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Syria

Mid-Year Report 2012

 International Federation
of Red Cross and Red Crescent Societies

MAASY001

04/September/2012

**This report covers the
period 01/January/2012
to 30/June/2012.**

*SARC – mobile health units serving rural
communities without other access to
health care.*



Overview

Despite the increasingly volatile situation, the Syrian Arab Red Crescent (SARC) 11 clinics, supported by IFRC, continued providing much needed basic health care services across the country. The clinics, originally established to assist mainly Iraqi refugees, have increasingly been meeting the needs of Syrian IDPs and other vulnerable groups. During the reporting time frame, the Iraqi population was still the main users of SARC clinic services - although with increased use by Syrian IDPs in certain areas. More than 45,000 medical consultations were provided to almost 23,000 supported patients out of whom 67.6 % were Iraqis.

Since March 2011, Syria has been experiencing an increasingly violent and pervasive situation of conflict. People in severely affected areas have faced extreme violence, leading to loss of life, injuries and displacement. This situation has also affected the Iraqi population. Protracted fighting and/or severe violence have led many families to re-settle in poorer neighbourhoods, where job opportunities are scarce, and health facilities overstretched or not available, particularly in the suburbs around Damascus. When the violence also reached these areas, many felt forced to move again or take shelter in schools or other temporary accommodation.

Different reports of families returning to Iraq emerged during the reporting time frame and although the numbers are still difficult to verify, it seems Iraqis are leaving in higher numbers than earlier¹. Although the violence also affected the ability of some clinics to provide health care services - mainly because patients and staff were unable to reach the clinic - the majority of clinics have continued offering services with little interruption.

¹Until May 2012, UNHCR assisted 670 individuals in voluntary return while 2,753 returned by their own means. UNHCR Fact Sheet June 2012.

Working in partnership

The IFRC's support to SARC health services started in October 2008. The services are coordinated with UNHCR and other health providers through regular coordination meetings. Harmonisation of services has been further enhanced with the closure of IFRC/SARC clinic in Saidya Zainab earlier this year, leaving SARC to continue running clinics in the same area supported by UNHCR and IMC. Over the years, the main donors to the SARC clinic programme have been PRM (US State Department Bureau for Population Movement, Refugees and Migration) and the Swedish Red Cross. As of March 2012, the 11 health clinics have started targeting Syrian patients and received additional support from ECHO, through the *MENA Civil Unrest Appeal (MDR82001)*, followed by the recently launched *Syria Crisis Appeal MDRSY003*.

Progress towards outcomes

Business line II: "To grow Red Cross Red Crescent services for vulnerable people"

Outcome 1: Displaced Iraqis, regardless of their status, and Syrians in need, have access to affordable quality basic health care and health awareness through clinics and outreach services.

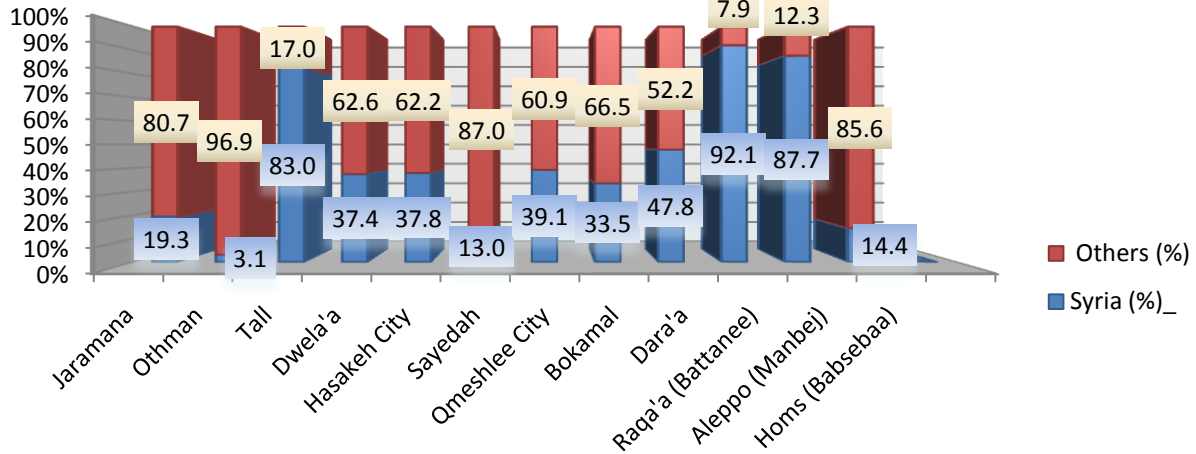
Measurement			
Indicators	BL	Annual Target ^[1]	Year to Date Actual
70,000 quality consultations	n/a	70,000	45,866 ²
Doctors adhere to the standard medication list	n/a	100%	100%
No interruption of availability of drugs occurs in the selected pharmacies	n/a	100%	100%
% of patients who participated in health awareness sessions; % of patients with access to health awareness through posters, leaflets, videos etc	n/a	% of patients	postponed

Comments on progress towards outcomes

Eleven SARC clinics continued providing basic health care to Iraqis and increasingly to vulnerable Syrian patients - mainly internally displaced people (IDPs). The plan to re-open a clinic in Deir ezzor had to be put on hold due to security concerns and the difficult situation. . A total of 25,677 patients have received health care during the reporting period, out of which 22,605 were supported patients and of whom 67.6% were Iraqis. The Iraqi patients are particularly concentrated in Damascus, Damascus suburbs, Qamishly, Homs and Al Bokamal.

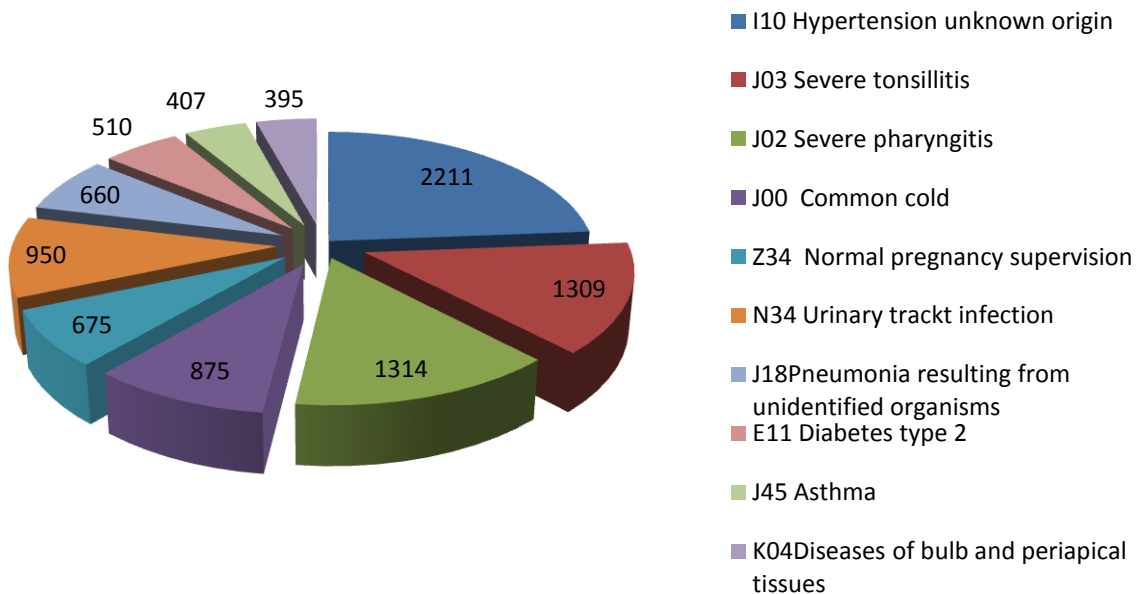
² All clinics have not fully submitted their data over the past months, due to difficulties in communications and overall insecurity. Figures may have to be adjusted once all data has been collected.

SARC Clinics
% consultations for Syrian IDPs vs Others (Iraqi patients)
January - June 2012



Note: Jaramana / Othman / Tall /Dwela'a are in Rural Damascus
 Hasakeh,/Sayedah/Qamishli/Bokamal are in East/North East area

Around 63% were female patients and 37% male. The 10 most frequent health problems are described below:



However, and due to the volatile situation in the country, the objective “to develop enhanced health awareness in the clinics and surrounding communities” was cancelled and although awareness posters and leaflets on health were available in the clinics, no monitoring or reporting was carried out on the number of patients who were directly affected by these information.

Meanwhile, IFRC continued to cover medication costs for patients supported by the multidisciplinary team providing psychological support in Al Othman (central Damascus).

The majority of clinics were working without interruption during the reporting period, except for the clinic in Homs which had to suspend its activities for longer periods during March and April 2012 due to the insecure situation. The clinics in Al Bokamal, Menbej and Dara’a, were intermittently closed as well, but for shorter periods of time.

In early May, SARC closed its IFRC-supported clinic in Sayeda Zainab (an area with sufficient primary health care cover through IMC and UNHCR-supported SARC clinics), and instead, opened a clinic in Dwuela, a suburb

of Damascus known to have a high number of Iraqis and displaced Syrians.

The four mobile health units that used to provide services to rural populations were increasingly used to support populations in areas affected by conflict or to provide health services for IDPs where no other health care was available. Starting 1 January 2012, Danish RC assumed the responsibility of the support for one of the MHUs in Rural Damascus. A second MHU (Homs) was transferred from the Iraqi health program as of 1 March to be included in the support for the crisis situation (ECHO). The remaining MHUs continued to operate around Qamishly (northeast) and in rural Damascus.

The team seconded by SARC to monitor and support the IFRC-supported health program included five staff by the end of the reporting period: one medical coordinator; one finance and administration manager, one finance officer, one consultant for the clinic information system (SCIS) and a senior assistant.

IFRC visits to the clinics to monitor and support the clinic staff continued throughout the reporting period but from May onwards, very few visits were possible outside Damascus/rural Damascus due to the increasingly unpredictable security situation. Frequent interruptions to the telephone network and internet have seriously affected information sharing, and most particularly the clinic information system.

Financial monitoring was carried out by the financial unit at IFRC MENA Zone office, who were also responsible for data entry in the Federation's internal systems.

Outcome 2: Populations affected by the current unrest are supported with first aid, ambulance service and relief

This outcome has been included in two Emergency Appeals operating in 2012 and is separately reported under these appeals.

Middle East and North Africa: Civil Unrest – Revised Emergency Appeal
<http://www.ifrc.org/docs/Appeals/11/MDR82001RevEA.pdf>

Syria: Crisis Emergency Appeal MDRSY003

Syria: Crisis Operations Update no 1: <http://adore.ifrc.org/Download.aspx?FileId=30391>
www.ifrc.org

Business line III: “To strengthen the specific Red Cross Red Crescent contribution to development”

Outcome 1: Scale and quality of services is enhanced through strengthening of organizational and institutional capabilities, standards and procedures

Measurement			
Indicators	BL	Annual Target ^[1]	Year to Date Actual
Task force established and work initiated in support of the National Society leadership in revising its strategic plan based on S2020	Updated strategic plan not available	A draft outline of a strategic document	postponed

Measurement			
Indicators	BL	Annual Target ^[1]	Year to Date Actual
Needs are identified; partners approached to support National Society capacity building; particularly to strengthen its support services	n/a	Implementation of support in key areas	Included in the Emergency appeal Syria Crisis MDRSY003.
Harmonisation and integration of NS different sectors and departments	n/a	SARC national working groups have been part of the process to develop a revised strategy and the possibility to feed into the strategy document	Postponed
Encourage and facilitate the development of a NS youth and volunteer policy	n/a	A draft youth and volunteer policy available	postponed

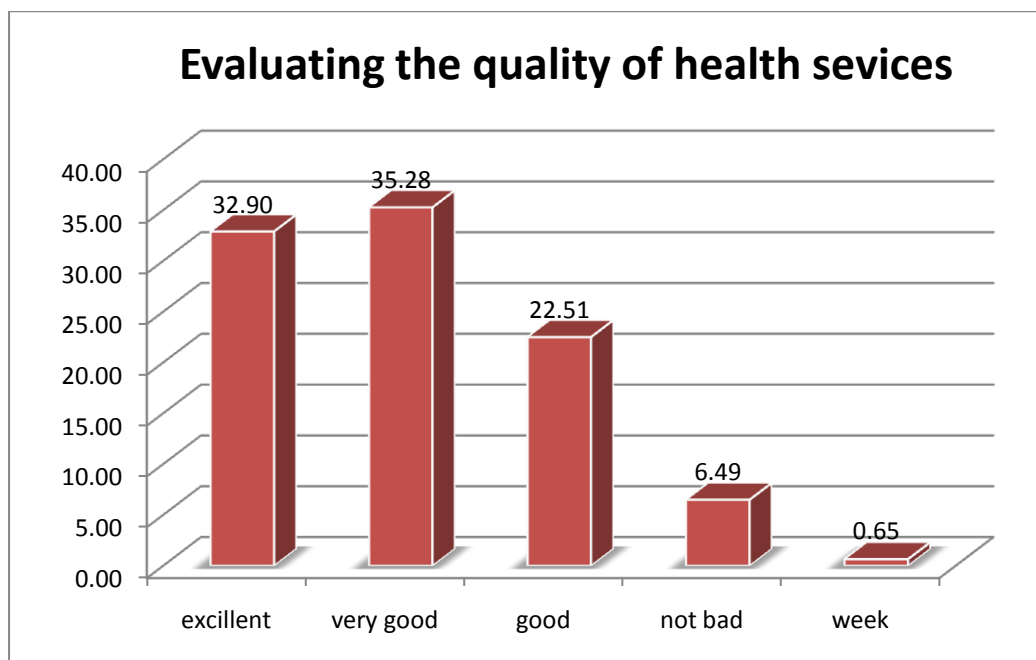
Measurement			
Indicators	BL	Annual Target ^[1]	Year to Date Actual
Ensure SARC is able to continue carrying out its role as focal point for international humanitarian agencies in Syria	Main focal point for support to displaced Iraqis in the country and to populations affected by the unrest;	SARC remained the main operational partner for international agencies in the country	SARC has been playing a unique role, as national coordinator of humanitarian aid in Syria. SARC has the lead role for RC/RC Movement response; implementing partner for five UN agencies; 'facilitator' for INGOs present in the country.

Comments on progress towards outcomes

With the NS putting tremendous efforts to respond to the needs related to the current crisis, it was agreed to postpone activities aiming at institutional development. Support to ensure SARC's continued role as focal point for international aid, has been provided mainly through staff support. Activities to support operational capacity, are included in the Emergency appeal Syria Crisis MDRSY003.

Stakeholder participation and feedback

- The clinic program has been on-going since 2008, primarily to support the Iraqi population. Development of the support was based on needs assessments and feedback from the target population at that time. While the numbers of Iraqi patients have been rather stable, the Syrian patients have increased considerably over the last months, representing a need for affordable quality health care among this group. This is primarily due to the ever-increasing numbers of Syrians being displaced by the on-going conflict.
- In March-April 2012, SARC supported by IFRC carried out a patient survey in four clinics in Damascus and rural Damascus: Al Othman, Saedya Zainab, Al Tal and Jaramana. Among the questions, aimed at collecting information relevant to program design patients were also asked to rank the quality of services. All replies were collected anonymously. More than 90% of patients considered the services to be good, very good or excellent; 6% said that services were not bad, while less than 1% felt the services were weak.



Key Risks or Positive Factors

Key Risks or Positive Factors	Priority High Medium Low	Recommended Action
The security situation in most of the areas relevant to this program is volatile with concern for safety and protection. In the event of a deteriorated security situation clinics may have to remain closed for longer periods in some areas.	H	Implementation of the services will continue as planned as long as the patients and staff are able to reach the clinic. Should for safety reasons SARC decide to close a clinic for longer periods, the intended beneficiary targets may have to be revised.
The current volatile situation could push the Iraqi population to leave Syria in larger numbers. (The calculated number of beneficiaries is based on the number of Iraqis visiting SARC clinics over the years).	M	Should the number of Iraqi patients decline sharply, an analysis of the cost effectiveness of the services would be carried out. Should Iraqi patients leave but extensive numbers of vulnerable Syrian patients seek health services in the clinics, donors supporting the activities will be approached to discuss possible continuation of support.
SARC enjoys good relations with the communities and the patient satisfaction is high. The continued image of SARC relies on both the quality in services and the perception of services being impartial - as well as the protection of the emblem. Should the quality in services not be maintained, the emblem be misused or the communities lose trust in SARC due to rumours or incorrect information, the requests for SARC support may be affected.	H	Efforts to ensure respect for the emblem and promoting an understanding of the principles of impartiality and neutrality are a priority for SARC. The National Society continues a dialogue with the relevant authorities on the importance of protecting the emblem. Quality assurances of the health services are closely monitored by SARC/IFRC health coordinator
There are recent concerns regarding shortages of medicines.	M	Plans are underway to establish a SARC contingency stock of essential medicines

Lessons learned and looking ahead

Originally established to assist the Iraqi population in Syria, 11 SARC clinics have increasingly been meeting the needs of Syrians - providing basic health care to Syrian IDPs and other vulnerable groups. IFRC, through ECHO will continue supporting SARC in the provision of free health care including medication to these groups over the coming 12 months. Staff support and running costs of the 11 clinics, as well as health services provided mainly to the Iraqi refugee population, continue to be supported by the United States Department of State - Bureau of Population, Refugees and Migration (PRM) and Swedish Red Cross, until the end of the year. During these extremely difficult and unpredictable times, ensuring on-going support for the clinics over the coming year is critical to continue meeting the basic health care needs of all patients. However, as instability continues, the needs might grow in scope and intensity. The overall situation of primary health care will continue to be monitored and solutions adapted to the shifting context.

Financial situation

Outcome 1 has received a contribution of 104%. Outcome 2, is included in two Emergency Appeals operating in 2012 and is separately reported under these appeals.

Middle East and North Africa: Civil Unrest – Revised Emergency Appeal

<http://www.ifrc.org/docs/Appeals/11/MDR82001RevEA.pdf>

Syria: Crisis Emergency Appeal MDRSY003 - Syria: Crisis Operations Update no 1:

<http://adore.ifrc.org/Download.aspx?FileId=30391>

Click here to go directly to the financial report.

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.

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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 nonviolence and peace.

Find out more on www.ifrc.org

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