

Operations update



International Federation
of Red Cross and Red Crescent Societies

Syria: Population Displaced from Iraq

Emergency appeal n° MDRSY002
Operations update n° 1
18 April 2010

Period covered by this Ops Update: 1
January to 28 February 2010

Appeal target (current): CHF 3,216,107

Appeal coverage: 41% [<click here to go directly to the interim financial report, or here to link to contact details >](#)

Appeal history:

- This Emergency Appeal was initially launched on 17 December 2009 for CHF 3,216,107 for 12 months to assist 68,000 beneficiaries. The Appeal is a continuation of the activities developed in the Middle East: Population Displaced from Iraq Emergency Appeal (MDR81002) that ended its regional approach for Jordan and Syria on 31 December 2009. The starting date for this Appeal was 1 January 2010.



Jaramana clinic is one of the ten clinics supported by the International Federation. Syrian Arab Red Crescent.

Summary:

Syria continues to host the largest number of displaced Iraqis in the region. Despite considerable economical and social consequences, Syria has continued to show generosity towards around one million displaced Iraqis.

Health care services were carried out in 10 Syrian Arab Red Crescent (SARC) clinics supported by the International Federation. In January and February, 15,000 patients received health care and around 24,500 consultations were provided by clinic staff. Four mobile clinics provided much needed health services to rural populations. Preparations and plans are being developed concerning the capacity building objectives. Once the health part of the budget is fully covered, the planned relief distributions will be focused on.

SARC, having been entrusted by the government to be the focal agency for external humanitarian assistance, continued its coordination role of activities targeting the Iraqis displaced in Syria. 15 international non-governmental organisations (NGOs) have become operational, the majority being active in the field of health, vocational training, rehabilitation and the establishment of community centres.

The International Federation wishes to thank European Commission Humanitarian Aid Office (ECHO), the Swedish government and Swedish Red Cross, Japanese Red Cross, and the United States Department of State -

Bureau of Population, Refugees and Migration (BPRM)¹ for their contributions, which have enabled SARC to continue providing essential health services to the displaced population and vulnerable members of the host community.

The situation

Syria hosts the largest number of displaced Iraqis. Despite considerable economical and social consequences, Syria has continued to show generosity towards around one million displaced Iraqis.

According to the United Nations Higher Commissioner for Refugees (UNHCR) reports, 163,514 individuals were registered with the agency as of the end of February 2010. The actual number, according to government figures, is around one million.

Very few of the displaced seems to have returned to Iraq. Although supporting voluntary repatriation on a case-by-case-basis, UNHCR still does not consider the general conditions in Iraq to be encouraging for any large scale return. In 2009, UNHCR assisted 646 individuals to return to Iraq from Syria - economical hardship appeared to be the main reason for the returns.²

Supported by the International Federation, SARC has responded to the needs of the Iraqi displaced since April 2007. A nation wide network of basic health centres have been developed or upgraded providing quality health support to Iraqis, regardless of their legal status, and to vulnerable members of the host community.

Coordination and partnerships

SARC has been entrusted by the government to be the focal agency with the mandate to coordinate external humanitarian assistance and activities targeting the Iraqis displaced in Syria. This coordination role has placed a huge burden on the operational capacity of SARC. 15 international NGOs have become operational - the majority being active in the field of health, vocational training, rehabilitation and the establishment of community centers.

The National Society works in cooperation with United Nations agencies. UNHCR provides support to six SARC clinics for Iraqi refugees in Damascus and rural Damascus and another three clinics outside Damascus area. The support also includes referral of patients to Syrian public hospitals for cases that cannot be treated at the primary healthcare centres. Through its nation wide network of branches and volunteers, SARC assists in distributions of food, school kits and other items. Partnership in community based psycho-social support continues with the United Nations Children's Fund (UNICEF).

Cooperation also exists with other UN agencies present in Syria, also outside the support to Iraqi displaced. These include United Nations Population Fund (UNFPA), International Organisation for Migration (IOM), World Food Programme (WFP), United Nations Relief and Works Agency (UNRWA), World Health Organisation (WHO) and United Nations Development Programme (UNDP).

Two partner national societies (PNSs) are present in the country. The Danish Red Cross supports the psycho-social support programme at national level with three community centres established and two more currently being developed. The Danish Red Cross also supports capacity building of all 14 SARC branches. The French Red Cross is contributing to the displaced Iraqis programme through a health clinic in rural Damascus.

The International Committee of the Red Cross (ICRC) is supporting the National Society in its activities to re-establish family links, dissemination and communication of Red Cross/Red Crescent (RC/RC) Fundamental Principles, first aid in emergencies and mine awareness.

The International Federation continues to work closely with the leadership of SARC and jointly with the SARC team established to monitor and support the International Federation supported activities for Iraqi displaced. The role of the International Federation representation in Syria includes programme development, fund raising, planning and reporting as well as adherence to established procedures of the International Federation. The International Federation country office continues to ensure coordination and cooperation among Movement partners and support the National Society in its coordination with international NGOs and UN agencies as well as

¹ Part of the funds allocated by BPRM to the Middle East: Population Displaced from Iraq Emergency Appeal (MDR81002) will be transferred to this new Appeal within the next months as per agreement with the donor.

² UNHCR update, Syria, Winter 2010

other areas as requested by the National Society. The Middle East and North Africa (MENA) zone office of the International Federation, based in Amman, continues to provide support to the operation in Syria. Resource mobilization is further supported by the Secretariat in Geneva.

Red Cross and Red Crescent action

Overview

SARC continued to carry out health care services in 10 clinics supported by the International Federation. During the reporting period, 15,000 patients received health care and around 24,500 consultations were carried out in the 10 SARC health clinics. This brings the total cumulative number of patients to 145,000 with 225,000 consultations carried out since the program started.

SARC has established a well functioning nation wide network of clinics to provide all Iraqis with health care regardless of their legal status. The support also extends to vulnerable persons from host communities. Support provided by the International Federation includes staff salaries to eight clinics, provision of medicine, consumables and other operating costs.

Four mobile health units (MHUs) continued to serve poor rural populations, with an increased focus on populations affected by the drought. A rapid evaluation jointly carried out by SARC and the International Federation confirmed the relevance of continued MHU services.

During the reporting period, SARC installed the health information system developed by the National Society (SCIS) in a number of Lebanese Red Cross centres and at the headquarters level. SCIS has earlier been introduced also in Jordan and is used by a range of agencies operating in the country. The system is an excellent monitoring tool and is used for analysis of the programme and management decisions.

The funds spent for medications were well monitored and documented. All prescriptions and invoices were checked at SARC headquarters and a monthly medication report was developed to enable monitoring of consumption, and cost and compliance with the standard medication list. Meticulous monitoring was carried out by the finance manager with immediate interventions if necessary. Financial monitoring was further done through the financial unit at the MENA zone office based in Amman, responsible for data entry in the internal systems of the International Federation. Regular visits were carried out to the clinics by the National Society and the International Federation.

The activities were monitored jointly by the SARC and the International Federation. The support team seconded by the National Society included five staff members: a project coordinator, health officer; financial manager, a financial officer and a finance assistant. The International Federation's programme coordinator finished his mission by the end of January and the country representative continues to follow the implementation of the Appeal.

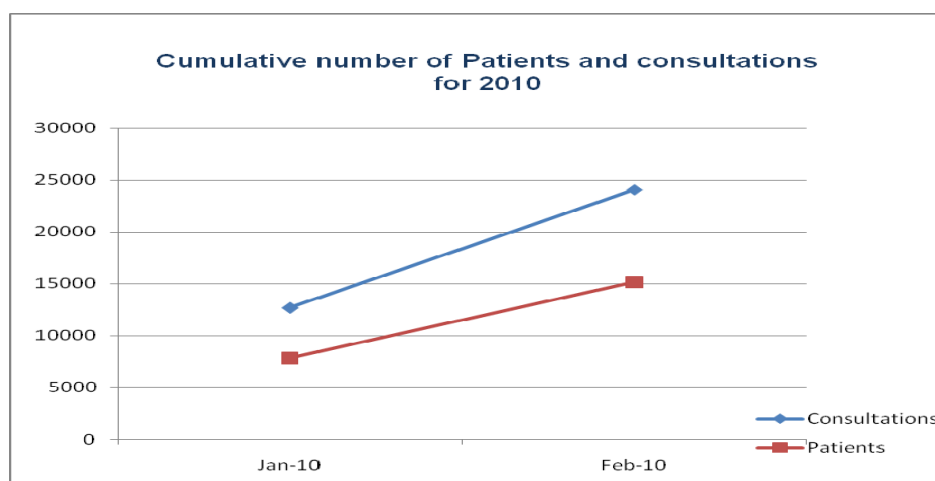
Progress towards outcomes

Relief distributions	
Outcome: School kits and fuel are distributed to beneficiaries to support the education of schoolchildren and protect the families from the winter.	
Outputs (expected results)	Activities planned
20,000 Iraqi children and children from vulnerable host communities are supported with school kits and their education is sustained.	<ul style="list-style-type: none"> Identify the 20,000 children needing school kits in cooperation with local authorities. Procure and distribute school kits (backpacker and stationary) to the selected children prior to the new school year in September 2010. Coordinate with local authorities and government to ensure the effective distribution to the most vulnerable and avoid overlapping. Mobilize branch distribution teams. Monitor and evaluate the relief activities and provide reporting on relief distributions
600 vulnerable non-registered Iraqi families are provided with fuel and protected from the cold winter.	<ul style="list-style-type: none"> Establish MoU with local fuel providers. Identify the families together with SARC branches and organise voucher delivery for 240 litres of fuel to 600 families.

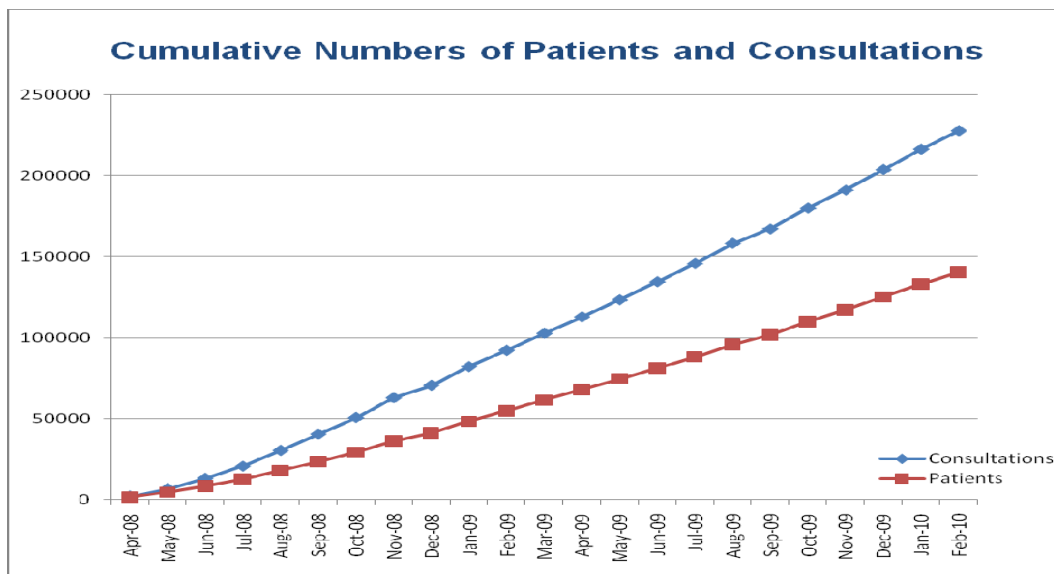
Progress: The objective is pending the health component of the budget to be initially fully covered. Once the funding is secured for health related activities, this objective will be focused on.

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.	
Outputs (expected results)	Activities planned
Displaced Iraqi population, regardless of their status in the country, and poor local population have access to nation wide basic health care. Patients have received medication provided by pharmacies according to standardised medicine list and through established procedures developed by SARC.	<ul style="list-style-type: none"> Support the provision of basic health care services in 10 SARC clinics. Support the provision of basic health care services in four SARC mobile health units. Support the provision of medicines, consumables and other operating costs in 10 SARC clinics and four mobile health units.
Iraqi displaced received secondary and tertiary health care through an established referral system.	<ul style="list-style-type: none"> Support diagnostic referrals for laboratory and x-ray services. Monitor the provision of tertiary health care provided by the MoH facilities.
The National Society was able to monitor and report the use of the health services and adapt its interventions accordingly.	<ul style="list-style-type: none"> Support SARC health information system (SCIS). Continuously analyse and review information provided by SCIS. Provide support to the monitoring and support team (six people) seconded by SARC for implementation of the Appeal (costs of personnel).
Coherent and coordinated quality health care services were delivered from SARC health clinics.	<ul style="list-style-type: none"> Facilitate the participation of SARC health staff and branches in two coordination workshops organised by the National Society.

Progress: 15,000 patients received health care and around 24,500 consultations were carried out in the 10 SARC health clinics supported by the International Federation during the months of January and February 2010.



The graph below indicates the total number of patients and consultations since the beginning of the programme. The number of Iraqi patients in January and February (the timeframe of this report) stood at 88 percent of the total patients and consultations.



The International Federation continued its support to 10 SARC clinics during the reporting period. The support included medicines, running costs, certain external referrals (x-ray and lab test) and salaries to staff in eight clinics and four MHUs. The clinics have been supported by the International Federation since October 2008.

The procedures and services have been standardised in all clinics. The standard team consists of three doctors (internal, paediatrician, gynaecologist), two nurses, one administrator, one dentist, one cleaner, one pharmacist and one lab technician.

SARC utilizes the countrywide well established pharmacy system. A standardised medication list, developed for all health clinics, clearly states the diagnoses that are financially supported by the International Federation. According to the agreement established between SARC and external pharmacies, medicines supported by the International Federation are obtained upon prescription in one of the pharmacies where the National Society agreement exists. All cooperating pharmacies are licensed in Syria and have undergone the International Federation registration procedure. The International Federation finds the system both cost effective and efficient and the quality of the medicines is very good. Most drugs are produced in Syria; thus they are always available and the prices are fixed and comparatively low.

Preparations for enhanced awareness related to psycho-social needs are ongoing and implementation of the activities is planned for May.

Mobile health units

The four MHUs continued to be supported during the reporting period. The MHUs have extended their services to populations affected by the drought as well. The four MHUs are operating out of rural Damascus, Homs, Deir al Zor and Qamishly. The coverage areas are vast, with small villages and settlements scattered in partly semi-arid or desert areas.

A rapid evaluation of the services was carried out by the International Federation and SARC earlier this year. The conclusion presented showed an obvious need to continue providing health services through the MHUs with a few amendments for improved services. The MHUs are reaching out to poor, rural communities with no or limited access to other health services. According to the MHU staff, most of



SARC mobile health units are reaching out to rural communities with limited access to other health services. Photo: International Federation

the patients cannot afford transport to the closest health facility. The majority of the patients are women and children (up to 65 percent women and 29 % children are under the age of five).

The main acute diseases are acute tonsillitis, gastritis, bacteria pneumonia, glycosuria, acute pharyngitis, dorsalgia, cough, other anaemias, status asthmaticus, elevated blood glucose level, and bronchiectasis. The main chronic diseases are hypertension, asthma, amoebiasis, non-insulin dependent diabetes mellitus, chronic sinusitis and crohns disease. Patients in the drought affected areas were particularly exposed to asthma and respiratory tract infections due to extreme temperatures and increased intensity in sandstorms. A number of diarrhetic patients were reported in the same areas.

Challenges: While the basic health clinics may find ways to become self sustainable in the future, the MHUs are depending on donor support also in the years to come.

Community based health and first aid (CBHFA)

Outcome: The health risks on the affected population are reduced through the provision of community-level health and first aid.	
Outputs (expected results)	Activities planned
The scope and quality of the SARC health and care services are improved.	<ul style="list-style-type: none"> • Support training of 20 National Society volunteers from branches in relevant areas of CBHFA by using the newly established and translated International Federation CBHFA training package and other tools such as vulnerability and capacity assessment (VCA). • Support the National Society to follow up the key messages in three clinics as a first pilot phase. • Support and facilitate printing and distribution of posters and leaflets to all National Society clinics.

Progress: The objective is under preparation and activities will be stepped up in the coming months. Training of volunteers will take place in March.

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 was 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 (costs of personnel). • Coordinate with the Zone Office for the Middle East and North Africa (MENA) for technical assistance.
SARC clinics stepped up activities towards self-sustainability.	<ul style="list-style-type: none"> • Support the National Society engagement in activities aimed at increasing financial autonomy to run the clinics after the departure of the International Federation.
The support of SARC to the Iraqi displaced is analysed and evaluated which will help in future programme development.	<ul style="list-style-type: none"> • Conduct a self-assessment of the support provided to Iraqi displaced.
The awareness of the National Society branch leadership in the RC/RC Movement structures, priorities including Strategy 2020, National Society strategies in disaster management and health is increased.	<ul style="list-style-type: none"> • Organise an induction course for newly appointed branch governance and management.

Progress: SARC has been entrusted by the government to be the focal agency with the mandate to coordinate external humanitarian assistance and activities targeting the Iraqi displaced in Syria. This coordination role has placed a huge burden on the operational capacity of SARC. The International Federation has a key role to play

under its mandate to support the National Society to fulfil this task. The International Federation is currently supporting 11 staff members at headquarters level to enhance its capacity and coordination role.

Discussions are ongoing with SARC leadership on the best way to enhance public relations and resource mobilisation for a sustained continuation of the clinic support. There is a commitment to continue running the clinics, also after the International Federation ends its support.

An evaluation by the National Society of the support provided to the Iraqi displaced is planned for the second half of the year.

Preparations to carry out induction courses for new governing board members have started in cooperation with the organisational development coordinator of the MENA zone. Implementation is pending ongoing elections in SARC branches.

Communications – Advocacy and Public Information

The activities of the National Society were highlighted by local media. Several articles focused on the election of the president of SARC as a new member of the governing board of the International Federation.

The National Society is currently recruiting a communication officer in cooperation with ICRC.

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.

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

For further information specifically related to this operation please contact:

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

International Federation of Red Cross and Red Crescent Societies

MDRSY002 - Syria - Population Displaced from Iraq

Interim Report

Selected Parameters	
Reporting Timeframe	2010/1-2010/2
Budget Timeframe	2010/1-2010/12
Appeal	MDRSY002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	3,216,107					3,216,107
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>Sweden Red Cross (from Swedish Government)</i>	466,819					466,819
C1. Cash contributions	466,819					466,819
<u>Outstanding pledges (Revalued)</u>						
<i>ECHO</i>	731,743					731,743
<i>Japanese Red Cross</i>	106,100					106,100
C2. Outstanding pledges (Revalued)	837,843					837,843
<u>Inkind Personnel</u>						
<i>Sweden Red Cross</i>	17,000					17,000
C5. Inkind Personnel	17,000					17,000
C. Total Income = SUM(C1..C6)	1,321,662					1,321,662
D. Total Funding = B + C	1,321,662					1,321,662
Appeal Coverage	41%					41%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	1,321,662					1,321,662
E. Expenditure	-50,258					-50,258
F. Closing Balance = (B + C + E)	1,271,404					1,271,404

International Federation of Red Cross and Red Crescent Societies

MDRSY002 - Syria - Population Displaced from Iraq

Interim Report

Selected Parameters	
Reporting Timeframe	2010/1-2010/2
Budget Timeframe	2010/1-2010/12
Appeal	MDRSY002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of 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)		3,216,107					3,216,107	
Supplies								
Medical & First Aid	1,145,000							1,145,000
Teaching Materials	360,000							360,000
Other Supplies & Services	255,600							255,600
Total Supplies	1,760,600							1,760,600
Land, vehicles & equipment								
Computers & Telecom	10,000							10,000
Total Land, vehicles & equipment	10,000							10,000
Transport & Storage								
Distribution & Monitoring	15,000							15,000
Transport & Vehicle Costs	102,660	1,270				1,270		101,390
Total Transport & Storage	117,660	1,270				1,270		116,390
Personnel								
International Staff	303,600	38,388				38,388		265,212
National Staff	103,000	1,434				1,434		101,566
National Society Staff	525,600							525,600
Consultants	8,400							8,400
Total Personnel	940,600	39,822				39,822		900,778
Workshops & Training								
Workshops & Training	85,000	1,647				1,647		83,353
Total Workshops & Training	85,000	1,647				1,647		83,353
General Expenditure								
Travel	13,000	1,560				1,560		11,440
Information & Public Relation	5,600	117				117		5,483
Office Costs	25,800	-11				-11		25,811
Communications	42,000	804				804		41,196
Financial Charges	5,600	-814				-814		6,414
Other General Expenses	1,200							1,200
Total General Expenditure	93,200	1,655				1,655		91,545
Programme Support								
Program Support	209,047	2,307				2,307		206,740
Total Programme Support	209,047	2,307				2,307		206,740
Operational Provisions								
Operational Provisions		3,557				3,557		-3,557
Total Operational Provisions		3,557				3,557		-3,557
TOTAL EXPENDITURE (D)	3,216,107	50,258				50,258		3,165,849
VARIANCE (C - D)		3,165,849				3,165,849		