

Emergency appeal



International Federation
of Red Cross and Red Crescent Societies

Middle East & North Africa: Civil Unrest

Revised Emergency Appeal n°MDR82001REA
GLIDE n° OT-2011-000025-
TUN/LBY/EGY/SYR/YEM
17 May 2011

Revised Appeal target (current): this emergency appeal seeks CHF 14,840,345 in cash, kind or services to assist some 280,000 beneficiaries (150,000 in Tunisia; 50,000 in Egypt, 50,000 in Syria; 20,000 in Yemen, plus additional beneficiaries covered by response activities, disaster preparedness and contingency planning efforts in other countries. Both the revised budget and the interim financial report are attached (as per income and expenditure figures at the end of March) and the reporting timeframe is included on the interim report [Click here to go to the revised appeal budget](#)

Appeal coverage: 67% (against the revised appeal budget). cash support for the operation is limited and donors are encouraged to make cash contributions to support the ongoing operations costs, particularly given the complex and changing context.

Appeal history:

- Preliminary Emergency Appeal launched on 1 March 2011 for CHF 4,458,090 for 6 months to assist some 100,000 potential beneficiaries.
- CHF 59,374 was initially allocated from the International Federation of Red Cross and Red Crescent Societies (IFRC's) Disaster Relief Emergency Fund (DREF) to support this operation, followed by further DREF allocations to support the Tunisian Red Crescent (CHF 150,000), Egyptian Red Crescent (CHF 107,672), and the Malta Red Cross to support contingency planning for population movement (CHF 83,603).
- Six Operations Updates have been issued and are available on the IFRC public website.
- The Appeal was initially revised on 24 March 2011 for CHF 12,269,102. The beneficiary figure was increased to 150,000 and the operation was extended to the end of December 2011.

Summary: Months of civil unrest in a number of countries in the Middle East and North Africa (MENA) region has had a serious impact on the humanitarian situation, provoking internal displacement and spontaneous cross-border population movements primarily from Libya into neighbouring countries. Current political and security conditions in Libya and the evolving events in other countries of the region are compounding an already challenging situation and underlining the need to prioritize action to meet the humanitarian needs.

This revised Emergency Appeal is intended to provide a more detailed update on the operations in the affected countries in the region, and includes a budget revision resulting from assessments undertaken in Syria and Yemen, and response plans for both countries. The context throughout the region remains unstable and highly unpredictable, and the potential for further humanitarian impact is an ongoing concern, and therefore contingency measures are being updated and implemented with other national societies



Syrian Arab Red Crescent national intervention team supporting the local branch in Dara'a with relief items photo: Syrian Arab Red crescent

According to the International Organization for Migration (IOM), since late February and as of 13 May, 767,671 people have fled Libya into neighbouring countries including 385,081 to Tunisia, 275,648 to Egypt, 62,429 to Niger, 18,674 to Algeria and 23,513 to Chad.

The humanitarian situation in Libya is deteriorating as the conflict persists within the country. While Benghazi and most of eastern Libya is relatively calm, heavy fighting continues in western Libya, most notably in Misrata and among the Nafusa (western) Mountains. Civilians have been killed and injured and many are displaced internally. An increasing number of people lack access to basic services including clean water, fuel, medical care and basic commodities particularly where heavy fighting is taking place. Food insecurity is also reported among third country nationals (TCNs) due to unemployment caused by the conflict, their isolation or migration, diminishing coping mechanisms, livelihood opportunities, and cash reserves. .

Humanitarian organisations currently have limited access in affected cities and rural areas to assess needs and respond although some interventions are taking place whenever possible. The IFRC conducted a mission in Libya from 9-13 May to assess needs and prospects for humanitarian activities to support the Libyan Red Crescent Society (LRCS) and complement the International Committee of the Red Cross (ICRC). The mission to Libya built upon previous meetings with the LRCS, ICRC and other actors to discuss support needs with particular reference to assisting the National Societies in the region with organisational development disaster management capacity building. Such support will be articulated further through forthcoming Operations Updates.

The National Societies and IFRC Secretariat are appreciative of the support provided to their operation to date by many partners and efforts to coordinate action in a complex and delicate environment.

The situation

Libya/Tunis/ Egypt:

Fighting has escalated between government and opposition forces throughout Libya including in Benghazi, Misrata, Tripoli and Wazin. Shortages of fuel, food, medical supplies, money and other essential items have reached a critical level. The Libyan Red Crescent Society is assisting those affected by the crisis, with support from the ICRC. The ICRC, in cooperation with the LRCS and relevant authorities, has provided medical/surgical support to hospitals, food and essential household items to mainly displaced or stranded TCNs and is helping separated relatives restore and maintain contact, through satellite phone calls, "safe and well" or Red Cross messages. It is also supplying materials to support infrastructure maintenance and has launched activities to minimize the threat to civilians from mines and unexploded ordnance. The UN and other humanitarian actors have also gained access in the country but mostly in its eastern half. On 1 May the UN withdrew its international staff from Tripoli due to intensified fighting in the area. According to the WFP, food supplies could run out within six to eight weeks in Libya unless measures are put in place to avoid a full-scale humanitarian crisis.

According to the IOM, as of 13 May, 767,671 people have fled Libya into neighbouring countries including 385,081 to Tunisia, 275,648 people to Egypt, 62,429 to Niger, 18,674 to Algeria and 23,513 to Chad since late February. Many of the people who have left Libya are third country nationals (TCNs) that have needed flight assistance to return to their home countries. As of 13 May, in Tunisia 181,385 TCNs had arrived while 176,125 people have returned home with IOM transportation assistance or through their own means. In Egypt, 72,340 TCNs have arrived while 1006 people are still stranded at the border. Repatriation flights continue and recently escalated to repatriate more than 1,200 people from Tunisia in one day. As of 13 May, IOM estimated their caseload in Tunisia to be 2,512 people.

Overall, the transit camp population in Egypt is minimal as most people are repatriated within days of their arrival. In Tunisia, 4,910 people are still residing among the three transit camps being operated by the TRC-IFRC, UAE Red Crescent and the United Nations High Commissioner for Refugees (UNHCR) at Ras Adjir. Of these, 2,512 TCNs are awaiting transport assistance while the remainder are persons of concern (PoCs) from countries such as Somalia and Eritrea and are being handled by UNHCR as they are currently unable to return to their home countries.

The number of TCNs crossing at the Ras Adjir border point and in need of assistance has decreased significantly since the beginning of the crisis to an average of 350 people per day, while the number of

Libyans crossing into Tunisia has jumped dramatically and most notably through the southern location of Dhehiba. According to UNHCR, an estimated 50,000 Libyans are living in host communities in southern Tunisia. The majority tend to stay with host families or in vacant homes in the towns of Remada, Medenine and Tataouine. Approximately 2,000 Libyans are, however, temporarily housed at a camp in Dhehiba and one in Remada until they can find other accommodation. Humanitarian actors are in the process of shifting their focus from Ras Adjir to support the Tunisian communities that are hosting the Libyan refugees.

Syria: Syria has witnessed considerable unrest over the last weeks. In some places demonstrations have resulted in casualties among civilians and security personnel. The situation has provoked concerns related to safety and protection. The Syrian Arab Red Crescent works in this situation in close cooperation with the ICRC and IFRC as well as government ministries. The National Society focus is to provide humanitarian assistance and to strengthen the ability of its branches to reach out to people in need. Support currently provided is primarily related to emergency health and distribution of relief items.

Yemen: By early February 2011, and following the waves of civil unrest in other Arab countries, Yemeni youth took to the streets in a move to protest to the current regime. Demonstrators have established sit-in areas in the main cities in Yemen including, Sana'a, Taiz, Hodeida, Hajjah, Aden and Ibb. Many of these protestors are living in these camps with daily demonstrations. Also pro-government protestors have established camps. Clashes among security forces or pro-regime elements with demonstrators are getting more frequent.

There is strong tension in the country following many bloody events the last months resulting in killing of protestors. The Yemen Red Crescent Society is working in the situation in close cooperation with Movement partners.

Most recently, mediation efforts by the Gulf States has focused on building bridges around a proposal for the transitional arrangement (post change of regime). However, the situation in Yemen remains tense, with a growing number of deaths and injuries in various cities, and a situation close to a potential humanitarian crisis.

Coordination and partnerships

Movement coordination - regional: The International Red Cross and Red Crescent Movement issued a statement on 11 March 2011 expressing grave concern for the deteriorating humanitarian situation as a result of the escalation of violence and the plight of the civilian population affected by the crisis in Libya and events in neighboring countries. The statement emphasized that the National Red Crescent Societies of Libya, Tunisia and Egypt have been working tirelessly to provide vital services to the people most in need throughout exceptional circumstances with a regional dimension that needs vital support from a wide range of sources. The Red Crescent Societies in the affected countries will remain fully mobilized with the support of the Movement to respond to the crisis in providing vital humanitarian assistance to all persons in need such as civilian population affected by conflict, migrant workers, refugees, IDP's and host communities) irrespective of their legal status and without discrimination.

The joint statement also that the ICRC and the IFRC have stepped up their efforts, in accordance with their responsibilities, to guide a rapid and effective Movement response in these countries, and, in consultation with the NSs have clarified the roles and responsibilities of the components of the Movement, providing a clear framework for operations in each country. On 26 March the LRCS, IFRC and ICRC signed a framework agreement governing Movement actions in Libya, which sets out coordination mechanisms for the Red Cross Movement, supports coordination with non-Movement actors, looks to ensure compliance with the Fundamental Principles, and to strengthen the capacity of the NS. The statement recognises the ICRC's role in support of the LRCS in the current situation of internal disturbance.

The IFRC's Zone Office in Amman and the Regional Representative in North Africa have responded proactively and effectively by organizing assessments and the timely deployment of IFRC assets. The IFRC has also been participating in daily coordination meetings taking place with the TRCS and the ICRC at the Tunisian border with Libya resulting in effective cooperation and relations to date.

The IFRC Field Assessment and Coordination Team (FACT) was instrumental in quickly scaling-up an operation in Tunisia. In the border region, IFRC and TRC staff and volunteers are actively participating in the humanitarian coordination mechanisms with agencies working in the area.

To date, partners have provided generous support to the operation, including a number of National Societies on the ground involved in the emergency operation. Partners include the Algerian, Moroccan, Syrian Palestinian, and the United Arab Emirates Red Crescent, and the American, Belgian, British, Danish, Finnish, French, German, Italian, Lebanese, Luxembourg, Netherlands, Norwegian, Spanish, and Swiss Red Cross. On behalf of the operating National Societies, the IFRC would like to thank all partners for their generous response to this emergency appeal.

Coordination with authorities: The operating National Societies, the IFRC, the ICRC, and partner National Societies are closely coordinating their response activities with the respective governments at both national and local levels.

Inter-agency coordination:

Tunisia: The IFRC and TRC regularly participate in meetings hosted by the UN Humanitarian Country Team, donors as well as various other inter-Agency and coordination meetings. The IFRC and operating National Societies are represented in the many technical meetings held in the border areas while engagement with other international and national humanitarian actors is ongoing. In sum, excellent coordination has occurred between the Red Cross/Red Crescent Movement, the UN System, NGOs, community representatives, local and national authorities.

Syria: All components of the Red Cross and Red Crescent Movement are present in Syria. Since the onset of the crisis, the ICRC has been coordinating its response with the National Society, which has been delivering essential supplies such as first-aid kits, stretchers and other emergency-response equipment. Both organizations have been cooperating with Syria's health ministry to bring aid to violence-stricken areas and are working to deliver medical supplies to hospitals and other health-care facilities in the country. ICRC also supports the National Society in its activities to re-establish family links, first aid in emergencies, mine risk awareness and dissemination, and communication of Red Cross Red Crescent Fundamental Principles. Activities to support drought affected populations have been implemented jointly with the National Society in 2010 and 2011. ICRC has been working in Syria since 1967. It focuses on alleviating the effects of occupation on Syrian citizens in the Golan, helping Syrians and Iraqis in Syria to restore and maintain contact with their families abroad, visiting Syrians detained abroad, and providing clean drinking water for some of the most vulnerable communities in the drought-stricken north-east.

The Danish Red Cross is currently the only partner national society present in the country. Danish Red Cross supports the SARC psycho-social support programme at national level, capacity building of all 14 SARC branches, volunteer and youth development and diabetes prevention. In recent years, SARC had in addition bilateral cooperation with the British, French, Netherlands, and Spanish Red Cross, and the Egyptian, Qatar, Iranian, Turkish, and United Arab Emirates Red Crescent.

The IFRC delegation in Syria has supported SARC on the development of the current appeal to support their response.

In addition to this emergency appeal, IFRC is also supporting the National Society in its response to displaced Iraqis (MDRSY002 Syria: Population displaced from Iraqi) and recently, provided support to drought affected populations in the east (MDRSY001 Syria: Drought).

The National Society has been tasked by the government to co-ordinate all international non-governmental assistance for the Iraqi displaced in Syria. SARC works today with almost all UN agencies present in Syria, primarily UNHCR, UNICEF, WFP, WHO, United Nations Population Fund (UNFPA), United Nations Relief and Works Agency (UNRWA) and United Nations Development Programme (UNDP). Other partners are the International organisation for Migration (IOM) and 14 international NGOs providing support primarily to health care, vocational training and education to displaced Iraqis in Syria. As the major humanitarian agency in Syria, the National Society works in coordination with all relevant government ministries and local authorities.

Yemen: The current Red Cross and Red Crescent partners in Yemen are the IFRC, Danish, Swedish, Norwegian, German, French Red Cross, and the UAE Red Crescent, and ICRC. Movement partners, together with the YRCS, have established the Movement Operations Committee (MOC) to develop the emergency response plan for headquarters and branches based on current needs. The responsibilities of the MOC are:

- Application of Movement, Federation, and YRCS policies and agreed strategic approaches and direction in Yemen.
- Ensuring joint assessment, planning, implementation, monitoring and evaluating of long term programmes and emergency relief/recovery plans.
- Agreeing on which partner is best placed to do which programme/activity/function.
- Ensuring coherency across programmes and relevant support to the strengthening of the YRCS.
- Ensuring integrated programming and incorporating relevant cross-cutting themes into programming.
- Agreeing partner engagement and/or participation in the joint approach/strategy with the YRCS.
- Managing quality and accountability of programmes.
- Ensuring coordination mechanisms at all levels and stages of planning and implementation.
- Ensuring problem solving mechanisms are in place on operational/programming issues.
- Ensuring technical support management internal and external to Red Cross and Red Crescent.

Regular meetings between partners are taking place. The MOC has developed emergency response structure organigrams, and terms of reference were developed to describe the responsibilities of the operational components.

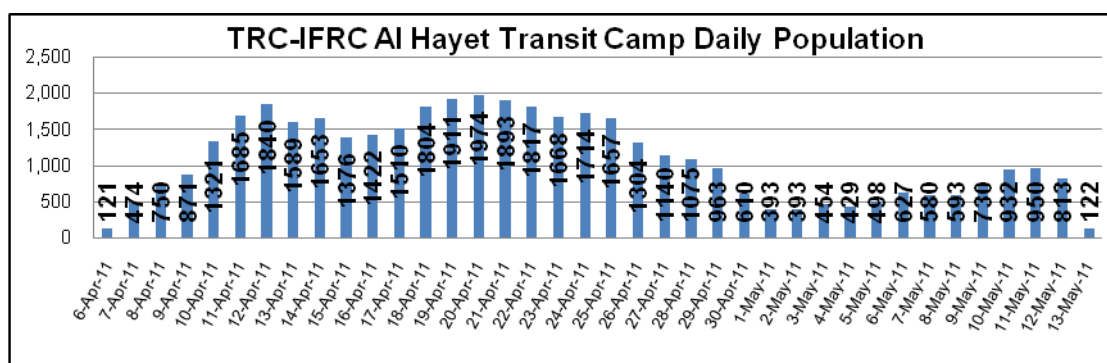
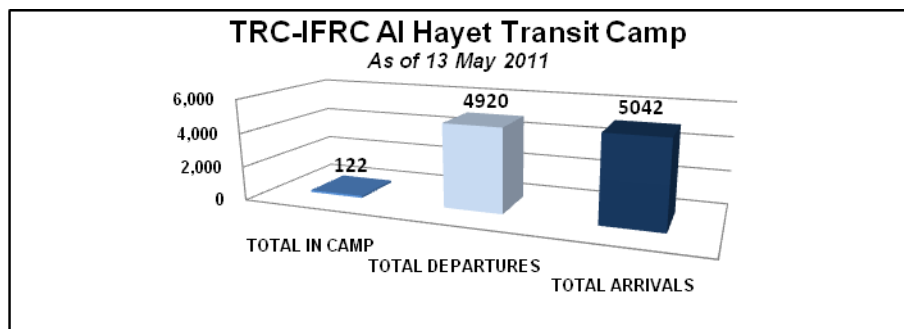
Red Cross and Red Crescent action

Tunisia:

From the beginning of the population migration crisis from Libya into Tunisia, the TRC, IFRC, ICRC and other Red Cross/Red Crescent Movement partners began working in the Ras Jdir border area to provide meals, health care, non-food items, family linking services, water and sanitation services for those needing assistance.

The Red Cross/Red Crescent Movement has carried out activities and provided services at the border as well as in the UNHCR Shousha Camp, the UAE Red Crescent Camp in addition to the TRC-IFRC Al Hayet Transit Camp that opened on 6 April to alleviate increasing population pressure while TCNs awaited transport assistance organised by IOM.

The TRC-IFRC Al Hayet , (meaning *life* in Arabic), Transit Camp has reached a cumulative total of more than 5,000 TCN occupants since it opened on 6 April. The TRC-IFRC Transit Camp population is lower than in previous weeks due to a sudden increase in IOM repatriation flights in combination with the overall decrease in TCN border crossings.



The TRC-IFRC Al Hayet Transit Camp has accommodated TCNs from Burkina Faso, Chad, Ghana, Ivory Coast, Mali, Niger and Nigeria and provided them with a full range of service, including safe water, food, health care, family linking services, recreational spaces and sanitation facilities.

Relief and camp management: The TRC and IFRC relief team is registering all new arrivals into the Transit Camp and records demographic information to better identify vulnerable populations, facilitate food and non-food item distributions, and keep track of nationalities within the camp to coordinate future departures with IOM. The relief team is also providing essential non-food items including soap, hygiene items, blankets, sleeping mats and buckets within 24 hours of TCN arrival and family items for pregnant women, nursing mothers, babies and young children. Most new arrivals have been receiving these essential items the same day of their arrival. In addition, the TRC deregisters the camp population for ongoing monitoring, reporting and coordination. These details have helped to track trends, support other sectors and external needs including those among the Transit Camp health team, UNICEF, Save the Children and UNHCR.

The TRC continues to assist the population in the UNHCR Shousha Camp in collaboration with the ICRC to distribute items such as blankets, soap, buckets, toothbrushes, toothpaste and other in-kind donations. To date, the Red Cross/Red Crescent Movement has reached more than 42,000 people at Shousha Camp with these essential goods. In the past, the IFRC Relief ERU provided support to the TRC volunteers in Shousha Camp with their joint non-food item and food distributions with Movement partners until the TRC-IFRC Al Hayet Transit Camp opened. The IFRC Relief ERU formally handed over their support role to the ICRC in Shousha Camp in early April.

The TRC works with the Italian Red Cross to serve two hot meals a day for the Al Hayet Transit Camp population. Since the camp opened on 6 April, they have served more than 100,000 meals. The TRC also serves a cold breakfast of milk or juice and biscuits each day.

Beginning in early March, the TRC worked with Movement partners to serve more than 410,000 meals from two kitchens in Shousha Camp. As of 18 April, WFP, Action Against Hunger Spain and Islamic Relief France took over management of the three kitchens in Shousha. A joint TRC-Algerian-Qatari Red Crescent kitchen also served more than 50,000 meals for two weeks in March to increase food service capacity at Shousha.

The TRC has also worked with the ICRC in all three camps at Ras Jdir to facilitate more than 60,000 calls between migrants and their families around the world.

On 30 April, the TRC-IFRC Al Hayet Transit Camp encountered a severe sandstorm that destroyed 53 per cent of its total tent capacity including the 292 4-person tents, mainly in family area, as well as other aspects of camp infrastructure such as electricity and fencing. Another sandstorm hit on 2 May delaying repairs and reconstruction and destroyed more tents and infrastructure including the single men food distribution site. Approximately 330 tents were damaged or destroyed, decreasing the Transit Camp capacity from 2,728 to 1,280 people. One of the main concerns has been the total destruction of the family area and the relocation of families in tents within the single men area. This has created serious security concerns and fears of an increase in gender based violence (SGBV) cases. The number of security guards has been increased and the male members of the families have spontaneously put in place mechanisms to ensure the safety of women and children. In the reconstruction efforts, priority was given to relocating the families, which was done 48 hours later in a separate area where security was easy to provide. Water and sanitation infrastructures which were severely affected by the storm were gradually repaired. Despite the scale of the damages, basic services were rapidly restored. All individuals at the Transit Camp received another round of essential non-food items such as soap, buckets and blankets the day after the first storm.

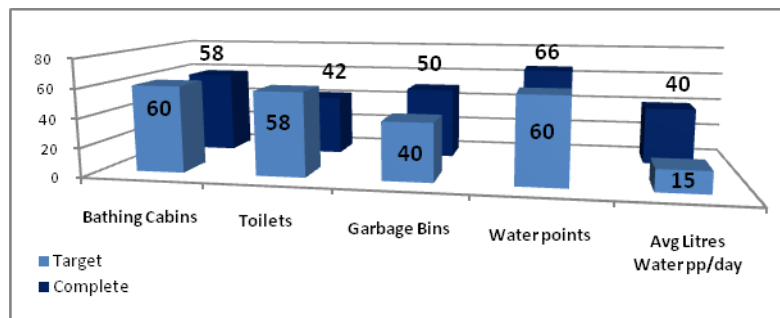
For two days, IOM was requested to temporarily suspend sending new TCNs to the camp until the shelter capacity was enhanced and all services reinstated. In the aftermath, the field team repaired the lighting system, reinforced the new family area with fencing and fixed the damaged tents and other infrastructure. Routine monitoring and maintenance of all camp activities finally resumed. The field team is looking at ways to minimise a negative impact on the environment around the Transit Camp but with ongoing repairs and construction, the focus may simply be on clean-up as part of the forthcoming exit process.

Health: The TRC and IFRC established a health clinic in the Al Hayet Transit Camp to provide health and medical care on a 24/7 basis, psycho-social support and a pharmacy. A TRC ambulance is also on site in case of an emergency.

Since the Transit Camp opened, the health team has provided more than 3,000 consultations. No cases have been critical to date and the majority tend to be non-communicable diseases and chronic illnesses such as diabetes, back pains, hypertension and cardiovascular diseases that do not cause risk or health hazards to other people. A psychosocial support specialist from the Palestinian Red Crescent completed a two-week mission to conduct a needs assessment and drafted a plan to enhance the TRC capacity in providing psychosocial support. The specialist is in the process of finalising his assessment report and will propose a plan of action to the TRC. The TRC/IFRC health department also coordinates regularly with other stakeholders such as IOM, UNICEF, UNFPA, the Ministry of Health and Ministry of Women and Child Protection on obstetric and gynaecologic services, health promotion, and vaccination efforts. It also ensures that protection measures are in place for women and children against gender-based violence through activities jointly implemented with UNFPA and UNICEF.

The TRC medical personnel continues to provide advanced first aid at health posts at the Ras Jdir border and in support of Civil Protection personnel. The border health team also focuses on early detection of specific communicable diseases such as tuberculosis.

Water and Sanitation: The water and sanitation team connected two 11,000L water storage tanks to the local water system and installed two bladders near the family area (10,000L and 5,000L) and a 1,000L water tank for hand-washing beside the food distribution point. The following graph displays the water and sanitation targets and completed activities as of 13 May in the TRC-IFRC Al Hayet Transit Camp.



Before the sandstorm of 30 April, 82 latrines were present at the Transit Camp serving more than 1,600 adults. The sandstorm destroyed 52 latrines but with the remaining units and the construction of 10 additional latrines, Sphere Standards are still being met for the decreased camp population.

Camp hygiene and hygiene promotion activities continue to be a priority for the water and sanitation team. Volunteers and staffs are dedicated to maintaining a clean and hygienic camp through tent, latrine and shower cabin cleaning; a total of 1,400 tents have been cleaned since the camp opened, while latrines and showers are cleaned every day. In addition, 10 TRC hygiene promoters have disseminated safe hygiene messages to more than 3,000 people or 60 per cent of the cumulative camp population. The promoters were passing messages to an average of 110 people daily when the camp population was in its full capacity. The focus of a hygienic and clean camp has resulted in the TRC-IFRC Al Hayet Transit Camp obtaining the lowest diarrhoea rate (2.6 per cent) among all three camps in the Ras Jdir border area.

The hygiene promoter also carried out several hand washing campaigns, including one specifically for children where 60 children participated (31% of children at that time). In addition, for four days, the hygiene promoter also brought in a clown to pass safe hygiene messages to children and adults in the camp. Hygiene promoter posters were also erected at near the food distribution sites and at the latrines.

Earlier in the operation, the TRC and IFRC water and sanitation team erected 260 latrines in Shousha Camp, distributed nearly 3,700 bars of soap (these were supplementary to the non-food item distributions) and disseminated safe hygiene messages to more than 5,600 people. The latrines were decommissioned during the Shousha Camp reorganization and restructuring process and the TRC/IFRC hygiene promotion activities in Shousha were handed over to other organizations in early April.

Logistics: The logistics team continues to support the operation through supply chain management, procurement, transportation and storage of all goods. To date, sea containers and 12 flights have arrived carrying 265 metric tons of operational items in addition to four vehicles. All have cleared customs. Five field warehouses were erected at the Transit Camp to store consignments and TRC in-kind donations. One field

rub hall was destroyed in the recent sandstorm but all warehouse contents were largely unaffected. Stocks presently occupy about 90% of the four remaining field warehouses' capacity. TRC volunteers recently filled systems and fleet management positions and the logistics team is now focusing on building TRC capacity to be ready for a hand over of a greater scope of logistics activities and for its forthcoming involvement in Tataouine governorate.

Ongoing assessments and future activities: Due to the changing situation in Tunisia a greater number of Libyans crossing the border, the TRC and IFRC have conducted assessments and discussed support with Movement and non-Movement partners in southern Tunisia. TRC volunteers in the south have already begun assistance in camps and health clinics and the IFRC is working closely with the TRC to support various activities. The IFRC has also contributed with punctual assistance including the donation of an Inter-Agency Emergency Health Kit (IAEHK) to the Ministry of Health and two tents for child-friendly spaces to Islamic Relief operating at the Remada Camp and 10,000 blankets to ICRC for distribution in the south. The ICRC has also been providing food and non-food items in the axis Remada – Medenine.

In view of the increasing security concerns in the Ras Jdir area affecting the camp management, and of the significant decrease in TCNs numbers due to a great effort from IOM to accelerate the repatriation, the Federation is considering phasing out of the transit camp in the coming weeks. Therefore, the TRC and the IFRC are looking at how to support Libyans being assisted by Tunisian host families.

Human Resources: In the early stages of the emergency operation, the IFRC deployed a 14-person Field Assessment and Coordination Team (FACT) to support the Tunisia Red Crescent (TRC) staff and volunteers who were leading response efforts. The FACT provided technical support in relief, water and sanitation, health, logistics, IT/telecoms, information management and reporting, and supported inter-agency and Movement coordination in the border area of Ras Jdir and at Tunis. Based on FACT assessments, the IFRC mobilised Emergency Response Units (ERUs) for the establishment of a base camp, logistics, a base camp, mass sanitation, relief, technical support for the eventual Transit Camp, and IT/Telecommunications. Regional Disaster Response Team (RDRT) members were also mobilised to capitalise on regional experience and language skills and reinforce the FCAT and ERU structures. The IFRC has gradually replaced FACT team members by delegates to provide medium-term support to the operation and build capacity of the national society.

Capacity Building: The Federation is providing capacity building support to TRC in the areas of management, coordination, relief, logistics, water and sanitation, health, finance, administration, human resources management, and information and reporting. A priority within the overall operation in Tunisia is to build TRC capacities. As a result, each IFRC sector lead has a TRC counterpart with whom plans and activities are coordinated. Capacity building activities occur on a daily basis in all functions. IFRC staff members have also been building TRC capacity in beneficiary communication, stress management, organisation and management skills as this operation is the first large-scale disaster response the National Society has encountered in Tunisia.

The IFRC is also preparing a long-term plan with National Society leadership to support TRC development and prepare for possible future disasters. The plan is focusing on the reinforcement of principles and values, managerial and volunteer development, logistics and disaster management programming as well as promotion of youth engagement.

Operational Constraints: In recent days IOM has conducted important repatriation of TCNs and the population of all the camps has drastically reduced. In addition, the security situation has been a real concern. The TRC volunteers and Federation and PNS' staffs have been increasingly put at risk, mainly due to the increasing discontent of the local population because of the high unemployment rate and the increase of commodities' prices. Routine activities and service delivery in the camp have been affected and additional security management measures have been taken. The Zone Office security manager came to assess the situation and a better delegate movement control has been put in place, communication mechanisms have been enhanced and the reporting of security incidents was reinforced.

Libya:

The IFRC has held meetings with the Libyan Red Crescent Society (LRCS), ICRC and other actors to discuss support needs in Libya. More recently, the IFRC conducted a mission to Libya from 9-13 May to assess assistance demands and the prospects for humanitarian activities in support of the LRCS and ICRC. The Regional Representative for North Africa and Head of Operations are in the midst of developing a plan of action for Libya with elements that will be shared through future Operations Updates.

Egypt:

- The Egyptian Red Crescent Society (ERCS) has been working closely with the Government of Egypt and other organizations to provide support to those crossing the border from Libya at the Saloum border crossing. ERCS volunteers have provided relief assistance (food and non-food items), water and First Aid / basic medical care to those in transit or remaining in the border area.
- The IFRC Zone office in Amman is supporting them with other needs in relation to capacity building as requested and according to ERCS plan.
- In consultation with the Federation and the ICRC, the ERCS has outlined a way forward to consolidate and expand its preparedness and response capacities in view of the changing socio-political context and the humanitarian consequences. The way forward is based on three objectives to be achieved in three subsequent phases based on short, medium and long term dimensions and discussions to detail this are ongoing:

Phase I Objective: (up to six months) consolidation of logistical capacities to ensure effective response.

Phase II Objective: (up to 10 months) expansion and enhancement of ERCS capacities with effective and sustainable service with broad-based preparedness/ contingency plans.

Phase III Objective: (up to 18 months) further development/ transformation of the ERCS organization and capacities to scale up services with increasing quality, outreach and impact.

- The way forward plan of action is also bound to have far-reaching medium and long term impact on the National Society in various aspects including:
 - NS mandate, roles and responsibilities with the required legal status
 - Governance and management structure and culture
 - Relations with government and other partners
 - Service delivery
 - Resourcing and sustainability

Syria:

- The Syrian Arab Red Crescent (SARC) is working in this situation in close cooperation with ICRC and IFRC country offices.
- First Aid has long been a priority area for the National Society. "First aiders", volunteers trained to provide first aid to the population, exist in most branches. In times of crisis, the first aiders work in teams of four to evacuate and transport the injured to hospitals; they wear standardized uniforms with SARC logo clearly identified and they approach the area of intervention accompanied by a Red Crescent vehicle/ambulance. The volunteers are present in difficult areas and are providing first aid on the spot. SARC branches in Damascus/Damascus rural have managed to have 10-15 teams of volunteers working around the clock.
- The National Society has already provided humanitarian assistance to priority areas and will continue to do so; 3 tons of food, non-food and medical supplies were sent on 1 May to Dara'a, Latakia and Baniyas.
- A 15-member team from ICRC, SARC and IFRC entered the southern city of Dara'a, on 5 May. The team, which included a doctor and first-aid volunteers, was accompanied by two trucks loaded with food parcels, medical supplies and other items. The team met with SARC branch in Dara'a to discuss needs related to the branch and to population at large. The team visited the Dara'a Governmental Hospital where they were able to talk to doctors and some patients. Dressing kits and other medical items were handed over by ICRC. This visit to Dara'a was followed by a delivery of additional food and non-food items on 9 May.
- On 9 May, food and baby milk was delivered to SARC branches in Homs and Tartus (Baniyas sub-branch).

Yemen:

The National Society has been working in this situation in close cooperation with ICRC, PNSs and IFRC. The YRCS Sana'a branch has been in the field since 1 February providing first aid service and transporting the injured. There are 60 volunteers in the field and 20 standing by for additional backup when needed. In March,

487 injured persons received first aid treatment on the spot and the serious cases were evacuated to hospitals. In accordance with the joint YRCS/ICRC Emergency Response Plan, the Sana'a branch has:

- Deployed 4 Emergency Response Teams (ERTs) with ambulances to the locations of the demonstrations on a daily basis.
- 250 YRCS volunteers participated in the Integrated First Aid Emergency Response training programme jointly facilitated by the YRCS and ICRC. The courses covered first aid, management of dead bodies, FP's, NIHA and safer access and simulation exercises.
- The ICRC has provided 50 first aid kits, 60 stretchers, 250 mattresses, 250 blankets, 30 tents, 20 mobile phone and pre-paid cards, and working advances for the maintenance and fuel for ambulances and mobilisation of volunteers.

YRCS emergency response plans are developed for Sana'a, Aden, Taiz, and Hadramout branches. ICRC is supporting Sana'a and Aden, and the GRC is supporting Hadramout and Taiz.

Aden: Has deployed six ERT's equipped with one First Aid kit each, to the locations of the demonstrations on a daily basis. One ambulance was also deployed to evacuate the injured. 10 YRCS First Aid instructors were trained, while 38 volunteers participated to first aid refreshment training, facilitated by the ICRC. An additional 60 volunteers received Integrated Emergency Response training jointly facilitated by the YRCS and the ICRC. The courses covered first aid, management of dead bodies, FP's, NIHA and safer access and simulation exercises. The ICRC provided seven First Aid kits (containing dressing, splinting, and bandaging materials), and working advances to cover expenses in relation to mobilization of volunteers and fuel for ambulance vehicles.

Hadramout: 60 volunteers trained were in Integrated Emergency Response together with ICRC and YRCS. Eight First Aid kits and 40 replenishment kits donated together with six tents, 10 stretchers, 100 YRCS caps, 10 YRCS flags, 170 YRCS aprons, 100 blankets and 50 mattresses. Supporting the deployment of up to emergency response teams if needed.

Taiz: 85 volunteers were trained in integrated emergency response together with ICRC and YRCS. 12 First Aid kits and 12 replenishment kits donated together with 20 stretchers, 200 YRCS caps, 20 YRCS flags, 120 YRCS aprons, 64 blankets and 32 mattresses, supporting the deployment of ERT's.

The IFRC supports the National Society in psychosocial support (PSP). The IFRC/YRCS has conducted PSP training in all 15 YRCS branches in April. 70 national society staff and volunteers are trained to provide PSP to people engaged in emergency response. The aim of the training:

- Ensure capacity among first aiders to provide psychological first aid in response situations.
- Mobilize psychosocial support teams and develop plan of action for possible support activities to the affected populations, considering incorporation of this element into the Emergency Response Team mechanisms.
- Provide psychological support (PSP) to National Society staff and volunteers engaged in emergency response.

The MENA Zone office deployed a Regional Disaster Management expert to support the Movement efforts in Yemen to develop a joint response plan with the YRCS, PNSs and ICRC as well as to support the DM unit at YRCS headquarter. The DM expert also supported the YRCS DM unit at YRCS headquarters to be able to deal with the possible crises with long term strategic thinking. The DM advisor and the Zone DM coordinator also facilitated a DM consultation workshop on 25-26 April with the headquarters and 14 YRCS branches to discuss various DM issues (organizational structure, need of the branches etc).

Participants in the workshop reviewed the DM organizational structure and discussed its components to meet the needs both in the current situation and for the future. The participants also discussed the needs relating to the emergency situation in Yemen. The appeal is based on the outcome of the workshop.

The French Red Cross is considering to support Dhamar, Shabwa and HQ with ambulances, and an alliance of Danish, Norwegian, and Swedish Red Cross have given positive feedback regarding developing plans together with Hodeida and Ibb branches.

Regional: With unrest in other countries in the MENA region, the IFRC Zone office in Amman is in close contact with National Societies in the region, to build or reinforce contingency planning at a national and regional level. This includes the provision of technical support and the pre-positioning of contingency stocks. The IFRC will support the affected MENA zone National Societies to ensure that they can continue to provide effective emergency response in a timely, neutral and impartial manner and is seeking to recruit additional capacity in the form of an experienced contingency planning delegate to support this process.

The situation also has implications for other regions of the world with migrant workers and third country nationals also crossing from Libya into other countries in North Africa (Algeria), into sub-Saharan African countries (Niger, Sudan and beyond), and into Europe (Malta, Italy). The IFRC is supporting its Africa and Europe Zone offices to monitor the situation and the zonal teams are providing follow up and support, including contingency planning to the affected National Societies.

The proposed operation

Tunisia

Emergency health

Outcome: Up to 100,000 people in transit, including vulnerable groups, have access to the provision of basic health care, preventative health measures, and psychosocial support to meet their immediate needs.

Outputs	Activities planned
Target population in transit have access to a basic health facility.	<ul style="list-style-type: none"> Establish a health clinic with TRC, including a basic and supplementary interagency emergency health kit (IAEHK) and first aid kits. Erect the health clinic and IAEHK identify emergency care area, consultation clinic, pharmacy and psychosocial support area. Stock the clinic with pharmaceutical items and medicine. Identify isolation site and erect tents and water and sanitation services for isolation site. Develop processes and procedures for clinic and treatments. Establish ambulatory services 24 hours/7 days per week. Develop referral system in coordination with MoH and other partners.
Target population receive rapid medical care for physical health problems.	<ul style="list-style-type: none"> Provide basic health services. Provide special care for vulnerable populations, such as nutritional care for children, pregnant women and disabled people. Coordinate with RC/RC partners and other health agencies to provide GBV support and gynaecology services in transit camp. Establish a basic epidemiological surveillance system and provide vaccinations as required at the clinic in cooperation with the WHO/MoH program. Refer patients to hospitals and other facilities when necessary. Assess TRC health volunteers and provide trainings in emergency first aid. Monitor staff, equipment and supplies at the clinic.
Up to 10,000 people receive psychosocial support according to the needs.	<ul style="list-style-type: none"> Assess psychosocial needs among the target population and volunteers. Monitor patients during clinic consultations and provide PSP as appropriate. Assess TRC staff and volunteer capacity and provide trainings and equipment in psychosocial first aid and support. Liaise with MoH and other partners to create a referral system for critical cases.

Water, sanitation and hygiene promotion

Outcome: Up to 150,000 people in transit have access to safe water, adequate sanitation and hygiene items to minimize the risk of sanitation and water-related diseases.

Outputs	Activities
Target population is provided with adequate sanitation which meets Sphere standards in terms of quantity and quality.	<ul style="list-style-type: none"> Erect temporary latrines in Shousha camp and TRC/IFRC transit camp. Install hand-washing facilities at key locations throughout the TRC/IFRC transit camp. Install shower cabins in transit camp. Provide solid waste management solutions in transit camp. Ensure proper drainage in transit camp. Monitor vectors and undertake vector-control activities if necessary. Monitor sanitation facilities daily.
Target population is served by hygiene promotion activities which meet Sphere standards in terms of implementation, and the identification and use of hygiene items.	<ul style="list-style-type: none"> Recruit and train staff/volunteers to disseminate basic hygiene messages, monitor water points, and clean latrines, shower cabins and tents. Conduct a base survey on hygiene practices in transit camps. Develop IEC materials and awareness campaigns around the essential hygiene promotion messages in a participatory approach with the targeted population. Distribute additional soap as required. Monitor hygiene practices in camps.
Target population is provided with adequate safe water that meets Sphere and WHO standards in terms of quantity and quality.	<ul style="list-style-type: none"> Assess needs and map resources available (water availability, quality, pressure, etc). Connect to local water infrastructure and establish alternative water sources. Install emergency water storage and water points throughout the camp. Continuously monitor water quality and install water purification system if needed. Maintain water taps and tanks regularly.

Emergency shelter and camp management

Outcome 1: A transit population of up to 150,000 individuals has access to a safe, secure and hygienic settlement that upholds basic human rights and meets their needs.

Output	Activities
Target transit population has adequate and safe shelter according to Sphere standards.	<ul style="list-style-type: none"> Select and secure land with enough space for target population and space to expand if needed. Plan sufficient temporary shelter and necessary infrastructure on land (electricity, fencing, water, sanitation facilities, food area and family area). Set up shelters and infrastructure on land. Plan and set-up hygiene and security measures and systems to ensure beneficiary and volunteer/staff safety and health. Monitor, maintain, repair and/or rebuild temporary shelters, infrastructure and other areas as required. Register and deregister camp population to track people assisted and fill unoccupied shelters.
Target population have access to safe water, food, sanitation facilities and services, health care and meeting points through integrated camp activities.	<ul style="list-style-type: none"> Coordinate with team sector leads on water and sanitation, health and relief systems and activities. Hold regular coordination meetings with all sector leads to ensure camp services are integrated and maintained. Plan and set up an information point for the transit population to know all services available at camp. Coordinate with external parties to offer specialized services and ensure all beneficiary needs are met.

The material sourcing, construction techniques and settling of the population minimize the adverse impact on the environment.	<ul style="list-style-type: none"> Engage and coordinate with environmental agency to assess the impact of camp activities on the environment. Coordinate with environmental agency and other external partners to alter camp activities as needed to ensure minimum negative on environment. Coordinate with environmental agency and other external partners to ensure camp land is restored to its original state.
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Relief

Outcome: A transit population of up to 150,000 individuals receive essential items and food to meet their needs as required.

Output	Activities
Target population receive essential goods in transit camps after registration and within 24 hours of arrival.	<ul style="list-style-type: none"> Develop a standard NFI kit composition with specific items in coordination with partners. Distribute NFIs to target population following arrival and registration in camps.
Target population has access to three meals a day.	<ul style="list-style-type: none"> Coordinate with HNS, PNS and external partners on meal production and service. Provide meals to camp residents each day.

Logistics

Outcome: Ensure an effective and efficient supply chain, suitable storage of goods and appropriate transport to carry out all activities within the operation.

Output	Activities planned
Establish relevant procedures and processes to enable all sectors to access goods and materials they require for their activities.	<ul style="list-style-type: none"> Conduct logistics assessments. Negotiate handling, storage and handling facilities and carry out customs procedures at the airport, borders and ports. Process requisitions according to IFRC procedures. Update stock report daily and send goods received notes appropriately. Secure warehouses for IFRC and TRC pipeline. Liaise with program and adjust supply chain to meet demand. Prepare exit strategy and relocation of fix assets.
Ensure suitable vehicles available required by IFRC delegates and TRC volunteers and staff for their activities.	<ul style="list-style-type: none"> Provide sufficient transport resources. Manage and maintain vehicles. Monitor fuel and maintenance costs.

Egypt

Relief

Outcome: A transit population of up to 50,000 individuals receive essential items and food to meet their needs as required.

Output	Activities
Target population has access to three meals a day.	<ul style="list-style-type: none"> Provide meals to transit persons each day. Provide necessary NFIs upon the need for the stranded migrants at the border.

Logistics

Outcome: Effective support provided to the field operation.

Outputs	Activities planned
All programs receive professional logistics support and goods are supplied and received for	<ul style="list-style-type: none"> Conduct logistics assessment to identify current situation and needs in fleet management, warehousing, and stock levels (linking closely

<p>distribution as planned.</p> <p>Logistics system in place, enabling the ERCS to ensure rapid response as required.</p>	<p>with contingency plan findings at branch and national level).</p> <ul style="list-style-type: none"> • Define job description and recruit logistician at national level to manage process and conduct training. • Establish structure required to provide most responsive logistics service, and agree minimum stock levels. • Procure stocks to desired levels based on the above assessment (tents, blankets, kitchen sets, jerry cans, food parcels, WATSAN equipments...etc.). • Sign agreements with suppliers to refresh stocks and pre-supplies agreements. • Conduct one central training course for staff and volunteers at national level. • Review specifications for computerized stock management programme. • Train identified staff and volunteers in the use of the stock management programme. • Develop a clear logistics policy based on learning during initial stage of logistics project. • Undertake assessment of all ERCS vehicles and maintenance needs • Establish vehicle policy for National society based on likely needs to support all ERCS programmes (in co-operation with branches and headquarters). • Purchasing vehicles for operations • Introduce vehicle replacement policy by the Zone and RLU Dubai.
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Syria

Emergency health

Outcome: The immediate health risks of the affected population are reduced through the provision of first aid and emergency medical services (in areas not covered by the ICRC).

Outputs	Activities planned
Up to 10,000 people in need are provided with rapid medical care for health problems.	<ul style="list-style-type: none"> • Provision of first aid and referral services through trained SARC volunteers. • Facilitate the establishing of standard emergency response team mechanisms among the branches. • Mobilization of volunteers and EMS units.
SARC staff and volunteers were supported to ensure adequate response	<ul style="list-style-type: none"> • Providing necessary equipment and uniforms for staff and volunteers. • In cooperation with ICRC, provide basic training in emergency first aid for 1,000 volunteers.
Psychological first aid and psychosocial support is an integrated part of SARC emergency response.	<ul style="list-style-type: none"> • Ensure capacity among first aiders to provide psychological first aid in response situations. Jointly develop with psychosocial support teams a plan of action for possible support activities to the affected populations, considering incorporation of this element into the Emergency Response Team mechanisms. • Provide psychological support (PSP) to National Society staff and volunteers engaged in emergency response. • Liaise with MoH and other partners to create a referral system for critical cases.

Relief distributions

Outcome: Food and basic non-food items are distributed to families in the most affected areas

Output	Activities planned
Up to 10,000 affected	<ul style="list-style-type: none"> • Develop a beneficiary targeting strategy and registration system.

families are provided with the immediate needs through relief distributions	<ul style="list-style-type: none"> • Mobilize volunteers and provide them with orientation on distribution protocols. • Monitor and evaluate the relief activities and provide reporting on relief distributions.
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Yemen

Focus areas initially identified are:

- Area 1: Emergency health at the scene (mainly First Aid, safer access of humanitarian workers, disseminating of IHL)
- Area 2: Psychosocial support: Training of national society staff and volunteers on PSP programs. Provision of PSP to staff and volunteers of national societies engaged in emergency response.
- Area 3: Disaster preparedness and Response Capacity Building at HQ and branch level (mainly structuring the DM units & Local Intervention Teams (LITs) and logistics)

The YRCS branches have limited financial capacity to meet the current situation, so the MoC has agreed to give priority to the branches with most needs to the current situation:

- Priority 1: Sana'a; Aden; Taiz; Hadramout; Al Hodeida; Al Dhalea; Abyan; Ibb; Amran; Lahj (no Branch); Shabwah.
- Priority 2: Hajjah; Al Jawf; Marib (no branch).
- Priority 3: Dhamar; Al Mahweet; Socotra.

Emergency health

Outcome: The immediate risks to the health of the affected population are reduced through the provision of first aid and emergency medical services (in areas not covered by the ICRC).

Outputs	Activities planned
Up to 20,000 people are provided with rapid medical care for health problems.	<ul style="list-style-type: none"> • Equip the National Society with medical emergency stocks of first aid (basic and supplementary). • Assess NS staff and volunteer capacity and provide trainings and equipments as appropriate in emergency First Aid. • Train 180 volunteers on logic response and emergency health management. • Disseminate 2000 copies of the updated First Aid training curricula to the branches in coordination with the ICRC. • Develop a reporting system for the first aid services provided in the field and document that in one database at branch and HQ level. • Supporting the running costs in the field for first aid teams • Insurance for the first aiders who are providing the services in the field. • Work with the ICRC to support Emergency Response Team mechanisms among the branches
Up to 5,000 people and National Society staff and volunteers are provided with psychosocial support.	<ul style="list-style-type: none"> • Assess the National Society staff and volunteer capacity to provide psychosocial first-aid and other psychosocial support activities. • Mobilize psychosocial support teams. • Provide psychosocial support to people affected by the emergency. • Provide psychological support (PSP) to National Society staff and volunteers engaged in the emergency response. • Training of 180 volunteers on PSS & PFA
The resilience of the community is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> • Conduct massive awareness campaign around community based first aid. • Train local community members on basic first aid. • Distribute personal First Aid bags after the training

Disaster preparedness and response capacity building

Outcome: By advancing the process of national contingency planning, capacity of the YRCS to respond to civil unrest, through effective and appropriate interventions, is further strengthened.

Output 1	Activities planned
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Relief stocks for 2,000 families are pre-positioned in National Society branches.	<ul style="list-style-type: none"> • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Distribute relief supplies and control supply movements from point of dispatch to end user. • Monitor and evaluate the relief activities and provide reporting on relief distributions. • Train National Society staff and volunteers on relief operations management • Equip the branches with the needed equipments and stationeries for relief management (computers, stationery, ticketing systems). • Develop an exit strategy.
Output 2	Activities planned
National, branch and scenarios specific contingency plans are developed.	<ul style="list-style-type: none"> • Develop and agree on a sub-national approach towards a strategic and multi-sectoral contingency plan. • Map existing resources and capacities of the national society, Federation and other key stakeholders in Yemen by using WPNS/WFNS and other tools. • Conduct rapid trainings/workshops for staff and volunteers on how to develop a contingency plan. • Develop practical contingency plan taking into account the evolving risk patterns in the country, various scenarios, capacity and mandate of the National Society.
Output 3	Activities planned
Disaster Preparedness and response capacity building activities identified and implemented.	<ul style="list-style-type: none"> • Recruit DM focal point per branch • Restructuring the DM unit at HQ level. • Update DM database software and the using of the data in response planning. • Develop the Standard Operating Procedures and response protocols. • Establishing LIT (local intervention teams at) branch level • Equip LITs with the necessary equipments (survival kits, uniforms). • Conduct joint simulation exercises as appropriate and required. • Training new volunteers on basic DM • Advance training on shelter & camp management / database building • DM ToT workshop at Ns level

Logistics

Outputs	Activities planned
All programs receive professional logistics support and goods are supplied and received for distribution as planned	<ul style="list-style-type: none"> • Conduct logistics assessment at branch level. • Implement warehousing procedures. • Liaise and coordinate with other key actors to ensure best use of all information. • Train National Society staff and volunteers on resource mobilisation. • Procure 4x4 vehicle through Dubai Global Fleet Base for emergency use by DM unit at HQ level.
National Society branches are reinforced in terms of logistics capacity and can manage goods and reporting.	<ul style="list-style-type: none"> • Implement a logistics system for headquarters and branch logistics. • Set up warehouse system using IFRC standards. • Support NS in securing adequate storage solution. • Conduct logistics training for staff and volunteers with the support from the Zone programs services division.

Regional activities

The Zone disaster management department started earlier this year a process to develop a joint regional and then zonal contingency plan in parallel with developing a disaster response protocol. This was speeded up with the national societies since the current operation gives a new dimension to the process by moving directly to the response plans and scenarios.

Contingency planning and preparedness

Outcome: By advancing the process of regional contingency planning, capacity of the National Societies in MENA zone to respond to civil unrest and population movements is further strengthened through effective and appropriate interventions.

Output 1	Activities planned
Regional, country and scenarios specific contingency plans are developed.	<ul style="list-style-type: none"> • Develop and agree on a regional approach towards a strategic and multi-sectoral contingency plan. • Map existing resources and capacities of the National Societies, Federation and other key stakeholders in the region by using WPNS and other tools. • Conduct rapid trainings/workshops for staff and volunteers on how to develop a contingency plan. • Develop practical contingency plan taking into account the evolving risk patterns in the region, various scenarios, capacity and mandate of the National Societies in the region. • Develop an EW/EA model for civil unrest scenarios based on clearly identified triggers. • Integrate contingency planning concept with national society development programs and other on-going capacity building activities at national and regional level.
Output 2	Activities planned
Preparedness gaps are identified and needed activities are implemented.	<ul style="list-style-type: none"> • Identify and map the overall and essential preparedness gaps in capacities and resources. • Develop work plans for implementing preparedness activities enabling effective and efficient response by the National Societies and IFRC. • Pre-positioning and procurement of contingency stocks to support the preparedness work plan. • Recruit RDRT officer & disaster preparedness officer. • Develop the Standard Operating Procedures and response protocols as appropriate and agreed. • Conduct joint simulation exercises as appropriate and required.
<p>Progress to date: The MENA Zone office deployed a Disaster Management (DM) specialist from the region to Yemen for three weeks to support the Movement efforts in strengthening the Yemen Red Crescent Society (YRCS) disaster management program. On 25-26 of April; the YRCS DM unit and the IFRC facilitated a nationwide DM consultation workshop to further refine the society's emergency plan and identify gaps that require further support. The ICRC and in-country partner national societies also participated in the workshop. The outcomes of the workshop were very useful, in particular with streamlining the DM unit at headquarters and branches level. A clear plan of action was developed in close cooperation with all Movement partners in Yemen and will be integrated in the upcoming revised appeal.</p> <p>Between 21-23 April, the MENA Zone DM Coordinator visited the Syrian Arab Red Crescent to assess their needs and capacities, in addition to discussing possible future IFRC support for emergency preparedness related to the current situation. The Zone office provided immediate support with emergency items as contingency planning.</p> <p>The Zone office also collected contingency plans from three national societies as a preparation to consolidate into regional plans. National Societies' DM coordinators who attended the Zone's disaster response information system meeting from 17-18 April displayed interests about future disaster preparedness profile for National Societies in the regions. Lastly, the Zone office conducted interviews for a contingency planning delegate and the selection process is underway.</p> <p>Operational gaps, challenges or constraints: The lack of financial resources continues to affect the implementation of the above mentioned activities. Due to the larger size of the current revised appeal; more support is crucial for these efforts</p>	

Communications – Advocacy and Public Information

Outcome: Ensure that an effectively communication strategy is developed to portray the continuing

humanitarian crisis and assistance efforts.	
Output	Activities planned
Communications priorities include maintaining a steady flow of timely and accurate public information relating to the ongoing relief operation, targeting key stakeholders that include media, donors and the wider public as well as disaster affected communities.	<ul style="list-style-type: none"> The IFRC website www.ifrc.org will be the primary communications vehicle for channeling information and publicity materials including audio-visual products that position the role and activities of Movement partners. At the same time, emphasis will be placed on building the communications capacity of National Societies for future emergencies. Communications activities will support humanitarian diplomacy objectives in support of the needs of vulnerable people. People affected by this emergency will be provided with opportunities to make their voices heard and will receive information to support their relief operation.
<p>Progress: The information team in Tunisia has focused on increasing visibility for the efforts of the TRCS and IFRC teams. Extensive interviews have taken place with English, French and Arabic language networks. The current information and reporting delegate has been the communications focal point and in the last two weeks provided interviews with Argentine and Italian radio stations as well as Chinese Central TV. The Head of Operations has also conducted an interview to Vatican TV. Since the beginning of the Appeal, dozens of interviews have taken place with English, French and Arabic language networks including Al-Jazeera, BBC and CNN.</p> <p>Four TRC volunteers continue to work as part of information tent to orient incoming arrivals to Transit Camp services as well as walk around the camp to answer questions. The team often provides assistance through simply listening to migrant concerns about pending repatriation flights. The health, relief and information management/reporting teams continue to provide support and liaise with other humanitarian actors when there is a special need for coordination.</p>	

Capacity of the National Societies and the IFRC

TRCS: TRCS is the leading disaster response organisation in Tunisia as recognised by the government during the current operation. Its central role has been widely praised and acknowledged. Current efforts have benefited from the previous training of many volunteers along with organisational experience in first aid, medical, blood, social and youth programmes. In the framework of their activities on humanitarian values and Principles supported by the Federation, they disseminate on the basic Principles of International Humanitarian Law (IHL). The IFRC is working alongside the TRC to build capacities in areas related to the current emergency operation in addition to broader management and volunteer development.

ERCS: the lead disaster response organization in the country, the ERCS has years of experience in operational response, including in the areas of youth and volunteers, relief, health services, and the blood programme. Recent Egyptian Red Crescent Society programmes and operations that have been implemented based on effective capacity include the response to flash floods in 2009, the Gaza humanitarian crisis in 2009, the Cairo rockslides operation in 2009, and the complex humanitarian emergency in 2008 and 2009. Further information and details will be included in subsequent updates to be issued shortly.

SARC: the largest national humanitarian organization in Syria, the National Society is present across the country with 14 branches and an extensive number of sub-branches. Approximately 10,000 volunteers have been trained to support the National Society in disaster response, first aid, restoring family links, relief and other priority activities. SARC has a disaster management (DM) strategy and a well structured DM program. A DM coordinator is present at headquarter level to ensure implementation of the activities. All 14 branches have a DM coordinator.

YRCS: an independent voluntary relief society, which was officially recognised by the Yemeni Government in 1970, the YRCS performs all its activities in accordance with the Fundamental Principles of the International Red Cross and Red Crescent Movement, of which, the YRCS has been a full member since 1982. As an auxiliary to the public authorities, the YRCS provides services in the sectors of health and social services, disaster preparedness and response. Furthermore, it renders relief, medical and social services in case of armed conflicts. Through dissemination activities, the YRCS seeks to promote respect of the Fundamental Principles as well as provisions of International Humanitarian Law (IHL).

IFRC: The IFRC's regional representation for North Africa is based at Tunis. Over the past 10 years, the IFRC has supported long-term programmes in cooperation with five National Societies in the region (Algeria, Egypt, Libya, Morocco and Tunisia) along with involvement in disaster response. The IFRC is also highly active in supporting a youth programme as a basis for more regional efforts. In **Syria**, IFRC continues to work closely with SARC leadership and jointly with the National Society team established to monitor and support IFRC supported activities. The role of IFRC country representation includes support to programme development, fundraising, planning and reporting as well as ensuring adherence to established procedures and rules of the International Federation. IFRC is also working to enhance the capacity and development of the National Society and is increasingly working with Movement partners to ensure a coordinated response in line with SARC priorities. In addition to this emergency appeal, the IFRC is also supporting the National Society in its response to displaced Iraqis (MDRSY002 Syria: Population displaced from Iraq) and recently, provided support to drought affected populations in the east (MDRSY001 Syria: Drought). In **Yemen**, the IFRC has a country representation working closely with the National Society. Yemen: the IFRC has a country representation working closely with the national society,

The support to the YRCS is focusing on Organisational Development (OD/Capacity Building (CB), Disaster Management (DM)/Disaster Risk Reduction (DRR), and Health and Care (H/C). The Federation has given priority to support organizational development and implementation of the revised statutes and key recommendations of the management review. For this year human resource and finance management development is one of the core areas, and also developing core capacities of planning, programming and coordination to enhance the ability to deliver efficient and effective service. Growing culture of volunteering and gender balance will be prioritised. The purpose and components of the DM/DRR program focus on planning, organizational and community preparedness, quality, coverage, recovery and response. The focus of the health and care programme will be on community based health and first aid, psychological support, mother and child health and promotion. The programme purpose is to reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Monitoring and evaluation

The IFRC will continue to monitor the evolving situation in the region and the current operations, to ensure effective support can be provided to National Societies as needed. The Zone Emergency and Events Monitoring Team (ZEEMOT) is monitoring closely the situation in the three sub-regions through the Federations regional and country representatives and also through the disaster management network that consists of all disaster management coordinators from the national societies.

More involvement of the disaster management steering committee was made in evaluating the regional deployment of RDRTs.

In addition, this operation meets with current IFRC criteria to conduct a Real Time Evaluation (RTE) to learn from the experience and contribute to improving this response and the wider operations of the International Federation. The RTE is under discussion between relevant IFRC Geneva and Zone teams' management to discuss the timeframe, focus and deliverables.

Budget summary

See attached budget (Annex 1) for revised budget details.

Matthias Schmale
Under Secretary General
Programme Services Division

Bekele Geleta
Secretary General

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 Disaster 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.

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<Revised budget below; click here to return to the title page>

BUDGET SUMMARY

Budget Group	Multilateral Response	Coordinated Support (ERUs)	TOTAL BUDGET CHF
Shelter - Relief	1,137,355	10,145	1,147,500
Shelter - Transitional			0
Construction - Housing			0
Construction - Facilities / Infrastructure			0
Construction - Materials	776		776
Clothing & Textiles	1,114,284		1,114,284
Food	2,792,500		2,792,500
Seeds & Plants			0
Water & Sanitation	425,721		425,721
Medical & First Aid	339,267	25,740	365,007
Teaching Materials	25,000		25,000
Ustensils & Tools	465,621	23,898	489,519
Other Supplies & Services & Cash Disbursements	325,724	61,258	386,982
ERU (Emergency Response Units)		414,830	414,830
Total Supplies	6,626,248	535,872	7,162,120
Land & Buildings			0
Vehicles	908,000	135,794	1,043,794
Computer & Telecom	133,000		133,000
Office/Household Furniture & Equipment	29,840	5,464	35,304
Medical Equipment			0
Other Machinery & Equipment			0
Total Land, vehicles & equipment	1,070,840	141,258	1,212,098
Storage	250,179		250,179
Distribution & Monitoring	1,122,611		1,122,611
Transport & Vehicle Costs	217,214		217,214
Total Transport & Storage	1,590,004	0	1,590,004
International Staff	1,113,900		1,113,900
Regionally Deployed Staff			0
National Staff	1,034,520		1,034,520
National Society Staff	536,496		536,496
Other Staff benefits			0
Consultants	80,100		80,100
Total Personnel	2,765,016	0	2,765,016
Workshops & Training	707,100		707,100
Total Workshops & Training	707,100	0	707,100
Travel	219,997		219,997
Information & Public Relation	68,000		68,000
Office Costs	59,930		59,930
Communications	64,000		64,000
Professional Fees	15,000		15,000
Financial Charges	3,500		3,500
Other General Expenses	13,200		13,200
Total General Expenditure	443,627	0	443,627
Cash Transfers to National Societies			0
Cash Transfers to 3rd parties			0
Total Contributions & Transfers	0	0	0
Program Support	864,422	0	864,422
Total Programme Support	864,422	0	864,422
Services & Recoveries	20,326		20,326
Shared Services	75,632		75,632
Total Services	95,958	0	95,958
TOTAL BUDGET	14,163,215	677,130	14,840,345
Available Resources			
Multilateral Contributions	9,437,791		9,437,791
ERUs contributions		677,130	677,130
TOTAL AVAILABLE RESOURCES	9,437,791	677,130	10,114,921
NET EMERGENCY APPEAL NEEDS	4,725,424	0	4,725,424