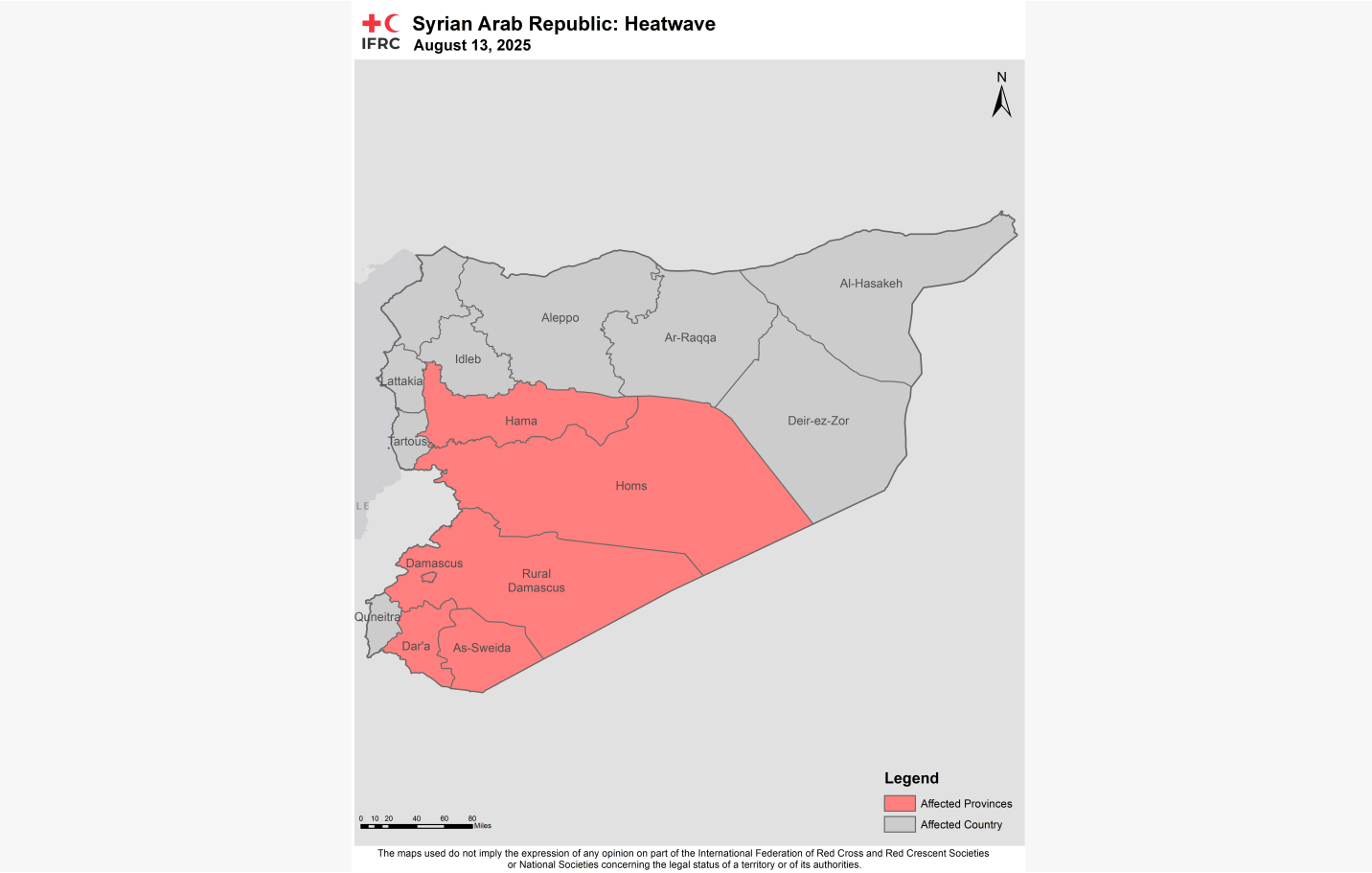


Appeal: MDRSY016	Country: Syrian Arab Republic	Hazard: Heat Wave	Type of DREF: Response
Crisis Category: Orange	Event Onset: Sudden	DREF Allocation: CHF 170,305	
Glide Number: HT-2025-000132-SYR	People at Risk: 11,000,000 people	People Targeted: 25,000 people	
Operation Start Date: 19-08-2025	Operation Timeframe: 3 months	Operation End Date: 30-11-2025	DREF Published: 20-08-2025
Targeted Regions: Damascus, Rural Damascus, Dara'a, Hama, Homs, Al-Sweida			

Description of the Event

Date of event

08-08-2025



What happened, where and when?

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

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

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

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

Scope and Scale

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



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

Those most at risk include:

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

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

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

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

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

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

Historical context:

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

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

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

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:



Lessons learned:

There was no DREF for Heatwave requested before.

However, the lessons learnt captured from Wildfires DREF reiterated cross departmental coordination and regular information sharing among departments, as well as with Partners.

Community engagement has been critical to health responses in Syria, driving positive behavioral changes , improved knowledge uptake through tailored messaging, and strengthened trust and cooperation during internal displacement.

Proactive resource management is vital for emergency response, requiring quality checks on items, sustainable planning for health services amid economic challenges, and timely procurement of medical supplies, with delays highlighting the risks of poor planning.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No
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Current National Society Actions

Start date of National Society actions

08-08-2025

Health	From the first day of the heatwave, EMS teams and SARC medical clinics have been actively responding to heat-related cases, providing first aid, referrals, and treatment. In parallel, essential medical consumables—including oral rehydration salts (ORS), intravenous fluids, and other medicines required for heat-related illnesses—have been distributed to support both mobile teams and fixed health facilities in managing the surge in cases.
Water, Sanitation And Hygiene	Volunteers were mobilized to support the establishment of cooling and hydration points in high-risk areas, particularly IDP centers in Daraa and As-Suwayda. These points provide safe drinking water and shaded rest areas equipped with solar-powered misting fans. In parallel, volunteers are conducting public awareness on safe hydration practices and early recognition of heat-related illness.
Community Engagement And Accountability	Heatwave safety alerts were issued through social media and local SARC branches to raise community awareness from the onset of the crisis. In addition, SARC's existing community feedback mechanisms were activated, with feedback collected from affected communities, reviewed by teams, and responded to in real time to ensure that concerns and needs directly informed the response.
Coordination	SARC has Initiated coordination with the Ministry of Health for possible health sector support.

IFRC Network Actions Related To The Current Event

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

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

ICRC Actions Related To The Current Event

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

Other Actors Actions Related To The Current Event

Government has requested international assistance

No

Needs (Gaps) Identified



Health

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

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

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

Immediate health priorities include:

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



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



Water, Sanitation And Hygiene

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

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

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



Community Engagement And Accountability

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

Any identified gaps/limitations in the assessment

Access to some heatwave-affected communities remains a significant challenge. Many of the targeted IDP centers and rural settlements are located in areas with ongoing security concerns, movement restrictions, and limited transportation infrastructure. Fuel shortages and high operational costs have further constrained the ability of assessment teams to travel frequently, while prolonged power outages hinder timely communication with field branches. In displacement sites, crowded living conditions and the absence of adequate shade or cooling facilities make it difficult to conduct in-depth household assessments during peak daytime heat without risking the safety of both community members and volunteers. These factors have led to partial data collection in certain locations and delayed the full verification of needs, particularly in remote or underserved areas.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aims to deliver immediate support to reduce the humanitarian impact of the August 2025 heatwave in Rural Damascus, Hama, Aleppo, Homs, Sweida, and Daraa. This will be achieved by improving access to cooling and hydration in 78 IDP centers through the installation of solar-powered misting fans and shaded rest areas, delivering urgent healthcare services via Mobile Health Units (MHUs) and Mobile Medical Teams (MMTs), and providing essential medicines, oral rehydration salts (ORS), intravenous fluids, and hydration supplies to treat heat-related and chronic illnesses. The operation will also cover the replenishment of medical consumables already distributed by SARC teams during the emergency, ensuring continuity of health service delivery. In addition, community-based health and first aid (CBHFA) activities, protection and inclusion measures, and multi-channel public awareness campaigns will be implemented to promote heatwave preparedness, early illness recognition, and safe hydration practices. This operation focuses on immediate life-saving response while strengthening community resilience against extreme heat.



Operation strategy rationale

The August 2025 heatwave in Syria has brought extreme and prolonged high temperatures exceeding 40–45°C across multiple governorates, including Rural Damascus, Hama, Aleppo, Homs, Sweida, and Daraa. This unprecedented heat is compounding the impact of protracted conflict, economic collapse, and degraded infrastructure, particularly in displacement sites where shelter conditions offer little protection from the heat. The operational context is further challenged by prolonged electricity outages, limited access to safe water, fuel shortages, and restricted humanitarian access to some rural and hard-to-reach areas.

The rationale for this DREF operation is grounded in the urgent need to protect lives, prevent heat-related illness, and reduce the immediate humanitarian impact on the most vulnerable. These include internally displaced persons (IDPs), the elderly, children, people with chronic illnesses, and people with disabilities. Many are already living in overcrowded shelters with poor ventilation and insufficient access to safe drinking water, placing them at high risk of dehydration, heat exhaustion, and heatstroke.

The operation will focus on the following priorities:

WASH – Cooling and Hydration:

The installation of solar-powered misting fans and shaded rest areas in 78 IDP centers in Daraa and As-Suwayda will provide immediate relief from the heat, reduce indoor temperatures, and improve access to safe drinking water. Public awareness materials and campaigns will accompany these interventions to promote hydration and safe heatwave practices.

Health:

The deployment of Mobile Health Units (MHUs) and Mobile Medical Teams (MMTs) are delivering primary healthcare, urgent treatment for heat-related illnesses, and chronic disease management in both urban and rural communities. These teams are equipped with medicines, oral rehydration salts (ORS), electrolyte solutions, intravenous fluids, and basic medical supplies, and are linked to ambulance services for emergency referrals. In addition, the operation will cover the replenishment of medical consumables already distributed by SARC teams during the immediate heatwave response, ensuring continuity of services and sustained capacity to manage future caseloads. Community-Based Health and First Aid (CBHFA) activities will ensure early recognition of symptoms and preventive action at household level.

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

Multi-channel public awareness campaigns will disseminate life-saving messages through radio, TV, SMS, posters, and social media. CEA feedback and complaint mechanisms will be strengthened to ensure community needs and concerns guide the response. PGI measures will ensure equitable access to services for female-headed households, people with disabilities, and marginalized groups.

The 3-months timeframe of the operation allows for immediate, targeted life-saving action during the peak of the heatwave while reinforcing SARC's operational capacity to respond to extreme weather events. The overall SARC response will be complemented by coordination with multiple partners to address broader needs, but this DREF operation focuses specifically on the urgent priorities of cooling, hydration, healthcare, and public awareness in the most severely affected areas.

Targeting Strategy

Who will be targeted through this operation?

This operation will target at least 25,000 people with a focus on:

Internally Displaced Persons (IDPs) and other vulnerable households living in overcrowded collective centers and makeshift shelters in the most heatwave-affected governorates, particularly in Daraa and As-Suwayda where 78 IDP centers have been identified for immediate cooling interventions. These communities face prolonged exposure to extreme heat, limited access to safe drinking water, and poor shelter conditions, putting them at high risk of dehydration, heat exhaustion, and heatstroke.

High-risk individuals within affected communities, including the elderly, children—especially infants and young children—people with chronic illnesses (e.g., cardiovascular disease, diabetes, hypertension), and people with disabilities who face mobility, communication, or access barriers that reduce their ability to reach cooling stations, medical services, and hydration points.

The selection of these groups is based on field assessments and branch reports identifying their urgent health risks, low coping capacity, and high exposure to extreme temperatures. Targeting will prioritize households and individuals with multiple vulnerabilities through



close coordination with local SARC branches, community leaders, and updated beneficiary databases collected in parallel with response activities. This data will serve as the baseline for follow-up services, including early recovery and resilience-building measures.

Explain the selection criteria for the targeted population

The targeted communities are already classified among the most vulnerable in Syria due to prolonged conflict, displacement, and economic hardship. With the onset of the August 2025 heatwave and the additional health and livelihood pressures it has created, these families have moved to the highest level on the severity scale.

During the immediate response, the selection criteria are linked to the geographical locations most affected by extreme heat, focusing on residents of identified IDP centers and surrounding communities in Daraa and As-Suwayda governorates. These areas were prioritized due to prolonged exposure to high temperatures, poor shelter conditions, and limited access to safe water and cooling facilities.

Within these locations, priority will be given to high-risk groups, including the elderly, children, people with chronic illnesses, people with disabilities, and female-headed households. The teams will continue assessing the total population affected—both directly and indirectly—estimated at 25,000 people, and will work with communities to refine targeting, ensuring that assistance reaches those most in need while laying the groundwork for recovery and resilience-building in the aftermath of the heatwave.

Total Targeted Population

Women	8,000	Rural	-
Girls (under 18)	5,500	Urban	-
Men	6,750	People with disabilities (estimated)	-
Boys (under 18)	4,750		
Total targeted population	25,000		

Risk and Security Considerations (including "management")

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

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

Risk	Mitigation action
Fuel shortages and logistics delays – Limited fuel availability and price volatility could delay transportation of cooling equipment, water supplies, and deployment of health teams.	Pre-paid contracts with three fuel suppliers to avoid fuel shortages.
Health risks to staff and volunteers – Prolonged field activities in high heat could lead to dehydration, heat exhaustion, or	Provide responders with hydration supplies, sun-protective gear, scheduled rest periods, and shaded work areas; integrate



heatstroke among responders.	occupational health measures into operational planning.
Extreme weather continuation or intensification – Prolonged or more severe heatwave could increase caseloads and strain resources beyond planned capacity.	Use scalable intervention models, maintain flexible deployment plans for MHUs/MMTs, and seek complementary support from Movement partners if thresholds are exceeded.
Please indicate any security and safety concerns for this operation: The targeted governorates of Rural Damascus, Hama, Aleppo, Homs, Sweida, and Daraa include areas with varying security profiles. While many of the planned interventions will take place in IDP centers and controlled urban areas, some rural and peri-urban locations may present elevated risks due to sporadic security incidents, localized tensions, or criminal activity. Field operations during peak heat periods also pose significant occupational health and safety risks for staff and volunteers, including dehydration, heat exhaustion, and heatstroke. In some cases, poor infrastructure, damaged roads, and unreliable electricity supply create additional hazards during installation of cooling equipment or deployment of mobile health teams. To manage these risks, the following measures will be implemented: - Close coordination with local authorities, community leaders, and SARC security focal points to monitor the evolving security context and adapt movement plans accordingly. - Avoidance of known high-risk or insecure areas; adjustments to deployment schedules to minimize exposure during peak heat or heightened security incidents. - Mandatory Occupational Health and Safety (OHS) protocols, including provision of hydration packs, sun-protective clothing, shaded rest areas, and scheduled breaks for all field personnel. - Pre-deployment briefings for volunteers and staff covering security procedures, heat safety measures, and emergency communication protocols. - Use of SARC's established security procedures, including movement tracking, vehicle safety checks, and regular situation reporting to HQ. By integrating both security management and heat-related safety measures, the operation will prioritize the protection and well-being of staff, volunteers, and community members throughout the response	
Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention



Budget: CHF 65,817

Targeted Persons: 8,000

Indicators

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



Priority Actions

- Deployment of Mobile Health Units (MHUs):
 - o Operate at least 3 MHUs rotating daily across targeted urban and rural communities, providing primary healthcare, urgent treatment for heat-related illnesses (heat exhaustion, heatstroke, dehydration), and chronic disease management.
 - o Daily screening of vulnerable groups (elderly, children, outdoor workers).
 - o On-site hydration and first aid stations.
- Deployment of Mobile Medical Teams (MMTs):
 - o Rapid deployment of MMTs (doctor, nurse, health promoter) to remote and hard-to-reach areas lacking fixed health facilities.
 - o Emergency triage and referral for severe heatstroke cases.
 - o Community-level assessment of heatwave health impacts.
 - o Coordination with local ambulance services for urgent evacuations.
- Community-Based Health and First Aid (CBHFA):
 - o Conduct awareness campaigns and household visits focused on heatwave preparedness and protection measures, including illness recognition, safe water storage, and fluid intake.
 - o Delivered by trained community volunteers through SMS, radio, and social media posts.
- Procurement, distribution and replenishment of medicines and medical supplies:
 - o Oral rehydration salts (ORS), antipyretics, basic antibiotics, electrolyte replacement solutions, sun-protective equipment for teams, and fuel for generators powering cooling equipment in MHUs.
- Monitoring, data collection, and reporting:
 - o Establish daily health surveillance to track heat-related morbidity and mortality trends.



Water, Sanitation And Hygiene

Budget: CHF 69,305

Targeted Persons: 16,700

Indicators

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

Priority Actions

- Provision and installation of cooling systems (solar-powered misting fans) in 78 IDP centers in Daraa (64 centers) and As-Suwayda (14 centers). Each cooling system includes:
 - o Three 20-inch misting fans
 - o EcoFlow DELTA2 1024Wh battery
 - o EcoFlow solar accessories and XT60I charging cables
 - o Installation work including panel base foundations and electrical accessories



Protection, Gender And Inclusion

Budget: CHF 3,709

Targeted Persons: 100

Indicators

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

100

Priority Actions

- PGI Activities:
 - o Mainstream protection principles, gender equality, and inclusion throughout all heatwave response activities.
 - o Conduct targeted outreach to ensure equitable access to services for vulnerable groups such as female-headed households, people with disabilities, and minority groups.
 - o Provide training/briefings to response teams on PGI principles, including how to identify and mitigate risks related to gender-based violence and discrimination during emergency interventions.



Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 16,297

Targeted Persons: -

Indicators

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

Priority Actions

Media and Communication Sector:

- Develop engaging and technically accurate messages based on inputs from WASH, medical, and psychosocial teams, tailored to campaign goals.
- Cover field campaign activities (news articles, photo reports, media coverage).
- Promote and disseminate messages through multiple channels including radio, television, and social media.
- Print and distribute 3,000 awareness posters.



Community Engagement And Accountability

Budget: CHF 4,313

Targeted Persons: 5,000

Indicators

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

Priority Actions

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

- CEA Activities:
 - o Establish feedback and complaint mechanisms in IDP centers to ensure affected communities can voice concerns and influence the

response.

- o Conduct participatory sessions with community members, especially focusing on women, elderly, people with disabilities, and marginalized groups to tailor heatwave interventions to their needs.
- o Ensure communication materials are accessible and culturally appropriate, including in local dialects and for people with disabilities.



Secretariat Services

Budget: CHF 6,550

Targeted Persons: -

Indicators

Title	Target
# of IFRC staff supporting the DREF Operation	1

Priority Actions

- IFRC HR cost



National Society Strengthening

Budget: CHF 4,313

Targeted Persons: -

Indicators

Title	Target
Number of lessons learned workshops conducted	1

Priority Actions

- Conduct regular check-in meetings with SARC to ensure rigorous capturing of challenges and lessons learnt.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

About 150 volunteers, 40 staff members.

EMS, WASH, Health, OPs, Media, CEA, PGI, LOG.

These responses are fully managed by SARC's HQ and the sub-operation room in the branch.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age,



or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

SARC ensures that its volunteer teams reflect the gender, age, and cultural diversity of the communities they serve. The response to the Heat Wave is led jointly by headquarters and the affected branches, with volunteers mobilized directly from the impacted areas. This localized approach ensures that teams are culturally attuned with the people they are supporting, which helps build trust and deliver more effective assistance. Both men and women are actively engaged in the response, allowing for more inclusive outreach which is particularly important when supporting vulnerable groups such as female-headed households or individuals with specific cultural or protection needs. While the current composition of teams reflects the local demographic, SARC continues to assess and address any gaps in representation to ensure that all affected individuals feel safe, respected, and understood throughout the response.

If there is procurement, will it be done by National Society or IFRC?

The procurement will be done through SARC, nationally, and in alignment with the IFRC procurement standards, noting that SARC procures almost all of its medical consumables through Danish Red Cross. IFRC will activate IRP to support the operation, where requested.

How will this operation be monitored?

The SARC standard operating procedures for monitoring are utilized across all SARC operations and programs. This includes post-distribution monitoring, process monitoring, and community feedback mechanisms, as well as coordinated assessments conducted with implementing partners, including IFRC.

A monitoring plan will be created and put into action during this response in direct conjunction with the PMER and Quality Assurance team at IFRC MENA RO. PMER, IM, and CEA capabilities are included in the PMER and Quality Assurance unit and will work directly with SARC.

Please briefly explain the National Societies communication strategy for this operation

The Syrian Arab Red Crescent (SARC) will implement a communications strategy that ensures timely, transparent, and people-centered information flows throughout the operation. Internally, coordination will be maintained through regular updates from branches to headquarters, using digital platforms and reporting channels to keep staff and volunteers aligned on activities and key messages. Externally, the Media and Communications Unit will provide wide coverage of the heatwave response, documenting activities in a way that motivates local communities and associations to undertake similar initiatives. Verified field updates and multimedia content will be shared through national media, as well as SARC's social media platforms, to highlight the scale of the response and recognize the support of Movement partners, including the IFRC.

At the community level, the strategy prioritizes two-way engagement to ensure people at risk receive actionable information on heatwave preparedness, hydration, and available services. Public awareness campaigns will be carried out in partnership with traditional media outlets and across social media, ensuring broad reach and resonance with affected populations. Complementary IEC materials and awareness sessions at cooling stations will reinforce these messages, while feedback mechanisms (suggestion boxes, volunteer reporting) will capture community concerns and inform adjustments in programming. The IFRC MENA Regional Office and Syria Delegation will provide technical support, especially in amplifying SARC's efforts regionally and ensuring alignment with global Movement messaging. This approach positions communication not only as visibility, but also as a tool for accountability, trust-building, and resilience.



Budget Overview



DREF OPERATION

MDRSY016 - Syrian Arab Red Crescent Society SARC
Heatwave 2025

Operating Budget

Planned Operations	159,442
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	65,817
Water, Sanitation & Hygiene	69,305
Protection, Gender and Inclusion	3,709
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	16,297
Community Engagement and Accountability	4,313
Environmental Sustainability	0
Enabling Approaches	10,863
Coordination and Partnerships	0
Secretariat Services	6,550
National Society Strengthening	4,313
TOTAL BUDGET	170,305

all amounts in Swiss Francs (CHF)



Contact Information

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

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[Click here for the reference](#)

