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Final Report

Syrian Arab Republic: Cholera Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF operation	**Operation n° MDRSY008**
Date of Issue: 29 September 2022	**Glide number: EP-2022-000310-SYR**
Operation start date: 29 September 2022	**Operation end date: 31 March 2023**
Host National Society: Syrian Arab Red Crescent	**Operation budget: CHF 750,000**
Number of people affected: 407,720	**Number of people assisted: 1,858,104**
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC); International Committee of the Red Cross (ICRC); Norwegian Red Cross, Canadian Red Cross, Swedish Red Cross, German Red Cross, Danish Red Cross, Swiss Red Cross.	
Other partner organizations actively involved in the operation: Ministry of Health, UN Agencies, International non-governmental organizations (INGOs), Local non-governmental organizations (LNGOs)	

"The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden, and Switzerland. The Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), who contributed to this operation with EUR 200,000 EUR, Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation, and other corporate and private donors. The IFRC, on behalf of the Syrian Arab Red Crescent (SARC), would like to extend thanks to all for their generous contributions."

A. SITUATION ANALYSIS

Description of the disaster

On 10 September, the Syrian Ministry of Health (MoH) declared an outbreak of cholera in Aleppo Governorate following 15 confirmed laboratory cases, including one death. On 17 September, the Syrian MoH held a coordination meeting with UN agencies and INGOs to share updates on the situation. During the meeting, the MoH presented the three priorities for the proposed operational response plan: WASH, community awareness raising, and medical response in all health directorates.

Based on a rapid assessment conducted by health authorities and partners, the source of the outbreak was believed to be linked to people drinking unsafe water from the Euphrates River and using contaminated water to irrigate crops, resulting in food contamination. This outbreak was an indicator of severe shortages of water throughout Syria, as access to safe drinking water is a significant challenge in the conflict-affected country.

On the 6th of February, a 7.8 degrees magnitude earthquake struck southern Turkey near Syria's northern border. The US Geological Survey said the earthquake was centred about 33 km (20 miles) from Gaziantep, a major city and provincial capital. Another big earthquake was felt on the same day, largely in the same affected areas. The earthquake heightened the risk of waterborne diseases, such as cholera, due to overcrowding in emergency

shelters, extensive damage to water and sanitation infrastructure, and damage and disruption to cholera treatment infrastructure.

Between 25 August and 8 April, 111 084 suspected cholera cases have been reported from all 14 governorates, including 104 associated deaths to date at a case fatality rate of 0.09%. [1] The most affected governorates were Idleb (36,543 cases, 32.9%), Aleppo (29,159 cases, 26.2%), Deir Ez-Zor (20,673 cases, 18.6%), and Ar-Raqqa (19,823 cases, 17.8%).

Table 1 Cholera Epidemiological Data in the hotspot areas, as of April 8th, 2023

Governorate	Suspected Cases	Population	Positive RDT	Attributed Deaths
Aleppo	29,159	4,170,826	1,034	49
Al-Hassakeh	4,144	1,160,335	115	4
Al-Raqqa	19,823	767,956	352	10
Lattakia	184	1,274,118	98	0
Deir-Ez-Zor	20,673	779,283	419	24
Total	**73,983**	**8,152,518**	**2,018**	**87**

All these factors contributed to the deterioration of the water and sanitation hygiene-related practices which played an important role in the spread of Cholera in the areas affected the most by these dire conditions.

Summary of response

Overview of Host National Society

Headquartered in Damascus, the Syrian Arab Red Crescent (SARC) has a network of 14 branches across all the governorates of Syria and 74 active sub-branches, 12,239 active volunteers, and 5,818 staff working across its headquarters, branches, and sub-branches. SARC is one of the key members of the Humanitarian and Disaster Response Committees both at the national as well as governorate levels. Through its network of staff and volunteers, and presence across most of the country, it remains the largest national provider of humanitarian services in Syria. In 2022, the National Society reached 80 per cent of the Syrian population with safe water through the treatment and maintenance of damaged water infrastructure, the expertise was leveraged for this Cholera outbreak response. In addition, the SARC's network of 146 health facilities has become a lifeline for about 2.2 million people.

In the early phase of the Cholera outbreak, SARC launched a comprehensive Cholera Response Plan against which SARC mobilised resources from the Movement as well as through the Syrian Humanitarian Fund and other partners. SARC's response strategy focused on the following thematic areas: 1. Internal and external coordination, 2. Water, sanitation and hygiene promotion (WASH), 3. Health, and 4. Emergency Medical Services.

In the beginning of the outbreak, the response was activated first in Aleppo and Deir-ez-Zor and then expanded to other affected governorates and the public through national campaigns. SARC mobilized its staff and volunteers for hygiene promotion and health awareness activities in public places, with home visits at schools and in its health facilities, mobile and static as well as through social media. In addition to the communications campaign, SARC's Health and WASH volunteers were monitoring the suspected/confirmed Cholera cases. The role of the Disaster Management department was to support the coordination of the operation and provide

Figure 1: A SARC volunteers explaining the right way to prepare ORS to a community member

[1] Whole of Syria Cholera Outbreak Situation Report No. 16, WHO.

guidance in prioritizing the needed areas of support based on data from volunteers.

As for the capacity building, health and WASH community volunteers and health promoters were trained on the prevention and response to Cholera, in addition to the community case management and referral of suspected AWD/Cholera cases. Health workers (physicians and nurses) were also trained on the proper management of cases and (Infection Prevention and Control) IPC measures inside health centres.

Overview of Red Cross Red Crescent Movement in country

SARC provides humanitarian response operations with the coordination of components and partners of the International Red Cross and Red Crescent Movement. Over the course of the last two decades, the IFRC has provided financial and technical support to SARC thorough Emergency Appeal mechanism and Disaster Relief Emergency Fund (DREF) mechanism to effectively respond to disasters and crises, as well as with long-term programmes and national society development. For this operation, IFRC deployed a Cholera Response Operations' Coordinator for three months for the management and needed technical assistance to SARC.

From the beginning of the response, the International Committee of the Red Cross (ICRC) in addition to supporting hard WASH components, has mobilized basic hygiene kits, ORS, and water purification tablets from its prepositioned stocks in Damascus and sub-delegations as well as medical equipment and materials for health facilities in the most affected areas of the outbreak. A total number of 120,000 hygiene kits provided by ICRC were mobilized to be distributed in "Green" (or low risk) zones for Cholera prevention purposes. The hygiene kits included laundry powder, soap, and dishwashing liquid. The distribution will be coupled with sensitization messages.

The Norwegian Red Cross has supported SARC in the preparation of the national response plan and mobilized items from its prepositioned stocks including support for trainings for SARC staff and volunteers in coordination with the WHO in addition to providing other hard WASH components. Communication material including IEC were also developed in coordination with WHO and the MoH, with support from ICRC and the Norwegian Red Cross.

Other IFRC members supporting SARC in cholera response included the Canadian Red Cross, Danish Red Cross, German Red Cross, Swedish Red Cross, Canadian Red Cross, and Swiss Red Cross, with financial, in-kind and technical support in coordination with SARC and aligned with SARC's Cholera Response Plan.

Overview of non-RCRC actors in country

Starting from the official declaration of the outbreak, a closely coordinated water, sanitation, and hygiene (WASH) and health response was underway, led by the MoH, with support from WHO, IFRC, SARC, ICRC, and other UN agencies, working with a wide network of partners on the ground to respond.
Since late August 2022, national health and WASH cluster partners have been actively working to strengthen preparedness and response capacity for potential outbreaks in all affected governorates. Early warning surveillance was intensified in areas where the outbreak had been reported, including other high-risk areas.

Rapid diagnostic tests have been delivered to support the work of rapid response teams deployed to investigate suspected cases. Intravenous fluids and oral rehydration salts were provided to health facilities where confirmed patients are admitted. Partners provided health and WASH supplies in the affected governorates. Religious leaders, community heads, and local volunteers have been mobilized to encourage good hygiene practices and help refer suspected cases to health facilities.

The WHO established an inter-agency incident management team (IM) and structure, which oversaw the coordination of the overall response and organized weekly joint Health and WASH Cluster Coordination Meetings/Incident Management Team Meetings. SARC is a permanent member of the National High Relief Committee and participates in all coordination meetings in clusters, technical working groups for health, WASH, livelihoods, etc. SARC is also an observer of the Humanitarian Country Team.

After the February 6th earthquake, the country witnessed a rise in suspected AWD/Cholera cases. In its response, the Syrian authorities developed a national earthquake response plan, which had the continuity of basic health services as one of its components. Under this component, SARC also played an important role in preventing and controlling the increasing AWD/Cholera cases within collective shelters and disease hotspots. While the IFRC-funded DREF operation came to an end on 31st March 2023, SARC continues to respond to the AWD/Cholera outbreak with resources from other partners.

Needs analysis and scenario planning

The Ministry of Health, in collaboration with the WHO, shared periodic information on the cholera response as well as the outbreak situation. SARC, through its health facilities, community health promoters, and a wide network of volunteers, collected information on the changing needs and development of the situation.

The increase in new cases in the beginning of the outbreak was a reason for concern for WHO and the MOH, as it came against the backdrop of dilapidated health and WASH infrastructure due to 11 years of hostilities, economic crises, a severe drought, generally reduced water levels, specifically in the Euphrates River. The capacity of the national health system is severely overstretched and incapable of meeting the health needs of the country. The limited availability of primary healthcare services, the lack of sufficient trained health personnel, the destroyed or inadequate healthcare infrastructure, and shortages of medicines and medical supplies further exacerbate the situation.

Other drivers that contributed to the epidemic include contaminated water, lack of access to safe water for daily usage in remote areas, especially the cholera-affected areas, and the perception of some communities not to consume water treated with chlorine (natural denatured taste), the use of traditional treatment, the lack of information on the disease and prevention measures, and the lack of early case detection and management system. The affected areas are also known to be hit by the protracted crisis, COVID-19, food insecurity, and malnutrition, and consecutive spell of droughts.

The areas affected by the outbreak were the same areas that were severely affected by drought 2021/2022. SARC undertook a multi-sectoral needs assessment in the villages targeted by the Drought DREF operation from October 2021 – April 2022 in Deir-ez-Zor governorate[2]. The assessment findings indicated that there were already several risk factors for disease outbreaks both related to infrastructure and water availability as well as negative coping mechanisms resorted to by the communities due to economic hardship that has significantly worsened over the last two years.

The devastating earthquake that hit Syria on the 6th of February had a significant impact on the cholera response operations. The earthquake affected access to services, reduced partner capacity, diverted already limited funds available, and negatively affected the mental health of the workforce. Thousands of people were housed in overcrowded collective shelters, many without adequate access to sufficient safe water, sanitation, and hygiene facilities. In addition, laboratory capacity and infectious disease surveillance systems were recorded across many affected areas. These factors resulted in a heightened risk of an increase in waterborne diseases[3] due to over-crowded settings, extensive damage to water and sanitation infrastructure, and damage and disruption to cholera treatment infrastructure.

Risk Analysis

Risk Area	Control Measures
SARC staff and volunteers contract AWD/cholera	SARC continued to inform the staff and volunteers of precautionary measures and continue to observe their adherence to these measures. The staff and volunteers were provided with PPEs and volunteers were covered under insurance.

[2] Assessment was undertaken in Ghariba, Dublan, Tishreen and Dweir villages in Al-Ashara district, Deir-ez-Zor governorate.
[3] Whole of Syria Earthquake Response: Situation Report, WHO, 6-12 March 2023.

COVID-19 cases increase during the autumn and winter seasons and pose a threat to the safety of SRAC's staff and volunteers and impede the implementation of forecasted activities	Continued to inform SARC's staff and volunteers on the importance of adhering to COVID-19 precautionary measures and practice proper handwashing, physical distancing and use of PPEs. Ensured PPEs were readily available for the volunteers.
Security constraints prevent persons affected from being reached with the assistance.	Continuous monitoring of security situation through SARC staff and volunteers in branches and subbranches in the target areas. Frequent coordination between SARC and ICRC security focal points. SARC security protocols were followed.
Shortage of electricity, fuel and transport/trucking preventing humanitarian assistance and volunteers/staff from reaching the people in need with the required assistance. Unavailability of electricity hampers communication between SARC HQ and the branch teams including sharing information and providing operational updates.	Available fuel was prioritised for the delivery of humanitarian assistance items. Volunteers engaged in the response are from the localities/governorate. Procurement of fuel for generators to facilitate communication and charging IT equipment was included in the operational budget taking into account anticipated price hikes.
Delays in the procurement of Aqua tabs due to lack of availability of certain items or long delivery times by suppliers have an impact on the timely replenishment of the kits.	A rapid check on the availability of items among suppliers and market price was undertaken at the start of the procurement process. SARC used prepositioned Aqua tabs for a rapid response to the needs of affected households.
The February 6 earthquake sends a significant blow to the water and sanitation infrastructure in the affected hotspot areas. Crowding in shelters and the lack of proper water and sanitation facilities plays a role in the increase of waterborne diseases, specifically AWD/Cholera.	Community health teams conduct awareness raising and provide AWD/Cholera management within the affected shelters. Critical cases are referred to health facilities/hospitals.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall objective of this DREF operation was to provide humanitarian assistance to the 1,500,000 most vulnerable people (300,000 households) affected or/and at risk of being affected by immediately reducing the health risks of the affected population in relation to the cholera outbreak, with interventions including scaling-up hygiene promotion and awareness raising RCCE activities, the distribution of water purification tablets in affected communities, the training of community volunteers on Cholera prevention, surveillance for early case detection, community-based ORS treatment and referral through health facilities to curb the rising trend of the current outbreak and contribute to preventing further outbreaks of Cholera. The operational timeframe was six months, to ensure activities are finalized within the timeframe.

SARC's approach included awareness raising, support for persons/families with disability, social cohesion, and protection, gender, and inclusion (PGI), considering them vital components for enhancing the resilience of the target population. Whenever possible, SARC also worked closely with other stakeholders to ensure no duplication of work and efforts was made. SARC engaged the technical staff comprised of health and wash volunteers and health promoters to ensure the quality of operation activities. Medical staff inside health centres in AWD/cholera-affected hotspots were also trained to properly contain and manage the outbreak inside their respective facilities. In addition, SARC's vast network of DM volunteers was mobilised to support the operation as needed.

This DREF covered the volunteers and activities that the SARC has been carrying out since the trigger day (September 17) in the affected governorates and that were part of the DREF operational plan. The plan of action was based on the analysis of a rapid needs assessment of one of the governorates affected.

The February Syria-Türkiye earthquake severely affected the ongoing Cholera response operations since all efforts available at SARC were deployed towards the earthquake-affected areas to assist in immediate lifesaving and emergency interventions. Community health volunteers and health promoters from SARC's Health and Wash teams were deployed to support in the earthquake affected areas.

C. DETAILED OPERATIONAL PLAN

Health

People reached: 1,846,239
Male: 514,069
Female: 563,756
Children: 768,414

Indicators:	Target	Actual
# of volunteers trained on Cholera prevention/response at HQ level	25	**23**
#of volunteers and health promoters trained on cholera response and prevention including community-based ORS treatment and referral throughout 5 governorates.	150	**409** (79 volunteers 214 health promoters 116 health committee members)
# of people reached with awareness sessions	175,000	**1,846,239**[4]
# of awareness sessions conducted	-	**548,014** (406,522 home visits, 107,138 group meetings, 6362 children's activities, and 27,992 individual meetings)
# of SARC medical staff trained on the proper identification, diagnosis and management of AWD and Cholera cases in the affected governorates	240	**45**
# of AWD cases identified and referred to SARC health community-based ORS treatment locations	-	**12,954**
# of AWD cases identified and referred to SARC health centers, Cholera treatment centers/hospitals	-	**9,020**
# of people that have access to information pertaining to the cholera epidemic prevention e.g IEC material…	175,000	**1,846,239**

Narrative description of achievements

In the first phase of the operation, SARC's Community heath volunteers and health promoters were trained on prevention, community management and referral of potential AWD/Cholera cases. These trainings took place both on the HQ and later, the governorates level.

After receiving the proper training SARC's community health teams engaged in awareness raising activities targeted at the prevention of AWD/Cholera. These activities took place in schools, with farmers, touristic facilities including restaurants, hotels, and street food vendors, in addition to health facilities.

Active case finding activities were undertaken by health promoters inside the targeted communities. The local health committees under the CBHFA program were trained on identifying potential AWD/Cholera cases, who in turn played a role in informing community health promoters about them. These cases were later assessed and

[4] One and the same person may have benefitted from several services hence the actual number of persons directly reached may be lower. This does not include the number of persons reached through social media platforms.

accordingly, either managed within the community by the CBHFA team or referred to receive specialized treatment.

Oral Rehydration Salts (ORS) were also stored with the local health committees who were properly trained on the protocol of assessment, management, and referral of AWD/Cholera cases. All identified cases were followed up whether in communities or inside primary and secondary health facilities.

During the response period, around 12,954 suspected AWD/Cholera cases were identified by the community health teams. Out of these, 3,934 were placed under home isolation and followed-up by the health teams, and around 9,020 cases were referred to health facilities for more specialized follow-up.

Through their overall activities, SARC delivered 1,846,239 different community-based services targeted at the reduction and management of AWD/Cholera. One and the same person may have benefitted from more than one service provided by SARC and thus the maximum number of persons reached is 1,846,239.

On the health facility level, 45, physicians, nurses and health coordinators were trained on different topics including the proper implementation of Infection IPC measures inside SARC clinics, and the implementation of suspected/confirmed Cholera cases management protocol as per the guidelines of the MoH. Initially IFRC was set out to support the training of 250 of SARC's medical staff, but due to the lack of liquidity in the initial stages of the response, NorCross supported the training of the initial batch of medical staff and personnel.

Following the February 6th earthquake, a sharp increase in AWD/Cholera cases was recorded in the areas hit by the earthquake, which happened to be the same as with the initial Cholera outbreak. After the acute period following the earthquake, community health teams were present in designated shelters responding to the needs of the displaced populations.

Coordination and Collaboration:

- Internal coordination with the WASH department's Health promotion teams: Coordination was done between the two different teams, where the areas of intervention were split geographically to prevent duplication of services. Coordination was also done with WASH teams to follow-up on water and sanitation hygiene related matters.
- Internal coordination with Health Facilities and MHUs: By referring critical cases to these health facilities, in addition to health promoters providing sensitization messages to the people within these facilities.
- Internal coordination with the Physical Rehabilitation Program (PRP) team: Identified People with Disabilities (PwD) AWD/Cholera cases were referred to the PRP teams accordingly.
- Coordination with local health authorities and the Directorate of Health: Referral of cases between MoH-run health facilities and SARC facilities.

Success Story:

During frequent visits to the Datour community in Lattakia, Mrs. Nawal, 51 years old, received awareness messages about Cholera, its symptoms and prevention measures. A few days later, the lady's sister reported to the CBHFA team that Mrs. Nawal was displaying signs of a possible Cholera infection.

CBHFA volunteers went as quickly as possible to the woman's house, where the patient was assessed. The patient's caregivers were taught how to prepare ORS, and the patient was followed up for 4 hours until she was out of the danger phase. The caregivers were later informed about the steps of home isolation. The case was followed up by the responsible volunteer until it was confirmed that the patient had recovered and that there was no suspected case in the house or neighborhood.

Figure 3: CBHFA volunteer explaining how ORS is prepared during a household visit.

Figure 2: CBHFA community volunteers during a Cholera prevention and management training session

Challenges

The challenges can be summarised as follows:

- The February 6 earthquake shifted the priorities of the community health teams present on the field and resulted in change/delay of plans and implementation processes.
- Limited number of devices available for data collection, in addition to low volunteer capacity to properly use the ODK resulted in delays in data analysis.
- Ensuring the safety of volunteers during the response implementation phase

Lessons Learned

The lessons learned can be summarized as follows:

- The inclusion of the local community in the planning process and coordinating with different local actors plays a crucial role in the successful implementation of a community health project.
- Epidemiological information collected by the teams on the field and from the health facilities in the affected areas helped guide the needs assessment phase.
- Promote and maintain a continuous process of internal lessons and knowledge sharing will improve future response operations. Some of the lessons learnt in the AWD/Cholera response have been applied in the Earthquake response.
- A trained pool of volunteers in data collection that are ready to be deployed whenever needed will facilitate rapid data collection and analysis and support the response planning directing the efforts where they are most needed.
- Importance of advocating with partners to support SARC in maintaining an extra stock of material that might be needed in emergencies (eg. ORS sachets, hygiene kits) to rapidly respond to the emergency/outbreak and thereby prevent or slow down its spread.

Water, sanitation and hygiene

People reached: 11,865
Male: 5,695
Female: 6,169

Indicators:	Target	Actual
# of assessment of water, sanitation and hygiene situation in targeted communities are carried out.	5	**5**
# of people reached with hygiene promotion sessions.	-	**11,865**[5]
# of workshops on proper prevention and response to Cholera conducted at the branches level.	14	**8**
# of households assisted with water purification tablets.	2,107	**2,373**

[5] This reflects the number of persons that actively took part in the activities. The actual number of persons reached directly and indirectly is therefore higher.

Narrative description of achievements

From the beginning of the declaration of the AWD/Cholera outbreak in the affected regions, WASH teams were among the first to visit the defined hotspots to conduct rapid assessments to base their interventions on.
The WASH department's health promotion teams conducted a rapid assessment in 5 governorates (Aleppo, Hassakeh, Deir El Zor, El Rakka, and Latakia). The assessment methodologies included Focus Group Discussions, Interviews with key informants (physicians in SARC Emergency Health Points EHPs, clinics, Mobile Health Units, and heads of municipalities), and observations in the community. After analysing the results of the rapid assessment, the WASH team conducted coordination meetings with different partners and field actors including WHO, UNICEF, Norwegian Red Cross, ICRC, local water stations, and the MoH's Directorate of Health. The objective of these assessments were to generate the needed data to locate the AWD/Cholera "hot spots", the distribution of cases, and decide on priority areas of intervention.

After undertaking the assessments, 8 workshops were conducted with WASH volunteers and health promoters in SARC branches regarding the prevention and response to the Cholera outbreak in communities. Initially,14 workshops were planned, but delays in transferring funds and the earthquake emergency response delayed implementation. After these workshops, activities undertaken among the communities included kids' activities, individual and groups awareness sessions, home visits, and awareness sessions inside schools, focusing mainly on the importance of following personal hygiene measures and IPC activities, in addition to the use of safe and clean drinking water. 11,865 people from the five targeted governorates were directly engaged in the activities, while the impact goes beyond the stated number. Whenever possible, there was a close collaboration between SARC's health volunteers and hygiene promotion volunteers on the HQ and branches levels.

Aquatabs were distributed from existing stocks during the DREF's 6-month period. These were later replenished through the DREF funds. In total, 237,359 water purification tablets were purchased to be used under the response operation. SARC's WASH team continued to distribute the tablets after the end of the implementation period aiming to reach 2,373 households including in the earthquake affected areas in high risk of AWD/Cholera. According to the SPHERE standards which SARC follows as a basis for their response and based on the contextualised needs of the host communities, each household (consisting of 5 individuals, on average), receives 100 water purification tablets per month. The distributed quantity of the tablets is then enough to provide 2,373 families in hotspot areas with safe and clean water for the duration of one month.
Households that have already received the tabs were trained on how to use them, and SARC is till present, continuously monitoring the water, sanitation and hygiene situation in the communities.

Figure 4: School Children receiving Cholera related IEC material

Figure 5: Communities in Cholera-affected areas have access clean drinking water by using water purification tablets

Challenges

The challenges can be summarized as follows:

- The February 6 earthquake shifted the priorities of the hygiene promotion teams present on the field and resulted in change/delay of plans and implementation processes.
- Limited number of devices available for data collection, in addition to low volunteer capacity to properly use the ODK resulted in delays in data analysis.

- Issues linked to electricity cuts hindered the field teams from being able to charge their data collection tablets.
- Procurement of water purification tablets took longer than planned and the earthquake emergency hindered their timely transport and distribution. However, SARC was able to distribute tablets from its prepositioned stocks that were replenished through this DREF. Furthermore, tablets will be distributed by SARC's health promotion volunteers to families residing in the Cholera hotspots through regular activities.

Lessons Learned

The lessons learned can be summarized as follows:

- A trained pool of volunteers in data collection that are ready to be deployed whenever needed will facilitate rapid data collection and analysis and support the response planning directing the efforts where they are most needed.
- Always ensure that an emergency stock of water purification tablets is present in case of emergencies.

Strategies for Implementation

Indicators:	Target	Actual
# of SARC branches that are well functioning (for the operation)	5	**5**
# of insured volunteers	Not set	
# of volunteers properly trained in safety and security	Not set	
Effective and coordinated international disaster response ensured	Yes	**Yes**
# of surge deployments	1	**1**
# of community feedback reports produced	2	
% of people who know how to report complaints and provide feedback (staff, activities, services…)	100%	
IFRC and NS are visible, trusted, and effective advocates on humanitarian issues	Yes	**Yes**
# of lessons learned workshop conducted	1	**1**

Narrative description of achievements

This operation supported five SARC branches in Aleppo, Al-Hassakeh, Deir-Ez-Zor, Al-Raqqa and Lattakia to mobilize its staff, volunteers, and resources to respond to the growing needs of the communities living within the Cholera hotspot areas, later affected by the devastating earthquake. The volunteers and staff were actively engaged in the various phases of the operation, including rapid assessments, awareness raising in communities, and later in collective centers for displaced earthquake-affected populations, community management of suspected AWD/Cholera cases, and providing safe and clean drinking water to households. The staff and volunteers received regular security briefings to ensure their safety and security in the fieldwork. SARC monitored the security and context situation in the target areas during the whole duration of the operation. SARC's volunteers are insured under IFRC's global accident insurance.

Cholera protection and prevention measures were also taken into account. Personal protective equipment was distributed to all teams working closely with the community. The teams also followed the Cholera preventive measures while working and responding for their safety first, and as much as possible with the communities and persons assisted, providing the needed awareness also to the affected population.

SARC is a member of the National High Relief Committee with the mandate to coordinate humanitarian assistance in Syria, including in the areas affected by the Cholera outbreak. SARC is also a member of the relief committee at the governorate and district levels, and a member of the Syria Humanitarian Fund Advisory Board. SARC coordinated closely the response to the outbreak with UN agencies, INGOs, and local and national actors, through clusters and local coordination mechanisms. Target areas for the Cholera response were coordinated closely with other actors and the relevant government departments actors to avoid overlaps in the response and harmonize selection criteria.

To support the Cholera DREF operation, a Cholera Response Operation's Coordinator was deployed to Syria to support SARC in responding to the outbreak. The coordinator worked closely with SARC's Health and WASH teams in producing technical material for the trainings and workshops. Later on, support was also provided both by the IFRC PMER focal point in MENA and the Cholera coordinator to the Performance and Partnerships Support Department (PPSD) in preparing for the lessons learned workshop that took place on the 22nd of March with teams from SARC's HQ and branches involved in the operations.

SARC used its existing Monitoring, evaluation, accountability, and learning (MEAL) and IM teams to assist the disaster management team in assessments and data analysis. SARC communicated with the persons assisted directly through household visits by volunteers and through community leaders. SARC also informed the people about the hotline operated by the branch and social media accounts. CEA was first addressed within the needs assessment where community perspectives around their needs were captured and utilized to support the design of the response. The response strategy was designed based on continuous observations by staff and volunteers involved in the response and feedback from the affected communities. SARC's volunteers and staff were themselves among the affected population and had first-hand information about the situation and their needs which informed the operational strategy to ensure the response was effective and tailored to fit the communities.

SARC's community health and WASH teams in the branches received requests and complaints during their community-based activities that were answered and solved in coordination with the relevant technical team within SARC. Feedback and inputs were also collected through communicating with the branch, through social media and needs assessments. Despite no specific report produced focusing on community feedback, the recommendations, needs and the response of the communities and leaders were taken into account in the planning and execution of the response.

One lessons learned workshop was conducted during the last week of the DREF operation's period on March 22nd. The workshop brought together volunteers from the 5 branches, HQ staff and health coordinators from both health and WASH technical departments. Additionally, staff from other departments involved in the Cholera response including finance, PPSD, IM, Media, DM and procurement were present to give input on the role of support services in the operation.

Challenges

The challenges can be summarized as follows:

- The emergency operation added a pressure on SARC's internal admin and finance system which was already overwhelmed.
- Some of the affected governorates are already operating with very limited resources with shortages of electricity, fuel and financial means. Longer than expected time for funds transfers delayed some of the activities of the branch teams.

Lessons Learned

The lessons learned can be summarized as follows:

- PMER teams trained and ready to conduct field visits and monitoring at branch level will support the follow-up of the operation in particular in areas which are not easily reached frequently from HQ.
- Setting up interdepartmental coordination at the HQ level immediately after the launch of the operation would allow for defining roles and responsibilities of the departments and support services (procurement, PMER, finance etc,) involved, including resources available for the mobilization of assistance. The coordination mechanism would also follow-up on the operation and any necessary adjustments to the operational strategy.

- Strong community engagement and dissemination, communication activities with various stakeholders and communities from the start of the operation about SARC, its mandate, principles, and values ensured uninterrupted access to the remote and highly vulnerable areas.

D. Financial Report

The operating budget and response activities remain unchanged. IFRC provided CHF 750,000, out of which CHF 718,440 (95.79%) was spent. The balance amount of CHF 31,560 will be returned to the DREF fund. The under-expenditure is mainly due to the devastating earthquake that hit Syria, and specifically the areas targeted by the DREF incentives. Consequently, all available human resources for SARC in the affected areas were redirected towards earthquake relief, and other ongoing projects were halted temporarily, during the acute phase of the response.

Due to the transition to the new ERP system, a coding error occurred in the initial budget, and it was not possible to make corrections retrospectively from 2022.

The detailed financial report is available below.

Selected Parameters			
Reporting Timeframe	2022/09-2025/02	Operation	MDRSY008
Budget Timeframe	2022/09-2025/02	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 23/Apr/2025

All figures are in Swiss Francs (CHF)

MDRSY008 - Syria - Cholera Outbreak

Operating Timeframe: 28 Sep 2022 to 31 Mar 2023

I. Summary

Opening Balance	**0**
Funds & Other Income	**750,000**
DREF Response Pillar	750,000
Expenditure	**-718,440**
Closing Balance	**31,560**

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	283,709	353,447	**-69,738**
PO05 - Water, Sanitation & Hygiene	215,157	215,168	**-11**
PO06 - Protection, Gender and Inclusion		11,183	**-11,183**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	185,267	93,172	**92,095**
PO10 - Community Engagement and Accountability			**0**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**684,133**	**672,969**	**11,164**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	42,437	18,217	**24,220**
EA03 - National Society Strengthening	23,430	27,254	**-3,824**
Enabling Approaches Total	**65,867**	**45,471**	**20,396**
Grand Total	**750,000**	**718,440**	**31,560**

Selected Parameters			
Reporting Timeframe	2022/09-2025/02	Operation	MDRSY008
Budget Timeframe	2022/09-2025/02	Budget	APPROVED

DREF Operation

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MDRSY008 - Syria - Cholera Outbreak

Operating Timeframe: 28 Sep 2022 to 31 Mar 2023

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**224,290**	**240,819**	**-16,529**
Water, Sanitation & Hygiene		180,937	-180,937
Medical & First Aid		59,882	-59,882
Teaching Materials	224,290		224,290
Logistics, Transport & Storage	**116,051**	**79,761**	**36,290**
Transport & Vehicles Costs	92,051	79,761	12,290
Logistics Services	24,000		24,000
Personnel	**146,720**	**110,677**	**36,043**
International Staff	39,800	23,143	16,657
National Staff		14,096	-14,096
National Society Staff	1,000	1,189	-189
Volunteers	105,920	72,250	33,670
Workshops & Training	**185,157**	**168,242**	**16,915**
Workshops & Training	185,157	168,242	16,915
General Expenditure	**32,007**	**75,093**	**-43,086**
Travel	20,107	4,867	15,240
Information & Public Relations	5,000		5,000
Office Costs	4,500	64,028	-59,528
Communications	2,000	2,089	-89
Financial Charges	400	508	-108
Shared Office and Services Costs		3,600	-3,600
Indirect Costs	**45,775**	**43,848**	**1,926**
Programme & Services Support Recover	45,775	43,848	1,926
Grand Total	**750,000**	**718,440**	**31,560**

Contact information

Reference documents ↘

Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

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How we work

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

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace