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Syria

Annual Report- 2012

 International Federation
of Red Cross and Red Crescent Societies

MAASY001
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**This report covers the
period 01/01/2012 to
31/12/2012.**

*Photo: — Syrian Arab Red Crescent
continued providing vital health care for
vulnerable populations across the
country.
/Ibrahim Malla*

Overview



- Despite an increasingly volatile situation, the 11 clinics run by the Syrian Arab Red Crescent (SARC) and 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 Syrian patients. More than 200,000 medical consultations were provided to more than 118,000 supported patients: 33 per cent of the supported patients were Iraqis.
- Although the violence temporarily 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.
- In July 2012, concerns started to be raised over possible shortages of medicine. This as a result of the deteriorating security situation in Aleppo and rural Damascus, where most of the pharmaceutical factories are located. 80-90% of the medicine available in Syria is locally produced. IFRC took measures by receiving imported medication to avoid any disruption of SARC health services.

Working in partnership

The IFRC support to SARC clinic program has been running continuously ongoing since October 2008. The services are coordinated with UNHCR and other health providers. Harmonisation of services was enhanced in April-May, with the closure of IFRC/SARC clinic in Sayideh Zeinab leaving SARC to continue running clinics in the same area supported by UNHCR and IMC. As in previous years, partners to the clinic program have been PRM (US State Department Bureau for Population Movement, Refugees and Migration) and Swedish Red Cross. From March 2012, the health services targeting Syrian patients were receiving additional support from ECHO, through the MENA Civil Unrest Appeal (MDR82001) and later Syria: Crisis (MDRSY003).

SARC has been tasked with the role to coordinate international assistance to the displaced Iraqi population in Syria as well as to people affected by the conflict. SARC has as well assumed the role as lead agency, within the Red Cross Red Crescent Movement in Syria.

Progress towards outcomes

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

Outcome: Displaced Iraqis in Syria and vulnerable members of the local population are provided with basic health care in SARC clinics and mobile health units

| Measurement | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------|----------------------------------------------------------------|
| Indicators | BL | Annual Target ^[1] | Year to Date Actual |
| 70,000 quality consultations | n/a | 70,000 | 203,503. |
| 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% | see under Comments on progress |
| % of patients who participated in health awareness sessions; % of patients with access to health awareness through posters, leaflets, videos etc | n/a | % of patients | This activity was postponed due to the situation on the ground |

Comments on progress towards outcomes

A total of 203,503 medical consultations were provided to 118,270 supported patients in the clinics. 79,111 of the consultations were provided to Iraqi patients. 37,084 were new patients,

The numbers of Syrian patients continued increasing and constituted an average of 67 % patients compared to 33 % Iraqi patients. By the end of the year, the difference has further increased. The variance of planned consultations was 290%. The explanation has to do with the increase in Syrian patients. With the extremely difficult situation for people in Syria, the health services provided by SARC became for many the only viable

[1] Targets set the degree of improvement on each indicator required to achieve the objective. In order to set the target you need to know the current level of performance (“baseline”). **Please note that targets in red are cumulative.**

opportunity to health care.

IFRC supported 3 SARC mobile health units from January-July and 4 MHUs from August until the end of the year: (2 in rural Damascus, Homs and Qamishli). These four MHUs supported 23,871 patients, mostly in rural areas and areas with no easy movement. From September 2012, the MHUs were supported by other donor (ECHO) under the Syria Crisis Appeal (MDRSY003).¹

In the second half of 2012, Syria was experiencing critical shortages in medicines and pharmaceutical products due to substantial damage to pharmaceutical companies, many located in rural Aleppo and rural Damascus. To ensure support to the clinics, IIFRC was looking to support SARC in building up its medical contingency stocks as a matter of priority. The procurement for medicines was organised from other contributions under the emergency appeal, and was based on the most urgently needed medications in SARC standard medication (enough for 200,000 persons for six months). A total of 20 Inter-Agency Emergency Health Kits (IEHKs), complemented by 20 Surgical Health Kits (SHKs) were as well purchased with the help of ECHO and distributed to clinics as well as ambulances, MHUs and health points. The need to import medicine also prompted a need to employ pharmacists in the clinics for proper handling of the medicine received. In parallel, the normal procedures of obtaining medicine from the pharmacies continued whenever possible throughout the year and very limited interruptions of needed medicine occurred with these two sources available.

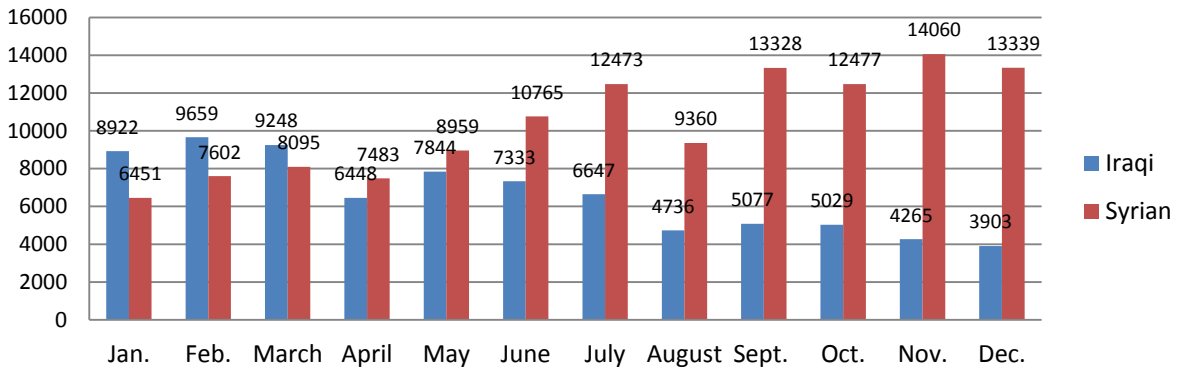
The armed conflict in Syria impacted at times the ability to provide health care when clinics had to close to protect staff or staff and patients were unable to reach the clinics. The clinics in Homs, Dara'a and Al Tal (rural Damascus) were closed down for shorter periods. As soon as the situation improved, the clinics reopened. The clinic in Al Bokmal remained closed over a period of three months by the end of the year when the situation did not allow safe access for patients and staff. The clinic building was as well damaged. When the situation improved and people started returning from temporary displacement in the rural areas, SARC staff resumed health activities. The clinic was rehabilitated and at the time of writing, the services were back to normal.

As the Iraqi population continued leaving Syria during the year, the numbers of Iraqi patients gradually decreased. By the end of 2012, around 63,000 Iraqi refugees and asylum seekers were registered with UNHCR.² Iraqis remained in more calm areas around Damascus and closer to the border. Thus, clinics in rural Damascus and the eastern parts of the country continued receiving a proportionally high percentage of Iraqi patients (Jaramana 51 %, Al Bokmal 53% Iraqi patients),

¹ Three SARC MHUs received contributions from this appeal in January and February, while a fourth was supported bilaterally by Danish Red Cross until the end of July. From 1 March-31 August, one of the three MHUs was supported by ECHO and later moved to the emergency appeal for Syria. From September until the end of the year, all MHUs (4) were supported by ECHO under the emergency appeal (MDRSY003).

² UNHCR Fact Sheet January 2013

Consultations SARC Clinics 2012



As explained already in the mid-year report, community based initiatives were postponed due to the volatile situation.

Stakeholder participation and feedback

In March-April 2012, SARC supported by IFRC carried out a patient survey in four clinics in Damascus and rural Damascus: Al Othman, Sayideh Zeinab, 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. Due to the increasing humanitarian related activities, amid the increasing crisis, human resources were shorthanded and was not able to follow up this result with other surveys. Nonetheless, the quality of services and staff behaviour was regularly monitored by SARC HQ staff through visits to the clinics in areas where safe access was possible.

The clinics kept on providing services to vulnerable populations as long as possible even in times of volatile situations when other health providers ceased their services. The support from SARC clinic staff contributed to trust and a positive image of SARC.

Key Risks or Positive Factors

| Key Risks or Positive Factors | Priority High Medium Low | Recommended Action |
|------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Security Worsened conflict situation | H | The security situation in most of the areas relevant to this program is volatile with concern for safety and protection. In case of a deteriorated security situation the clinics may have to remain closed. Implementation of the services will continue as planned as long as the clinics can remain open and patients and staff are able to reach the clinic. Should for safety reasons SARC decides to close a clinic for longer periods, the intended beneficiary target may have to be revised. |

| | | |
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| <p>The clinics in Homs, Dara'a and Al Tal had to close for shorter periods to protect the staff when the violence was too intense and because staff and patients were unable to reach the clinic, As soon as the security situation improved, the clinics re-opened. The clinic in Al Bokmal remained closed over a period of three months when heavy fighting took place inside the city as well as daily shelling from the air. Most of the population left the city and took refuge in rural areas. In line with safety procedures and based on security assessment, the decision to close a clinic was made by SARC clinic director on the spot and the information was later shared with HQ/IFRC.</p> | | |
| <p>Security (Worsened conflict situation)</p> | <p>M</p> | <p>In a situation where IFRC staff would be temporarily relocated outside Syria, SARC will continue implementation of the services. The international delegate would be supporting the program by 'remote control'.</p> |
| <p>The situation worsened during the year. In the area of Damascus where IFRC international staff has their premises and SARC its HQ, the situation allowed for the staff to continue working in support of SARC. During the first five months of 2012, IFRC was represented only by a country representative. A relief delegate arrived in May to assist with the emergency appeal. A reporting delegate arrived in October and a Logistics Delegate in November.</p> | | |
| <p>Target Population (Numbers remain according to plan)</p> | <p>M</p> | <p>The calculated number of beneficiaries is based on the number of Iraqis visiting SARC clinics over the years. Should the situation sharply deteriorate the Iraqi population may decide to leave Syria in larger numbers. 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 will be approached to discuss possible continuation of support.</p> |
| <p>Iraqis were leaving Syria in higher numbers than ever before. By the end of the year 2012?, around only 63,000 were registered with UNHCR while the numbers reached several hundreds of thousands in the years before. Syrian patients were increasingly approaching the clinics which resulted in higher patient numbers. To accommodate the higher numbers of Syrian patients, part of the clinic support was as well included in the emergency appeal and supported by other donor (ECHO).</p> | | |

| | | |
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| <p>Target Population (Communities continue to seek medical assistance from SARC)</p> | L | <p>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. 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 health coordinator.</p> |
| <p>Patients continued to approach the clinics above target. Quality continued to be deemed high by the patients according to patient survey.</p> | | |
| <p>External (natural disaster)</p> | L | <p>An additional crises caused by a natural disaster could exhaust the resources of SARC nationally or locally depending on the scale and geographical locality of the incident. In this event the implementation of the program could temporarily be hampered and therefore necessary to extend the implementation of the program. The implementing organisation would apply for an extension of the time frame of the program.</p> |
| <p>No other disaster occurred during the reporting period.</p> | | |
| <p>Target Population (reduced services)</p> | H | <p>WHO has warned against shortages in essential medicine. Non-availability of drugs will have severe consequences for patients with chronic diseases but also acute. If locally produced medicine will become less available IFRC will support SARC to receive imported drugs, sufficient to cover the immediate needs.</p> |
| <p>During the second half of 2012, IFRC took measures to support SARC and prevent any interruption of medicine, by importing most needed medication. See above.</p> | | |

Lessons learned and looking ahead

- An emergency situation prevails in the country. The support is continuing in 2013 and IFRC intends to continue supporting SARC clinics and thus providing access to health care for people affected by the conflict.
- Reporting and information sharing has been a challenge despite the existence of SARC clinic information system. A general overload of work has caused delays in data entering into the system. Disruptions in communications (IT, phones), electricity cuts, no public transport have added to the challenges and have caused delays in obtaining information from the field. In crisis

situations where infrastructure breaks down and armed conflict is going on around the program site, a manual table for quick data entry turns out to be the preferred option.

- It is noteworthy that when clinics that had remained closed for some time due to the violent situation, re-opened, the number of patients became rapidly high. This underscored the need for affordable health care and the importance of SARC presence when most other health providers had left the area.
- The clinics were initially established to receive the Iraqi population in Syria. When the needs shifted to the host population and IDPs, SARC with its network of clinics across the country was ready to support.

Financial situation

There was budget revision in Q2 of approx. 16% decrease of the initial program budget of CHF 2,020,227. This is mainly as a result of cancelling the community based health awareness objective due to the volatile situation. Based on the revised budget, the appeal was almost fully funded with 99% coverage.

The variance under relief/supplies, vehicles & equipment and general expenditure was above 20%.. (all less than budgeted). This as a result mainly of removing of the community health component, less possibilities for field missions, as well as postponing initially planned procurement of clinic premises.

Implementation rate was 93% (expenditure Vs budget). Based on donor approval, the balance, CHF 271,972 will be transferred to the emergency appeal for Syria (Syria: Complex Emergency MDRSY003) where the clinic program is budgeted in 2013. .

Click here to go directly to the financial report.: http://www.ifrc.org/docs/LTPF/Process/LTPF/2012/SP681SYLTPF_12arf.pdf

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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