

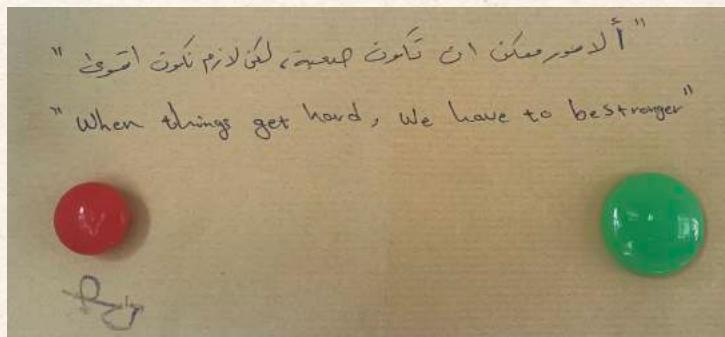


Annual **REPORT**

2020

2020 AT **STEP-IN**

“



COVID-19 pandemic changed the way everyone lives and provided no shortage of challenges to people all over the world. Our teams in Iraq did their best to adapt to the new circumstances. We've implemented new projects and renegotiated the running ones to appropriately support Iraqi families facing the disease and worsening of economic situation. Thanks to the generosity and foresight of our donors, we've equipped thousands of people with knowledge about the disease as well as hygiene products to protect themselves from infection. At the same time we supported families with income by employing women to produce reusable face masks, which were distributed to hundreds of households. Our medical teams adapted to severe governmental restrictions and kept providing essential health care and life-saving medicines to patients.

On a lighter note, a volunteer from Europe, who came to help us for a few weeks, got stranded in Iraq for five months before she was able to return home to her family. She was not the only one who had to prolong her stay like this. Despite hardships and risk she kept working and today she is grateful for the experience.

Read on to learn more about how 2020 looked like for STEP-IN.

“When hardship comes, we can get bitter, or we can get better.”

SERVICES PROVIDED IN 2020



Providing quality **health care** for displaced and local population has continued to be our main focus also in this year. Complex health services included doctors' consultations, laboratory services, medicine provision, preventive services, physiotherapy and mental health consultations.

Health and Social Aid Program (HandSAP) has been an integral part of our health services for years. Through this program we are supporting people in receiving secondary and tertiary health care, including surgeries, specialist treatment, sensory and prosthetic aid, as well as financing transport to hospitals or other medical facilities.

Our services have adapted quickly to **respond to COVID-19 pandemic**. Tens of thousands reusable face masks have been produced in IDP camps by skilful women, and our community health workers visited thousands of households, bringing awareness of the disease and distributing hygiene products to help people protect themselves from infection.

"Ultimately, the greatest lesson that COVID-19 can teach humanity is that we are all in this together."

SERVICES PROVIDED IN 2020



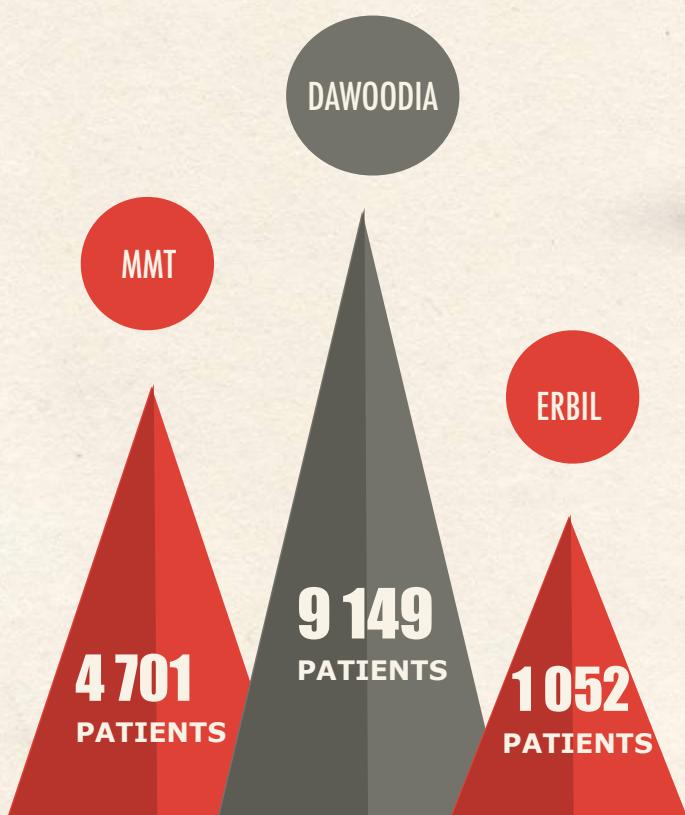
Almost 70 displaced women were included in the **livelihood** part of our COVID-19 response. They were producing reusable, cotton face masks. The masks were then distributed as a part of a COVID-19 awareness campaign in two governorates, to the displaced and local populations alike. Empowering women is crucial during these challenging times which keep adding to the already heavy burden of prolonged displacement and war trauma.

This year we were also focusing on **capacity building**, namely by increasing knowledge and practical skills of local health professionals. To this end we've conducted a series of intense trainings on topics including mental health in prolonged displacement settings, communicable diseases and spread of antibiotic resistance, COVID-19 infection and proper response to it, medical first aid and psychological first aid. Due to the pandemic some of the trainings were conducted online via video links.

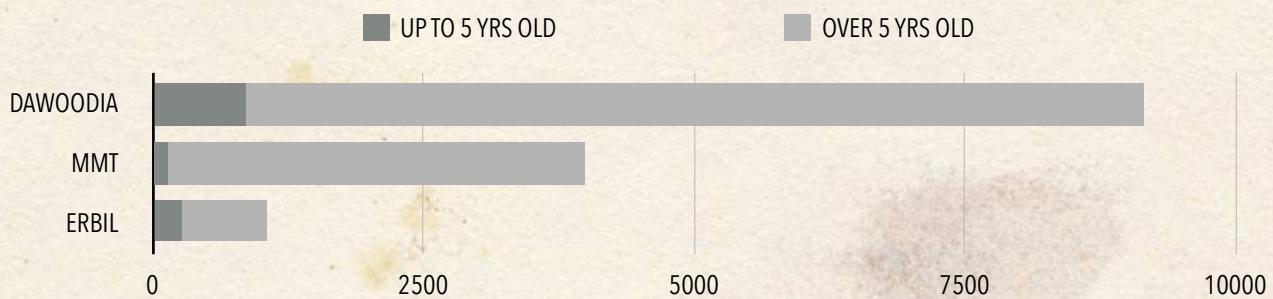
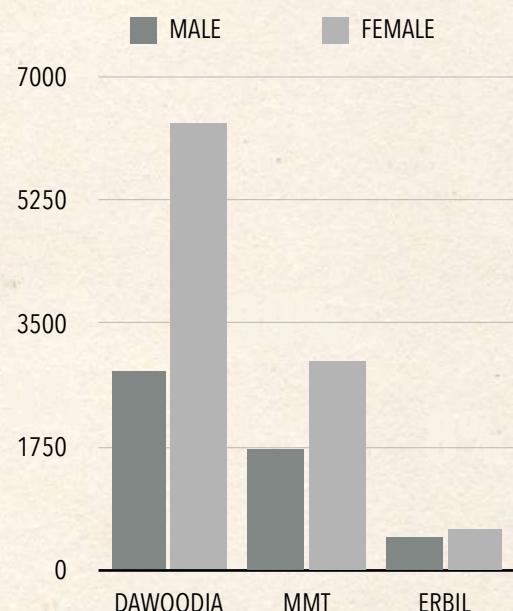
"Although the world is full of suffering, it is also full of the overcoming of it."

2020 IN NUMBERS

The range of our medical services and the number of beneficiaries shrunk significantly compared to previous years. This was caused both by pandemic-related restrictions and decrease in funding.



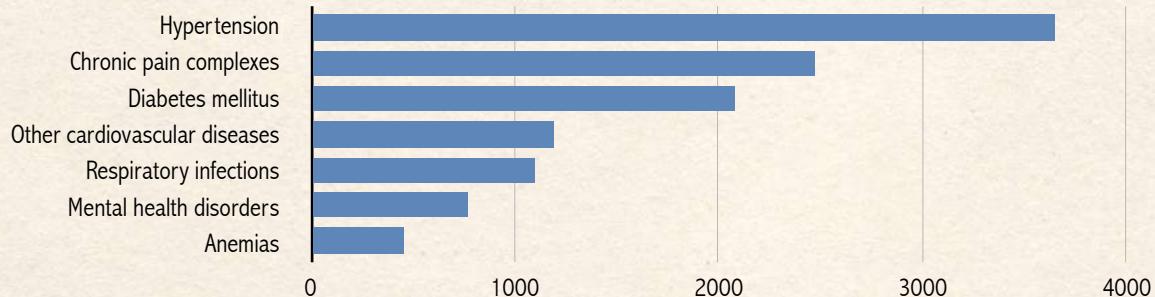
Number of patients received by Mobile clinic (MMT), Dawoodia clinic and Erbil physiotherapy center in 2020



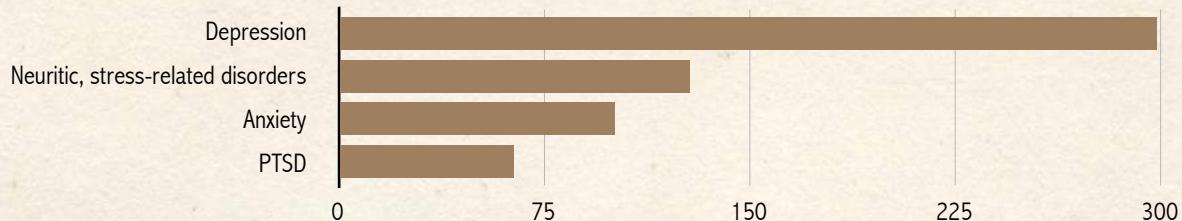
2020 IN DIAGNOSES



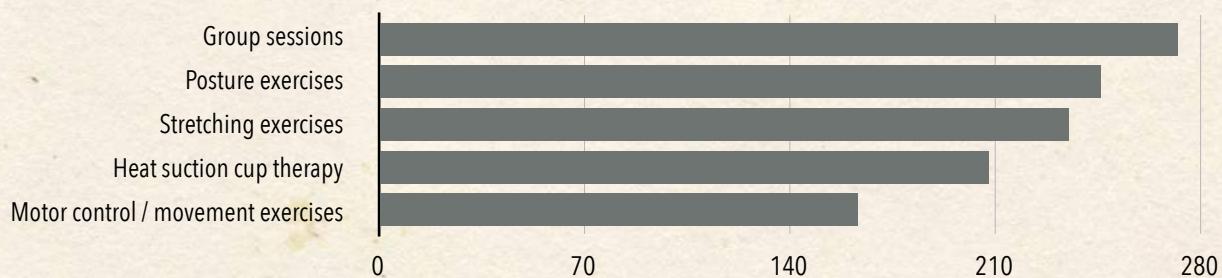
THE MOST COMMON DIAGNOSES



THE MOST COMMON MENTAL HEALTH DIAGNOSES



THE MOST COMMON PHYSIOTHERAPY PROCEDURES



* Group sessions were divided into: LBP (complains of lower back pain), CANS (complains of arms, neck and shoulder pain), RELAXATION group (the program of the relaxation group was created in cooperation with mental health specialist and was tailored for patients suffering from stress-related and psychosomatic disorders).

CLINIC in DAWOODIA IDP CAMP



STEP-IN was in charge of the PHC in Dawoodia IDP Camp from April 2017 until the end of September 2020. The **population of this camp** located in Amedi district of Dohuk province was changing with time. In 2020 Dawoodia was inhabited almost exclusively by Yezidis, an ethno-religious minority who fled

Daesh expansion on Niniveh Plains back in 2014. In 2020 there were about 650 families (3800 individuals) still living in the camp. Our aim, as the only healthcare provider there, was to bring quality and comprehensive services responding to the complex needs of families living there.

Services provided:

- doctor consultations
- laboratory services
- nutrition screening and support
- medicine provision
- physiotherapy (individual and group sessions)
- mental health consultations
- preventive health services



CLINIC in DAWOODIA

9149 patients received by doctors

2340 patients received by laboratory where **7239** tests were made



At STEP-IN we are aware of the crucial role that **patients' education** plays for sustainability of our work. That is why sufficient time is always secured for each patient visit. Three different types of **physiotherapy group sessions** were established to promote healthy motion habits for patients suffering from chronic pain, specifically those coping with LBP (lower back

pain), CANS (complains for arms, neck and shoulder) and general stress-related body pain. Additionally, a team of 4 community health workers, recruited from the camp population and trained by a medical doctor, conducted several **door-to-door campaigns** addressing pressing health-related issues in the community.



THE MOST COMMON DIAGNOSES IN DAWOODIA



COVID-19 response in DAWOODIA



Due to the outbreak of the pandemic routine operations of the clinic had to be altered to comply with elevated safety standards.

Moreover, several non-essential activities were suspended, following guidelines of local authorities. As a result, group physiotherapy sessions and mental health consultations have been terminated. To respond to the challenges of coronavirus outbreak our community health workers conducted

COVID-19 awareness campaign combined with distribution of reusable double-layered cotton **face masks** and a set of **hygiene products**. This reinforced the ability of Dawoodia residents to effectively apply protective measures, particularly important in the risky camp environment. We've **employed almost 70 women to produce** these reusable **face masks** – a significant help in the context of degrading economic situation caused by the pandemic.



MOBILE MEDICAL TEAM



STEP-IN's Mobile Medical Team operated since April 2016 until the end of August 2020. This **flexible and dynamic team** consisted of medical doctors, nurses, translators, laboratory technicians, pharmacists, receptionists, physiotherapists and mental health specialists. They carried with themselves all the necessary equipment and provisions packed into a spacious van. The

MMT was visiting several villages on a regular basis - once or twice a week, depending on the needs in a given location. At the beginning of 2020 both the local Kurdish population and the displaced Yezidis had access to the broad services provided by the MMT in villages of Sharya, Balqos, Garshin and Sina.

Services provided by MMT:

- doctor consultations
- laboratory services
- medicine provision
- physiotherapy (individual and group sessions)
- mental health consultations



MOBILE MEDICAL TEAM

4701 patients received by MMT doctors

396 patients received by laboratory where **1785** tests were done

206 physiotherapy procedures done



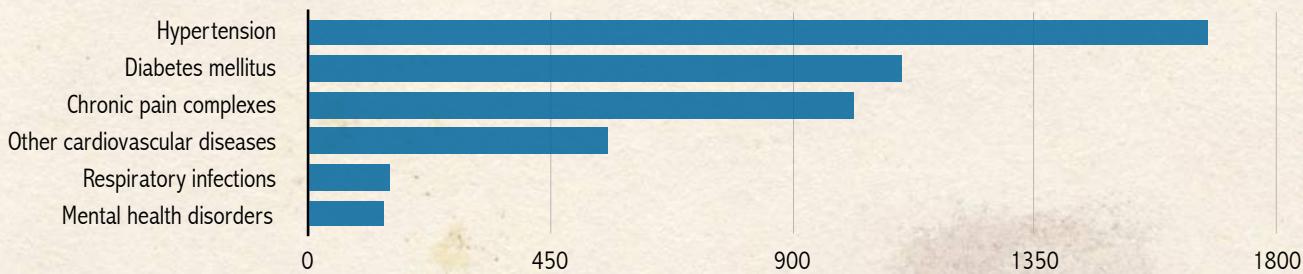
Global pandemic of COVID-19 terminated functioning of all mobile medical teams.

In Sharya village - the biggest and most needy community visited by the MMT - majority of patients are suffering from chronic conditions like hypertension or diabetes. Knowing that chronic diseases are a risk factor in case of contracting COVID-19, we have decided to continue **providing chronic medication to those whose treatment has been already established and working**. To reduce the risk coming from patients gathering in one place, we

were delivering chronic medication **directly to their homes**. This way we supported community of Sharia village while complying with sanitary measures recommended by the Ministry of Health.



THE MOST COMMON DIAGNOSES IN MMT



ERBIL PHYSIOTHERAPY CENTER

1052 patients received in the center



On the outskirts of Erbil, the capital city of Kurdistan Region of Iraq, STEP-IN ran a clinic and a physiotherapy centre. After six years of functioning the clinic has been closed in mid

2019. The physiotherapy centre kept operating to deliver much needed **support to the local and displaced populations, both from Iraq and Syria**, who required rehabilitation and physical therapy. Most patients attending therapeutic sessions were suffering from either genetical diseased, such as cerebral palsy, or neurological disorders (for instance recovering from a stroke). Many patients were those with chronic pain related to poor living conditions and high stress levels associated with prolonged displacement.

In the first months of the pandemic all **physiotherapy services have been suspended by the authorities to avoid spreading of the virus**. Our centre was eventually closed in April 2020. The equipment was passed to a trusted physiotherapy clinic working in Sulaymaniyah province.



■ THE MOST COMMON PROCEDURES



COVID-19 RESPONSE

3277 households visited during door-to-door campaign

24000 reusable face masks produced

69 women provided with livelihood opportunity

The COVID-19 pandemic brought countless challenges to people around the globe. Particularly for people who, like camp residents, live in places with insufficient infrastructure. These are conditions that make it hard to meet hygiene standards and very difficult to follow physical distancing recommendations. Along with these technical obstacles people face limited access to accurate and reliable information, shrinking access to psychological support, and dramatic decrease in livelihoods opportunities. In this dire context, thanks to the flexibility and mindfulness of our donors, we were able to quickly craft COVID-19 response activities.



COVID-19 RESPONSE



An **awareness campaign** was conducted by a team of trained community health workers in 3 different locations: Ozal City neighbourhood of Erbil, Dawoodia IDP camp, and Sharya village in Dohuk province. The aim of the campaign was to provide accurate and reliable information about COVID-19. To help people follow recommended preventive measures, each person was given a washable, double layered cotton **face mask**, along with instructions on how to wear and wash it properly. In Dawoodia camp every family was additionally equipped with basic **hygiene products**. Masks were produced locally. It created a **livelihood opportunity** for 69 displaced women who have sewn 24.000 face masks in total. All of them underwent training by a professional tailor and were working from home, minimising risk of contracting COVID-19. The possibility to have paid work was appreciated by the seamstresses who gained, apart from the income, a sense of agency in this critical time.



HandSAP

Health and Social Aid Program (HandSAP) provides **support** and funding to displaced and poverty-stricken **people with complex health problems**, who require treatment outside the capacity of STEP-IN primary healthcare centres. Patients, referred to the programme by doctors, are visited by a social worker who conducts a socio-economic assessment. Scale and form of the support for each case is then decided by a committee of doctors and HandSAP team members.

HandSAP team often **accompanies patients** in their steps through diagnosis and treatment, to ensure that even the most disadvantaged of them get a chance to receive fair and adequate care.



Types of support provided through HandSAP:

- surgical procedures and follow up care
- diagnostic procedures (CT, MRI, PET, endoscopies etc.)
- prosthetic and sensory aid
- transport expenses to health facilities
- medication and treatment

HandSAP in 2020

74 patients
supported through
HandSAP



Some of our beneficiaries supported in 2020 were:

YOUNG SURVIVOR

A 13-year-old girl who was kidnapped by ISIS along with the rest of her family in 2014, when ISIS captured their village in Northern Iraq. She was only 7-years-old at that time. She was taken to Raqqa (Syria) by her captors. There she was injured in a bomb blast during the battle for Raqqa in 2017. During the blast many pieces of shrapnel entered her body. Severely wounded she was taken to a hospital where she received emergency surgery. Afterwards she was taken to Iraq to be reunited with her mother. Her father, two brothers, and three sisters are all still missing. Since her return to Iraq she has already undergone five surgeries to remove pieces of shrapnel from her body. However, there are still many more left. STEP-IN has been able to assist her with expenses related to another surgery. This time doctors removed a piece of shrapnel causing her pain in her right leg.

HandSAP was able to help this and many other survivors thanks to fundings from **Caritas Slovakia.**

EXCEPTIONAL BOY

A young Yezidi boy who has been diagnosed with autism. His family fled the Sinjar region in 2014 from ISIS and has been living in a tent camp for internally displaced since. His family had neither the knowledge nor resources to help the boy succeed. STEP-IN was able to pay for his parents' course at an autism centre in a nearby city, which they attended together. They learned how to work with their son at home. Additionally, STEP-IN was able to assist this family by purchasing educational and training tools they needed.

OVERCOMING AN UNFAVORABLE FATE

Three young siblings living in one of the camps in the Kurdistan Region of Iraq, all suffering from genetic kidney dysfunction. All three of them went through kidney transplantation surgeries and require constant immunosuppressant therapy. This expensive treatment presents a great financial burden for a family with limited resources. STEP-IN provided medicine for all three siblings and one more teenage Yezidi boy living in the same camp, also struggling with kidney failure. He has already undergone 3 extremely costly transplantation surgeries but each time the transplants were rejected.

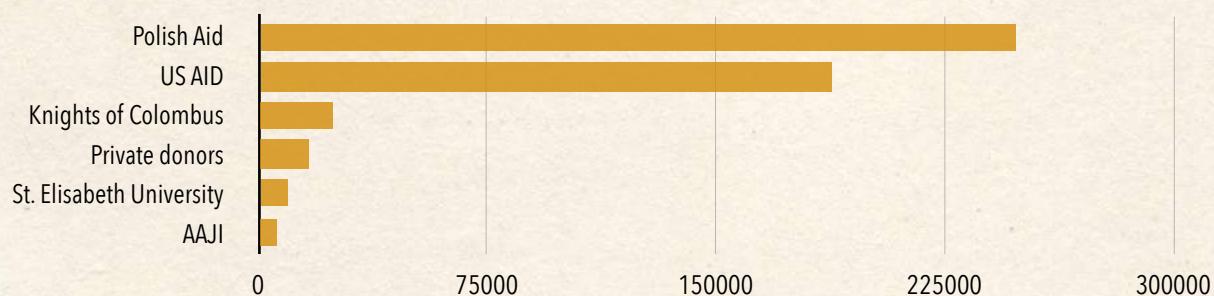
Financial REPORT

2020

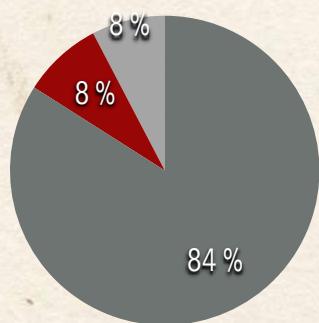
TOTAL EXPENSES: **574 806 \$**



FUNDS RECEIVED, BY DONORS

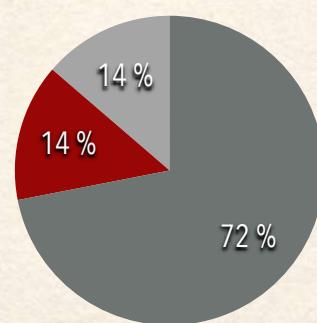


EXPENSES BY LOCATION



- Dohuk (Dawoodia + MMT)
- Erbil physiotherapy center
- HandSAP

FUNDS SPENDING



- DIRECT HELP - medicine, laboratory, salary of clinic personnel, production of face masks
- ADMINISTRATIVE COSTS - management, administration, fundraising
- OTHER PROGRAM MEASURES - program support (transport costs, communication, hygiene...)

This year administrative costs amounted for a larger fraction of our spendings than in the previous years. This is because, in October and November, we've had a break in our activities. In this time our staff worked on raising funds for future projects and wrapping up the six years of our work in Iraq.

Our DONORS

in 2020

All this work would not be possible without the support of others. We are grateful to the numerous private and institutional backers who stayed with us through the turbulent year, as well as our major donors and partners who are acknowledged below. It is thanks to you, and in your name, that we are doing this work.



**KNIGHTS
OF COLUMBUS**

IN SERVICE TO ONE. IN SERVICE TO ALL.



Polish aid



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FROM THE AMERICAN PEOPLE



Caritas
SLOVAKIA

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Our PARTNER

in 2020

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NOT A GOODBYE

This year was a year of many changes, for everyone. For STEP-IN it meant, among other things, beginning of the end of our presence in Iraq on the current scale. For the last six years STEP-IN was delivering quality healthcare services and other forms of support to the most needy people living in Kurdistan Region of Iraq. We've helped hundreds of thousands patients, distributed thousands of items, worked in dozens of locations. Now is the time to move on. In March 2021, right after we complete one more COVID-19 prevention project (sponsored by Misereor), we will leave Iraq. We hope that this isn't our final goodbye to this beautiful and diverse country, especially because the crises, which started in 2014, is still not over for hundreds of thousand of people. We are not forgetting about them. But we are also getting ready to respond to new pressing needs appearing in different places. To forge new partnerships allowing us to best serve the most vulnerable. To step in and make a change for the better.

