

**REPORT NUMBER: 2 OF 2 (FINAL)**

Project Title: Linking emergency response and relief interventions to meet the needs of the people affected by the earthquake in NES and NWS

Duration: Total duration 6 months (February- end of 5th August 23)

Reporting Persons:

Ahmed Dawod – Project Manager – ahmed.dawod@hskurd.org

Amal Rmdan – Project Manager – amal.rmdan@hskurd.org

1. Implementation Overview

Even six months after the earthquake of February 6, 2023, and the subsequent aftershocks, the consequences for the affected regions in northeast and northwest Syria are still devastating. At the same time, war activities took place and are still taking place. The statement of an affected woman, who lived with her family in a house in Aleppo that was already damaged by the war and who also lost this shelter after the earthquake: "Now death is not only coming from above, now even the earth on which we are standing is no longer safe" probably best describes the general situation and also the predominant mental state of the population.

In total, 1.105 private houses were destroyed or made uninhabitable. 24 public buildings such as schools, government offices, and health care facilities were destroyed, unusable, or at least damaged. A total of 3750 people have been rendered homeless for a long time and are dependent on assistance, even over a longer period of time. The most severely affected region, which is accessible for the Kurdish Red Crescent, is in the northwest of Syria (Aleppo: Sheikh Maqsoud and Ashrafiyah, Shahbah). A region in which mainly refugees from Afrin lived before and a very large part of the refugees have been accommodated in camps for several years. The supply in this cut-off region remains difficult, as this region and the population continue to be abused mainly as a pawn of power-political interests. The entire region, including the districts of Aleppo, continues to be cut off from the public power grid. Diesel to run generators, for heating in winter, and also for important supply transports remains one of the most vulnerable resources, which are still blocked. But other goods are also hard to come by in the region. The Kurdish Red Crescent does manage to send aid supplies from the northeast to the cut-off areas from time to time. But this is only possible with protracted negotiations and there is no reliability at any time. The fact that we managed to bring larger transports with relief supplies including vehicles to this region after the quake is mainly due to the steadfastness of the team, despite negotiations by the UN and other European countries and a lot of media attention.

Together with our international partners, we were able to establish a first emergency supply. Publicly accessible collective shelters were made available in all major cities in the northeast and northwest. Water, food, and heating facilities were provided within a day. Essential medical services were maintained as far as possible. In Shahbah, camps were expanded to provide safe shelter for those who could not return to their homes and were stocked with both winter and summer equipment. Medical services were even extended throughout the cut-off region. The water supply was increased. Damaged medical facilities could be rebuilt or rehabilitated and a supply structure could be established. Training for the local teams in all areas (administrative, medical, protection and humanitarian principles, PSS, etc) could be



offered. Psychological support for the victims could be established. At least in part, emergency care has also had a more lasting effect. We were able to supply medical facilities at least partially with solar energy. In order to guarantee the water supply in the camps in the long term, new wells are being built and equipped with solar systems for the pumps. We were able to construct small buildings on the land provided by the self-government in order to create agricultural and long-term perspectives for the most affected population, who can now cultivate the land. Nevertheless, a complete reconstruction is still out of the question for the time being, even if the total costs are relatively low. The humanitarian living conditions and aftermath of the earthquake will be with us for a long time to come.

- **Project Objectives and Results**

Overall Objective of main proposal: *“Providing emergency response and relief interventions for population affected by the earthquake”*

Specific Objective: *“Providing emergency response such as referrals for injuries and relief including food, shelter, wash and medical care to meet the needs of the peoples affected by earthquake in northeast Syria (Kobane & Minbij areas) and Northwest Syria (Aleppo: Al-Shahbah and Sheikh Maqsoud areas)”*

Result 1: Supporting the people in need in al-Sheikh Maqsoud, al-Shahbah, Minbij and Kobane with medical emergency response services

Activity 1.1: assessing the main emergency need of patients with basic first aid.

- *At all reception tents in NES in total 54 ambulances including paramedics were ready at any time to assist the people in need.*

3 in Kobani 3 in Manbij 4 in Aleppo 8 in Raqqa, Hasakah, Qamishlo and Derik 36

Activity 1.2: Addressing the needed care to the patients by referring the case by ambulance to the nearest secondary health care centre or hospital

- *Between May-July we transferred around 311 emergency cases with an ambulance to Hospitals. In total from February until 5 August 584 cases have been referred.*

Result 2: Supporting the people in need in al-Sheikh Maqsoud, al-Shahba, Minbij, and Kobane with Primary Health Care (PHC)

Activity 2.1: Assessing the Main Needs of Patients with Basic Consultations and Providing Medicines

- *Between February and August, all PHC services has been increased (extra teams were deployed to increase working hours as well as in the emergency sections). Extra amounts of medicines were sent to the PHCs in the affected areas. Please find attached purchase orders. The total amount in the PO were purchased in three batches.*

The provision of essential medicines is pivotal to managing various health conditions and ensuring that patients receive the treatment they need. Continuous provision of essential medicines can improve health outcomes and quality of life for individuals who may have difficulty accessing healthcare services.

- *One Mobile Clinic with an ambulance (Mobile Unit) could be relocated from NES to NWS by mid of march. The mobile unit is switching between the country side of Shahbah and Aleppo and were relocated to facilities in the rehabilitation periods. Additionally, one ambulance is providing basic services and Check-Ups when the mobile clinic is absence. In total the Mobile units and consultations in the PHCs reached 24.047 beneficiaries From February until the fifth of August.*

The establishment of mobile clinics in these areas demonstrates a proactive approach to reaching patients who have difficulties accessing traditional healthcare facilities. Mobile



clinics provide flexibility and convenience by providing medical services directly to communities. This can be particularly impactful in remote or disadvantaged areas.

Activity 2.2: Addressing the needed care to the patients weather it is PHC service or ER.

- See above
- Besides of the provision of medicines and consumptions also about 100 sets of Personal Protection cloths (PPEs) have been distributed to local authorities, who distributed them to the public hospitals.

Result 3: Providing Awareness for the Community on Health Topics and Protection Services

Activity 3.1: Providing Awareness Sessions for Women on Health and Maternity & general health care sessions.

As a first step new staff, especially in Shahbah and Aleppo had to be hired and trained by our professionals. A report of the key messages is attached. As a second step those trained new personnel gave awareness sessions on following topics:

- Key messages for antenatal care
- Key messages for postpartum maternal care
- Key messages for infant and child care
- Key hygiene messages
- Head lice messages
- Key messages for noncommunicable diseases
- Malnutrition in children
- scabies
- Measles
- cholera
- Antibiotics
- Breastfeeding

In total 182 public session has been provided with in total 19.526 beneficiaries

Activity 3.2: Providing Awareness Sessions on Natural Disasters and Self-Protection

- Key messages for staying safe during an earthquake
- The most important earthquake warning messages

Activity 3.3: Providing Protection Services to Vulnerable Groups Residing in Tents

- Since May Protection teams in the camps are active. Those teams are raising awareness for vulnerable groups, ensuring safe access to public services and are available for the camps inhabitants in case of discriminations, abuses and harassment. and referring beneficiaries to the KRC nearest PHC when they need health care.

Awareness sessions has been provided, in total 10 sessions about children labour

- Girl education
- GBV
- PSEA
- early marriage

in the camps were provided. 70 attendees could benefit from these sessions

Result 4: Providing shelter for people who lost their homes or cannot return due to severe earthquake damages

Activity 4.1: Providing Safe Shelter through Installing Tents at Public Wide Spaces



- Furthermore, in Total 57 provisional big tents (each with a capacity of 50 people) were provided in the cities at open spaces (far away from buildings) to provide emergency shelter. Food, Water, blankets and mattresses as well as heaters were available.
 - Between 6th of February and 15 Feb, 8 reception tents were provided in NES.
 - Between 6th of February and 2th March, 3 reception tents were provided in Kobane and Menbij
 - Between 7th of February and Mid-March, 7 KRC big tents in Shek Maqsoud and Ashrafia reception tents mostly on the streets away from the buildings were provided in NWS.
- All tents were equipped with heaters, mattresses, blankets, water and food were provided. At least one ambulance was based at the tents.

Activity 4.2: Providing tents supported with winterization equipment, summer equipment and basic kits for a long-term

- In total 421 tents could have been installed at Serdam Camp and Berkhadan Camp for people who have lost their homes or cannot return due to the instability of the houses. Each tent included a heater, mattresses, blankets. A Gas bottle and cooker including a kitchen set. By time of writing this report, no families in Shahbah remains without shelter. All displaced people (approximately: 2.105 people) received long-term shelter in the camps of Serdam and Berxwadan.

#	The number of tents	The number of families	number of people	
Berkhodan camp	710	670	2645	before the earthquake
Sardam camp	810	759	3150	
Berkhodan camp	900	1015	3157	after the earthquake
Sardam camp	1041	1250	5125	
Berkhodan camp	190	345	512	The difference before and after
Sardam camp	231	491	1975	

- In addition, Summer Top-Up Kits has been distributed, since the people might remain in the camps during the next summer and winter periods.

Result 5: Providing Food Baskets and Non-Food Items (NFI) for People who Lost Their Homes or Cannot Return due to Severe Earthquake Damages

Activity 5.2: Providing Drinking Water to People Residing in Tents

- Since march we contributed in coordination with the camp management and local authorities the access to drinking water by filling the camp tanks in Serdam camp and Berkhadan Camp. Every two days in total 170 water tanks were filled up with fresh drinking water. Through an emergency response and without assessing the needs, water was distributed through 350 mm containers in all regions of north and west Syria, where 1.176 parcels were distributed, each containing 12 water bottles, and the number of beneficiaries reached about 14.118. From March to July, water was distributed 15 times a month to the reservoirs in Sardam and Berkhudan camps, about 7.000 cubic meters each time.
- The water quality is regularly tested through the established WaSH team and water testing devices which has been send to Shahbah.

Activity 5.3: Providing Non-Food Items (NFIs) in Collective Centers and to Population in Need
During the reporting period following Kits were distributed:

- *Basic Individual NFI Kit (IK 2) 1.945 kits were distributed to the Camps Serdam and Berkhadan as well as to collective shelters in Sheikh Maqsoud and Ashrafiéh*
- *Full Individual NFI Kit (FIK 3) 100 kits have been distributed*
- *Full Family NFI Kit (FFK 9) 970 kits were distributed to the tents in the camps as well as some to the collective shelters in Menbij and Kobane.*
- *Kitchen Family Set (KFS 10) 340 kits were distributed to the tents in Shahbah.*
- *Hygiene KIT kits 4.616 were distributed in Sardam and Berkhadan camps. The kits were distributed to each new household in the Camps in Shahbah, Menbij and Kobane (as far as families could have been identified)*

In total approximately 22.953 beneficiaries were reached through Kit distributions, while only focussing on the most urgent needs.

Result 6: Assessment and Rehabilitation of Public Health Infrastructures

Activity 6.1: KRC will set up a team of engineers to check the static of public health buildings damaged by the earthquake

- *From 10 identified buildings, 9 have been rehabilitated (the 10th building was not very critical damaged and could have been fixed easily by the teams working in the health points. A team of Engineers, technicians and logistic were identifying the damages and following the rehabilitation works.*

Activity 6.2: Fund for rehabilitation will be allocated for quick interventions in public health buildings damaged by the earthquake

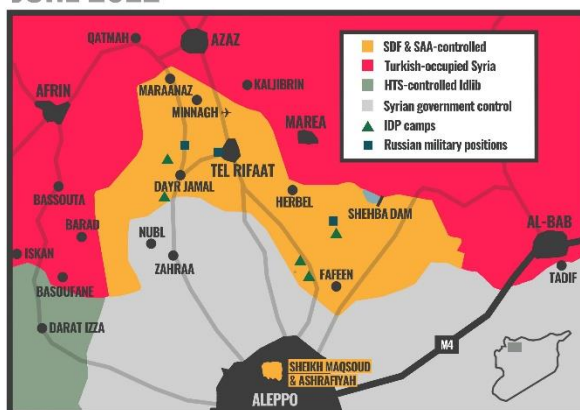
- *In total 9 buildings (public hospitals and KRC health points) in NES and NWS have been rehabilitated. Those buildings had severe damages through the earthquakes and following rain period (several severe water leakages were observed). Most urgent damages could have been fixed and electrical networks made functioning again.*
- *A medical warehouse could have been established in Shahbah including a solar system to cool down the storage.*
- *KRC health points were provided with solar systems (at least on a small scale) to ensure that refrigerators for medicines are available.*

2. Project Context

The project aimed to provide emergency respond and provide main urgent needs to the population affected through the natural disaster from the earthquake in February.

Whole northern Syria was hit through the earthquake, while main damages and victims were in the western part. A region which is still suffering from war damages 12 years ago, partially ongoing fights and an area which is in general underserved. The two neighbourhoods of Aleppo, Sheikh Maqsoud and Ashrafiéh as well as Shahbah are cut off from the supply chain of the Self-Administration in Northeast Syria. Turkish-backed militias as well as Assad-backed militias are preventing the access for international humanitarian aid organizations as well as journalists to this region and neighbourhoods of Aleppo. The population of those regions is mainly Kurdish and mainly Displaced people from Afrin Canton. No public electricity is available and regularly the water network is being cut off and used to put political pressure on the Self-Administration. The region is under the control of SDF-forces and the administration belongs to the AANES. For the AANES as well as for

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the Kurdish Red Crescent it is challenging to bring supplies to this region and in most cases, it can take several months until any new supplies are reaching the area.

Therefore, KRC decided to mainly purchase all relief materials in Aleppo. Even though KRC is able to purchase in areas related to the Syrian Government, it is still challenging and takes more time than usual, before the materials are reaching its destination.

Under those circumstances it was in many cases not possible to work according our own policy of procurement processes, since the available offers are limited.

Furthermore, it was not always possible to send teams from NES areas to NWS areas, due to the fragile political situation. Especially during the election period in turkey, the access was limited and riskier.

Even though we have teams in those regions since long time and also established health points, due to the cut off of the region, KRC were not able to receive funding for this region. Therefore, this region is underserved since long time. SARC (Syrian Arabic Red Crescent) is partially active in this region but most of the supplies are not reaching the population and the service provision is very limited. Even UN Organizations do not have free access to the region, only through SARC.

Another challenging situation, also in NES (Northeast Syria) is the money transfer for humanitarian funding. This is mainly related to the general sanctions on Syria. In the meanwhile, big parts of the project funding have been received, but still there is big gaps. Which means KRC have a big burden to cover the expenses while not risk other ongoing relief interventions in NES and risking a financial collapse. That were also leading to delays in some interventions related to the earthquake. And also, the payment of salaries sometimes delayed in all regions.

Knowing that the humanitarian funding and campaigns for the earthquake response might end after a while and knowing that it is difficult to establish more projects in those regions. KRC were trying to on one hand focus on the emergency relief interventions as a priority and on the other hand also implement project activities as sustainable as possible to be able to continue the services also with limited capacities in the future.

Furthermore, the population especially in this region and after the earthquake is suffering from mental health problems which are also related to a lack of future perspectives and ending in hopelessness and depressions. Sustainable interventions are also helping the population to re-gain somehow future perspectives.

4. Project Communication

Public Relations:

The earthquake itself has attracted a great deal of media attention worldwide. Not only for the most severely affected regions in Turkey but also for the entire region in northern Syria. The Kurdish Red Crescent has also received a great deal of attention, which is rather unusual for local organizations. An initial interview with ZDF (the second largest public media outlet in Germany) went viral just two days after the quake, at least in the German press landscape. In this interview, which was conducted with our German employee, the ongoing attacks of Turkey in the earthquake area were discussed (a civilian died in one of these attacks). As a result, German press members primarily asked for further interviews, and at a press conference of the German government journalists asked for a statement from the government, which unfortunately was not responded to.

When our convoy with relief goods to the regions most affected by the earthquake (northwest Syria) was stopped and our team had to wait ten days at the checkpoint. The media attention has increased again worldwide. So daily interviews were conducted with major news channels such as the 'New York Times', 'ARD' & 'ZDF' (the largest public German media broadcasters), 'ÖRF' (the largest public Austrian media broadcaster, 'Al-Jazeera' and 'Reuthers'. Especially a video statement of our German employee about the situation at the checkpoint went viral through all media, worldwide, without us being able to influence who or what publishes it. It was shared millions of times on all social networks



such as Facebook, Instagram, and TikTok and subtitled in Arabic. As a result, public broadcasters also published this video message.

After we received permission to continue, the media attention decreased again somewhat but was still strong. Interviews about the situation on the ground continued to be given almost regularly. And even six months after the quake, there are still occasional interview requests.

Furthermore, fundraising campaigns by international partners and organizations (mainly from Europe) have also attracted a lot of media attention. KRC has supported these fundraising campaigns with images and personal interviews, as well as sharing information and regular updates of the situation.

Non-public communication:

Emergency interventions require strong coordination with local authorities, stakeholders, local councils, community representatives, other local organizations, but also international organizations operating on the ground. In hard-to-reach areas, all interventions were organized and coordinated primarily with local structures (authorities, stakeholders, councils, and community representatives).

Furthermore, all interventions were coordinated mainly with international organizations in NES. This was done mainly in the existing working groups (Shelter & NFI), Health, and WaSH. After the earthquake, a Skype working group was formed to cover all these areas. The Kurdish Red Crescent was also networked and involved. Regular communication with the NES Forum (in which KRC as a local organization is not a member but still in regular exchange) was also established.

During the waiting period at the checkpoint, there was also almost daily communication with the UN in Damascus. During this time, UNOCHA tried to mediate with government representatives in Damascus and tried to establish communication with the Syrian Arab Red Crescent (SARC) to ensure safe passage for the Kurdish Red Crescent. These mediation attempts, which were also attempted by the Italian representation, unfortunately, remained fruitless. We know that the SARC is prohibited by the Syrian government to cooperate with us. Therefore, it was worth the effort but at the same time foreseeable for us that it will lead to no result. Until today, as well as before the earthquake, we still have the will and interest to cooperate with the SARC, but it seems to remain hopeless.

5. Lessons Learned

Flexibility & Transparency

The last six months, in which various project partners and donors were involved (either through project contracts or through fundraising campaigns), have shown us once again how important the coordination part is. In this case, the project managers and the NES coordinator were the main point where all the information came together and was passed on to our partners and teams on the ground. However, there is still a need for some reworking in terms of our time management. This is primarily due to our personnel capacities, as almost all employees who were and are active in emergency response were and are also involved in other ongoing projects. We have done our best to release employees from other tasks. However, this did not always work out. In the end, this also led to time delays, especially with regard to communication with partners. Nevertheless, information was sometimes lost or not passed on immediately (internally). On the whole, however, it has worked well, measured against the political problems and access to some areas. For the future, it might be difficult to take measurements. The simplest solution would be to hire more personnel in general. But that would require a more long-term funded project(s), to make sure, that we can also pay salaries on a regular basis, and give the employees a more sustainable option to work with us on a longer period.

Furthermore, it was once again confirmed to us that transparency towards our partners but also towards the beneficiaries is an important pivot. By being able to transparently address problems in



the implementation, we were also given some flexibility. Flexibility is crucial in emergency care, as contexts and tasks can change on a daily basis, especially in the initial phase.

By regularly passing on information and communication (even if this could still be improved), we were also able to address problems and act in a solution-oriented, unbureaucratic, and fast manner.

Also, by increasing transparency towards the beneficiaries during the implementation phase, our reputation has improved on the whole. On the one hand, we were open to criticism, and on the other hand, we made an effort to treat all beneficiaries equally, to listen to critical voices, and to respond to them to the best of our ability. For example, we have managed to include old camp residents, who have been living in a difficult situation for a long time and are in need of help, in the distribution of hygiene kits or other relief supplies. And in general, to work on the improvement of the situation. For example, by building wells and distributing water to all. But also, the general improvement of the health points is of course for all camp residents and also in other communities a crucial point that equally affects all.

Cross-project cooperation

Because we were able to work across projects, we were able to do more with fewer resources. Even if we were not able to cover everything, we were able to compensate for or reallocate gaps that arose through other budgets, which was also possible thanks to the overall high flexibility of our partners, in order to achieve the greatest possible success.

Cash transfers

In the meanwhile, a big part of the funding was received. But the delays were and are still a very risky point for us. Unfortunately, this cannot be solved whether through our partners nor thorough us. The only measurements we can take at the moment is to try different methods (Hawala Offices) and pass information about the succeed or not successful transfer to other partners. In general this is a political problem which needs to be solved through negotiations with western countries and middle east countries.

Capacity Building

Through the internal capacity building in terms of administration, PSS, Protection, WaSH and medical training during the implementation phase, we enabled the teams on the ground to work more independent in the future. Which will again release our resources in the administration. There are still gaps, due to a lack of time, but in general the approach is right and more sustainable for possible future projects. The remote capacity building still needs little bit time to be developed, but that's very often also connected to the lack of internet thorough electricity cuts.

6. Sustainability and Local Ownership

The main aim of the project were related to emergency response, in order to release the victims of the earthquake as best as possible.

But also, long-term effects and sustainable solutions could be implemented:

1. Capacity building for the teams on the ground (mainly through 'learning by doing' and close monitoring from the administration but also trainings has been given). On the ground many new employees were hired which got training. Furthermore, partially training has also be given to employees of the self-administration in Shahbah/Aleppo.
2. Rehabilitation of health points which are public health points but also points currently under KRC administration. On a long-term and in general KRC is trying to handle-over health points which are not in the camps to the self-administration to be part of the general public health system and infrastructure.
3. Implementation of a medical warehouse with a cooling system to ensure also on a long-term a safe storage for medicines.



4. Solar systems for health points. So far, only KRC health points were targeted due to a lack of funding and also time. The implementation of Solar systems is also somehow a new part of KRC, furthermore the implementation in this region made it more difficult and take more time. In the meanwhile, possible ways to purchase and install solar systems were found and in the future KRC is working on to increase the provision of Solar systems for the whole region.
5. The purchase of an ambulance and hand-over to the public hospital
6. Construction of farming houses for families as a lively-hood project. To give a possibility to gain some own income in the future through agriculture. The land and the houses will be handed over to mainly camp inhabitants who will serve the fields as a community as a future perspective to maintain an own income. The land were empty and not cultivated before and the suggestion came from the camp communities and land owners but also other inhabitants in the region. KRC where able to support this idea.
7. Some more follow-up projects could be secured or are under negotiations which are related to more sustainable solutions but also contingency of the emergency support for beneficiaries in the camps.

In general, it is worth to mention, that the emergency response, especially in the western regions also gave some hope back to the population, showing them that we are there with the support of our partners, was also a kind of reminder that the population in this under-served areas are not forgotten. The follow-up projects and sustainable implementations are even increasing this understanding. Even though we also have to be carefully to not make promises on a long-term, since we are also expecting that in general the funding for this area but also in other regions might decrease in the future.

7. Environment

Waste management (health waste management in particular) in health points were assessed by the KRC WaSH Team. Trainings in waste disposal has been given and Equipment to properly separate the waste has been distributed. However, the current measurements taken can only be considered as a kind of preparedness and awareness, since the region is lacking incinerators for an adequate waste management.

To decrease the dependency on generators, solar systems has been provided for health points, which also is a more environmentally friendly approach.

In general, the awareness about environment and the protection of it has been increased.

In the future, KRC attempts to increase activity towards protection of the environment in all regions of NES.

8. Combating Poverty and Respecting Human Rights Based Approach

- Within the project, several measures have been implemented to combat poverty and respect a human rights-based approach. These include:
- Training by Protection Officers/KRC Coordinators for KRC Teams: Protection officers and KRC coordinators have provided training sessions to KRC teams. The training was promoting human rights in all project activities and in general. It has equipped the teams with knowledge and skills to effectively address the needs of vulnerable populations and ensure their rights are respected. According to the Code of Conduct outlined in the HR Policies.



- Access to Health Services: The project has facilitated access to health services for the affected population in the targeted area. By providing medical emergency response services, basic first aid, and referring patients to secondary health care centres or hospitals, the project ensures that individuals have the opportunity to receive essential healthcare. This access to health services is vital in combating poverty as it helps alleviate the burden of medical expenses and supports individuals in maintaining their well-being.
- Shelter, Water, and Food Assistance: The project has prioritized providing shelter, water, and food assistance to those in need. By installing tents in safe locations and equipping them with winterization equipment, the project ensures that individuals who have lost their homes or cannot return due to severe earthquake damage have a safe place to stay. Additionally, the distribution of food baskets between February and March on a weekly basis and access to drinking water further support the basic needs of the affected population, helping to combat poverty and improve their living conditions.
- Access to Emergency Services: The project has emphasized the importance of providing access to emergency services. By responding to the immediate needs of the affected population and ensuring they have access to emergency medical care, protection services, and awareness on natural disasters, the project upholds the human rights of individuals in crisis situations.
- Overall, the project's efforts to reach an area that is politically restricted and provide assistance to people in need align with a human rights-based approach. By respecting individuals' rights to access health services, shelter, water, food, and other emergency services, the project contributes to combating poverty and promoting the well-being and dignity of the affected population.

9. Other points, not mentioned above: (other challenges during reporting period / other targets reached, not relevant for project activities but worth to mention / feedback from stakeholders / others, aim of this report)

This report is based on the objectives of the “main proposal” prepared shortly after the earthquake, in order to react as fast as possible to the disaster. Each partner, donor, funder who receive this report were at any kind of level contributing to the overall objectives and goals. This includes also unrestricted fund received through campaigns, mainly in Europe, but also beyond European borders & continent.

Each project partner (restricted fund / project fund) will receive specific MEAL Data related to the specific project indicators/goals/activities. The Financial reporting will be based on the individual projects for each partner. Financial details will not be shared with any third person to protect our partners integrity. The financial contributions to the overall project of each partner/donor will be outlined in the financial reports to each partner in percentage and numbers.

In total KRC approved budgets and support through campaigns of about 2 million USD (including Unforeseen/Overheads). By time of writing this report, the total amount did not reach yet our administration. Please find details of budget expenditures in the financial reports/cashbooks (shared separately).

Sustainable follow-up projects / suggestions and needs for the regions of Shahbah, Sheikh Maqsoud and Ashrafieh.

1. Sanitation: the sewage systems in general are do not have enough capacity to serve the increased population, in Shahbah (the camps) but also in the neighborhoods of Aleppo it has



reached its limits since long time. It is suggested to improve the general sewage systems including new freshwater pipes. Inadequate sanitation can lead to health issues and environmental pollution. So far no follow-up project for the sewage systems has been approved.

2. Waste disposal: The entire region is lacking adequate waste disposal areas. At the moment all waste is being brought to an area, far away of any houses, to be burned in the outskirts. But the lack of an incinerator is leading to an inadequate burning of the waste (including health waste). On a long-term this will cause serious health problems due to the poisoned soil and drinking water sources. So far, no follow-up projects has been approved.
3. Water distribution: Two new wells are under construction in the camps of Shahbah to ensure access to water. The remaining wells are lacking solar systems to ensure the pumps are operational even if there is no electricity available (lack of fuel for generators). Furthermore, the transportation of the wells to the camps and households shall be secured on a long-term. Currently this is partially under negotiation with partners.
4. Solar power: Due to the lack of electricity in general, all public institutions, especially health centers shall become solar systems to ensure electricity 24/7. Furthermore, the whole region including private households and camps shall on a long-term switch to solar power. So far, no follow-up project is under discussion.
5. Sustainability for health centers in general: to ensure that all KRC and public health points can continue their services, even with limited capacity (financial wise). New medical devices shall be provided to the health centers including a new fully equipped ambulance. This is currently under discussion and negotiation.
6. Civil Defense: Since this area, but also other areas in NES are near to the earthquake epicenter and also other natural disasters might increase in the future, a civil defense unit is planned. This includes search and rescue as well as adequate equipment for firefighters and other emergency departments. Training for civilians and provision of protection gear is essential to protect as much as possible the inhabitants from future disasters.
7. PSS: The earthquake left many people including children behind with severe mental health issues. To release as best as possible, several measurements shall be taken, which includes psychological sessions as well as provide release materials for the sessions and provide for example safe children spaces as playgrounds.

10. Supporting materials as attachment to this report:

- I. Financial Reports (shared separately)
- II. MEAL reports and statistics
- III. Pictures for the free use for all partners and campaigns.