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Emergency appeal final report

Syria: Population Displaced from Iraq 2010 - 2011

 International Federation
of Red Cross and Red Crescent Societies

Final report

Emergency appeal n° MDRSY002

11 June 2012

Period covered by this Final Report:
1 January 2010 to 31 December 2011

Appeal target (current): CHF 4,649,445

Appeal coverage: 89%; [<click here to go directly to the final financial report, or here to view the contact details>](#)

Appeal history:

This Emergency Appeal for Syria was launched on 17 December 2009 with starting date as of 1 January 2010. With Operations update no 3, the appeal was revised to continue up to the end of 2011.



Supported by IFRC, SARC provided health care to rural communities with limited access to other health services.
Photo: SARC

Summary: Supported by the International Federation of Red Cross and Red Crescent Societies (IFRC), the Syrian Arab Red Crescent (SARC) has established a well functioning nationwide network of health centres providing support to displaced Iraqis in Syria and vulnerable members from the host communities. 10 clinics and four mobile health units were supported during 2010 and the first half of 2011 with the SARC clinic in Dara'a included in the support as an eleventh clinic in June, The services are extended to all Iraqis regardless of their legal status in the country and vulnerable Syrians. The activities are continuing in 2012 under the Annual Plan MAASY001 (a 6 months report to be issued in July).

During 2010 and 2012, the SARC clinics supported by IFRC reached

- Almost 119,000 supported patients
- Almost 270,000 patient consultations
- Iraqis constituted 85 % of the supported patients in 2010 and 81% in 2011

The highest number of consultations to supported patients took place in the Damascus suburban clinics of Jaramana, and Sayedah Zeinab, Al Othman in Damascus city and Homs. It is worth noting that the number

of Iraqis needing help in 2011 was higher than in 2010, and that the reduced percentage for Iraqis compared to Syrians needing help is due to increased numbers of the latter, notably in Manbej (Aleppo), Damascus Countryside and Dara'a (only fully operational for two months in 2011). This trend has increased further in 2012.

Despite the unrest situation the clinics continued providing services with only shorter interruptions, primarily in Al Bokamal, Homs and the clinics in rural Damascus.

Reinforcing health awareness activities in the clinics and in the surrounding communities was a planned priority for 2011. A project coordinator was recruited and a plan of action developed. Emphasis was placed on integrating the clinic program with other activities carried out by Syrian Arab RC branches and volunteers, particularly community based health and first aid (CBHFA), hygiene promotion and safe water treatment and psychological support. Unfortunately, as the year progressed, the continuing unrest in the country resulted in disruption and interruption of community based activities.

The clinics continued their efforts to become self-sustainable by attracting non-supported Syrian patients. The trend from 2010 when the clinics were receiving an increasing number of fully paying patients did not continue in 2011, however. In 2011 only around 16 per cent of the total patients were Syrians who pay in full. Public relations campaigns and other events were organised to promote the services to the public at large.

Primarily because the community based activities could not be implemented (see above) and the procurement of new premises for three planned clinics is delayed, the expenditures were less than budgeted... There is a remaining balance of CHF 574,092 on this appeal. This balance will be transferred to the development programme appeal MAASY001. The funds will be used to continue to support the health services in 2012. Donor have 30 days to raise any objections to this proposed course of action after which point the funds will be transferred automatically.

The appeal has received financial contributions from the United States Department of State - Bureau of Population, Refugees and Migration (PRM), the Japanese and Swedish Red Cross Societies. IFRC wishes to thank the donors for their contributions that are enabling the Syrian Arab Red Crescent to continue providing essential health care services to displaced populations, and to vulnerable members of the host community.

In addition to this emergency appeal, the IFRC is also supporting the National Society in its response to the current unrest through the regional appeal *Middle East and North Africa: Civil unrest MDR82001* <http://www.ifrc.org/docs/Appeals/11/MDR82001RevEA.pdf>

The situation

According to Government sources, more than one million Iraqis have at some stage been present in Syria; 101,244 Iraqi refugees and asylum-seekers were registered with United Nations High Commissioner for Refugees (UNHCR) as of the end of March 2012. With the prolonged stay, the current unrest situation and no formal possibility of income, vulnerability can be expected to increase. Many Iraqis continue to depend on support by agencies. The prevailing unrest is beginning to have an impact on the Iraqis displaced in Syria. High levels of anxiety are being expressed by the refugee population, due not only to the fact that most country resettlement programs in Syria are on hold but also due to the economic impact caused by factors such as the escalating costs of food and rents.¹

Whilst new registrations of Iraqis in March 2012 (472) were still greater than the number of UNHCR-assisted voluntary returns to Iraq (156), the number of the latter is almost 10 times the figure of March 2011.²

Whilst Iraqis are not particularly targeted by the current situation, those living in areas where the unrest is acute are re-living the same situation they left behind in Iraq. Many have chosen to leave their accommodation in these areas and move to calmer neighbourhoods, but with an increasingly violent situation, it is difficult to remain unaffected. A great number of Iraqis, who do not envisage a future in Iraq, are now very

¹ UNHCR

worried about their prospects for a better future. With most embassies having closed down, the chances of being resettled to another country have diminished.

The above circumstances are also having a psychological impact on the Iraqi population in Syria. Both SARC clinics and SARC community centres have noted an increase in mental health problems. The unofficial job opportunities that were available previously and that helped the families to manage, no longer exist. Social problems and criminality are increasing. This situation also applies to the Syrian population, of course, but the Iraqis lack the social network of support that most Syrians still have. Humanitarian organizations working to support the Iraqis are decreasing; Of 14 international NGOs that were working with SARC in support of the Iraqi population in 2010-2011, only 7 remain at the time of writing. .

Coordination and partnerships

The Syrian Arab Red Crescent continued its role as focal agency as entrusted by the government, to coordinate external humanitarian assistance and activities targeting displaced Iraqis. During most of the reporting time frame, 14 international NGOs were active in the field of health, vocational training, rehabilitation and psycho social support. Through its headquarters and nationwide network of branches and volunteers, the National Society works in cooperation with almost all UN agencies present in the country responding to the needs of the Iraqi displaced.

IFRC/SARC continued to coordinate with other partners providing health care support to displaced Iraqis in Syria.

- In addition to participating in the regular health coordination meetings hosted by UNHCR, discussions with **UNHCR** and other partners intensified on rationalization of support, particularly in the few geographical areas where SARC is running several clinics supported by different partners. Concrete steps were made to rationalize health services provided by SARC/UNHCR and SARC/IFRC clinics in Saydeh Zainab and Jaramana.
- SARC/IFRC facilitated access for international organizations to the clinics supported by IFRC, for patients in these clinics to be included in some special projects:
 - 650 women were screened for breast cancer in a special campaign arranged by **IOM/ECHO** with information leaflets and posters on prevention produced and distributed through SARC;
 - the SARC/IFRC team participated in the distribution of onetime cash assistance to Iraqi patients arranged by **IOM**;
 - The Italian NGO **Ricerca e Cooperazione**, provided equipment and technical support for ophthalmology in the SARC/IFRC clinic in Hassakeh;
- SARC/IFRC coordinated with **UNFPA** to prepare for a training session on family planning and reproductive health for 25 SARC doctors;
- All managers (clinic directors and others) in SARC clinics were invited to a three-day workshop on clinic management organized by **UNFPA** in cooperation with the Centre for Strategic health studies (MoH);
- In cooperation with **Qatar Red Crescent**, SARC provided 1,500 Iraqi families with a one-time cash assistance;
- **Danish Red Cross** - SARC partner present in Syria – was granted funding from the World Diabetes Foundation to work with SARC on diabetes prevention. Implementation of activities was planned to be carried out in close cooperation with SARC/IFRC clinics with emphasis on

² Idem

areas supported by the mobile health units. Due to the current situation, implementation of this project had to be postponed.

- Due to the difficult situation, MoH turned to SARC for support in reaching out with vaccination. The IFRC supported clinic in Homs was during last year, and continues to be, one of few places providing vaccination for children under five in the city.

Red Cross and Red Crescent action

Achievements against outcomes

Overview

IFRC continued during the two years to support 10 SARC clinics across the country and four mobile health units. An eleventh clinic in Dara'a was included in the support in mid 2011. The earlier intention to reduce the number of supported clinics was revised following the ongoing situation in the country and the ensuing needs.

Clinic based health and care	
Outcome: The externally displaced Iraqi families in Syria as well as the most vulnerable among host communities are provided with basic health care and health awareness.	
Outputs (expected results) 30,000 displaced Iraqis regardless of status, and poor Syrians, have access to affordable quality basic health care services through clinics and outreach services.	Activities planned <ul style="list-style-type: none"> • Support the provision of basic health care services in ten SARC clinics • Support the provision of basic health care services in four SARC mobile health units. • Support the provision of secondary health care in one clinic • Support the provision of medicines, consumables and other operating costs in ten SARC clinics (8 clinics from July) and four mobile health units.
The health situation among Iraqi displaced and vulnerable host communities became known through close monitoring and outreach services and the National Society was able to monitor and report on the use of the health services and adapt its interventions according to needs.	<ul style="list-style-type: none"> • Provide support to the monitoring and support team seconded by SARC for implementation of the Appeal (costs of personnel). • Continue supporting the development of SARC health information system (SCIS); analyse and review data provided by SCIS.
Coherent and coordinated quality health care services were delivered from SARC health clinics aiming to enhance patient health care.	<ul style="list-style-type: none"> • Facilitate enhanced capacity of SARC health staff including participation in two workshops organised by the National Society
Access of Iraqi displaced and vulnerable host communities to the National Society psychological support activities is maintained.	<ul style="list-style-type: none"> • Continue providing medical support to SARC multidisciplinary team in Al Othman clinic
Patients served in SARC clinics and by mobile health units are increasingly aware of basic diseases and healthy behaviour	<ul style="list-style-type: none"> • Support the clinics to appoint focal points in each clinics who will identify needs for further learning among clinic staff, coordinate and supervise the health awareness /education activities and develop action plans for the activities in close cooperation with the health awareness teams in SARC branches and sub branches and HQ; • Support the clinics to establish a special room for focus group discussions, lectures, workshops and individual meetings related to health education and health awareness; 5 • Coordinate with MoH joint activities and benefit from MoH – or other relevant partners – information materials for health awareness. Design new leaflets, posters, videos where needed

Impact:

12 SARC clinics supported by IFRC (*the clinic in Deir ezzor currently being developed).

Despite the difficult situation in many cities, SARC clinics managed to continue providing its health services almost uninterrupted. Vulnerable Syrian patients are increasing but the Iraqi patients were still in clear majority. .

Total supported patients (Iraqis and vulnerable Syrians 2010: 51,410 patents

Total supported patients (Iraqis and vulnerable Syrians 2011: 67,016 patents

Among the supported patients, Iraqis were 85% in 2010 and 81% in 2011; due to an increase in Syrian patients.

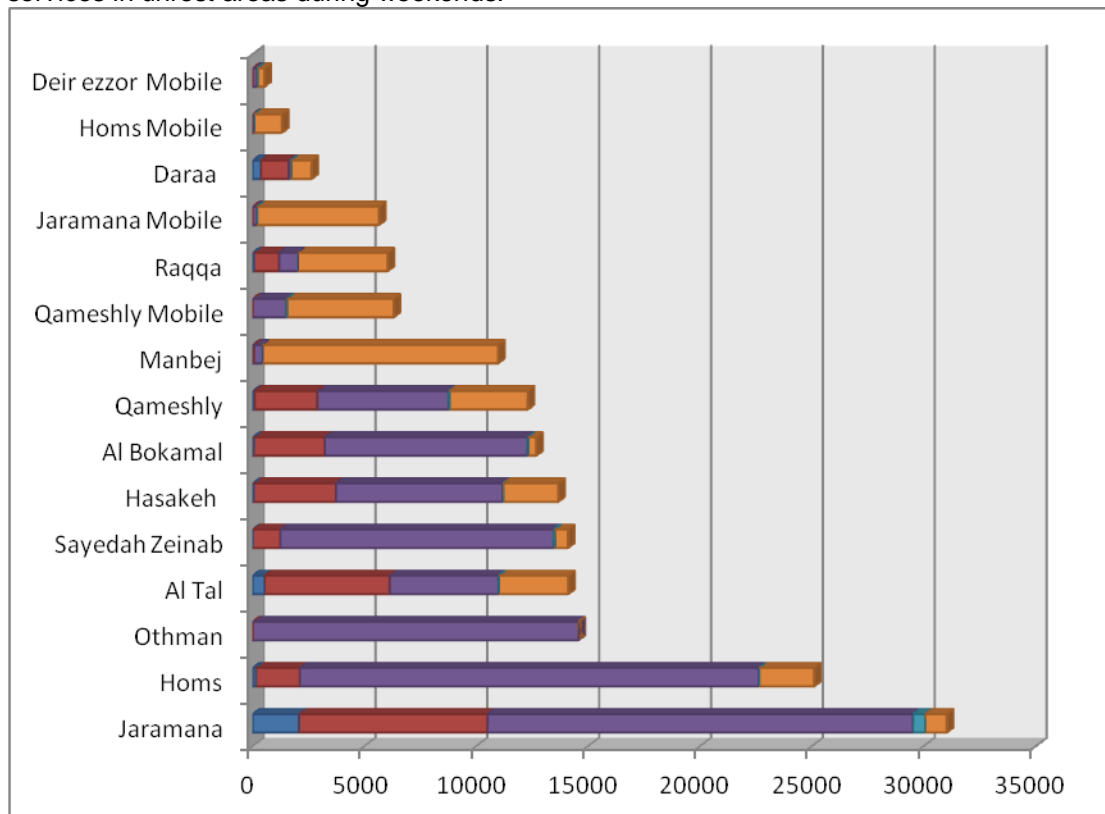
Total patient consultations supported patients 2010: 131,331

Total patient consultations supported patients 2011: 138,307

An already existing clinic in Dara'a was reinforced with additional doctors and equipment to fit the general standard in IFRC supported clinics. According to the SARC branch some hundred Iraqi families still live in the city, .which has experienced severe hardship following the unrest. The clinic that was fully operational from November last year, is also supporting patients from the local community.

Four mobile health units continued to be supported during the reporting time frame. They have been more affected by the situation than the clinics. The MHU in Deir ezzor was brought back to Damascus in mid 2011, but also the MHU serving rural areas in Homs had to cancel most of its scheduled visits from spring the same year, due to safety concerns. The MHU operating in rural Damascus managed to continue serving rural population if at a slower pace than before. The MHU in Qamishly remained largely unaffected. This year, the MHUs have partly been rerouted to serve communities affected by the unrest. One MHU is now supported by Danish RC to serve areas in Damascus suburbs greatly affected by unrest and so does the IFRC supported

MHU in Homs (with funds from ECHO since March this year). The remaining two are continuing supporting rural communities without alternative health services, while the one operating out of Jaramana also provides services in unrest areas during weekends.



Patient consultations in IFRC supported SARC clinics and MHUs 2011

Iraqi consultations
 Supported host-community
 Others (asylum seekers and refugees from other countries and EVIs)
 Non-supported Syrians

- Extremely vulnerable individuals (treated for free) were around one percent of the supported patients.
- No children with malnutrition could be identified during the reporting period. Weight and height are measured on all children under five.
- All clinics were equipped with an ultra sound machine and EKG to enhance quality in the services provided. The clinics that lacked a generator were provided with one to support running of the clinics also during electricity cuts. Three clinics in need were equipped with improved lab equipment. .
- All clinics were connected ADSL to improve internet connections particularly for sharing of health information data. Unfortunately, longer periods of interruptions in internet connections occurred due to the ongoing situation, which hampered information sharing between the clinics and headquarters.
- IFRC continued providing support to the multidisciplinary team providing psychological support in the SARC clinic Al Othman (central Damascus). The team received patients referred from other SARC clinics, or patients spontaneously approaching the team. While UNICEF provided for staff costs to the team of case workers, psychologist, psychiatrist and speech therapist, IFRC supported medication costs for patients in need.
- The support team seconded by the National Society at SARC Headquarter to monitor and support the IFRC supported health program included five staff at the end of the reporting period: 1 medical coordinator; (MD), 1 finance and administration manager, 2 finance officers and a consultant for the health information system (SCIS), Financial monitoring was further done through the financial unit at IFRC MENA zone office in Amman, responsible for data entry in the Federation's internal systems.

IFRC visits to the clinics to monitor and support the clinic staff continued throughout the reporting period although outside Damascus/rural Damascus less frequent than before.

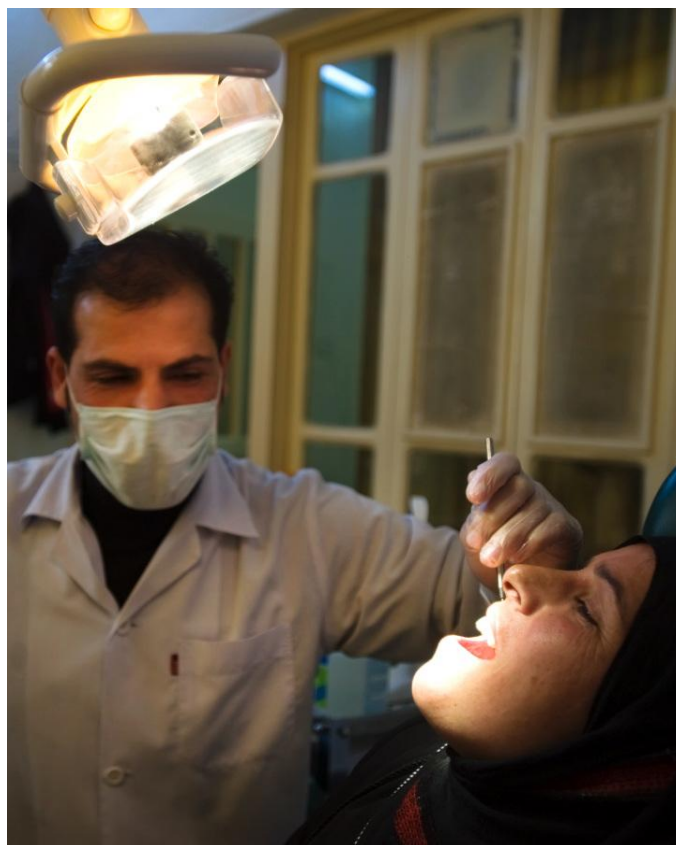
- Development of health awareness activities has continued to be negatively affected by the events Syria is going through.

Patient Treatments for top 10 diseases/conditions in SARC clinics and MHUs

Condition/disease	Female	Male	Total
Hypertension (primary)	9944	7590	17534
Acute tonsillitis	7942	4466	12408
Acute pharyngitis	6160	3212	9372
Acute nasopharyngitis	5324	2992	8316
Normal pregnancy			7018
Urethritis/urethral syndrome	3828	2948	6776
Non-insulin-dependent diabetes	2838	2398	5236
Pulp and periapical tissues	2816	1232	4048
Pneumonia	2244	1628	3872
Asthma	2112	1650	3762

The percentage of females treated in each of the above categories (except pregnancy) ranged between 54% and 69%.

Despite challenges in travelling, two gatherings were organized for clinic staff from across the country to exchange information on challenges of common concern, receive updates by HQ on performance and procedures; enhance awareness of the Code of Conduct and be trained on the new health information system.



Almost all SARC clinics include dentist services for patients in need.
(SARC clinic in Hassakeh) Photo: Phil Sands

Community based health and first aid (CBHFA)

Outcome: People in selected areas have increasingly control over their own health and well being as individuals, as members of families, and as communities through access to health related information and services	
Outputs (expected results)	Activities planned
Iraqi displaced in rural areas and host communities are increasingly aware of basic health, healthy lifestyles, hygiene and safe water storage	<ul style="list-style-type: none"> • Support the National Society to provide health education and outreach health promotion targeting families and schools at community level through community based health and first aid (CBHFA) trained SARC volunteers and employees • Support the National Society to initiate CBHFA micro projects in four communities served 8 by SARC mobile health units
The capacity of the National Society to carry out health awareness and CBHFA activities is enhanced	<ul style="list-style-type: none"> • Ensure the availability of at least 10-15 well trained SARC CBHFA volunteers in each branch located in priority areas as selected by the National Society and where necessary, support training by using the recently developed IFRC CBHFA manual

Impact:

The Coordinator that had been recruited for this objective finalized plans of action jointly with SARC branches. Almost all branches appointed a focal point for community based health activities. Awareness sessions started, mainly in Menbej clinic in cooperation with Médecin du Monde (MDM). In mid 2011, implementation of all community based activities was halted out of safety concerns due to the current situation in the country.

Capacity to address the most urgent situations of vulnerability

Outcome: Institutional development was enhanced with improved coordination, programme management and strategic planning.	
Outputs (expected results)	Activities planned
SARC able to efficiently coordinate and support cooperation with international organizations, government authorities and other major stakeholders.	<ul style="list-style-type: none"> • Ensure provision of support to key functions in the National Society • Coordinate with the Zone Office for the Middle East and North Africa (MENA) for technical assistance.
SARC clinics increasingly self sustainable	<ul style="list-style-type: none"> • Support clinics' activities aiming at increasing the numbers of paying patients • Provide support to 3 clinics for more cost effective premises
SARC health support is evaluated and lessons learned are incorporated in future programme development.	<ul style="list-style-type: none"> • Facilitate an evaluation of patient satisfaction in SARC clinics
SARC continued focusing on organisation development with active participation of branch leadership, staff and volunteers	<ul style="list-style-type: none"> • Support organisation of an induction course for branch governance members. • Ensure SARC senior management participation incapacity development (trainings, workshops and academic courses) primarily organised by IFRC MENA Zone office
Red Cross and Red Crescent partners enhanced cooperation and support, primarily to SARC organisational development	<ul style="list-style-type: none"> • Increasingly facilitate coordination among Movement partners • Support the National Society to organise a partnership meeting if requested

Impact: The Syrian Arab RC continued its role as focal agency, as entrusted by the government, with the mandate to coordinate international humanitarian assistance and activities targeting the Iraqi displaced in Syria. IFRC has a key role to play under its mandate to support the National Society to fulfill this task. SARC headquarters was supported with 11 staff members in 2011 to enhance its capacity and coordination role. Numerous coordination meetings took place with INGOs, UN agencies and other partners.

The trend from 2010 of clinics receiving an increasing number of fully paying patients did not continue in 2011. Only around 15 per cent of the total patients were Syrians who fully pay. Successful efforts were made

to introduce the clinic services to the local population. 891 patients visited the clinics on the open day held on 8 May 2011, when all patients were treated for free. There is a prevailing understanding in the clinics that attracting fully paying patients is crucial to becoming self-sustainable. However, the current unrest and the resulting economic hardships have adversely affected efforts and outcomes in this regard. The planned patient satisfaction evaluation and the procurement of premises for three clinics in the east were also postponed as a result of the unrest.

Organizational development is still a priority for the National Society once the situation allows. Partners close to SARC are committed to support the National Society in its endeavors. A decision was made between IFRC and SARC for IFRC to develop a long term framework for development. A four year plan describing IFRC priorities in supporting the National Society was drafted and shared with close partners. This will be the first time IFRC presence in Syria is based on development. Hitherto, IFRC presence in Syria was always linked to emergency situations.

Communications – Advocacy and Public Information

Impact: While SARC leadership is taking every opportunity to advocate on behalf of the displaced population, the effects of the current situation and the National Society response in support of populations affected by unrest took over public information and key messages during 2011. SARC President appeared in both international and national media in an unprecedented way. To celebrate the World Red Cross Red Crescent Day on 8 May, 120 big street billboards were published all around Syria highlighting the Red Cross Red Crescent fundamental principles - different on each board, and the logos of SARC, IFRC and ICRC. Some of the billboards can still be seen along the highway and other major roads

[Final financial report below](#) and [contact details below](#) / [Click here to return to the title page](#)

How we work

All IFRC's 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.

Contact information

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MDRSY002 - Syria - Population Displaced From Iraq

Appeal Launch Date: 01 jan 10

Appeal Timeframe: 01 jan 10 to 31 dec 11

Final Report

Selected Parameters	
Reporting Timeframe	2010/1-2012/4
Budget Timeframe	2010/1-2012/12
Appeal	mdrsy002
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	4,649,445					4,649,445	
B. Opening Balance	0					0	
Income							
<u>Cash contributions</u>							
<i>European Commission - DG ECHO</i>	646,854					646,854	
<i>Japanese Red Cross Society</i>	195,400					195,400	
<i>Swedish Red Cross</i>	905,875					905,875	
<i>United States Government - PRM</i>	2,127,638					2,127,638	
C1. Cash contributions	3,875,768					3,875,768	
<u>Inkind Personnel</u>							
<i>Swedish Red Cross</i>	250,800					250,800	
C3. Inkind Personnel	250,800					250,800	
<u>Other Income</u>							
<i>Balance Reallocation</i>	-81					-81	
C4. Other Income	-81					-81	
C. Total Income = SUM(C1..C4)	4,126,487					4,126,487	
D. Total Funding = B + C	4,126,487					4,126,487	
Coverage = D/A	89%					89%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	4,126,487					4,126,487	
E. Expenditure	-3,552,395					-3,552,395	
F. Closing Balance = (B + C + E)	574,092					574,092	



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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		4,649,445					4,649,445	
Relief items, Construction, Supplies								
Medical & First Aid	2,111,447	1,633,782				1,633,782	477,665	
Other Supplies & Services	223,061	168,163				168,163	54,898	
Total Relief items, Construction, Supplies	2,334,508	1,801,944				1,801,944	532,563	
Land, vehicles & equipment								
Land & Buildings	250,000						250,000	
Vehicles		22,772				22,772	-22,772	
Computers & Telecom	10,900	6,303				6,303	4,597	
Office & Household Equipment		7,165				7,165	-7,165	
Total Land, vehicles & equipment	260,900	36,239				36,239	224,661	
Logistics, Transport & Storage								
Distribution & Monitoring	149	149				149	0	
Transport & Vehicles Costs	73,894	69,023				69,023	4,871	
Logistics Services		1,025				1,025	-1,025	
Total Logistics, Transport & Storage	74,043	70,196				70,196	3,847	
Personnel								
International Staff	322,784	349,543				349,543	-26,759	
National Staff	156,561	63,219				63,219	93,342	
National Society Staff	990,582	876,284				876,284	114,299	
Total Personnel	1,469,928	1,289,046				1,289,046	180,882	
Consultants & Professional Fees								
Consultants	4,144	4,144				4,144	0	
Professional Fees		19,300				19,300	-19,300	
Total Consultants & Professional Fees	4,144	23,444				23,444	-19,300	
Workshops & Training								
Workshops & Training	69,649	20,089				20,089	49,560	
Total Workshops & Training	69,649	20,089				20,089	49,560	
General Expenditure								
Travel	7,499	6,489				6,489	1,011	
Information & Public Relations	21,217	8,159				8,159	13,057	
Office Costs	25,721	19,589				19,589	6,132	
Communications	42,908	24,959				24,959	17,948	
Financial Charges	18,390	16,892				16,892	1,498	
Other General Expenses	23,905	124				124	23,781	
Shared Office and Services Costs		21,913				21,913	-21,913	
Total General Expenditure	139,640	98,125				98,125	41,515	
Indirect Costs								
Programme & Services Support Recov	296,634	200,738				200,738	95,895	
Total Indirect Costs	296,634	200,738				200,738	95,895	
Pledge Specific Costs								
Pledge Earmarking Fee		10,773				10,773	-10,773	
Pledge Reporting Fees		1,800				1,800	-1,800	
Total Pledge Specific Costs		12,573				12,573	-12,573	
TOTAL EXPENDITURE (D)	4,649,445	3,552,395				3,552,395	1,097,050	
VARIANCE (C - D)		1,097,050				1,097,050		