

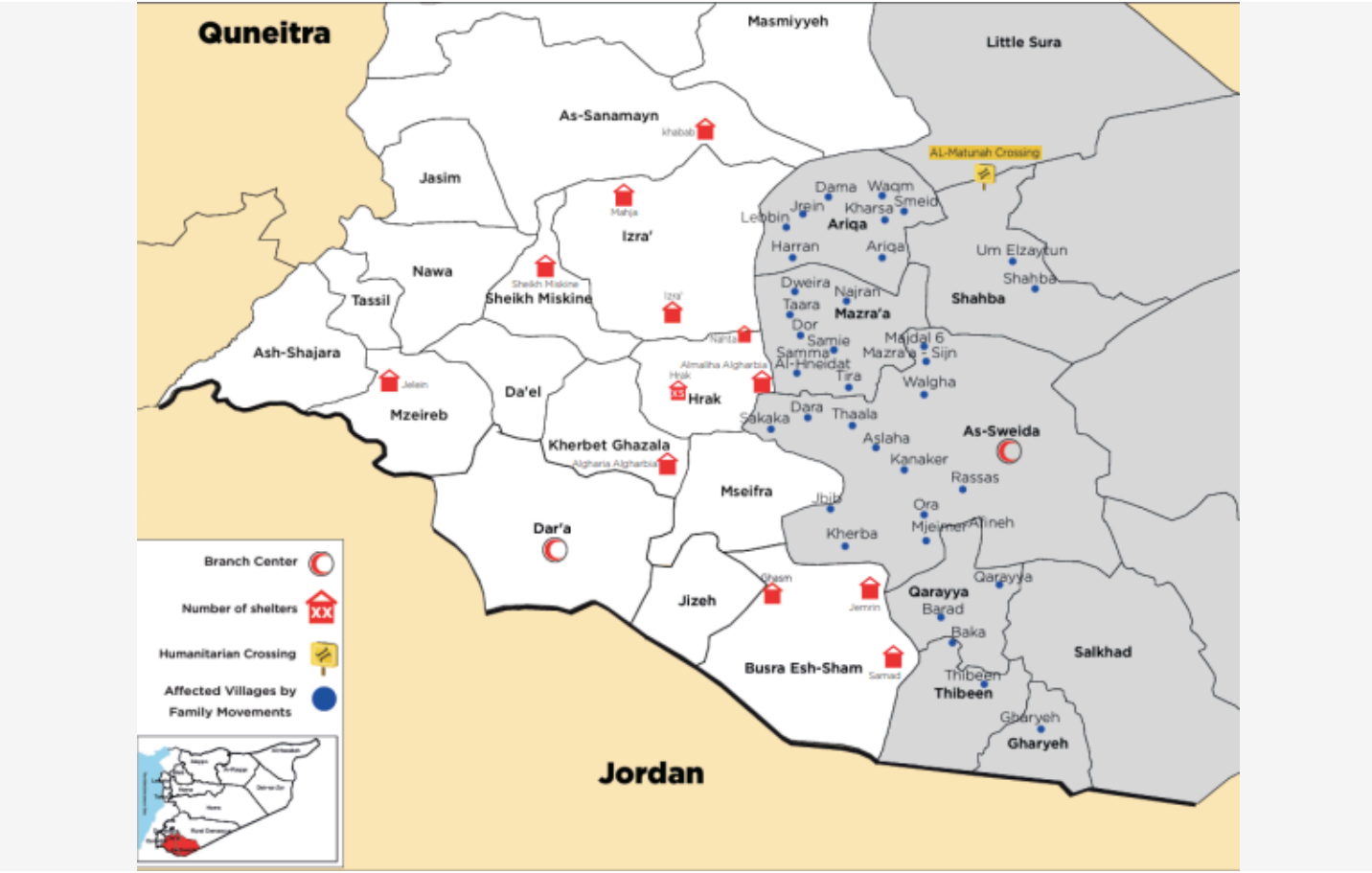


SARC Volunteers providing medical aid to affected people.

Appeal: MDRSY014	Total DREF Allocation: CHF 999,779	Crisis Category: Orange	Hazard: Population Movement
Glide Number: -	People Affected: 820,000 people	People Targeted: 225,000 people	People Assisted: 444,000 people
Event Onset: Sudden	Operation Start Date: 26-07-2025	Operational End Date: 31-03-2026	Total Operating Timeframe: 8 months

Targeted Regions: Rural Damascus, Dara'a, Al-Quneitra, Al-Sweida

Description of the Event



Map of the affected area.

Date of event

13-07-2025

What happened, where and when?

Beginning on 13 July 2025, As-Suwayda Governorate experienced a significant deterioration in the security situation following an escalation of violence that resulted in widespread humanitarian consequences. The hostilities led to civilian deaths and injuries and triggered large-scale displacement both within As-Suwayda and towards neighbouring governorates, particularly Daraa. The affected areas were already experiencing considerable socioeconomic pressures due to the prolonged economic crisis and the cumulative impact of years of conflict and recurrent emergencies across Syria.

The escalation further disrupted essential public services and significantly affected critical infrastructure. Widespread power outages were reported, while several health facilities either ceased operations or became overwhelmed by the influx of casualties, substantially reducing their capacity to provide essential services. The deterioration of basic services compounded existing vulnerabilities and increased humanitarian needs among both displaced populations and host communities.

Throughout the operational period, continued insecurity and repeated breaches of ceasefire arrangements hindered recovery efforts and prevented many displaced families from returning to their places of origin. Access to health services, WASH facilities and essential relief items remained limited, while the prolonged displacement of affected populations placed additional pressure on already overstretched services and resources within host communities. As a result, a sustained humanitarian response remained necessary to address urgent needs while ensuring the safety and access of humanitarian personnel.





SARC Volunteer providing support to affected individual.



SARC EMS volunteers transporting affected individual.

Scope and Scale

The escalation of violence that affected southern Syria in mid-July 2025 rapidly evolved into a complex humanitarian emergency. Armed confrontations across As-Suwayda Governorate and the use of heavy weaponry in populated areas resulted in widespread insecurity, civilian casualties and extensive damage to homes and public infrastructure. The deterioration of the security environment significantly affected civilian populations and disrupted access to essential services.

Road access to As-Suwayda became severely restricted, limiting population movement and constraining humanitarian access. Thousands of families were displaced in search of safety, while humanitarian actors faced considerable challenges in delivering assistance. The situation placed immense pressure on local health facilities, many of which struggled to manage the increasing number of casualties amid shortages of medical supplies, fuel and qualified personnel.

The crisis generated urgent humanitarian needs across multiple sectors. Displaced families required shelter and basic household support, while access to food, safe drinking water and sanitation services deteriorated significantly. Damage to infrastructure and interruptions to essential services further increased the risk of public health concerns. Medical assistance, particularly emergency trauma care, psychosocial support and the provision of essential medicines, remained critical throughout the response period. Despite some improvements in accessibility, security conditions remained volatile and continued to affect humanitarian operations, particularly in rural and hard-to-reach locations.

Source Information

Source Name	Source Link
1. Flash Update No. 1: Escalation of Hostilities in As-Sweida	https://www.unocha.org/publications/report/syrian-arab-republic/flash-update-no-1-escalation-hostilities-sweida-governorate
2. UN says south Syria violence has displaced more than 128,000	https://english.ahram.org.eg/NewsContent/2/8/549886/World/Region/UN-says-south-Syria-violence-has-displaced-more-th.aspx
3. As-Sweida Emergency Response, Situation Report #6	https://reliefweb.int/report/syrian-arab-republic/sweida-emergency-response-situation-report-u6-november-19-2025

4. South LLW - Report	https://ifrcorg.sharepoint.com/:w:/r/sites/SYRIADocuments/Shared%20Documents/General/06.%20DREFs/MDRSY014_South%20Escalation/Final-%20%20LLW%20Southern%20Syria%202026%20_Final.en%20(002).docx?d=wc360c126e8c44047b8b69595ca7355cd&csf=1&web=1&e=5WXFtz
5. Syrian Arab Republic: Humanitarian Response in Southern Syria - Situation Report No. 4 (as of 14 December 2025)	https://www.unocha.org/publications/report/syrian-arab-republic/syrian-arab-republic-humanitarian-response-southern-syria-situation-report-no-4-14-december-2025#:~:text=As%20of%204%20December%202025,As%2DSweida%20and%20Shahba%20districts.
6. Syria crisis: Hundreds killed in ongoing violence, hospitals overwhelmed	https://news.un.org/en/story/2025/07/1165429#:~:text=Syria%20is%20recovering%20after%20years%20of%20conflict%20and,by%20the%20hour,%20the%20UN%20said%20on%20Friday.
7. SARC Situation Report - Southern Syria Response Daraa & As-Sweida (13 July 2025 - 20 July 2025)	https://reliefweb.int/report/syrian-arab-republic/sarc-situation-report-southern-syria-response-daraa-sweida-13-july-2025-20-july-2025

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	The IFRC supported the Syrian Arab Red Crescent (SARC) since the onset of hostilities, including mobilizing prepositioned stocks for SARC's initial humanitarian convoy to affected areas. The Federation continued to bolster SARC's coordination efforts with Movement partners and external humanitarian actors. Following the classification of this disaster as an Orange-classified emergency, the IFRC activated its Immediate Response Protocol (IRP) and stood ready to facilitate procurement of critical relief items where operational conditions permitted.
Participating National Societies	In-country PNSs also supported SARC in the response, for example through activation of in-country response funds or provision and/or procurement of relief items. The Crisis Modifier under ECHO 13 action funded by DG ECHO was activated to contribute to the ongoing SARC emergency response related to the hostilities and displacement in the southern areas. In line with the nature of the Crisis Modifier, the contribution focused on Frontline Emergency Response (FLER) activities. Based on the identified top priorities, the intervention specifically supported the provision of essential WASH and essential medical services through the procurement of fuel.



ICRC Actions Related To The Current Event

Present in Syria since 1967, the ICRC was a neutral, impartial, and independent organization with an exclusively humanitarian mission. The ICRC worked closely with and supported 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 worked together to raise awareness about the risks of mines and other explosive remnants.

At the same time, the ICRC had a bilateral and confidential dialogue with all parties to promote the respect of international humanitarian law and to improve living conditions and treatment of detainees in places of detention, worked on restoring family links between persons separated by armed conflicts and other situations of violence, and provided technical advice and support to national authorities, including forensics practitioners, on the issues of the missing and management of human remains. In line with its mandate, it remained available as a neutral intermediary between all parties, whenever required.

In this response, as during previous emergencies, the ICRC supported SARC Disaster Management, WASH, Health and RFL teams to provide emergency food, non-food, WASH and medical supplies, as well as to ensure proper management of the dead. It also participated in the Movement Task Forces for further and next-phase activities.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
UN or other actors	SARC was the only entity in Syria that had been granted access to Sweida. The UN and other actors supported the response by providing relief items and fuel for bakeries, hospitals, and essential WASH facilities through SARC. SARC transported and distributed all assistance provided to Sweida by the various humanitarian actors.

Needs (Gaps) Identified

Livelihoods And Basic Needs

Since the start of the hostilities, a severe deterioration in food access was witnessed across South Syria, compounded by critical fuel shortages that are crippling essential services. The hostilities have not only paralyzed supply routes but also blocked fuel shipments, leaving bakeries unable to operate. With most bakeries in conflict-affected districts now non-operational due to lack of diesel, bread production has halted in areas where wheat flour remains available. The bakeries' production was also affected by the lack of water caused by the unavailability of fuel to operate the water pumps. Immediate interventions to restore humanitarian fuel supplies and secure access corridors have been identified as priority actions to restore access to food

Health

The health and humanitarian situation in southern Syria's governorates has deteriorated severely since mid-July 2025, characterized by overwhelmed health facilities struggling to treat mass casualties amid critical shortages of medical supplies and compromised burial capabilities. Several major hospitals in Daraa, Quneitra, and Sweida governorates were directly impacted by the hostilities. Power generators, water tanks, and oxygen plants incurred damage in the partially functional hospitals.



Escalating violence has resulted in hundreds of deaths and displaced more than 150,000 people, who now lack access to healthcare, shelter, and basic services. The affected communities are suffering from trauma, creating an urgent demand for mental health support among survivors.

Priority health needs include emergency trauma care; mental health and psychosocial support to address trauma-induced PTSD (Post Traumatic Stress Disorder) and social breakdown; maternal and child health services and medical care for people with chronic diseases. These needs are further exacerbated by the legacy of decades of conflict and poor health infrastructure and the looting of medical warehouses during the conflict, fuel shortages crippling hospital operations, and the flight of over 40% of health workers.

Humanitarian access remains severely constrained by active hostilities and economic instability, including liquidity shortages and inflation, while response efforts face critical funding gaps that jeopardize essential health services.



Water, Sanitation And Hygiene

The recent escalation of violence in southern Syria has severely disrupted water, sanitation, and hygiene (WASH) services, leaving thousands of displaced families in urgent need. Many are sheltering in overcrowded homes or informal settings without access to safe drinking water, functional sanitation, or hygiene supplies. The situation is worsened by the disruption of water pumping stations and electricity networks, which have crippled water distribution systems across the region.

Local communities have identified access to drinking water as an urgent priority, highlighting its critical role not only for households but also for essential services. Hospitals and bakeries are heavily dependent on water availability, and their operations have been severely affected by the ongoing shortages. With humanitarian access limited, the risk of waterborne disease outbreaks is rising, particularly among children and vulnerable populations.

In addition to sanitation concerns, the lack of solid waste management remains a critical gap. In many overcrowded shelters, the shortage of trash cans has led to waste accumulation around IDPs and public areas, creating unhygienic conditions and attracting disease vectors. To address this, SARC has included the provision of garbage containers as a key step in improving waste management and reducing health risks.

As an initial and temporary response, bottled water is being distributed until the main water sources are restored. However, water production from these wells remains limited due to the lack of electricity across the governorate and full reliance on backup generators, with ongoing challenges in securing diesel fuel. Currently, SARC, in coordination with the Water Authority, is operating selected wells to supply water only to displacement shelters. Water trucking may be considered if access to wells remains constrained.

Operational Strategy

Overall objective of the operation

This IFRC-DREF operation aims to support the SARC in their overall response to the escalating situation in the South of Syria. The operation will provide assistance to more than 160K people through the provision of basic needs including Food, WASH, Health services and supporting the SARC operational capacity. The intervention will also focus on supporting SARC teams on the ground with psychosocial support and protection emblems. The operation is planned for a period of 8 months.

Operation strategy rationale

The intervention is part of the SARC's overall response plan supported by different partners. The DREF operation focuses on the following:

- Food assistance

IFRC will replenish the food parcels used by SARC during their response in the south. SARC will also support the bakeries with fuel to ensure availability of bread for the families in the affected areas.

- WASH

Through WASH interventions, SARC will ensure the affected population has access to drinking water, hygiene supplies, and solid waste management in the IDP sites, including through the provision of water tanks and iron bases for their elevation to ensure proper water flow.

- Health services

SARC has deployed its EMS and MHUs in the affected areas and will be including medical consumables to be used by the teams on the



ground and the hospitals in the area. SARC will also focus on supplying the hospitals with fuel to sustain medical operations. IFRC will support SARC in securing Trauma kits for the hospitals as the needs and gaps in the medical items and services in the areas are significant.

- Operations support

The intervention will contribute to expenses related to the support to SARC's operational capacity with a focus on volunteer needs including PSS sessions for the volunteers.

Targeting Strategy

Who was targeted by this operation?

The intervention targeted all the people residing in the affected areas (IDPs and host community), including those directly or indirectly affected in the southern region of Syria, in addition to SARC's volunteers who were affected during their response.

The operation followed child- and gender-sensitive approaches for assessments, planning, and implementation.

Explain the selection criteria for the targeted population

The intervention focused on people affected by the recent escalation of hostilities. People had lost their households, their livelihoods, and family members. The intervention paid special attention to people with higher vulnerabilities, including:

Female-headed households
 Unaccompanied minors
 People with chronic health conditions
 Elderly people and people with physical disabilities
 People who had been displaced due to the hostilities
 People who had been injured due to the hostilities

Total Assisted Population

Assisted Women	221,556	Rural	-
Assisted Girls (under 18)	-	Urban	-
Assisted Men	222,444	People with disabilities (estimated)	-
Assisted Boys (under 18)	-		
Total Assisted Population	444,000		
Total Targeted Population	225,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption	Yes
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policy?	
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
Access to the affected areas is challenging due to the hostilities	SARC is in constant communication and coordination with the authorities and the different parties to the conflict to secure safe access to the volunteers and staff to the affected areas The DREF also includes support to ensure visibility of the emblem for protection of the teams on the ground
Community dissatisfaction or mistrust: Perceived inequities in targeting or delays in service delivery could damage SARC/IFRC's reputation and reduce cooperation from affected communities.	Integrate CEA activities, including clear communication of selection criteria and schedules. Establish functional feedback and complaints mechanisms, and adjust targeting based on verified feedback.
Please indicate any security and safety concerns for this operation:	
Security concerns in southern Syria pose significant challenges to humanitarian operations. The volatile situation is marked by ongoing clashes, sporadic violence, and a fragile ceasefire that is frequently breached, creating a highly unpredictable environment. Armed groups remain active in the area and renewed hostilities frequently arise, which limit the safe movement of humanitarian personnel and supplies. Additionally, the presence of unexploded ordnance and the targeting of civilian infrastructure further complicate access and increase risks for aid workers.	
Has the child safeguarding risk analysis assessment been completed?	No

Implementation



Livelihoods And Basic Needs

Budget: CHF 290,187
Targeted Persons: 80,000
Assisted Persons: 80,000
Targeted Male: -
Targeted Female: -



Indicators

Title	Target	Actual
# of food parcels distributed to affected households	7,000	7,000
# of bakeries supported with fuel	20	20
% of targeted households reporting improved access to staple bread	80	80

Narrative description of achievements

- A total of 7,000 food parcels were distributed to displaced and conflict-affected households across southern Syria. Out of the total, 4,944 food parcels were distributed in As-Sweida governorate to displaced families and affected host communities across multiple locations. The remaining parcels were distributed to families displaced from As-Sweida and hosted in Dar'a governorate, ensuring continued access to food assistance for populations affected by displacement and movement across governorates.
- Fuel support was provided to bakeries serving conflict-affected communities in southern Syria, contributing to the continuity of bread production during a period characterized by severe fuel shortages and disruptions to essential services. Through the provision of emergency fuel supplies, bakeries were able to maintain operations and ensure the availability of subsidized bread for displaced populations and host communities. This intervention helped preserve access to a key staple food, reduced pressure on vulnerable households, and supported local food supply systems during the crisis. The activity complemented direct food assistance by strengthening community access to bread through existing local service providers.
- Emergency fuel support to bakeries, combined with food assistance provided through the operation, contributed to improving access to staple bread for affected households. The intervention enabled bakeries to continue production despite fuel shortages that threatened service continuity, ensuring that vulnerable families-maintained access to affordable bread. As a result, the targeted level of improved access to staple bread was achieved, helping to address one of the most critical food security needs among displaced and conflict-affected populations during the response period.

Lessons Learnt

The experience demonstrated the importance of anticipating supply-chain constraints when designing interventions that rely on scarce commodities such as fuel. While bakery fuel support remained highly relevant to the needs of affected communities, difficulties in securing fuel resulted in implementation delays. Future operations should consider establishing contingency arrangements, pre-identifying suppliers and developing alternative procurement mechanisms to reduce delays and ensure the timely delivery of support to essential community services. The intervention also highlighted the value of supporting local food production systems alongside direct food assistance, as this approach contributes to preserving community access to staple foods and strengthening local coping capacities during emergencies.

Challenges

- Implementation of the bakery fuel support component was delayed due to difficulties in securing fuel supplies and challenges associated with the availability and procurement of fuel in a highly constrained operational environment. These constraints affected the timing of implementation and required additional coordination efforts to ensure that support could be delivered while maintaining compliance with operational procedures.



Health

Budget: CHF 239,319

Targeted Persons: 200,000

Assisted Persons: 200,000

Targeted Male: -

Targeted Female: -



Indicators

Title	Target	Actual
# of health facilities supported with fuel	5	5
# of EMS/MHU deployed	2	2
# of people receiving PSS/MHPSS	100,000	57,723
# of trauma kits delivered to health facilities	45	45
# of medical teams (EMS and MHUs) and health facilities supported with medical consumables	-	2

Narrative description of achievements

- Fuel support was provided to five health facilities in the affected governorates, contributing to the continuity of essential health services during a period characterized by severe fuel shortages and infrastructure disruptions. This support enabled hospitals to maintain critical operations, including emergency care, operation theatres, cold chain systems, and basic utility services. The intervention helped prevent service interruptions and increased the resilience of health facilities managing a high influx of casualties and vulnerable patients. Based on the health needs assessment, fuel shortages were identified as one of the main constraints affecting hospital functionality.
- Two Mobile Health Units (MHUs) were successfully deployed to provide primary health care and emergency medical services to displaced populations and conflict-affected communities. In parallel, EMS teams remained operational throughout the response period, ensuring timely emergency care, stabilization of casualties, and referral services. The deployment of mobile teams was essential in maintaining access to healthcare in areas where fixed health facilities were damaged, inaccessible, or overwhelmed by the crisis. Transportation and operational support ensured uninterrupted movement of medical teams despite insecurity and access challenges.
- A total of 57,723 individuals received psychosocial support and mental health and psychosocial support (MHPSS) services during the operational period. The intervention addressed the psychological impacts of violence, displacement, loss, and prolonged insecurity among affected populations, while strengthening coping mechanisms, reducing emotional distress, and promoting wellbeing through integrated community-based interventions. Although the planned target of 100,000 people was not fully achieved, the response reached a substantial number of individuals in need of psychosocial support. Achievement of the target was affected by security, operational, financial, and logistical constraints, including restricted access to some affected locations, administrative and financial delays, communication disruptions, high workloads among response teams, and limited operational resources. Despite these challenges, the intervention made an important contribution to strengthening resilience and supporting the psychosocial wellbeing of affected communities across the targeted governorates.
- Forty-five trauma kits were delivered to health facilities supporting the emergency response in the affected governorates. The provision of trauma kits addressed critical shortages of lifesaving medical supplies and enabled healthcare providers to manage casualty incidents and trauma cases. This support contributed to strengthening emergency preparedness and response capacities within health facilities and ensured the availability of essential materials for stabilizing and treating injured patients.
- Health interventions contributed to maintaining access to essential and lifesaving health services for conflict-affected and displaced populations throughout the response period. Through Emergency Medical Services (EMS), Mobile Health Units (MHUs), Medical Mobile Teams (MMTs), and Community-Based Health and First Aid (CBHFA) activities, a total of 33,578 people benefited from emergency medical care, primary healthcare services, health awareness activities, and community-based health interventions across the affected governorates.

Lessons Learnt

- The response demonstrated the importance of maintaining flexible health service delivery modalities capable of functioning under volatile conditions. Adaptive approaches, including mobile clinics and prioritization of chronic disease support, proved essential in maintaining continuity of care and minimizing disruptions affecting vulnerable patients. The experience further highlighted that emergency health responses should integrate psychosocial support and chronic disease management as core components rather than complementary activities. Strengthening emergency medical preparedness, maintaining reserve capacities and ensuring continuity of essential supplies would contribute significantly to enhancing the resilience and effectiveness of future health interventions.



Challenges

• Shortages of medicines and medical supplies, fuel constraints and insecurity affected the continuity of healthcare services and reduced operational flexibility. Limited availability of resources and interruptions affecting fixed facilities increased pressure on mobile services and constrained the scale of interventions.



Water, Sanitation And Hygiene

Budget: CHF 125,070

Targeted Persons: 160,000

Assisted Persons: 160,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of water pumping stations rehabilitated or supported with fuel	6	6
# of trash cans installed	160	160
# of solar-powered light towers installed	4	0
# of 2000L water tanks distributed	30	30
# of 5000L water tanks distributed	45	45
# of water points with 6 faucets installed	35	35
# of solar lights installed on public roads	100	100
liters of fuel provided for operational vehicles and response teams	-	0

Narrative description of achievements

- Support was provided to six water supply systems through emergency interventions aimed at maintaining access to safe water for conflict-affected and displaced populations. These interventions contributed to sustaining water production and distribution in areas facing severe service disruptions due to insecurity, infrastructure damage, and fuel shortages. Through close coordination with local authorities and technical teams, the support helped reduce interruptions in water services and strengthened the operational capacity of water infrastructure serving displacement locations and vulnerable communities.
- A total of 160 solid waste containers (200-liter capacity) were distributed across displacement sites, collective shelters, and affected communities in Sweida and Daraa governorates. The intervention contributed to improving environmental sanitation conditions, reducing the accumulation of solid waste, and mitigating public health risks associated with overcrowded living conditions. The distribution supported safer and cleaner environments for displaced families while strengthening community hygiene practices. Specifically, 100 containers were installed in Sweida and 60 in Daraa based on assessed needs and population concentrations.
- The installation of four solar-powered light towers was planned to enhance safety, protection, and visibility in displacement and community areas affected by the crisis. During the implementation period, procurement procedures were completed, including the tendering process, bid evaluation, supplier selection, and obtaining the necessary approvals. However, the activity could not be finalized within the operational timeframe as the selected supplier required an extended lead time for delivery, given that the solar light towers were not readily available in the local market and needed to be sourced externally. As a result, the procurement process was initiated but



the installation could not be completed before the closure of the operation.

- Thirty water storage tanks with a capacity of 2,000 liters were procured and installed in schools, smaller collective shelters, and community locations across Sweida and Daraa governorates. The intervention increased localized water storage capacity and improved access to safe water for displaced families and host communities in sites with moderate water demand and limited water supply infrastructure.
- A total of 45 water storage tanks with a capacity of 5,000 liters were installed in high-density displacement sites, tented settlements, and large collective shelters across Sweida and Daraa governorates. The intervention provided large-scale emergency water storage capacity, ensuring a more reliable water supply for larger populations affected by disrupted water systems and increasing pressure on existing services.
- Thirty-five communal water points equipped with six faucets each were installed in strategic locations serving displaced populations and vulnerable communities. The intervention enhanced equitable access to safe water and reduced waiting times at water collection points. By improving water distribution infrastructure in high-density displacement settings and schools, the activity contributed to maintaining basic hygiene standards and reducing risks associated with inadequate water access.
- A total of 100 solar-powered streetlights were installed across displacement sites and collective shelters in Sweida and Daraa governorates. The intervention improved safety, security, and accessibility during nighttime hours for affected populations, particularly women, children, and older persons. Solar lighting was prioritized in areas with disrupted electricity services and contributed to strengthening protection outcomes while improving living conditions in displacement locations. Seventy-five lights were installed in Sweida and twenty-five in Daraa based on protection and safety assessments.
- Although fuel support for water pumping stations was initially included in the response planning, these needs were ultimately covered through complementary funding provided by another donor. Therefore, DREF-funded fuel support was prioritized for hospitals and bakeries to ensure the continuity of critical health services and bread production during the emergency. This approach helped avoid duplication of assistance while ensuring that essential services across both the health and WASH sectors remained operational through different funding streams.
- In the original plan, the allocation was for dignity kits. However, based on SARC's request and the needs identified in the field, the activity was adjusted to the distribution of family hygiene kits. As part of this change, a portion of the budget was reallocated from the WASH sector to the PGI sector, which explains the slightly higher expenditure under PGI.

Lessons Learnt

• The operation demonstrated that previous investments in WASH infrastructure and technical capacities significantly enhance response effectiveness during emergencies. Existing systems and technical expertise enabled rapid support and contributed to maintaining essential water services. However, delays affecting technical approvals highlighted the importance of strengthening decentralized capacities and ensuring greater flexibility in emergency implementation arrangements. Future responses should prioritize pre-positioning WASH supplies and establishing contingency mechanisms that facilitate rapid rehabilitation and restoration of water infrastructure. The experience further emphasized that emergency WASH interventions should maintain a balance between immediate life-saving support and infrastructure resilience to reduce the impact of prolonged crises.

Challenges

• Technical approvals and procurement processes delayed some rehabilitation activities and limited the implementation of planned infrastructure support. Resource constraints prevented the realization of some interventions, including solar lighting and support to pumping stations. Communication disruptions and limited access further affected the speed of implementation and technical supervision.



Protection, Gender And Inclusion

Budget: CHF 116,075
Targeted Persons: 4,000
Assisted Persons: 4,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of people reached with dignity kits	4,000	0



Narrative description of achievements

The Syrian Arab Red Crescent (SARC) Community Services and Protection (CSP) Unit implemented an inclusive, holistic, rights-based, and people-centered approach aligned with Movement principles, International Humanitarian Law, the UN Convention on the Rights of the Child, IASC Guidelines, and Sphere Standards. SARC staff and volunteers mainstreamed Protection, Gender, and Inclusion (PGI) across all emergency operations, backed by specialized guidance and support from the CSP team.

Key Implemented Activities

- Psychological First Aid (PFA) & Case Management: Provided emotional support and safety to individuals in severe distress, evaluating cases and making internal and external referrals to appropriate social service providers.
- Awareness-Raising Sessions: Delivered specialized awareness covering Protection against Sexual Exploitation and Abuse (PSEA), Child Protection (combating violence, bullying, family separation, school dropout, and child labor), Gender-Based Violence (GBV and early marriage), Explosive Ordnance Risk Education (EORE), adult and child stress management, and coping mechanisms during disasters.
- Child & Youth Engagement: Facilitated semi-structured recreational and creative activities (drawing, singing, sports, open days) to provide safe spaces for children. Structured sessions focused on peacebuilding, conflict resolution, child resilience, life skills for adolescents (14–17) and young adults (18–24), and caregiver support.
- Non-Formal Education & Vocational Training: Conducted homework-solving cafes, literacy classes, reinforcement/self-learning sessions, and vocational skills development for caregivers and adolescents over 16 to build long-term self-reliance.
- Community Initiatives: Empowered youth and adolescents to lead community projects, including rehabilitating classrooms for children with disabilities ("Ray of Hope" in Damascus Rural), restoring playgrounds for children with intellectual and hearing impairments in Dara'a, and renovating the Bayt Alyateem Social Care House in Swaida'a.
- Staff & Volunteer Support: Organized team-building open days across branches (Damascus Rural, Dara'a, Quneitra, and Swaida'a) focusing on Mental Health and Psychosocial Support (MHPSS), stress management, peer support, and self-care for humanitarian responders.

People Reached & Achievements

- Responder Well-Being: Exceeded targets for responder care, supporting 946 staff and volunteers (547 females and 399 males) through targeted team-building and MHPSS peer support sessions against an initial target of 400.
- Operational Reach: Utilized dedicated DREF fuel allocations to ensure mobile CSP teams could reach displaced families in hard-to-access shelters and new intervention zones across Damascus Rural (Zakia, Sayyida Zeinab, Jaramana, Al-Nashabia), Quneitra, and Swaida'a.

• Based on the WASH reallocated budget, Menstrual Hygiene Management (MHM) & Sanitary Pad Distribution As part of the WASH health awareness and hygiene promotion component, SARC implemented comprehensive Menstrual Hygiene Management (MHM) awareness campaigns alongside sanitary pad distributions across four governorates (As-Sweida, Daraa, Rural Damascus, and Quneitra): Sanitary Pads Received: 444,000 sanitary pads received at central warehouses. Sanitary Pads Distributed: 403,455 pads distributed to date. People Reached: 55,381 beneficiaries across the target areas. Implementation Locations: Operationalized across 453 sites, including collective shelters, SARC facilities, schools, host communities, and informal gathering sites.

Lessons Learnt

- The operation demonstrated that protection outcomes extend beyond material assistance and include psychosocial wellbeing, dignity and social support. Community services and psychosocial support activities played a significant role in strengthening resilience among affected populations, even when material resources were limited. The experience further highlighted the importance of investing in volunteer welfare and ensuring adequate psychosocial support for frontline responders exposed to stressful conditions. Future responses should strengthen mechanisms for documenting qualitative protection outcomes and ensure that volunteer wellbeing is systematically integrated into emergency operations.

Challenges

- Delays in receiving some materials and limited availability of resources affected the scale of planned interventions. Staff and volunteers experienced prolonged stress, while limited support mechanisms and delayed incentives affected morale and increased the risk of fatigue.



Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 177,919

Targeted Persons: 0

Assisted Persons: 1,296

Targeted Male: -

Targeted Female: -



Indicators

Title	Target	Actual
# of staff and volunteers receiving PSS sessions.	400	946
# of volunteers deployed	350	350

Narrative description of achievements

• Although the operation focused primarily on emergency response, important resilience-related outcomes emerged through adaptive management and continuous support to responders. Psychosocial support activities contributed to preserving staff and volunteer wellbeing, while operational flexibility enabled the continuation of essential services despite evolving challenges. Existing experience and practical problem-solving capacities strengthened the ability of teams to cope with uncertainty and maintain continuity of interventions. Operational decisions were continuously adjusted according to changing priorities and available resources. Teams demonstrated flexibility approaches and reallocating capacities to address emerging needs. The response itself became an opportunity for experiential learning, allowing personnel to strengthen practical skills and improve their ability to manage complex situations. These adaptive processes contributed to enhancing organizational resilience and response capacities.

The operation demonstrated that resilience depends not only on material resources but also on the ability to adapt and respond effectively to changing realities. Practical experience, flexibility and continuous learning emerged as important assets that contributed to maintaining operations. The response highlighted the importance of strengthening resilience-building capacities and integrating preparedness considerations into future programming.

Lessons Learnt

• The response highlighted that resilience is built through preparedness, adaptive leadership and continuous learning rather than through material resources alone. The ability of teams to revise priorities and adjust interventions proved critical in maintaining continuity of services. Future operations should strengthen scenario planning and preparedness mechanisms to reduce reliance on ad hoc adaptations. Investments in staff and volunteer resilience, including psychosocial support and wellbeing measures, should form an integral component of emergency programming. Building resilience before crises occur remains essential for sustaining effective responses under increasingly complex operational environments.

Challenges

• Sustaining operations over prolonged periods placed considerable pressure on staff and volunteers. Resource constraints reduced opportunities for recovery-oriented interventions and limited the scope of resilience-building activities.



Coordination And Partnerships

Budget: CHF 8,535

Targeted Persons: 40

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
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Narrative description of achievements

• Coordination represented one of the strongest components of the operation and contributed significantly to maintaining operational effectiveness. Continuous interaction between branches, headquarters and Movement partners facilitated information exchange and



enabled timely decision-making. Regular meetings, operational coordination mechanisms and collaboration with external stakeholders strengthened complementarity and reduced duplication. Partnerships with IFRC and other actors expanded operational capacities and enhanced the quality of interventions.

Information sharing and communication mechanisms supported evidence-based prioritization and facilitated resource allocation according to emerging needs. Existing relationships and collaboration between operational teams allowed challenges to be addressed quickly and supported the continuity of activities. External coordination with authorities and partners also contributed to improving access and ensuring alignment of interventions with broader humanitarian efforts.

The operation demonstrated the value of coordination mechanisms that combine formal structures with practical collaboration. Existing partnerships and operational relationships enhanced efficiency and strengthened response capacities. The experience highlighted that effective coordination is not limited to information exchange but also contributes to problem-solving and adaptive management during emergencies.

Lessons Learnt

- The operation demonstrated that continuous communication and collaborative problem-solving are fundamental to effective coordination. Existing partnerships and operational relationships enabled timely adaptation and strengthened response capacities. However, reliance on informal arrangements highlighted the importance of institutionalizing successful coordination practices and establishing clearer emergency procedures. Future operations should strengthen interdepartmental coordination and ensure that support functions are integrated early into emergency planning processes. Building and maintaining partnerships before crises occur remains essential for ensuring rapid and coherent responses.

Challenges

- Communication disruptions and multiple approval processes occasionally slowed information flows and delayed decision-making. Differences in procedures and varying operational priorities among stakeholders also created coordination challenges and affected response efficiency.



Secretariat Services

Budget: CHF 15,363

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of field visits conducted	3	2
# of supply chain delegates deployed	1	1

Narrative description of achievements

- Secretariat services played a fundamental enabling role throughout the operation by ensuring the continuity of technical, logistical and operational support functions required for the delivery of humanitarian assistance. SARC and IFRC demonstrate investments in programme support costs, travel, logistics services, accommodation and operational expenses, reflecting sustained efforts to maintain oversight and facilitate implementation across sectors. Technical support provided through field missions, remote guidance and operational follow-up contributed to strengthening programme quality and ensuring that branches remained capable of responding to evolving needs.

Technical guidance, monitoring activities and coordination with branches facilitated the identification of bottlenecks and contributed to addressing implementation challenges as they emerged. Expenditures related to travel and operational support enabled field engagement and reinforced communication between headquarters and branches, while supply chain support contributed to maintaining the flow of relief items and essential resources. These functions allowed operational teams to focus on programme delivery while



ensuring that administrative and technical requirements were addressed.

Although some planned monitoring activities and field visits were constrained by insecurity and access limitations, support services remained sufficiently flexible to ensure continuity of operations.

Lessons Learnt

- The experience highlighted the importance of ensuring that support functions remain sufficiently agile and integrated into preparedness planning. Future operations should strengthen emergency support arrangements, develop flexible operational procedures and invest in surge capacities capable of responding rapidly to changing requirements. Greater emphasis should also be placed on remote support mechanisms and adaptive monitoring approaches to ensure continuity of oversight when access constraints limit physical presence. Strengthening the connection between programme teams and support functions would further enhance operational efficiency and facilitate timely problem-solving during emergencies.

Challenges

- Operational support functions faced multiple constraints throughout the implementation period. Security restrictions and access limitations reduced opportunities for field monitoring and direct engagement with branches. Administrative procedures and procurement requirements occasionally affected the timeliness of support services, while communication disruptions complicated coordination and information exchange. Increasing workloads and competing priorities placed additional pressure on support functions and limited opportunities for more regular technical follow-up.



National Society Strengthening

Budget: CHF 27,311

Targeted Persons: 0

Assisted Persons: 145

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of lessons learnt workshop organized	1	1
# of uniforms provided to volunteers	100	100

Narrative description of achievements

- Although the operation primarily focused on emergency response, it also generated important institutional benefits that contributed to strengthening the National Society's capacities. The experience accumulated during implementation enhanced practical knowledge and reinforced response capacities among staff and volunteers. The Lessons Learned Workshop provided an opportunity to capture operational experiences and promote reflection on challenges, successes and areas requiring improvement. These efforts contributed to preserving institutional memory and strengthening the foundation for future emergency responses.

Capacity strengthening occurred largely through operational experience and continuous adaptation rather than through formal training activities. Branches gained valuable experience in managing complex situations, prioritizing interventions and responding to evolving needs. Continuous interaction between headquarters and branches facilitated knowledge exchange and encouraged practical problem-solving. Support provided by IFRC technical teams further strengthened planning and management capacities and contributed to improving understanding of emergency response requirements.

The Lessons Learned Workshop and continuous reflection processes generated recommendations aimed at improving preparedness and strengthening systems for future emergencies. While some planned capacity-building activities were not fully implemented, the practical experience gained during the operation strengthened the National Society's ability to respond to future crises and reinforced the importance of investing in people, systems and organizational learning.



Lessons Learnt

- The operation reaffirmed that institutional strengthening is not achieved solely through workshops and training events but is equally driven by practical experience and continuous learning. The experience demonstrated that operational responses themselves can serve as powerful learning opportunities when supported by mechanisms that capture knowledge and transform it into institutional improvements. The Lessons Learned Workshop illustrated the importance of creating spaces for reflection and knowledge sharing and highlighted the need to integrate these processes into routine preparedness and organizational development efforts. Future operations should place greater emphasis on knowledge management systems, institutional memory and the systematic incorporation of lessons into contingency planning. Strengthening volunteer management systems, staff development and branch capacities will remain essential for ensuring sustainable organizational resilience and enhancing preparedness for future emergencies.

Challenges

- High workloads, staff turnover and competing operational priorities limited opportunities for structured capacity development and training activities. Existing information management systems did not always adequately capture lessons and operational experiences, reducing opportunities for institutional learning. Resource constraints and operational pressures also affected the ability to invest in longer-term organizational development activities.



Financial Report



DREF Operation
Draft Report (CHF)

Date from: 6 Dec 2024 to 30 Sep 2026

MDRSY014 - Syria - Complex Emergency

Operating timeframe: Start date: 06-Dec-2024 End date: 31-Dec-2026
Appeal launch date: 07-Dec-2024

I. Summary

	Actual (CHF)
Opening Balance	0
Funds & Other Income	999,779
DREF Response Pillar	999,779
DREF Anticipatory Pillar	
Expenditure	-991,062
Closing Balance	8,717

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			
PO02 - Livelihoods	272,476	270,460	2,016
PO03 - Multi-purpose Cash			
PO04 - Health	224,713	220,629	4,084
PO05 - Water, Sanitation & Hygiene	117,437	120,223	-2,786
PO06 - Protection, Gender and Inclusion	108,990	116,466	-7,476
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	228,079	188,997	39,082
PO10 - Community Engagement and Accountability			
PO11 - Environmental Sustainability			
Planned Operations Total	951,695	916,776	34,920
EA01 - Coordination and Partnerships	8,014	5,886	2,128
EA02 - Secretariat Services	14,425	41,792	-27,367
EA03 - National Society Strengthening	25,645	26,609	-964
Enabling Approaches Total	48,084	74,286	-26,203
Total	999,779	991,062	8,717

III. Expenditure by budget category & group

Prepared on 18-Oct-2026

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[Click here for the complete financial report](#)



Contact Information

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