agility for climate-related events.

5. Institutional Learning Should Be Systematically Integrated

The formal Lessons Learned Workshop consolidated cross-sectoral reflections and translated operational challenges into actionable recommendations. Embedding structured learning processes into emergency responses strengthens organizational resilience and preparedness.

6. Climate Hazards Require Anticipatory Organizational Readiness
The experience reinforced that predictable seasonal risks, such as heatwaves, require anticipatory institutional planning rather than purely reactive mechanisms. Strengthening preparedness systems, including pre-positioned agreements, flexible budgeting, and early warning integration, is critical for future climate adaptation efforts.

Challenges

The operation revealed several institutional and procedural challenges that affected coordination efficiency and timely implementation.

1. Delayed and Fragmented Early Coordination
Although the DREF Task Force provided a structured coordination platform, initial activation lacked a comprehensive multi-departmental kick-off meeting. This resulted in early-stage fragmentation in planning and delayed alignment of expectations across sectors.

2. Incomplete Participation of Key Decision-Makers
At times, the absence of designated focal points or key decision-makers in coordination meetings reduced the effectiveness of discussions and slowed decision-making processes. Clearer accountability frameworks and mandatory representation would enhance future coordination.

3. Standard Procedures Not Fully Adapted for Short-Onset Emergencies
Procurement and financial processes followed standard timelines that were not aligned with the rapid onset and short duration of the heatwave. While compliance procedures ensured accountability, they limited institutional agility in responding to climate-related hazards.

4. Limited Emergency-Specific SOPs for DREF Activation
The operation highlighted the absence of a unified, emergency-specific DREF guideline detailing streamlined workflows, approval pathways, and timelines for procurement and finance. This created procedural bottlenecks during implementation.

5. Communication and Terminology Gaps Across Departments
Differences in terminology and activity classification between departments affected reporting coherence and slowed information management processes. Standardized templates and harmonized terminology would improve institutional efficiency.

6. Balancing Multiple Concurrent Operational Pressures
The response occurred alongside other ongoing operational demands, placing pressure on staff capacity and affecting response speed and internal coordination dynamics.

Financial Report

Selected Parameters			
Reporting Timeframe	2024-2026/3	Operation	MDRSY016
Budget Timeframe	2024-2026/3	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 11/May/2026

All figures are in Swiss Francs (CHF)

MDRSY016 - Syria - Heatwave

Operating Timeframe: 14 Aug 2025 to 30 Nov 2025

I. Summary

Opening Balance	**0**
Funds & Other Income	**170,305**
DREF Response Pillar	170,305
Expenditure	**-130,725**
Closing Balance	**39,580**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash			**0**
PO04 - Health	61,800	68,754	**-6,954**
PO05 - Water, Sanitation & Hygiene	65,075	45,288	**19,787**
PO06 - Protection, Gender and Inclusion	3,483		**3,483**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	25,696	14,190	**11,507**
PO10 - Community Engagement and Accountability	4,050	1,551	**2,499**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**160,105**	**129,783**	**30,321**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	6,150		**6,150**
EA03 - National Society Strengthening	4,050	942	**3,108**
Enabling Approaches Total	**10,200**	**942**	**9,258**
Grand Total	**170,305**	**130,725**	**39,580**

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Click here for reference