



Annual Report 2022

Kurdish Red Crescent – Heyva Sor A Kurd – is an independent, non-governmental, and non-profit organization established on 12/12/2012 in order to meet the urgent medical needs in order to save the lives of the population affected by the conflict in North and East Syria, which is legally registered in the Iraqi Kurdistan region and is licensed by the Democratic Autonomous Administration in Northeast Syria, and its headquarters are in the city of Qamishli.

The Kurdish Red Crescent is considered by far the largest local actor, providing health services as an independent humanitarian organization that works in accordance with humanitarian principles, neutrality, and independence from the International Federation of Red Cross and Red Crescent Societies. Moreover, its personnel are trained, inter alia, in the field of international humanitarian law and apply the rules of conduct of the International Federation of Red Cross and Red Crescent Societies. The organization has played a critical role over the region's nine years of conflict in the field of strengthening the capacities and resilience of locals and communities affected by disasters, providing timely and urgent services to save lives, and providing emergency health care to the war-wounded and displaced. The Kurdish Red Crescent believes in human rights, and the right of

every person to prove his capabilities without discrimination on the basis of race, gender, disability, color, religion, belief, political opinion or any other opinion, minorities, national ethnicity, age, or sexual orientation.

Eliminating all forms of discrimination against women and enhancing their ability to participate in societal development.

The organization cooperates with several organizations such as (Cadus, Medico, Save the Children, Upp, PIN, IRC, Samaritan Purse, UNICEF, and WHO) in addition to some institutions, governments, organizations, and other associations that work side by side, it establishes a relationship between some institutions and governments in the context of humanitarian assistance

There are many other organizations and associations that are a partnership with the Kurdish Red Crescent to implement humanitarian projects for all sectors throughout NES



Major departments and programs within the general administration:

All services provided by the organization are supervised and work progress is monitored
And raising the quality through several offices and programs:

Shelter Programme 	Wash Programme 	Logistic office 
MEAL Office (monitoring, evaluation, accountability and learning) 	Protection and PSS office 	Media office (information ,education and communication) 
Human resources Office 	Medical program coordinator office (including coordinating all CHWs in HF's) 	Project Managers (focal points for partners and donors, program coordination and execution) 
Archive office 	Executive Directors and NES Coordinators (general overview, monitoring Projects, sustainability and coordinating with various sectors and active entities) 	Finance Department 

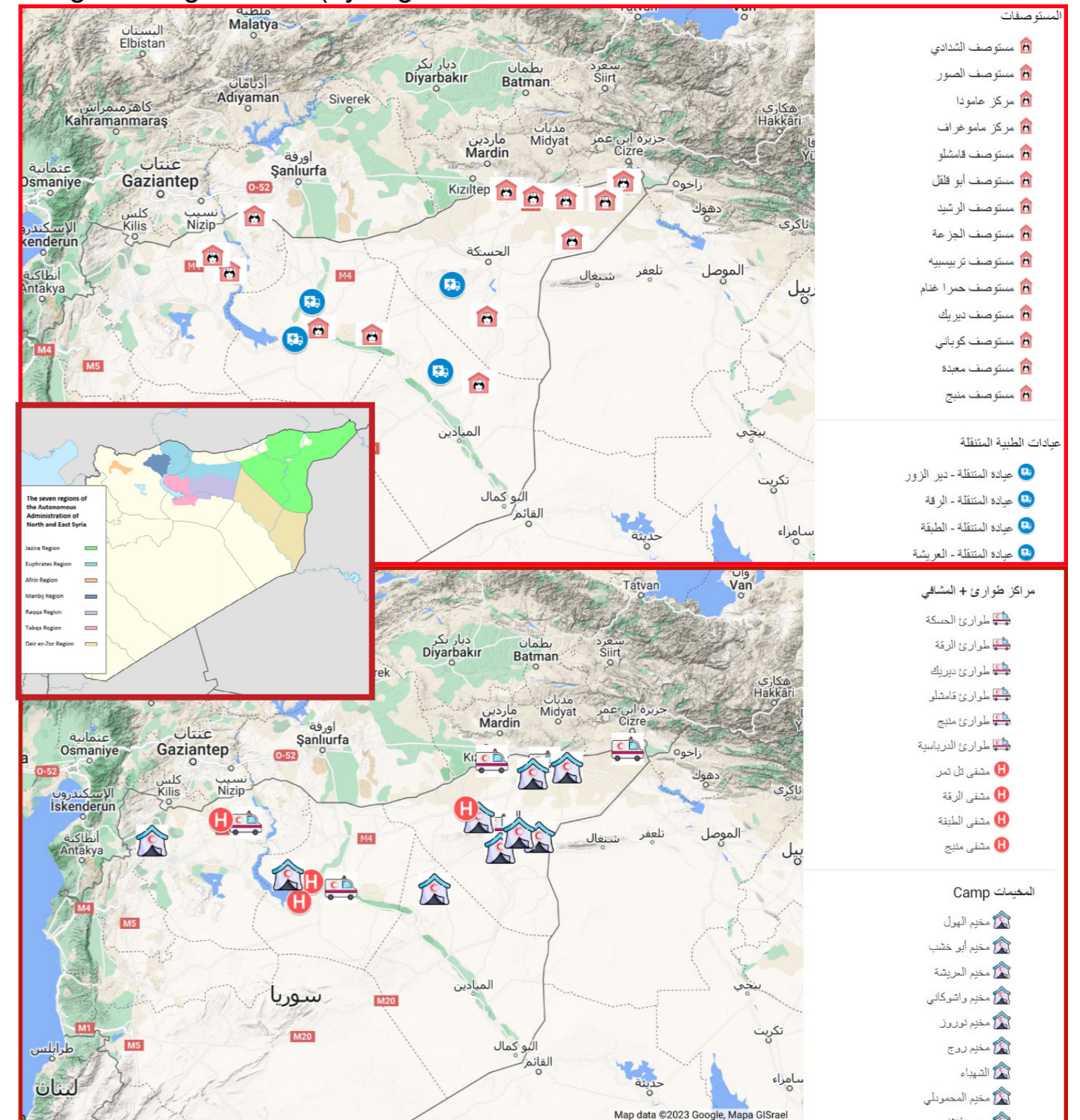
Regional Structures

To ensure successful implementation of projects including consistent use of protocols, coordination on the ground and permanent overall situation for each region, KRC implemented the positions :

Regional coordinators (by region and project value)
per region 1-4))

Regional logisticians (by region and

value).
Project - 1-2 for each area))
Regional Human Resources Officer (by region and value
Project - 1-2 for each area))
- Water, sanitation and hygiene (points-
Communication/IPC Monitoring/PPE,
Water quality and monitoring, sanitary waste coordination



HEALTH

The organization works to provide several health services, the most important of which are primary health care, health education, medical programs, an emergency system, and several other projects through 44 medical points distributed in the regions of northern and eastern Syria as follows:



Emergency centers:

This organization contains 5 emergency and ambulance centers and 64 ambulances distributed in all medical and emergency centers within the cities and camps. Providing ambulatory medical services and referral cases in each of the cities of Al-Hasakah, Tabqa, Deir Ezzor, Raqqa, Manbij, Kobani, Derik, Qamishli, Trebisbih, Girgi Lege, and Darbasiyah. and Tal Tamr »and the camps (Roj - Newroz - Mahmudli - Arisha - Washokani - Serêkaniyê

- Al-Hol Phase 1 - Al-Hol Phase 2 - Barkhadan - Ahras - Tell Refaat - Sardam), as well as work in disaster situations.

This system works through the coordination of a central operations room Equipped with hotlines operating 24/7 linking all centers and medical points. Its aim is to coordinate all referrals to and from hospitals - transferring funerals - accompanying ceremonies and some other activities - and transferring cases with weaknesses in mobility.



Health Points and Camps:

There are 15 medical points for primary health care in refugee and displaced persons camps in the regions of north and east Syria, which focus on gynecological and pediatric diseases, epidemiological diseases, and referral services to hospitals in each of the camps (Roj - Newroz - Mahmoudli - Arisha - Washokani - Sere Kaniye - Abu Khashab - Al-Hol Phase 1 - Al-Hol Phase 2 - Barkhadan - Burj Qas - Ahdath - Al-Awda - Tell Refaat – Sardam).



Clinics within the cities:

There are 15 primary health care centers that provide care for pregnant women before childbirth, pediatrics, gynecology, and health education, as well as providing medicines and vaccines for seasonal epidemics such as leishmaniasis.

The teams affiliated with these centers also conduct field visits to detect Epidemics in the countryside,

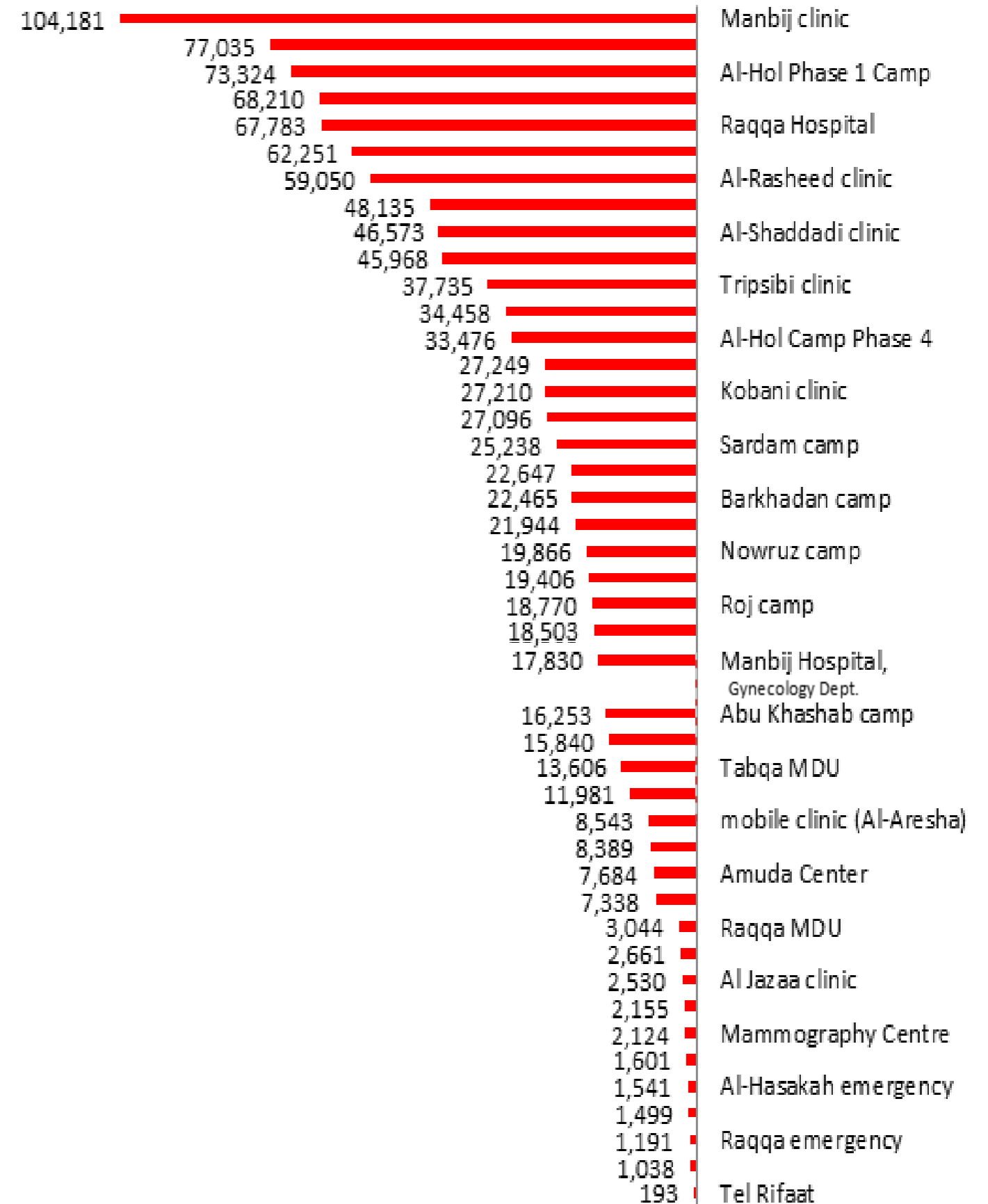
providing statistics on the spread of epidemics

Giving vaccinations in addition to giving health education sessions.

The centers that provided primary health care during the past year are: “Dirik - Girke Lege - Terbisbih - Qamishlo - Hamrat Ghanem - Darbasiyah - Jerniyeh - Shadada - Abu Qalqil - Tal Tamr - Jaza’a - Tyre - Raqqa Al-Rashid - Kobani – Manbij”.



Total beneficiaries of medical services provided in all KRC's Health facilities in 2022



Mobile Clinics

It consists of 6 mobile clinics accompanied by an ambulance, supporting reproductive health, pregnancy follow-up and child health in the rural areas of the cities of “Al-Hasakah - Tabqa - Raqqa - Deir Ezzor”.



Hospitals:

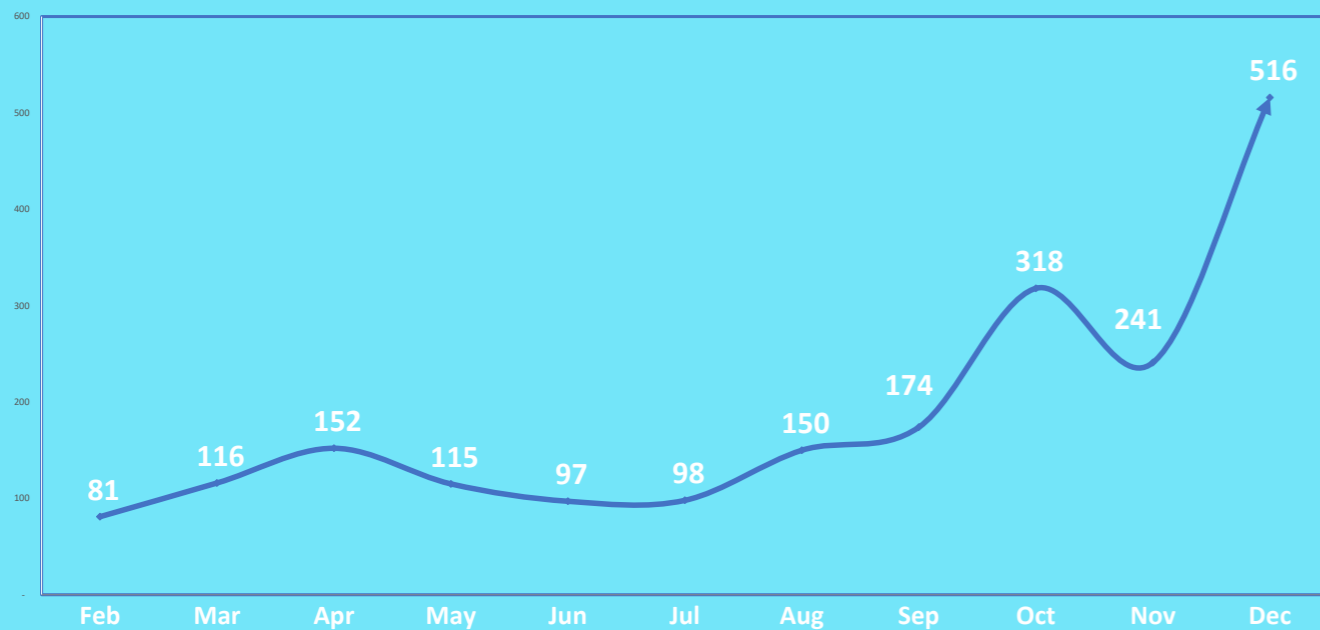
Full support for each of the cholera / (Covid 19) hospitals previously in the city of Hasaka, through medical staff equipped and trained to deal with the disease. Supporting women's and children's departments within Tabqa – Manbij hospitals (in addition to Al-Hilal Hospital in Raqqa, which was handed over to the Health Authority).



Prosthetics Center

The Center for Prosthetics, Physiotherapy and Psychological Support has been opened since the beginning of 2022 for comprehensive support and rehabilitation for people with disabilities, permanent injuries, war-damaged people and their families. The center is located in the city of Qamishlo and aims to receive Those affected by the war and others from all regions in northern and eastern Syria and help them.

number of beneficiaries of 2022 (February - December)



the Mammography Center

It is considered the only center that has been conducting early detection of breast cancer for free in the northeastern regions of Syria for 3 years.



Chronic Medicine Center

The center, located in the city of Amuda, works to provide chronic medicines for permanent and intractable diseases such as diseases (cancer, kidney transplantation, blood diseases, hormones, pressure, diabetes, heart, etc.) through a specific mechanism that gives the patient an opportunity to benefit from service on a regular basis.



Detention Centers Project:

Works to improve the health status of vulnerable and vulnerable detainees in detention centers in northeastern Syria, integrate WASH IPC measures into supported healthcare facilities, deliver non-surgical and surgical secondary interventions to priority populations, and enhance referral and transfer mechanisms to secondary healthcare services for priority populations.

Nine (9) detention centers (detention centers) in the Al-Jazeera region were targeted as a qualitative activity, including the most dangerous prison in the region (Panorama Prison). These detention centers contain (children, women, minors, and men). Primary and secondary health care is provided to them, in an environment that requires taking A lot of preventive measures, protection, and caution, as a dedicated team for these activities was allocated from doctors, paramedics, ambulances, and transport vehicles to work inside the detention centers and provide support, in addition to allocating an entire ward in the People's Hospital in Al-Hasakah to receive red cases from these detention centers to conduct complex medical interventions, and that In cooperation with the Department of Justice and Reform Affairs to facilitate the procedures and provide the

necessary protection for the medical staff inside the detention centers and during transfer to hospitals, as well as during the hospitalization and accommodation in the hospital.





Medical Coordination Office:

The office relies on medical coordinators who follow up the progress of the supportive programs within all the medical points mentioned above:

The Health Education Program:

The health education program is one of the basic programs of the policy of the Medical Coordination Office in H.S.K because of its overlaps and partnership with other programs such as (reproductive health - malnutrition - chronic diseases). The Kurdish Red Crescent implements the health education program in 22 centers in northeastern Syria, of which 7 are within Camps with a total number of 113 health educators distributed in these centers. The main goal of the education program is to reach most citizens to educate them about the dangers of diseases and introduce them to the prevention mechanism and the correct behavior according to the disease, as well as raising awareness of health and personal hygiene, especially the rural community, and directing them to free services through several topics, the most important of

which are (Pregnant women's health - breastfeeding - scabies - cholera and Covid 19).

The Laboratory Program:

The laboratory program focused on providing basic tests in all laboratories according to the basic services provided in medical centers. And the priority of tests in the centers is determined according to the nature of the center, whether the center was a hospital or a dispensary to provide primary health care or a medical point. In addition, it is taken into account whether these centers served inside the camps or not. There are also laboratories that are not supported by any projects, so they are supported by the warehouse, which sometimes causes a shortage of some reagents and supplies.

Reproductive Health Program:

Monitoring the work of midwives and doctors, according to a monthly statistic related to work details (number of patients - number of childbirth - number of referrals – the reason for referral). After receiving the monthly statistics, we obtain

details related to the increase in the number of female beneficiaries in our centers, in addition to conducting routine visits to all our points to find out the deficiencies they have. and secure them in a short time.

child welfare program And Nutrition:

Children under the age of five are considered the most vulnerable group of humanity, especially in the context of wars and crises. The first few years of life are important stages in the life cycle and have repercussions for the physical and psychological health of children. Due to the current context in northeastern Syria, child health considerations are so far limited to receiving patients and providing medicines, yet standard guidelines and clinical protocols are not followed. Health promotion and disease prevention activities are also neglected and not prioritized. Therefore, the Child Care and Nutrition Program was developed to meet the aforementioned needs, to improve the survival rate and reduce the mortality rate in children by building capacities on different case management scenarios based on clinical protocols while at the same time working to enhance the general health of children through the application of vaccinations and encouragement of Breastfeeding and applying protocols for the care of newborns and preterm infants.

Chronic Disease Program:

Non-communicable diseases, also known as chronic diseases, are

diseases that last for long periods and result from a combination of genetic, physiological, environmental and behavioral factors. Among the most important goals of this program in the Kurdish Red Crescent centers are:

- Detection of non-communicable diseases as well as palliative care, screening, treatment, and key ingredients in response to non-communicable disease valid
- Improving the quality of health care services and clinical management
 - - Improving community awareness about non-communicable diseases and follow-up treatment
- Early detection of non-communicable diseases in camps
- Improving the information management system for non-communicable diseases.
- One of the tasks of the Medicines Committee is to coordinate with doctors to apply treatment protocols and confirm them / the protocol for using antibiotics - misoprostol / in addition to reducing leftover drugs / close to expiration / between centers and transferring them to other centers according to the need of each center.

Other Projects :

There were projects that were still under construction during the past year, such as a project to build a special center for burns, thalassemia, and cancers. We look forward to opening them during the next year 2023.

Water, Sanitation, and Hygiene (WaSH)



This department includes three sectors:

1 - Infection prevention: It has played a role during the medical waste management program and activities for the proper disposal of expired medicines and implementation of infection control standards in health facilities.

2-Sanitation and rehabilitation: This plays a very important role by virtue of the destroyed infrastructure after more than a decade of the Syrian war and the resulting damage, pollution, and wear of pipeline networks.

3-Monitoring water quality: It proved that it contributed effectively to reducing the

spread of these diseases, especially those transmitted through water. The WASH department implements its activities through a set of supported programs

- Identifying a responsible observer in each health facility affiliated with the Kurdish Red Crescent and has been prepared and trained appropriately to follow up on all tasks related to the medical waste management program in it such as (sorting, transportation, equipment, etc.).
- Targeting new health facilities and including them within the medical waste separation program,

- such as the Kurdish Red Crescent clinic in Trebispi, the Kurdish Red Crescent clinic in Qamishli, the cholera hospital in Washokani camp, and all health facilities affiliated to Al-Hol camp
- Implementation of a special activity for the safe disposal of waste expired medication; As it constitutes hazardous waste with toxicity after the expiry of its validity period.

- Conducting a series of assessments which are implemented in the management and emergency center of Al-Hasakah and the medical waste areas (Qamishli, Al-Hasakah, Tal Tamr,

Washokani, ... etc.) Participation with the Save Children.

Follow-up business periodically with each of the Directorate of Health and the environment in order to continue the activities of the medical waste management program well

- 140 trees were delivered to each of the Municipal Councils of Hasakah, Tal Tamr, Qamishli, and Mabadah in order to increase the green area around the medical waste areas

purify the water tanks in health facilities.

- Distributing water through tanks to the people in Al-Hasakah neighborhoods.

Protection and Psychological Support

During 2022, the Protection Office continued its tasks by disseminating and implementing policies to protect beneficiaries, protect children from sexual exploitation and abuse, train staff on protection programs, conduct assessments and reports on protection generalization, in addition to following up on activating the accountability mechanism in all medical points to receive and follow up complaints and respond to psychological support for children. The office pays attention to the victims of war and disasters, and also monitors children under the age of 18 are also supervised to avoid engaging in armed conflict. The Office provides psychological and social support to the children of war victims (orphans), by carrying out several activities for this purpose. A hotline has been established to receive complaints and a database linked with all points to estimate and classify the degree of seriousness of the complaint and how to respond to it and refer it to the stakeholders.

Two schools were built for displaced children from the city of Afrin in Sardam and Berkhdan camps in al-Shahba, where the two schools provide education for more than 1,800 boys and girls, in addition to distributing school supplies. Formation of a special committee to assist displaced patients in Al-Shahba and refer them appropriately -Organizing several activities for children inside al-Shahba

camps -Establishing a child-friendly space in Washokani camp - Follow up to the psychiatric clinic's activities in Washokani camp - Continued support for the orphanage project in the city of Rmelan.

De-radicalization project:

Giving training on the humanitarian principles of the International Committee of the Red Cross, and training on child protection and sexual exploitation and abuse. The psychosocial support (PSS) team held sessions targeting young mothers. These sessions revolved around psychological drama, early marriage, and rapprochement between mothers and their teenage daughters. It also works to improve the relations and well-being of communities affected by ISIS, including the participation of women and minorities in decision-making. Dialogue mechanisms have been developed, the action plan approved, and joint initiatives (youth and women) implemented between the Kurdish Red Crescent and local civil society organizations with the aim of improving the process of reintegration and inclusion of women. Several initiatives were implemented, such as the breast cancer initiative in Al-Hasakah, the child protection initiative in Washokani camp, the initiative of combat violence against women in the city of Raqqa, and the initiative to support children with disabilities in the city of Qamishli.





In January 2022, we lost our friend and colleague Basim in Al Hol Camp. He was shot and killed during his nightshift as a nurse in the main primary health care facility, which is in Phase 1 of the camp. He prevented the killer from finding his target, which was a female patient with her baby. The result has affected the mood of the colleagues a lot. He also left behind his pregnant wife and two children. The fact of being in such a great risk of losing one's life while providing humanitarian aid to people

in need not only increases the fear of going to work, but also increases the depression, hopelessness, and distrust among our teams.

We would like to take this opportunity to express our deepest respect and gratitude to our colleagues still working in the camp and continue providing humanitarian aid. Your humanitarian commitments are not forgotten and pretty much appreciated. We continue our efforts to support you as much as we can in your difficult job.

Challenges, Gaps and difficulties

Medical supplies

Already before the UN resolution was stopped in 2020, we had a lack of medicines. Since the UN Resolution has been stopped it became worse and until now we are not able to provide enough medicines and medical supplies. One of the main problems is that we (or our project partners) are often forced to buy medical supplies from outside of Syria. This is often leading to a huge delay in the shipments, besides of that it is more expensive. We can actually buy most of the needed medicines on the local market which would be much faster and probably also less expensive. Furthermore the branches are often changing which is difficult especially when it comes to chronic diseases. We face challenges with transporting medicines since it has to pass more than one difficult border that are all not very supportive to let humanitarian shipments through their borders. But the most ambivalent problem is that we have a lack of medicines and medical supplies because there are materials and medicines we can't get in Syria or their quality is too bad, but that refers only to a small part of our needs. As KRC we are unfortunately not able to purchase on the international market since we are lacking a European bank account, furthermore we are also pending on our partners to organize the shipments.

Now, in case of any major attack or

natural disaster with many heavy injuries we would not be able to respond properly, since all of our contingency stocks and warehouses are empty or at least do not contain the medical supplies we need. This also includes medical equipment to provide for example Trauma Stabilization Points. Even though we are mainly the first responder for injured civilians at mass casualties or in emergency cases and are providing the biggest fleet of ambulances in NES.

Financial Struggles, sustainability and capacity building

An overall decrease of emergency funding for Syria (at least NES) was observed through different partners, it causes for sure funding gaps in NES. Already the needs were higher than what could have been covered through the humanitarian funding before; now these gaps might even increase. There is focussing less on Emergency Response but more on other sectors. Which is also needed, but at the same time NES is still in a critical status and Emergency Response is still needed, if we for example consider all the camps and IDPs in informal settlements as Emergency Response? Furthermore. In the meanwhile, also in Syria everything is getting incredibly expensive. While the Syrian Pounds value is decreasing more and more, this is already a trend since many years, there was already a lack of food produced here, since the lack of rain as well as the closure of the dams in Turkey decreased the overall harvest, The rapid change of

currency exchange rates between USD and EUR were almost leading to the loss of a huge amount of money through the exchange rates. One other big problem is the lack of a functioning banking system in NES, and the sanctions on Syria including NES, which makes it very difficult to receive the actual funding here. Even though the funding is mainly provided through European and US humanitarian agencies and donors. This problem is related to all humanitarian actors and not only us. In our case we could also not open a bank account in Syria, even if there was a possibility. In Iraq we suffer difficulties when we withdraw money from the bank account if it is supposed to support projects in NES.

The only possibility which is left is the Hawala system; there are specific Hawala offices recognized by donors that we could use. But in our case, we have the problem that it would require a European bank account if we want to send money from Europe or the US to NES. Obviously, we are not registered in any European country; therefore we cannot open a bank account. That means we are fully pending on our partners to send the funding through their bank accounts and Hawala offices to NES and Often there are huge delays

We implemented a rule that all salaries shall be paid more or less at the same time, to avoid unequal treatment and problems between the teams. Usually all salaries shall be paid between the beginning and mid of the next month. In 2022 we

had in total almost 1.300 employees. Furthermore, we are receiving in most cases reimbursements from our partners instead of advanced project tranches, which means we always have a big amount we have to pay in advance anyway. If then also we receive the re-imbursements too late we are not able anymore to cover our liabilities towards the employees. This is also sometimes leading to a delay in the payment of salaries, which is for our employees especially for those who have to cover the whole family because there is no other income, hard and almost not possible. Despite that, the system of re-imbursing expenses is sometimes leading to the delay of projects activities. We have faced problems as we planned together with our partners to hire specific personnel for specific project activities. But the re-imbursements were delayed too much which made it impossible to hire personnel since we could not pay them or at least not in time. That was leading to a delay of project activities. Which is ambivalent since we have too many gaps here which we don't or not receive enough funding for? What we need to keep working on, from KRC side, is to find other possibilities with our partners to receive the project fund in time. We are negotiating different possibilities with different partners related to Hawala Offices and legal possibilities to receive funding in Europe. But we also hope that partners and donors are changing the funding system from reimbursements into advanced budget payments, before implementation of

activities and/or giving little bit more flexibility in restricted fund since project activities are often also delayed for other reasons as for example emergency situations. Knowing that internal compliancy checks as well as internal audits are important for our teams in the administration who are already working hard on that.

Internal Challenges

As part of our long-term strategies we are working since more than two years now on to develop our structures at coordination level but also at administration and management level. This has two main reasons; 1. The activities, responsibilities and efforts increased very fast as well as the context have changed. Our structure has been developed towards a higher capacity, more independency, higher flexibility and higher standards in service provisions. 2. Donor and partner requirements have been changed to more professionalism; therefore, we had and must change many of our internal regulations, protocols, policies and bureaucratic efforts. Still this process is not finished, and we will still need time. But our teams are constantly working on those developments and are giving huge efforts to increase our capacities under given circumstances. But it takes time, not only because of the difficulties related to the budgets and fluctuation of skilled staff as mentioned above. In the meantime also there was a change of the Co-Directors and Board members. This is related to our internal rule to select every two years new Co-Directors, which is still a good

rule, but it also means that especially in this case, things might take longer time, for them to understand well all structures, donor requirements and its related bureaucratic efforts as well as our challenges and difficulties. We also already gained positive effects related to the structural changes and also our efforts to match with donor requirements. Many positions have been implemented in a more sustainable and comprehensive way, as for example through the shared positions. Strategies, capacity building and a realignment of working standards at facility level became more efficient since we implemented the Medical Program Coordinators. The Protection Coordinators with all the protection teams are providing essential help in all KRC activities. Hereby we want to take this opportunity as well to send our thankful regards to all KRC workers, teams and volunteers. From Sulaymaniya to Shehbaa, we thank you very much for all your work, often under bad and even dangerous circumstances. We apologize for the remaining lacks and problems that we have to work on. But without all of you and your efforts we would not be at this level we are at now. We must stick together as a team in order to improve the general living circumstances in our society since it is in our hands as well and we will do our best to become better in the future. During the constant work pressure we are often forgetting to also see the incredible improvements and jobs all of us are doing together



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