

Operations update



International Federation
of Red Cross and Red Crescent Societies

Middle East: Population Displaced from Iraq

Emergency appeal n° MDR81002
Operations update n° 7
14 October 2009

Period covered by this Ops Update: 1 January to 30 June, 2009.

Appeal target: CHF 17,175,141 (USD 14,696,070 or EUR 11,360,560).

Appeal coverage: 80% [<click here to go directly to the interim financial report or here to link to contact details>](#)

Summary:

Though donors have made significant financial contribution to this Emergency Appeal since its launch in April 2007, the operation is facing a serious funding gap. If the gap is not bridged by September 2009, the International Federation representation in Jordan will be obliged to discontinue its financial support to the Jordan Red Crescent (Jordan RC) to run the health services for the Iraqi displaced. In Jordan, the International Federation need approximately CHF 600,000 to be able to assist the National Society to continue running the three clinics till the end of the appeal time frame which is 31 December, 2009. The International Federation representation in Jordan updated its partners and donors on the current funding constraints facing the Iraqi displaced operation and its consequences on the well being of the beneficiaries.

The International Federation has extended the time frame of the current Emergency Appeal to 31 December 2009 to allow the continuation of the implementation of the planned activities. The support to Jordan RC includes basic health care, psycho-social support and capacity building. In Syria, the International Federation provides support to 12 Syrian Arab Red Crescent (Syrian Arab RC) basic health clinics, four mobile health units and capacity building while the psycho-social support component of the appeal is covered by the Danish Red Cross. The International Federation has enabled the National Society to adhere to the Fundamental Principles of the Red Cross and Red Crescent (RC/RC) Movement by providing health care to all Iraqis regardless of their legal status and to vulnerable members of the host communities (12 per cent of the total number of patients in Syria).

The general humanitarian situation remained unchanged. According to the United Nations Higher Commissioner for Refugees (UNHCR) fact sheet for June 2009, over 90% of Iraqis residing in Jordan and 86 per cent of those in Syria have no intention to return to Iraq in the foreseeable future. The voluntary repatriation statistics showed that only 412 persons have returned from Jordan to Iraq since September 2008. The main reason for not returning is the security concern, despite the claims that the general security situation has improved. Jordan and Syria will continue to shoulder the burden of hosting the Iraqi displaced for a longer time,



Jordan Red Crescent volunteers conduct outreach activities including home visits for Iraqi displaced families in Amman. **Jordan Red Crescent Society.**

bringing an increasing pressure on the country's services and basic infrastructure such as health and education. In view of the volatile situation in Iraq which is not encouraging for voluntary repatriation, the Iraqis stay in Jordan and Syria will be prolonged with majority of them being exposed to extreme vulnerability. The International Federation appeals to the donors and the international community to continue their generous support to enable Jordan RC and Syrian Arab RC to provide the needed humanitarian assistance to the Iraqi displaced.

In Syria, UNHCR reported that 209,200 individuals (active cases) were registered with the agency as of 31 May. In almost 30 per cent of the cases, the principal applicant was a female. Agencies have reported an increase in the number of vulnerable people who are seeking assistance, counselling and protection; including an increased number of female headed households. Nevertheless, reports from Syrian Arab RC basic health clinics indicate numbers of non-registered Iraqi patients.

The health care provided by the Syrian Arab RC clinics has been consolidated. The total number of cumulative consultations of Iraqis and vulnerable host communities stood at 117,107 consultations by the end of June, which represents an increase of 80 per cent since the beginning of the reporting period. The National Society's health information system (SCIS) continued to provide good tools for monitoring and analysis of the interventions.

In Jordan, the number of consultations performed by the three Jordan RC clinics during the reporting period reached 16,678, bringing the total number of consultations since the start of the operation in August 2007 to 45,270. The statistical analysis showed that 9.8% of consultations were children below the age of five and 54.5% of adult consultations were females. There is no disease outbreak reported among the Iraqi displaced people living in Jordan. The outreach services carried out by the volunteers benefited 3,514 individuals bringing the total number of beneficiaries reached since the start of the activities in September 2007 to 16,126.

The reporting period witnessed the implementation of the new health information system in the clinics run by Jordan RC and other partners providing primary health care to the Iraqi displaced. The software which was developed by Syrian Arab RC was installed in all the clinics run by Jordan RC. The health staff and registration clerks were trained in operating the system. The International Federation supported Jordan RC to employ an IT specialist to manage the system and provide technical back up support to the clinics.

The last round of distribution of hygiene kits was completed in March 2009 in Jordan and 3,500 Iraqi displaced families benefited from the distribution. In Syria, the procurement and distribution of 80,000 hygiene kits for the same number of vulnerable Iraqi families was finalised during the reporting period as well. In addition, distribution of 20,000 blankets and 30,000 mattresses was carried out in the beginning of the year.

The mid-term review of the Emergency Appeal has been completed in the end of February 2009 and a report was submitted to the International Federation and the host National Societies in April 2009. The recommendations were incorporated in the revised Emergency Appeal which was launched on 23 April 2009.

As part of the National Society capacity building support, the International Federation facilitated a one day workshop on strategic planning for the Jordan RC task force assigned to lead the process of developing the National Society's strategic plan 2010-2014. Syrian Arab RC was selected as one of the two National Societies from MENA Zone to participate in and be supported by the International Federation's Disaster Risk Reduction (DRR) Global Alliance. An implementation plan for Syria was drafted and resource mobilization efforts have been initiated.

The partners to this Appeal included the United States Department of State - Bureau of Population, Refugees and Migration (BPRM), Swedish Government through Swedish Red Cross, OPEC Fund for International Development, German Red Cross, Japanese Red Cross, American Red Cross, Finnish Red Cross, British Red Cross, China Red Cross, Monaco Red Cross, and other contributors.

The situation

Jordan

The UNHCR fact sheet for June 2009 indicated that there are 51,790 active registrations with UNHCR. As far the movements of Iraqis are concerned, UNHCR reported that over 90% of Iraqis residing in Jordan have no intention

to return to Iraq. The voluntary repatriation statistics showed that only 412 persons have returned to Iraq since September 2008. The main reasons for not returning to Iraq are security concerns and the desire to be resettled in third countries. Those who ventured to return to Iraq have done so because they have run out of resources, could not afford to continue living in Jordan and their family members could not come to join them in Jordan. The volatile situation inside Iraq continues to deter people from considering voluntary return an option. This means Jordan has to live with the burden of hosting displaced people for a long time to come and face the consequences of an increased pressure on the country's infrastructure. Under the prevailing circumstances, the international donor community is expected to continue its generous financial support to the International Federation to assist Jordan RC to provide the needed humanitarian assistance to the displaced Iraqis.

During the reporting period, the International Federation has commissioned a mid-term review of the Emergency Appeal with the objective to evaluate its current implementation status in Jordan and Syria, draw lessons learned, outline a set of recommendations that would improve the delivery system and help the partners to adopt a realistic implementation strategy during the third phase of the extension of the Appeal in 2009 and draw an exit strategy for the host National Societies and the International Federation. The review team has completed their work in the end of February and the first report was issued in March 2009 which allowed the International Federation to take the set of recommendations of the review into consideration when it revised the Appeal that was launched and posted on the International Federation website on 23 April 2009.

Syria

UNHCR mid term report shows that Syria continues to host the largest number of externally displaced Iraqis in the region. As of 31 May, 209,200 individuals were registered with the agency (active cases) of whom almost 30 per cent of the principal applicants were female. Though the majority of the Iraqi displaced are to be found in Damascus and rural Damascus, UNHCR reports showed more than 50,000 registered in other governorates. While 2,000-3,000 new individuals are being registered every month according to UNHCR, the number of assisted voluntary returns stands at 222 persons in 2009 (up to the end of May). UNHCR also reports that around 85 per cent of the displaced in Syria do not see permanent return as a feasible option in the near future.

As time goes by, the Iraqi people are facing increased hardship. Agencies report of an increased number who are seeking assistance, counselling and protection; including an increased number of female headed households. Nevertheless, reports from Syrian Arab RC health clinics indicate a number of still non-registered Iraqi patients. The clinics are currently focusing their attention on this issue and a more detailed account will hopefully be presented in the next operations update.

Coordination and partnerships

Jordan

In addition to the regular contacts with the leadership of the National Society for consultation and update on current operational issues and to assess progress on the capacity building support, the International Federation representation maintained regular meetings with the International Committee of the Red Cross (ICRC) and partner National Societies' (PNSs) based in Jordan (German, Danish, French) to coordinate their support to Jordan RC through bilateral meetings, Movement coordination meetings, health coordination meetings and psycho-social working group meetings. Meetings with donor National Societies' representatives and other agencies implementing programmes in Jordan were also maintained. In addition, the ICRC, International Federation and Jordan RC maintained regular meetings during Gaza crisis to coordinate and harmonize the support.

The French Red Cross is currently supporting Jordan RC in running a primary health care centre and a psycho-social support centre in Al Hashmi neighbourhood of Greater Amman. The German Red Cross, through the International Federation multilateral mechanism, has been supporting financially the basic health centre (BHC) in Marka neighbourhood of Greater Amman. The full amount of the pledge earmarked for Marka clinic was spent by the end of April 2009 and the final narrative and financial reports were prepared and sent to the German RC. The German RC regional office in Jordan was closed by the end of June 2009, and no further pledge was announced to continue the financial support to Marka clinic. The UNHCR has been supporting the Jordan RC in running a primary health care clinic located in the main compound of Jordan RC hospital since the beginning of the operation in May 2007. Due to funding constraints, the UNHCR financial support came to an end on 30 June 2009 and the clinic was officially closed by the National Society on that date.

The Jordan RC and the ICRC signed a Cooperation Framework Agreement for two years (2009-2010) with the aim to strengthen and develop the Jordan RC volunteer base and branch capacities. The International Federation representation offered its technical services to the National Society in training the branches in project management and reporting.

The Danish Red Cross is supporting the National Society in branch development, volunteer's management, youth activities and DRR through the bilateral Cooperation Framework Agreement concluded between the two National Societies earlier this year. The International Federation offered its services through providing technical expertise to support Jordan RC to implement the DRR/safe neighbourhood projects at community level which is an ongoing concern since the beginning of 2008.

Members of the RC/RC donor forum working group (vice president of the American Red Cross, secretary general of the Netherlands Red Cross, and secretary general of the Finnish Red Cross) visited Jordan and met with the leadership of the National Society to prepare for the next donor forum which will be hosted by Jordan RC in September.

The International Federation's Jordan representation briefed the European RC Return Initiative Team comprising representatives from Denmark, Switzerland, Sweden, Britain, and the Red Cross European Union office in Brussels during their mission to Jordan in March 2009 to familiarize themselves with the situation of the externally displaced Iraqis in Jordan and the International Federation assistance. The team also paid a visit to the National Society headquarters where they met the secretary general of the National Society who briefed them on the humanitarian activities. The purpose of the team visit to Jordan was to assess the capacities and approaches of the ICRC, the International Federation and the National Society to support a coordinated RC/RC response to the return of the Iraqi refugees to Iraq.

External relations and resource mobilization briefings and consultations included the regional refugee coordinator of the BPRM at the US Embassy in Amman, and the technical assistant for the Iraqi crisis based in the Amman regional support office of the Directorate General for Humanitarian Aid (ECHO). Consultations and coordination meetings regarding the implementation of the Emergency Appeal for the assistance of the displaced Iraqis included International Medical Corps (IMC), CARE International, UNHCR and Caritas.

Syria

The National Society continued to facilitate and coordinate the international non-governmental organisations (INGOs') support to the externally displaced Iraqis as mandated by the Syrian government. To date, 14 INGOs have become operational in health, education, psycho-social support and distribution of non-food items. Close cooperation and coordination continued with the Movement partners, including PNSs and the ICRC. Among the PNSs, only the Danish RC and the French RC maintained a representation presence in the country by the end of the reporting period. The Danish RC provided support to Syrian Arab RC national psycho-social programme. Three community centres are fully operational and more than 300 hundred volunteers have been trained in basic psycho-social support services. A fourth centre, to be located in Deir az Zor, is planned to be opened in October 2009. The Danish RC also included capacity building of the 14 Syrian Arab RC branches in its support. The French RC continued its support to the clinic in Sayda Zeinab in Damascus, the Qatar Red Crescent to three National Society clinics in the eastern parts of the country while the Turkish Red Crescent finalised its school construction programme. The British RC continued its bilateral support to Syrian Arab RC disaster management programme.

The International Federation representation worked closely with the National Society in cooperation and coordination with United Nations partners through sector meetings and other coordination mechanisms.

National Society Capacity Building:

Jordan

The International Federation supported the National Society to conduct the third DRR workshop in Aqaba during February 2009. As part of the logistical support to the Iraqi displaced operation, the Jordan representation handed over two brand new Toyota Prado vehicles supplied by the Regional Logistics Unit (RLU) in Dubai to the National Society to enhance its transportation capacity. The representation, with support from the International Federation communications consultant, the MENA Zone planning, monitoring, evaluation and reporting (PMER) coordinator and the ICRC Jordan delegation cooperation officer, assisted the National Society to prepare the Movement plan

for the “Our World – Your Move” campaign in Jordan. The Movement partners assisted the National Society with funds and materials to commemorate the events. The events were celebrated in June 2009 through launching/flying humanitarian kites with RC/RC messages and a photo exhibition at King Hussein gardens in Amman. The celebration was attended by Jordan RC youth volunteers, board members, staff, RC/RC partners and the general public.

In March 2009, the Jordan RC inaugurated a new branch in Jarash province in north of Amman. The ceremony was attended by many dignitaries from Jarash governorate led by the governor, the chairman of the municipality and the general public. The ICRC and the International Federation representation attended the event.

The International Federation representation supported by the MENA Zone organizational development coordinator facilitated a one day strategic planning preparatory workshop for the Jordan RC task force assigned to lead the process for developing the National Society’s strategic plan 2010-2014.

Within the exchange programme between the Jordan RC and the Danish RC, four Danish volunteers joined the National Society in February to reinforce the activities of the volunteers at branch level. The volunteers’ assignment is within the activities of the bilateral cooperation agreement between the two National Societies. In May 2009, the Jordan RC and the Danish RC organized a seven day joint youth training. The activities included different social events and exchange of experience between the youth and volunteers of the two National Societies. During June 2009, the International Federation representation met with the Danish RC representative and the Danish RC programme officer to discuss the support to the ongoing Jordan RC DRR safe neighbourhood projects. It is agreed that Jordan RC, in consultation with the International Federation and the Danish RC, selects three branches to implement the DRR projects. This was followed by a technical meeting between the Zone disaster management coordinator, and Jordan RC and Danish RC programme officers to discuss the plan. The Danish RC will provide the financial assistance whereas the International Federation will provide technical assistance, training of volunteers in designing DRR projects, and follow up the implementation with the local communities. A follow up meeting took place at the end of June 2009 to prepare a concept note for a community workshop in Ajloun in July 2009 to design the project and work out a detailed implementation plan.

Syria

Syrian Arab RC was selected as one of two National Societies from MENA Zone to participate in and be supported by the International Federation’s DRR Global Alliance. An implementation plan for Syria was drafted and modified and resource mobilization efforts have been initiated. Syrian Arab RC’s DRR working group consisting of members from the headquarters and branches organized two workshops to finalize and disseminate the plan.

Red Cross and Red Crescent action

Progress towards objectives

Goal: The health status and living standards of Iraqi externally displaced persons (EDPs) in Syria and Jordan are maintained and improved through the services provided by the host National Societies and supported by the International Federation.

Primary health and care

Objective: The health status of externally displaced Iraqi families in Syria and Jordan is maintained through the provision of high quality curative and preventive primary health care services of Syrian Arab RC and Jordan RC basic health centres, supported by the International Federation.

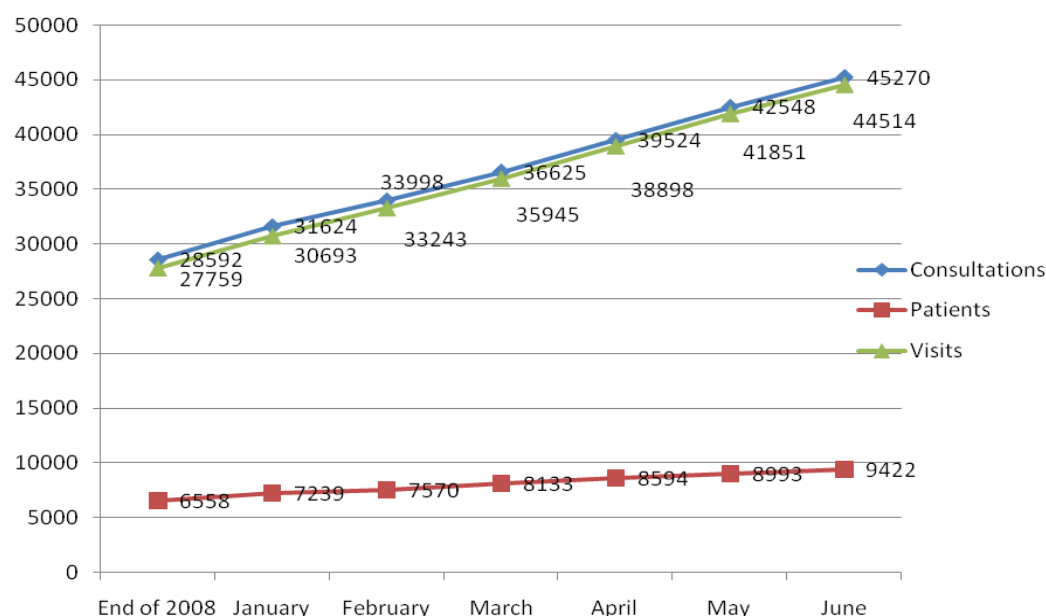
Jordan

The number of consultations performed by the three BHCs, namely Al Taj, Marka and Jabal Al Hussein during the reporting period reached 16,678; bringing the total number of consultations since the beginning of the project in August 2007 to 45,270.

Total number of consultations performed since the beginning of the programme

Month	Al-Taj BHC	Marka BHC	Hussein BHC	Total
August 2007	264	-	-	264
September 2007	969	-	-	969
October 2007	1,092	-	-	1,092
November 2007	1,641	-	-	1,641
December 2007	1,046	336	-	1,382
January 2008	747	543	-	1,290
February 2008	812	803	-	1,615
March 2008	917	854	-	1,771
April 2008	943	871	-	1,814
May 2008	1,009	842	-	1,851
June 2008	990	668	-	1,658
July 2008	983	941	188	2,112
August 2008	848	1,134	615	2,597
September 2008	625	901	586	2,112
October 2008	793	713	715	2,221
November 2008	784	864	743	2,391
December 2008	592	537	683	1,812
January 2009	959	868	1,205	3,032
February 2009	757	851	766	2,374
March 2009	679	977	971	2,627
April 2009	923	916	1,060	2,899
May 2009	949	873	1,202	3,024
June 2009	810	611	1,301	2,722
Total	20,132	15,103	10,035	45,270

**Total number of patients, visits and consultations
January - June 2009**



The graph shows that some patients visited the BHCs more than four times which is an indication of the level of satisfaction of the services provided by the clinics. During the reporting period, there has been an increase of 43% in the number of patients, 60% in the number of visits and 58% in the number of consultations.

The statistical analysis showed that there is no disease outbreak among the Iraqi displaced. It also showed that 9.8% of consultations were children below the age of five and 54.5% of adult consultations were females. The decrease/increase in the number of consultations during different months is mainly due to seasonal changes. In coordination with the Jordan RC, the International Federation representation renewed the schedule and consultation time tables for the secondary referral to facilitate the referral of the patients to Jordan RC hospital for specialized consultation, x-ray and laboratory examination.

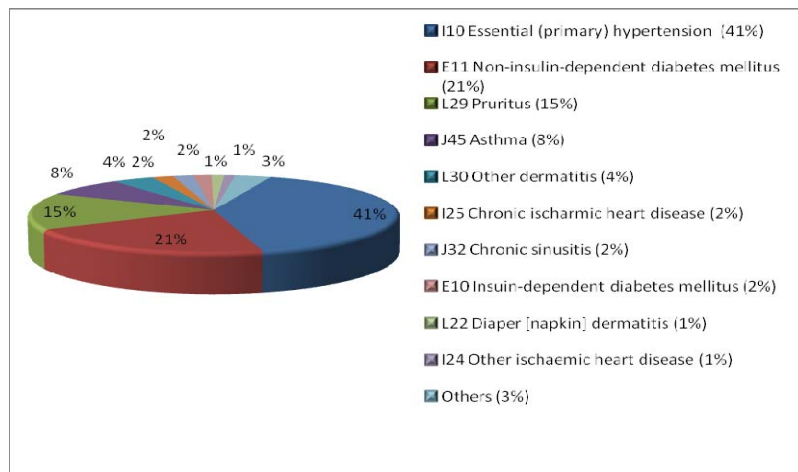
During the reporting period, the International Federation representation implemented a new Health Information System (HIS) to improve the reporting system and allow for better analysis of the impact of the service. The representation invited the project coordinator/HIS operator of the Syrian Arab RC to install the software in the computers of the Jordan RC BHCs. The representation organized a meeting for the managers of the centres and a two day practical training for the BHC data entry clerks and administrators on the use of the new HIS software. Staff from Jordan RC BHC and other health centres supported by the French RC, International Medical Corps (IMC), UNHCR and Jordan Health Aid Society (JHAS) also attended the training.

The International Federation representation prepared a list of disease classification coding for the common diseases in Jordan adopted from the International Classification of Diseases (ICD10) to be used by the new HIS users in the BHCs supported by the International Federation and other partners. The introduction of the new system started during February and a Jordan RC information technology officer was recruited to monitor the implementation of the system and provide technical back up support to the users based in the clinics. The representation provided the IT officer with a desktop computer to be used as a server for the system, to allow him monitor the implementation of the HIS and to analyse as well as consolidate the data collected from the clinics. In April, the International Federation representation organized a follow up technical meeting for the doctors and users from the BHCs to assess and evaluate the level of the implementation/usefulness of the HIS. The meeting was facilitated by Syrian Arab RC and Jordan RC HIS officers. Feedback from the users on technical problems and lessons learned were discussed and suggestions to improve the system were taken into consideration.

Chronic-acute diseases

20% of all patient consultations occurred due to chronic disease, related mainly to age factors. 80 per cent were acute diseases.

Top 10 Chronic Diseases



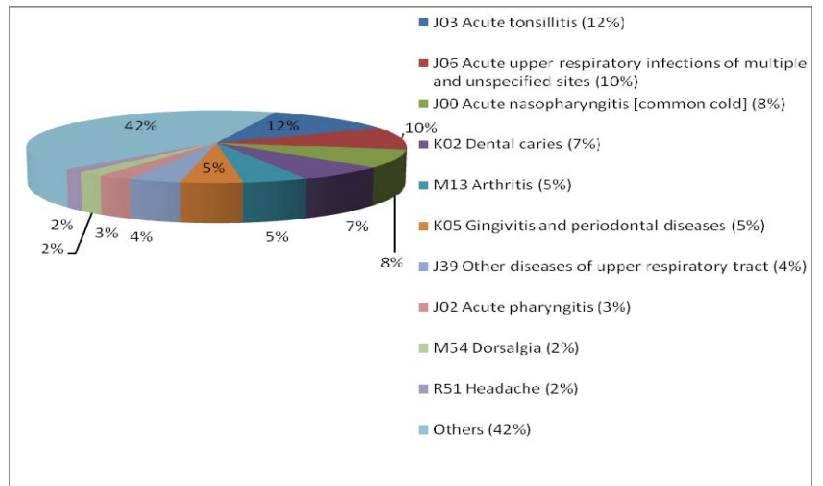
Chronic diseases

Data analysis revealed that hypertension, non-insulin dependant diabetes mellitus, pruritus, asthma, and chronic heart disease were the most common chronic diseases. The graph shows the top ten chronic diseases; the percentage of other individual chronic diseases is less than 1%.

Top 10 Acute Diseases

Acute diseases

The graph shows the most common acute cases, where acute tonsillitis, upper respiratory tract infections, and nasopharyngitis represent the most common. The percentage of other individual acute diseases is less than 2%.



The International Federation representation provided the Jordan RC counterparts and the staff of the BHCs with updated information, guidance, toolkits and posters on Influenza A (H1N1). The waiting rooms in the health centres were supplied with printed materials to raise the awareness of the patients/visitors about the disease and a list of Jordanian referral hospitals assigned by the health authorities to receive influenza suspected cases was provided to the doctors where displaced people can be referred, diagnosed and treated free of charge.

Two information sessions were organized for the staff and volunteers of the BHC to update them on the influenza pandemic preparedness. In the meantime, the International Federation representation provided the staff of the clinics with the personal protection equipment to reduce the risk of transmission of the virus when handling suspected flu cases. A joint meeting was organized for the International Federation and Jordan RC representatives to discuss the role of the National Society in mitigation and preparedness of the pandemic; accordingly, Jordan RC established a task force to plan, implement and follow up the preparedness and response activities.

Two information sessions were organized for the staff and volunteers of the BHC to update them on the influenza pandemic preparedness. In the meantime, the International Federation representation provided the staff of the clinics with the personal protection equipment to reduce the risk of transmission of the virus when handling suspected flu cases. A joint meeting was organized for the International Federation and Jordan RC representatives to discuss the role of the National Society in mitigation and preparedness of the pandemic; accordingly, Jordan RC established a task force to plan, implement and follow up the preparedness and response activities.

During the reporting period, the International Federation representation facilitated the participation of Jordan RC health staff in different training courses and workshops to enhance their technical knowledge and experience. Three doctors, one from each clinic, attended the "mental health training for primary care" which was organized by the IMC. The course which started on 31 January consisted 13 day sessions, run on the basis of one session per week.

In April 2009, two doctors from the Jordan RC clinics participated in a training course on mental health, whereas in May, two other doctors participated in the Ministry of Health (MoH) training workshop on Influenza A (H1N1). In June, the Jordan RC health focal point and the medical logistics officer participated in the MENA Zone health and care and community based health and first aid (CBHFA) network meeting.

During January and March 2009, the psycho-social counsellors from the three BHC participated in two training courses on "mental health and community based psycho-social support". The courses were organized by Antares and War Trauma Foundation. In April and May 2009, the psycho-social support programme (PSP) counsellors participated in a training course on "stress management" and "psycho-social intervention".

In April 2009, the International Federation representation organized a joint technical meeting for the health staff from the three BHCs to discuss the health service delivery system in the clinics, feedback on referrals, HIS, volunteers' outreach services and the health education.

The International Federation representation also provided funds for Jordan RC to procure and install TV/DVD sets in the waiting rooms of each of the three BHCs to promote health education among the attendants and visitors of the clinics.

Syria

The International Federation continued its support to 12 clinics and four mobile health units (MHUs) run by Syrian Arab RC. The support includes medicines, running costs, certain external referrals and salaries in seven clinics and four MHUs. Medications for patients are provided through externally contracted pharmacies.

The International Federation has also continued its support to the Syrian Arab RC health information system (SCIS). A workshop was conducted in February to train the clinic staff on the update of the system and to introduce the agreement between the MoH and UNHCR regarding the referral system for the secondary health care services for the Iraqi patients referred to the national governmental hospitals. Staff from 20 Syrian Arab RC clinics, French RC, Qatar RC, IMC, and UNHCR attended the workshop.

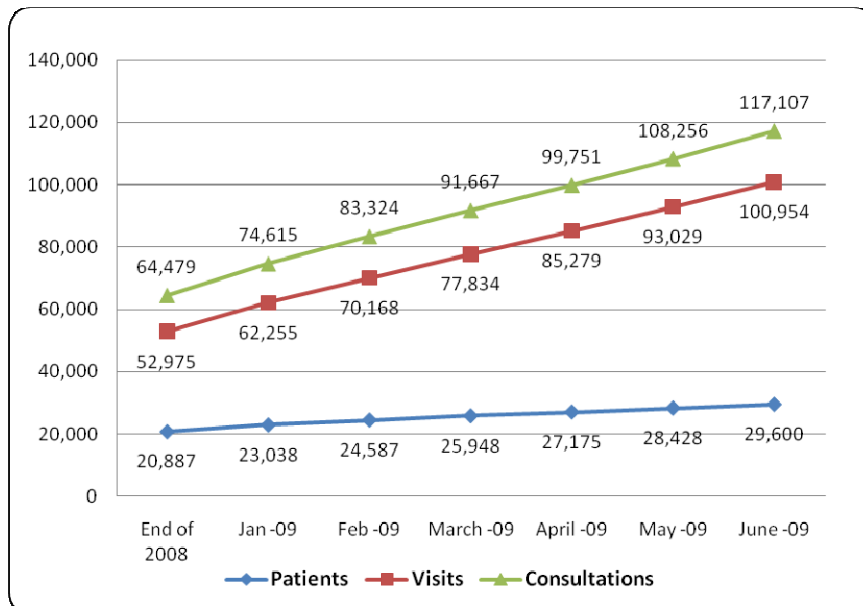
The clinics continued using the flat rate fee system for the health services provided. The total cumulative number of Iraqis and vulnerable Syrian patients treated in the International Federation supported Syrian Arab RC clinics during the reporting period reached 29,600 with the total number of 100,954 visits, and 117,107 consultations.

From April 2008 to June 2009, the majority of patients visited the clinics approximately three times with an average of four consultations.

12 percent of all patients who visited Syrian Arab RC health services were poor Syrians. The graph below indicates the cumulative figures from April 2008 to June 2009.

The below graph gives an overview of the number of patients (persons visited the clinic), visits (occasions patients visited the clinic) and consultations (occasions patients visited the specialists in the clinic) during January-June 2009.

**Total number of patients, visits and consultations
January - June 2009**

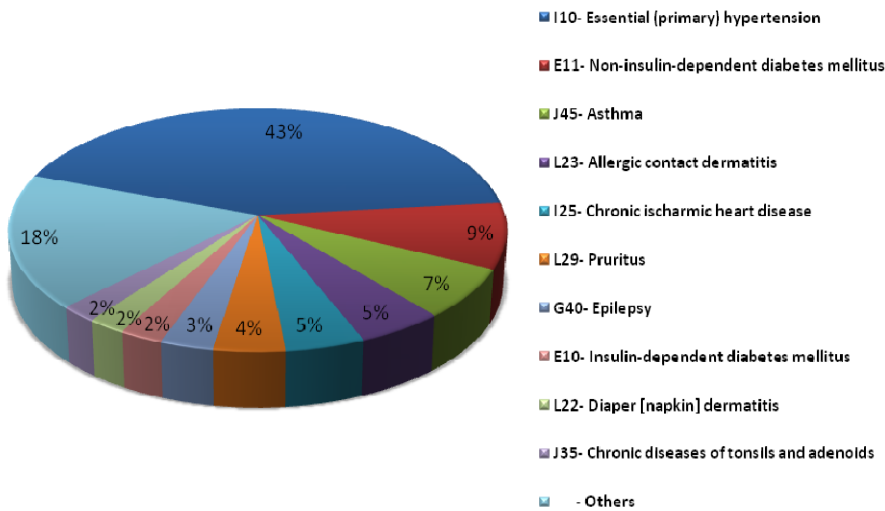


During the reporting period, there has been an increase of approximately 40 percent in the number of the patients, 90 percent in the number of the visits, and 80 percent in the number of the consultations.

Chronic-acute diseases

The classification in Syria is using the International Classification of Diseases No.10 (ICD 10). 19 percent of all patient consultations occurred due to chronic diseases related to the relatively aging population of displaced Iraqis. 81 per cent were acute diseases.

Top 10 Chronic Diseases



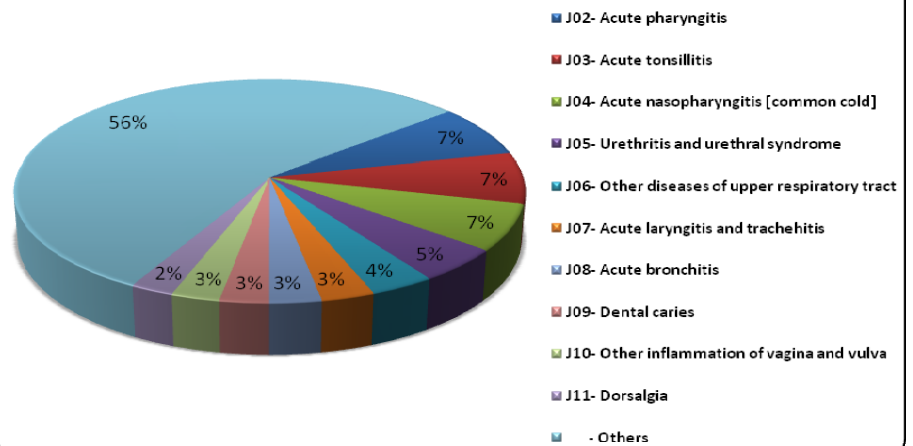
Chronic diseases

The graph shows the breakdown of chronic diseases. Hypertension followed by non-insulin dependent diabetes mellitus, asthma, allergic contact dermatitis, chronic ischemic heart disease, purities, epilepsy, insulin-dependent diabetes mellitus, diaper (napkin) dermatitis, and chronic diseases of tonsils and adenoids represent the most common chronic diseases. The graph shows all reported chronic diseases that represent more than two percent of the total chronic diseases. Some patients may have consulted the clinic because of chronic and acute medical problems.

Acute diseases

The graph shows the most common acute diseases. Acute pharyngitis, acute tonsillitis, acute nasopharyngitis (common cold), urethritis and urethral syndrome, other diseases of upper respiratory tract, acute laryngitis and tracheitis, acute bronchitis, dental caries, other inflammation of vagina and vulva, and dorsalgia are the most encountered acute diseases. All acute diseases that encounter less than two percent are displayed as others.

Top 10 Acute Diseases



Psycho-social support

Objective: The coping and psycho-social wellbeing of the externally displaced Iraqi families in Syria and Jordan is improved through qualified psycho-social support programmes of Syrian Arab RC and Jordan RC, supported by the International Federation.

Jordan

Due to funding constraints, the International Federation and Jordan RC agreed to suspend earlier plans to open a psycho-social support centre in Jabal Al Hussein clinic. An agreement was reached with the French RC to utilize the facilities of the psycho-social support centre in Al Hashmi clinic supported by the French RC as a referral centre for the cases from the other three clinics for further assessment, support and follow up.

The International Federation representation assisted Jordan RC psycho-social counsellors to improve the registration system of the psycho-social cases which need further attention through the introduction of a new filing system which will allow for a better follow up and assessment of the cases referred to the clinics. The psycho-social counsellor from Al-Taj BHC was assisted to be included as a permanent member of the psychological and mental health working group of organizations providing psycho-social support coordinated by the United Nations Children’s Fund (UNICEF) regional office in Amman.

In coordination with Jordan RC and IMC, the psychiatric patients were referred to a specialized mental health hospital in Amman and IMC continued to cover the costs of the referral cases.

Continuous coordination and consultation is maintained with the MENA Zone PSP coordinator for knowledge sharing and technical support to Jordan RC PSP practitioners. As part of this coordination, four Jordan RC PSP counsellors attended the regional PSP training of trainers (ToT) course organized by the MENA Zone which took place in Amman during June 2009.

Syria

This component of the Appeal in Syria is covered by the Danish RC. The Syrian Arab RC, supported by the Danish RC, has consolidated its assistance to the PSP centres established to provide psycho-social support to the Iraqi displaced. Three community centres were opened and are fully operational. More than 300 volunteers were trained to provide the service to the Iraqi displaced. A fourth centre is planned to be opened in Deir az Zor this autumn.

Community based health and care

Objective: The ability of the externally displaced Iraqis in Syria and Jordan to prevent diseases and injuries is strengthened through community based health and first aid programmes managed by Syrian Arab RC and Jordan RC.



Jordan

The Jordan RC volunteers attached to the three clinics conducted home visits to monitor the health and social well being of the Iraqi displaced and encourage them to benefit from the services of the health facilities established to serve them. The volunteers' work is organized through a weekly roster to conduct the home visits under the supervision of the psycho-social counsellors of the basic health centres.

The number of beneficiaries reached through the volunteers' home visits during the reporting period is 3,514. The total number of beneficiaries reached since the start of the home visits activities in September 2007 is 16,126.

The Jordan RC volunteers conducted home visits to monitor the health and social well being of the Iraqi displaced. **Jordan Red Crescent Society.**

Number of families/beneficiaries reached through volunteer visits

Number of families	Male beneficiaries	Female beneficiaries	Total number of beneficiaries
4,309	8,149	7,977	16,126

In coordination with Jordan RC, the International Federation representation organized a basic health course for a new batch of volunteers recruited to support the outreach services. The new batch of 29 volunteers (16 female and 13 male) includes 15 Iraqi volunteers drawn from the Iraqi displaced communities. The six days course which started on 2 May covered topics on RC/RC Movement, hygiene promotion, communicable diseases, water/sanitation, nutrition, first aid and PSP.

Non-food items assistance

Objective: The material needs of vulnerable displaced Iraqi families and local host communities in Syria and Jordan are covered through the ad hoc distribution of essential items by the host National Societies, supported by the International Federation.

Jordan

The last round of non-food items (NFIs) distribution consisting of 3,500 hygiene kits for 3,500 families was completed in March 2009. The International Federation representation supported the logistics and procurement unit of Jordan RC in preparing the list and quantities of the items and supervised and monitored the tendering process. The International Federation representative, the health programme manager and the logistics officer regularly visited the distribution centre to check the quality of the materials and to monitor the distribution procedures. The table below shows the items and quantities received by each family.

Item	Unit	Quantity
Washing powder	Kg	10
Toilet paper	Pcs	12
Body soap (100 gm)	Pcs	15
Tooth paste (100 gm)	Pcs	10
Tooth brush (medium)	Pcs	5
Shampoo	Litre	2
Disposable razors	Pcs	10
Sanitary pads	Pad	50
Dish washing liquid	Litre	1
Multi purpose liquid	Litre	1
Dish washing sponge	Pcs	8
Boxes for packing	Box	2

Syria

Procurement and distribution of 80,000 hygiene kits for a similar number of vulnerable Iraqi families was finalised during the reporting period. In addition, distribution of 20,000 blankets and 30,000 mattresses was carried out at the beginning of the year. The cumulative distribution of non food items since the beginning of the Appeal is as follows:

Item	Beneficiaries
Kitchen sets	30,000 families
School uniforms	9,732 students
School kits (backpackers and stationary)	40,000 students
Mattresses	30,000 families
Blankets	20,000 families
Hygiene kits	120,000 families

In addition to the distributions supported by this Appeal, Syrian Arab RC is involved in a number of other distributions supported by other agencies (UNHCR, World Food Programme and others). It also clearly showed its operational capacity during the Gaza crisis in January 2009, when the National Society facilitated mobilization and delivery of in-kind donations of 2,4 tons of food, medicines and other relief items.

Communications – Advocacy and Public information

Jordan

The International Federation representation and Jordan RC regularly attended the Inter-Agency coordination meetings hosted by UNHCR. The forum includes all the humanitarian actors providing services to the Iraqi displaced people. The fora were used to highlight the contribution made by the International Federation to alleviate the suffering of the Iraqi displaced in Jordan. The International Federation representation attended the national workshop on mental health policy and strategy in Jordan which was organized by the MoH and World

Health Organisation (WHO) and also participated in the celebration of the World Health Day and El Hassan Bin Talal Award for Scientific Excellence.

The International Federation continued to host and chair the monthly movement coordination meeting attended by the International Committee of the Red Cross (ICRC), Jordan RC, the Danish RC and the French RC. The meeting is a platform to coordinate and harmonize the support to Jordan RC and to share knowledge and information on progress made on the implementation of activities supported by the RC/RC partners.

During the reporting period, the International Federation representation stepped up contacts with the regional refugee coordinator of the BPRM based in the American Embassy in Amman to discuss the financial constraints facing the operation in Jordan which threatens the continuation of the services to the Iraqi displaced. The International Federation stressed to the BPRM, ECHO and UNHCR that both Jordan RC and the International Federation have made substantial investment in establishing the clinics to provide the health services to the Iraqi displaced and it will be a waste of valuable resources if the clinics have to be closed due to funding constraints. In these meetings, the International Federation highlighted the fact that the Iraqi displaced are not expected to return voluntarily to Iraq in the foreseeable future and that their vulnerability has been aggravated by lack of personal resources to support their families in Jordan. Similarly, the International Federation representation briefed the regional refugee coordinator and BPRM officer visiting from Washington about the funding gap and challenges facing the Iraqi displaced operation and the risk of scaling down the services if funding is not secured to rescue the situation.

Syria

The National Society has received increasingly media attention in relation to its support to Iraqi displaced. A website has been constructed and launched, which is expected to facilitate promotion of Syrian Arab RC activities.

Youth volunteers from the National Society actively participated in the Solferino youth camp and the youth network meetings as part of "Our World Your Move" Campaign.

The International Federation representation gave a speech on 8 May in commemoration of the RC/RC Movement celebrating its 150 year anniversary.

Impact

The statistical analysis from the clinics showed that there is no disease outbreak among the Iraqi displaced, moreover, some of the patients have visited the clinics more than four times. This is an indication that the health services provided to the beneficiaries have contributed to the improvement of the health of the Iraqi displaced. The free and/or subsidized health services and the distribution of food and NFIs enabled the Iraqi displaced to save on the little earnings that have to be utilized for other purposes, thus, the programme contributed to the reduction of their vulnerability. Surveys among the Iraqis indicate a high degree of patient satisfaction in both countries. The National Society staff and volunteers gained more experience in managing emergency operations; hence their operational capacity is enhanced. The image of the National Society has improved as it gained more visibility through working with vulnerable people at community level.

The International Federation has enabled the National Societies to adhere to the Fundamental Principles of the Movement by providing access to health for all Iraqis regardless of their legal status and to vulnerable members of the host communities (12 per cent of the total number of patients in Syria).

Constraints and challenges

The Emergency Appeal in Jordan is currently facing a serious funding gap. If not bridged by September 2009, the International Federation representation will be obliged to discontinue its financial support to the National Society to run the health services for the Iraqi displaced. The financial constraints facing the operation have been discussed with the National Society and the partners. Consultations have been stepped up with the partners and donors for urgent solutions. In the meantime, the representation is working with the National Society on an exit strategy.

How we work

All International Federation 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 is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

- In Syria: Mr. Marwan Abdallah, Executive Director, Syrian Arab Red Crescent Society, Damascus; phone +963 11 4429662; email: sarc@net.sy
- In Syria: Ms. Asa Erika Jansson, Country Representative, Damascus; mobile: +963 95 6543075; fax: +963 11 5357171; email: asaerika.jansson@ifrc.org
- In Jordan: Mr. Mashal Al Hadid, Programme Coordinator, Jordan Red Crescent Society, Amman; phone: +962 6 4773141; fax: +962 6 4750815; email: jrc@index.com.jo or jrc@cyberia.jo
- In Jordan: Mr. Manhal Annaz, Health Programme Manager, Amman; phone: + 962 6 5694911 or + 962 6 5681060; fax + 962 6 5694556; email: manhal.annaz@ifrc.org
- In Jordan: Martin Faller, Acting Head, Middle East and North Africa Zone Office, Amman (temporary); phone: +962 6 5694911; fax: + 962 6 5694556; email: martin.faller@ifrc.org
- In Geneva: Pablo Medina, Operations Coordinator, Operations Support Department; phone: +41 22 730 4381; fax: +41 22 730 0395; email: pablo.medina@ifrc.org

[<Interim financial report attached below; click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDR81002 - Middle East - Displaced From Iraq

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2007/03-2009/06
Budget Timeframe	2007/03-2009/12
Appeal	MDR81002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	17,144,179				30,963	17,175,141
B. Opening Balance	0				0	0
Income						
<u>Cash contributions</u>						
American Red Cross	301,000					301,000
British Red Cross	2,265					2,265
China RC, Hong Kong branch	5,936					5,936
Finnish Red Cross	165,700					165,700
Germany Red Cross	436,050					436,050
Japanese Red Cross	303,000					303,000
Monaco Red Cross	3,780				29,360	33,140
On Line donations	31,954					31,954
OPEC Fund For Int-l Development	1,203,000					1,203,000
Poland Red Cross	152					152
PRM, US Dept. Population Refugees & Migration	8,053,092					8,053,092
Sweden Red Cross (from Swedish Government)	1,607,000					1,607,000
Switzerland - Private Donors	500					500
United States - Private Donors	185					185
C1. Cash contributions	12,113,614				29,360	12,142,974
<u>Outstanding pledges (Revalued)</u>						
PRM, US Dept. Population Refugees & Migration	1,344,028					1,344,028
C2. Outstanding pledges (Revalued)	1,344,028					1,344,028
<u>Inkind Personnel</u>						
British Red Cross	89,250					89,250
Germany Red Cross	74,400					74,400
Sweden Red Cross	3,967					3,967
C4. Inkind Personnel	167,617					167,617
<u>Other Income</u>						
Miscellaneous Income	931					931
C5. Other Income	931					931
C. Total Income = SUM(C1..C5)	13,626,189				29,360	13,655,550
D. Total Funding = B + C	13,626,189				29,360	13,655,550
Appeal Coverage	79%				95%	80%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0				0	0
C. Income	13,626,189				29,360	13,655,550
E. Expenditure	-12,212,017				-29,360	-12,241,378
F. Closing Balance = (B + C + E)	1,414,172				0	1,414,172

International Federation of Red Cross and Red Crescent Societies

MDR81002 - Middle East - Displaced From Iraq

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2007/03-2009/06
Budget Timeframe	2007/03-2009/12
Appeal	MDR81002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	17,144,179					30,963	17,175,141	
Supplies								
Construction Materials	35,663	663					663	35,000
Clothing & textiles	1,250,288	1,250,288					1,250,288	0
Food	195,506	195,506					195,506	0
Medical & First Aid	3,091,690	1,425,120					1,425,120	1,666,570
Teaching Materials	1,031,547	1,031,547					1,031,547	0
Utensils & Tools	1,167,667	1,167,667					1,167,667	0
Other Supplies & Services	4,345,477	3,310,949					3,310,949	1,034,528
Total Supplies	11,117,839	8,381,740					8,381,740	2,736,098
Land, vehicles & equipment								
Vehicles	343,457	343,593					343,593	-136
Computers & Telecom	62,483	43,910					43,910	18,574
Office/Household Furniture & Equipm.	162,219	90,816					90,816	71,403
Medical Equipment	0							0
Total Land, vehicles & equipment	568,159	478,319					478,319	89,841
Transport & Storage								
Storage	340	8,061					8,061	-7,721
Distribution & Monitoring	117,890	20,239					20,239	97,650
Transport & Vehicle Costs	171,606	78,856					78,856	92,751
Total Transport & Storage	289,836	107,156					107,156	182,680
Personnel								
International Staff	1,086,535	681,234				25,802	707,036	379,499
National Staff	369,186	164,188					164,188	204,998
National Society Staff	1,739,523	826,157					826,157	913,366
Consultants	108,959	95,302					95,302	13,657
Total Personnel	3,304,203	1,766,881				25,802	1,792,683	1,511,520
Workshops & Training								
Workshops & Training	255,098	122,115					122,115	132,983
Total Workshops & Training	255,098	122,115					122,115	132,983
General Expenditure								
Travel	112,172	46,147					46,147	66,025
Information & Public Relation	59,505	8,365					8,365	51,140
Office Costs	154,212	49,394				1,650	51,044	103,168
Communications	104,077	39,828					39,828	64,250
Professional Fees	31,915	10,501					10,501	21,414
Financial Charges	59,547	-35,144					-35,144	94,692
Other General Expenses	2,192	993					993	1,199
Total General Expenditure	523,621	120,084				1,650	121,734	401,887
Programme Support								
Program Support	1,116,384	789,365				1,908	791,273	325,111
Total Programme Support	1,116,384	789,365				1,908	791,273	325,111
Operational Provisions								
Operational Provisions	0	446,358					446,358	-446,358
Total Operational Provisions	0	446,358					446,358	-446,358
TOTAL EXPENDITURE (D)	17,175,141	12,212,017				29,360	12,241,378	4,933,763
VARIANCE (C - D)		4,932,161				1,602	4,933,763	