

• 2018 •



A N N U A L
R E P O R T

WHAT WE DO

&

WHY WE DO IT

WHAT DRIVES US

We at STEP-IN believe that everyone has a duty of solidarity towards fellow men. We strive not only to bring them our services, but also to give them our time and attention to understand them better, be with them, help them rebuild their dignity and build bridges between the suffering communities and the rest of the world.



VISSION

A world of solidarity, where friendships and personal connections between members of different communities across the globe collaborate to address global challenges faster, and quickly react to troubles arising in the most vulnerable parts of the world.

A connected world, where people who want to help fellow humans in places marked by exceptional hardship and suffering can easily find an efficient, smart, reliable and trustworthy way to do so.

MISSION

Provide quality health care to those who need it the most - victims of man-made or natural disasters.

Build lasting bridges between individuals and communities - those who need support or may need it in future, and those who can provide it.

Provide opportunities to people who want to get involved. Help young humanitarians develop professionally and personally, so that their skills and approach can be valuable not only to their future employers but, most importantly, to the communities they will serve.

CONTINUOUS SERVICES

2017 --> 2018

CLINIC OF BL. ZENKA SCHELLING IN ERBIL

- doctor consultations
- gynecological consultations
- USG investigations
- provision of medication
- laboratory services



Getting ready for another day.

MOBILE MEDICAL TEAM (MMT)

- doctor consultations
- provision of medication
- laboratory services

CLINIC OF BL. JERZY POPIELUSZKO IN DAWOODIA CAMP

- doctor consultations
- gynecological consultations
- USG investigations
- provision of medication
- prenatal care
- nutrition screening and support
- laboratory services
- emergency services 24/7



Samples processing in the laboratory in Dawoodia.

NEWLY IMPLEMENTED SERVICES



PHYSIOTHERAPY CENTRE became part of the Clinic in Erbil.



PREVENTIVE HEALTH SERVICES have been implemented within existing health services in Dawoodia IDP camp.



MICROBIOLOGICAL LABORATORY has been opened in the clinic in Dawoodia.



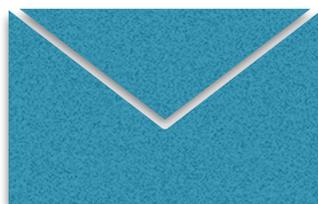
MENTAL HEALTH SERVICES became available in all STEP-IN clinics in the second half of the year.



Healthcare and Social Aid Program (HandSAP)

grew in size and quality. The program now has a full-time coordinator who is working closely with our doctors and the rest of the team. Proper standards have been created, and a referral and follow up system implemented.

The program aims to provide help to IDPs, refugees and local population who need surgeries, expensive but essential medication, rehabilitation, prosthetic and sensory aids, specific investigations and in special cases even material support.

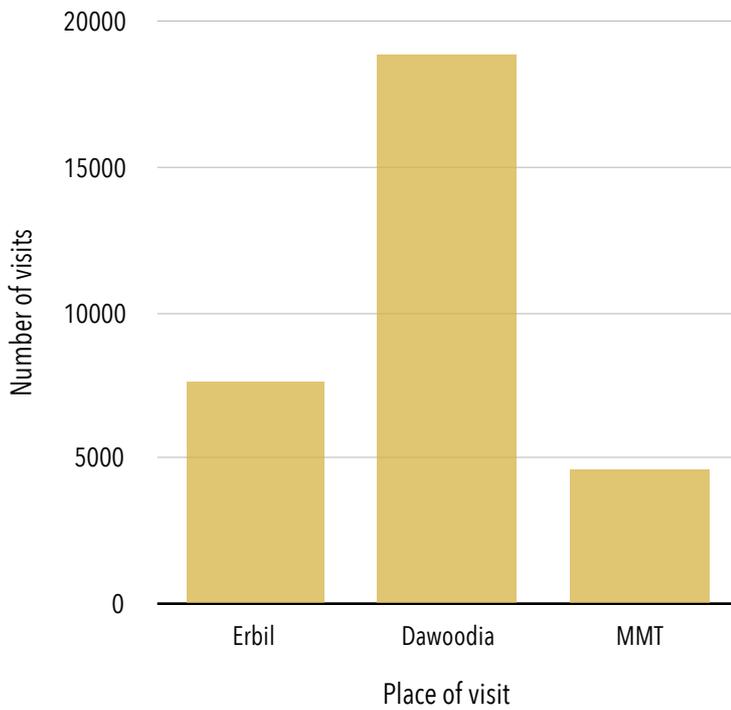


“You have saved a lot of lives. and I am one of them' My name is Mohamed.I am a refugee from Salah Aldin' I am 21 years old. I have a blood disease' And i do not have the money to buy the expensive medicine,
Thank you very much for the wonderful work you are doing for the time we need humanity and cooperation. Thank you“

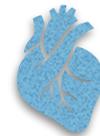
2018

IN NUMBERS

Total number of visits in 2018: 31 215



Most common diagnoses



Cardiovascular diseases



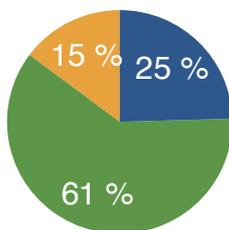
Respiratory infections



Chronic pain complexes

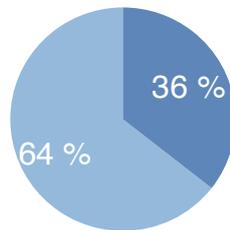
Patient profiles by:

Location of visit



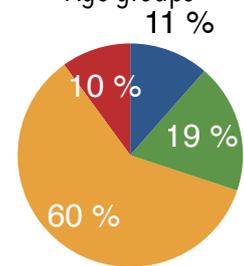
- Erbil
- Dawoodia
- MMT

Sex



- Male
- Female

Age groups



- 0-5 yrs
- 6-18 yrs
- 19-65 yrs
- >65 yrs



31 215

PATIENTS VISITS

In 2018, STEP-IN received 31 215 patients. Adult females constitute the largest group within this number in all three clinic locations.

45 741

DIAGNOSES RECORDED

A total of 45 741 diagnoses were coded in the database. This means that many of our patients are ailed by more than one conditions (averaging 1.5 diagnoses per patient). Patients visiting our Erbil clinic and Mobile clinics are more likely to present polymorbidity (1.8 diagnosis per patient) than those visiting the clinic in the camp (1.3 diagnosis per patient).

25 087

LABORATORY TESTS PERFORMED

Significant number of our patients are those suffering from chronic diseases and thus on continuous treatment. Regular medical check-ups including laboratory tests need to be done in order to detect potential side effects of chronic medication.

6 500

HYGIENE PACKS DISTRIBUTED

2500 family size and 4000 individual hygiene packs have been distributed in Dawoodia camp and in 2 smaller locations visited by the MMT.

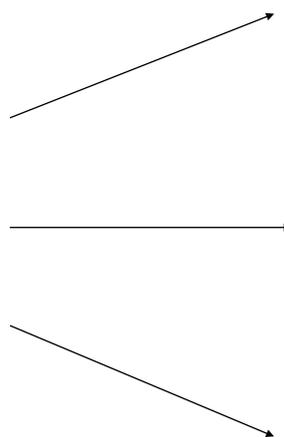
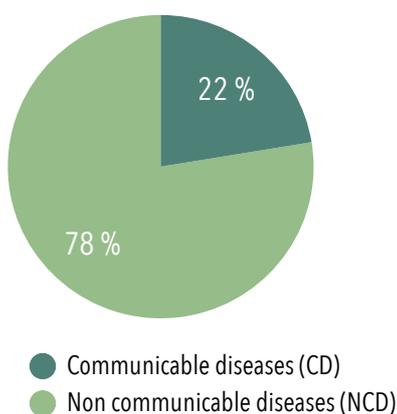
923

HOUSEHOLDS VISITED BY CHW

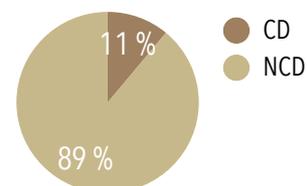
All households in Dawoodia IDP camp are regularly visited by STEP-IN's community health workers (CHW) who are in charge of prevention, early detection of communicable diseases as well as basic health education of the people living in the camp.



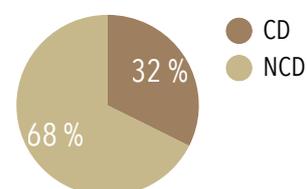
Proportion of communicable versus non communicable diseases in all 3 clinics



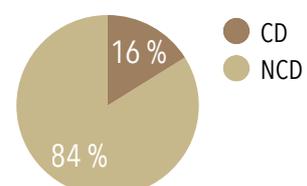
Erbil clinic



Dawoodia clinic



Mobile clinic



The proportion of communicable versus non communicable diseases reflects the kind of population visiting the clinics and also their living conditions and lifestyles.

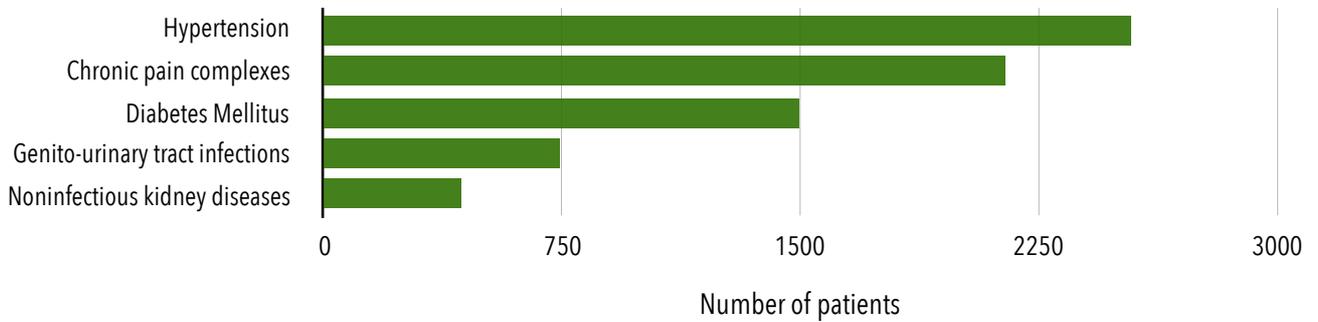
Compared to our Erbil clinic or the MMT, patients in the Dawoodia IDP camp present significantly higher rates of communicable diseases. In camp conditions those diseases spread faster and more easily. Also, since the clinic is within walking distance of the caravans of Dawoodia, patients living in the camp often come to see the doctor even if their condition is very mild.

On the other hand, patients visiting the clinic in Erbil or the mobile clinic which are in non-camp locations, come mainly because of chronic health conditions. They need to make extra effort to come to the clinic which is not as close to their homes. The majority of patients visiting these two locations are IDPs living in non-camp locations or, in the case of the MMT, even people living in nearby camps.

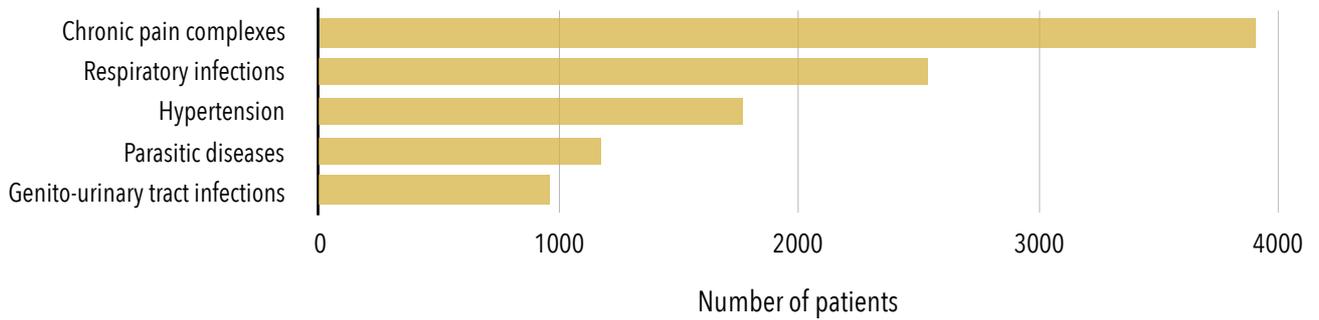




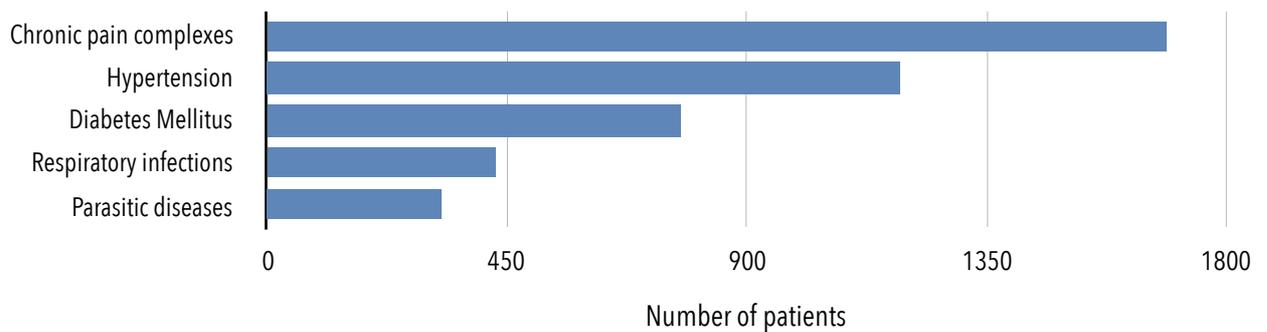
The most common diagnosis in Erbil clinic



The most common diagnosis in Dawoodia IDP camp clinic



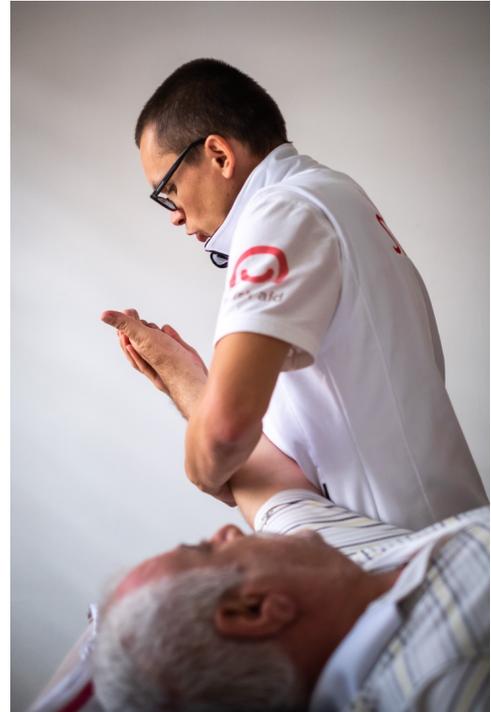
The most common diagnosis in mobile clinic





As can be seen in the graphs above, the most common problems of patients visiting STEP-IN clinics are chronic pain complexes. This group includes patients repeatedly presenting non-specific pain. In many cases, the physical pain is caused by their past traumatic experiences as well as the harsh living conditions they have endured since their displacement.

Over the course of the 4 years of working with this population, STEP-IN doctors agreed that patients would greatly benefit from two services: psychotherapy and physiotherapy. Hence, in August of 2018 we opened a physiotherapy centre which became a part of the clinic in Erbil and, later in the year, mental health consultations (MHCs) have been reintroduced in all our clinics.



310

MENTAL HEALTH CONSULTATIONS

A full-time psychiatrist joined the team in October 2018. Over 300 MHCs were been carried out since then. Patients who are most in need of this type of help are Yazidis, who individually and as community suffered the most at the hands of ISIS.

839

PHYSIOTHERAPY SESSIONS

Over 800 patients have visited the newly opened physiotherapy centre. Patients receive not only treatment for their conditions, but also crucial physical health education. Local physiotherapists are trained by a specialist physiotherapist from Europe in new techniques and approaches being developed abroad.



CHRISTMAS PAEDIATRIC WEEK

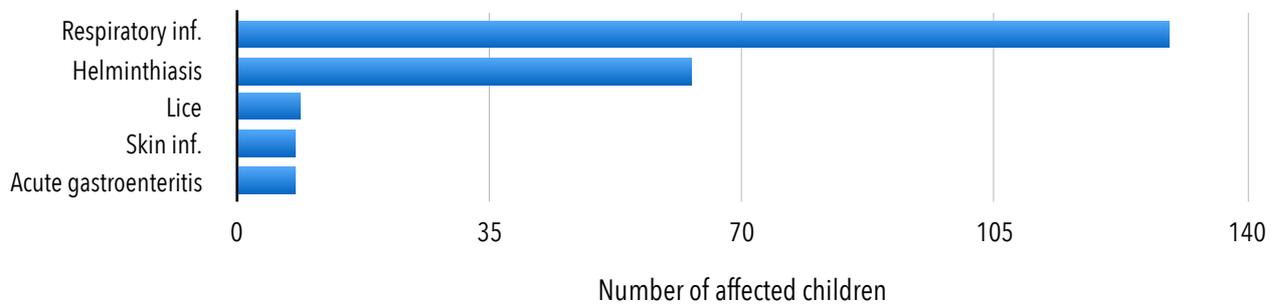
During the days of 10th to 13th December 2018 and to a lesser extent during the following week, STEP-IN organised a paediatric week at the Erbil and Dawoodia clinics. The goal of this campaign was to prevent and detect different childhood illnesses early.

In order to motivate the parents to participate in this campaign with their children, small incentives were prepared by our organisation: each child received a small gift (warm clothes and toys) and parent from each family was given a thermometer with instructions on how to use it.

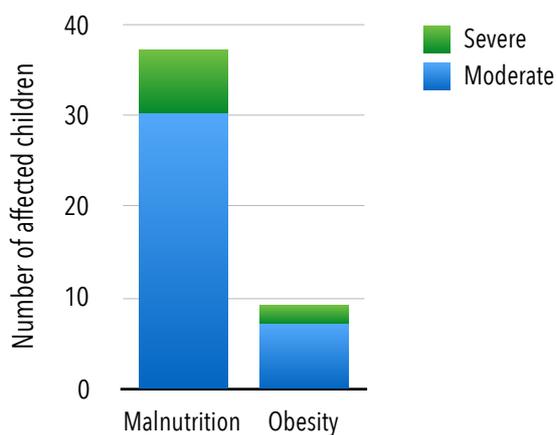
TOTAL NUMBER OF EXAMINED CHILDREN: **747**



Communicable and infectious diseases most commonly detected during Christmas paediatric week



Nutrition screening results

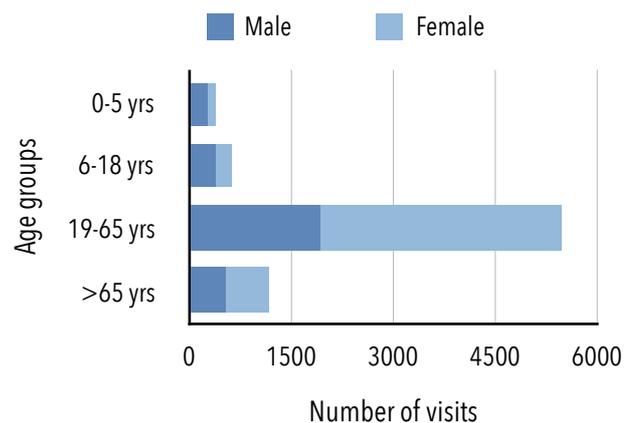


CLINIC OF BL. ZDENKA SCHELING



TOTAL NUMBER OF PATIENTS: 7662

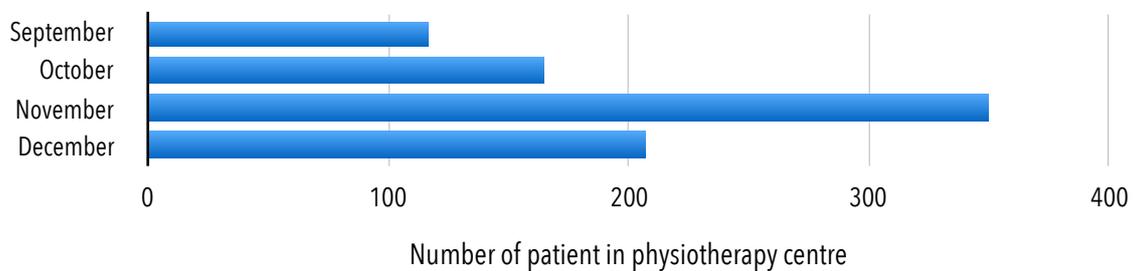
Clinic of bl. Zdenka Scheling in Ozal city was opened at the beginning of 2015 to serve a large number of displaced Christians who were staying in this suburb of Erbil. During 2017, the majority of them returned to their liberated villages, towns and cities in Niniveh plains. Their place in Ozal city was taken by Muslim IDPs from Anbar and Tikrit, who now represent majority of the patients in the clinic. However, many Christians even after their return to the destroyed homes keep coming for their consultations to our clinic. In fact, every Friday, a bus arranged by patients now living in Qaraqosh brings them directly to the clinic and back. Moreover, more and more Syrian refugees are visiting the clinic. Many of them are indeed very poor and in bad health condition. Last but not least, we also attend a considerable portion of the local Kurdish population. Again, these are almost exclusively from lower socioeconomic strata and could not otherwise afford to get healthcare.



With all the listed groups visiting the clinic, we started experiencing problems not only with clinic and personnel capacity. We have decided to hire an additional part-time local doctor to be able to receive a larger number of patients. This doctor speaks Kurdish, which helps a lot with our local Kurdish patients. Additionally we have expanded the clinic building by creating a waiting room area in the front yard. As the cold winter months settled in, the waiting room, sheltered from the wind and rain, proved to be a good solution to keeping the waiting patients warm.



TOTAL NUMBER OF PATIENTS IN PHYSIOTHERAPY CENTRE: 839



Prolonged displacement is known to be one of the significant factors leading to chronic pain complexes. Many of these patients benefit greatly from regular physiotherapy.

Another significant group of patients visiting the physiotherapy centre are children with congenital deformities or neurological disorders. The vast majority of their parents could not afford taking them to a private physiotherapist (governmental physiotherapy is scarce and highly inadequate) before coming to our clinic.

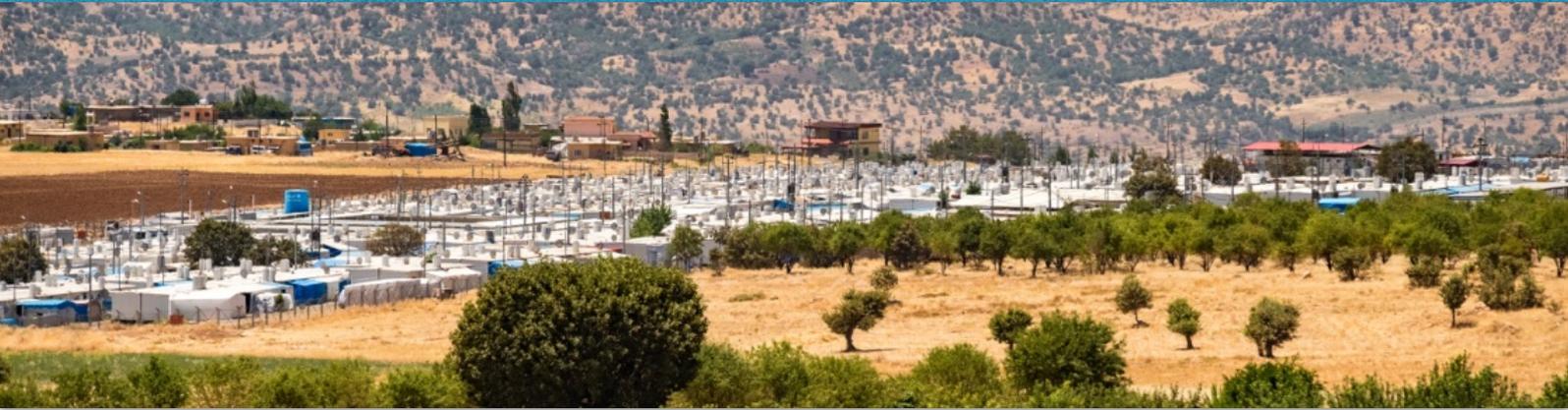


A pair of young, local physiotherapists work in cooperation with and under supervision of an experienced and skilful colleague from Poland, helping them to improve their knowledge and competencies. They all take great care not only to treat but also to educate the patients in physical care, so they can support the work of the physiotherapists with their own everyday practice and efforts.



CLINIC OF

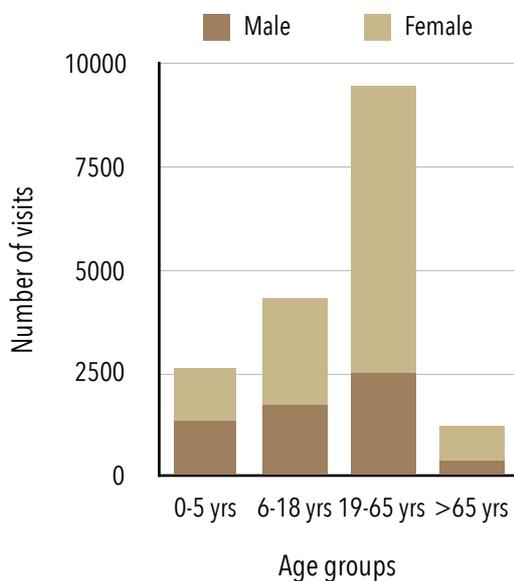
BL. JERZY POPIELUSZKO



TOTAL PATIENTS VISITS: 18 938

The clinic is the main and only health care provider in the camp. It offers a wide range of services: primary and, partially, secondary health care, laboratory services, preventive health care, mental health consultations, gynaecological consultations, antenatal care as well as nutritional screening and support.

The full team, including 2-3 doctors, is present at the clinic during the day, 5 days per week. Additionally, the clinic offers a 24/7 emergency service, with an ambulance at the ready should someone need to be transported to the nearest hospital.



Inhabitants of Dawoodia camp are mostly Yazidis who had to flee from the Sinjar region in Eastern Iraq when ISIS took over the entire area. Most of them lost family members, neighbours and friends. Due to the experience of trauma and prolonged displacement, many of these people suffer from complex mental health conditions.



On one of the monthly camp coordination meetings, where representatives of various actors present in the camp meet to report and discuss their activities and challenges, our field coordinator announced that we were reintroducing mental health services. To her surprise the room suddenly erupted in a spontaneous applause.



	Total for 2018	1st quarter	2nd quarter	3rd quarter	4th quarter
Total number of visits:	18938	4939	4390	4442	5167
N. of children screened for malnutrition:	1406	143	170	154	939
N. of detected malnutrition cases:	34	10	2	10	12
N. of follow up of malnutrition cases	50	17	8	15	10
N. of antenatal care visits:	520	123	118	148	131
N. of mental health consultations	162	33	2	0	127
N. of USG investigations (non-pregnancy):	691	251	185	103	152
N. of USG investigations (pregnancy):	191	41	33	52	65
N. of standard laboratory tests performed:	10374	2458	2508	2389	3019
N. of patients tested in standard lab.:	4965	1278	1268	1315	1104
N. of microbiology lab. tests performed:	98	0	0	0	98
N. of patients tested in microb. lab.:	95	0	0	0	95
N. of patients vaccinated (in co-op. with WHO):	576	160	175	137	104

HYGIENE PACK DISTRIBUTION

As a part of our preventive health services we have carried out two distributions of hygiene packs, which contained products for personal hygiene as well as basic household cleaning items.

During the two months leading up to the distributions our community health workers were visiting each household in the camp doing basic needs assessments followed by education about hygiene standards and health consequences of not keeping them.



MOBILE MEDICAL TEAM (MMT)

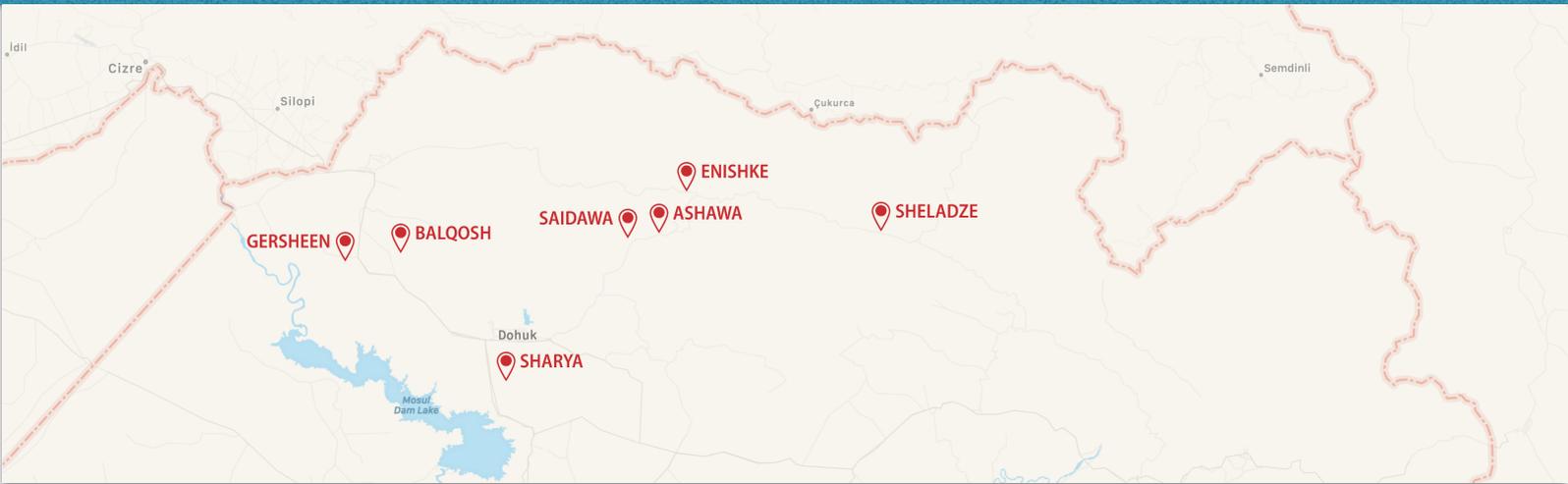


The Mobile Medical Team preparing the van in the morning,

In 2018 our mobile medical team regularly visited 7 locations: Sharya, Garsheen, Balqos, Ashawa, Enishke, Sheladze and Saidava. At its full capacity the mobile medical team consists of 3 doctors and 3 translators, one pharmacist, one laboratory technician, a psychiatrist and two receptionists.

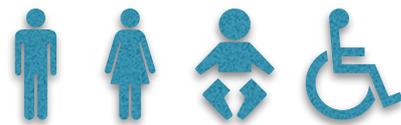
Patients that come to see STEP-IN doctors are primarily internally displaced people who live outside the camps, as well as some from nearby camps and the local population from surrounding villages. For many of them, the mobile clinic gives an otherwise rare opportunity to see a doctor. These locations are remote and the time-consuming and costly transport to medical facilities is usually unaffordable for many, especially displaced people.

Patients are seen by the doctors assisted by a translator, most of whom are at the same time trained nurses. MMT patients pick up prescribed medication right away at the mobile pharmacy. Some laboratory tests (like glucose, HbA1C, urine analysis, pregnancy test, rapid infection disease tests) are done on the spot, whereas other samples (complex biochemical and haematological analysis) are taken for further analysis to the laboratory to the Dawoodia camp clinic. In this case, results are brought back to the village the next time the MMT goes there.



During the first half of the year, the MMT visited villages in the Amedy district. Saidawa was visited every other Monday; Ashawa every other Tuesday; once every two weeks, under the ruins of one of Saddam's summer villa patients waited for our team in Enishke; and every Thursday, the MMT was headed North-West to Balqosh.

In April, we decided to phase out of locations in Amedy district, as another STEP-IN team working nearby in Dawoodia camp had the capacity to accept those patients in the clinic. Instead, we took 3 new locations: Sheladze, Sharya and Gersheen.



4 615 VISITS

Sharya is a village located over 20 km from Dohuk. Near the village, there is an IDP camp that goes by the same name, which has almost no medical care. As the population there is large, the MMT goes there every week on Mondays, with three to four doctors. The clinic uses a building run by Jesuit Refugee Service, which is big enough to accommodate all patients, clinic staff and equipment needed. On average 80-100 patients are seen there every Monday. In Gersheen - a village located approximately 40 km from Dohuk - the mobile team arrives on Fridays (the local day off) and operates in a school, where about 60-80 patients come every time. In Balqosh village, which is about 30 km from Dohuk, the MMT is hosted in a community building next to the village mosque. One doctor sees on average 30-40 patients there. Normally in Sharya and Gersheen there are many more patients than MMT is able to attend in one day, so many of them must try their luck on the following Monday.



Patients in Sharya waiting from the early morning to make sure they get to the doctor.

HandSAP

Healthcare and Social Aid Program

HandSAP was created to respond to complex needs observed in our fieldwork. In their practice, STEP-IN doctors realised that many of our patients urgently require secondary health care. Given numerous obstacles to accessing such services and the limited resources available to IDPs, refugees and poorer members of the local population, it became clear that a framework to provide and facilitate access to further medical assistance was necessary. Initially a modest social case initiative was set up, yet with increasing number of patients, it grew into the Healthcare and Social Aid Program (HandSAP).

The program aims to facilitate and/or provide financial help to patients who need:

- surgeries or other medical procedures;
- specific and often expensive medication;
- rehabilitation;
- prosthetic and sensory aids;
- specific examinations (eg, CT, MRI) or specialist investigations, and
- material support in special cases.

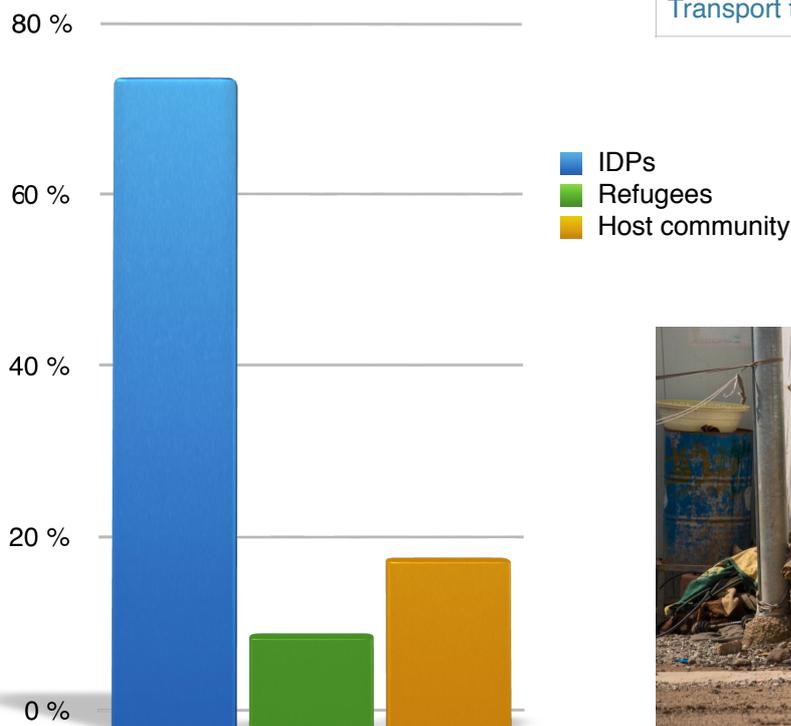


In June 2018 a separate post for social case program coordinator was created and an effort was put in place to formalise the programme's structure. Each procedural phase of the program was standardised and a centrally coordinated HandSAP praxis was set up. As a result, categorised files for all potential beneficiaries are created. Assessment home visits are conducted within one week from initial visit of a patient to one of our STEP-IN clinics. An effort to actively detect the most vulnerable and marginalised families among the target population was made, and the official permission to enter all camps around Duhok was obtained granting entry to one translator and the HandSAP manager. Moreover an external referral system is in place. After assessment, gathered cases are presented in monthly meetings in which doctors and coordinators discuss all of them in depth and decide how to support selected cases. Written reports from the meetings are prepared and archived. All cases selected for support are regularly followed by HandSAP team.



NUMBER OF PATIENTS WHO:	FROM JULY TO DEC
Were fully assessed	190
Received one-time support	37

FORM OF SUPPORT:	FROM JULY TO DEC
Specific medication provision	79
Surgical intervention	42
Provision of medical equipment	11
Diagnostic procedure	18
Transport to medical facility	21



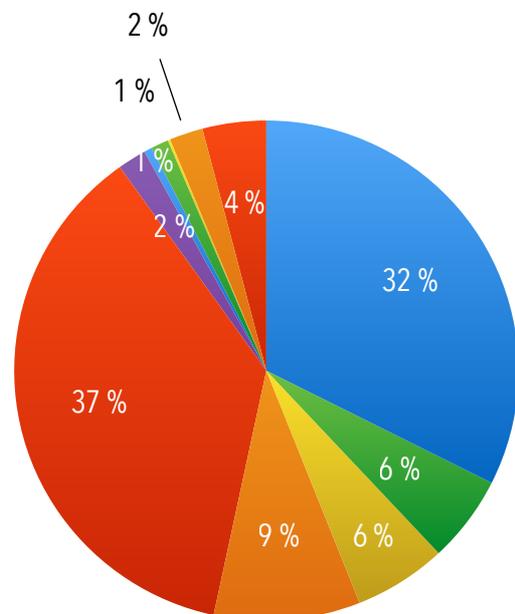
FINANCIAL REPORT



TOTAL COST OF THE PROJECT IN 2018: 1 083 819 \$

CATEGORY	\$
SALARIES	398 483 \$
MEDICAL EXPENSES	351 295 \$
LABORATORIES	60 807 \$
TRANSPORT	64 439 \$
BUILDINGS (rents, electr.)	101 741 \$
HYGIENE (cleaning prod.)	23 386 \$
STATIONARY	19 911 \$
COMMUNICATION	5 637 \$
FOOD (lunches for med. teams)	12 182 \$
WATER	1 678 \$
OTHER	44 257 \$
TOTAL	1 083 819 \$

- Medical
- Buildings
- Communication
- Hygiene
- Lab
- Salaries
- Food
- Other
- Transport
- Stationary
- Water





MAJOR EXPENSES IN DETAIL

SALARIES

- 53 employees (38 full time, 15 part time)
- 13 doctors, 30 paramedics, 10 non medical personnel
- 51 of them working directly in the field
- 41 are locals out of which 33 are IDPs

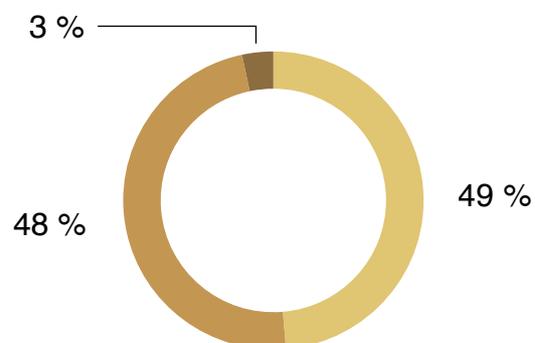


MEDICAL

MEDICAL	MEDICINE	SERVICES	EQUIPMENT	TOTAL
ERBIL CLINIC	99 961 \$	0 \$	591 \$	100 552 \$
DOHUK (DAW. + MMT)	197 118 \$	124 \$	5 821 \$	203 063 \$
HandSAP	17 607 \$	25 371 \$	4 702 \$	47 680 \$
TOTAL	314 686 \$	25 495 \$	11 114 \$	351 295 \$

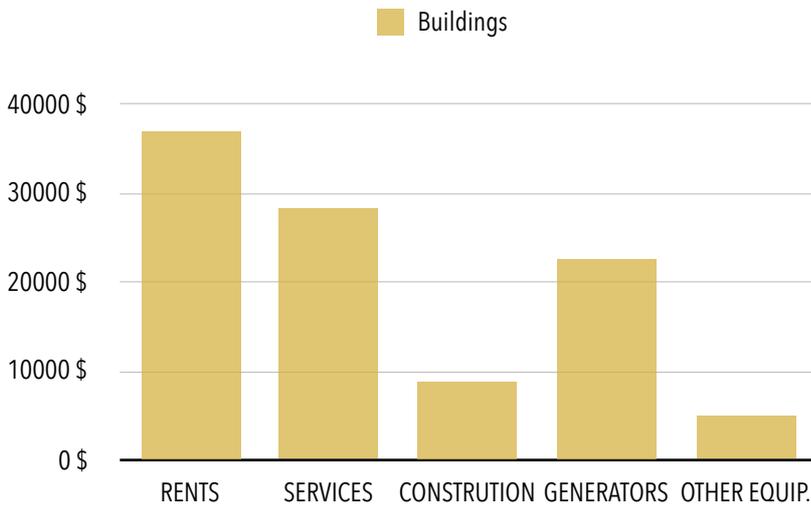
LABORATORY

● Erbil ● Dohuk ● HandSAP





BUILDINGS



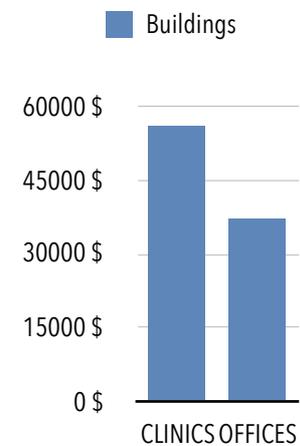
Costs of our operational buildings include:

- rent;
- services (generators, fuel, electricity);
- adjustments, and
- equipment.

Due to the introduction of new services we had to adjust our clinic buildings to meet the new needs.

A major extension of the Clinic in Dawoodia was done and a new, more powerful generator was bought since we had frequently been experiencing problems our previous generator.

In Erbil we have rented the house sharing a wall with our clinic and adjusted it for the purposes of physiotherapy centre. Similarly, we had to purchase a bigger generator.



TRANSPORT



MEET THE TEAM



Christians from the Nineveh plains, Muslims from south of Iraq, people from Slovakia, Poland, Italy and Australia were all working together throughout 2018 in Erbil to provide quality medical services with a pronounced human touch to people of all backgrounds.



Yazidis from Sinjar, Christians from Dohuk, Muslims from Mosul, expats from Slovakia, Poland, Ukraine, France and UK were all part of the team operating in Dawoodia IDP camp and in mobile clinic, making STEP-IN trademark services available to and appreciated by an ever-increasing number of people.