

FROM
HARM
TO
HOME



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SYRIA: A slow-burn emergency

They cross the desert in single file, sometimes well over a hundred Syrians in a single group. The darker the night, the safer they are from the border guards. The refugees say they know they're safe when they see the dark outlines of buses waiting for them on the Jordanian side.

"We were afraid our children would be injured or killed, so we fled," Fawaz said, two months after his family escaped from the besieged city of Homs. Squatting on a straw mat, the 59-year-old patriarch sipped tea as he described the day his family fled. "The army came to the house and stole everything. And then our neighbours turned on us, firing from nearby rooftops."

In the case of Fawaz's family, it took them 23 days to flee from their homes in Homs to the safety of Mafraq, a border city in Jordan. They moved by bus, van and car, and when they finally reached the desert border they crossed the last five miles on foot, under cover of darkness. Fawaz told the IRC that at least 150 Syrians crossed into Jordan on that moonlit night – a long line of refugees protected by a handful of Kalashnikov-carrying rebels from the Free Syrian Army. Once on the Jordanian side, they were met by buses and driven to a temporary camp where they registered as refugees.



Cover: Alan Mirani, here with his son Khadr and daughter Hendim, fled Damascus in November 2012. He now lives in a tent with his wife and five children.

Bottom left: The Samir family, among hundreds of thousands of Syrian refugees who have fled to Lebanon.

Right: A water distribution at Domiz camp, northern Iraq.

Below: IRC nurse Areej Mahmoud Obiedat checks the blood pressure of a Syrian refugee pregnant with triplets at an IRC clinic in the Jordanian city of Mafraq.



CHANGING THE DEBATE

The IRC was one of the first organisations to highlight the horrifying levels of violence against women and girls occurring in Syria and amongst refugee communities in neighbouring countries. IRC teams spoke to hundreds of women in Lebanon and Jordan, to document their experiences and identify their critical needs. The IRC has been pushing policymakers in London, Washington and New York to prioritise support for women and girls who are survivors of violence. Our findings influenced funds provided by donors for emergency response, pushing them to prioritise services for women who have endured violence.

In November 2012, a high-level IRC delegation, including IRC-UK Board co-chair Sir John Holmes, travelled to Jordan, Lebanon, Turkey and Iraq to witness the conditions Syrian refugees are living in across the region. Syria: A Regional Crisis, an influential and timely IRC report produced by the delegation, was launched in UK Parliament in early 2013. The report particularly highlighted the needs of women and girls and those of the largely forgotten numbers of Syrian refugees living in towns and cities. The report was very well covered by UK and international press, and has helped to keep the needs of those affected by the terrible conflict in Syria firmly on the agenda. We continue to press donors and policymakers to do more to meet their needs.

The majority of Syrian refugees have left their homes with next to no belongings. Fawaz's family is fairly typical. Eleven people now live in a formerly abandoned two-room cinderblock structure. Water damage has left holes in the ceiling and the roof looks like it could collapse at any moment. They do have water, piped from the home of a neighbour. A sheet hanging from a wire offers a bit of privacy. Electricity is supplied by one of a web of wires stretching from another neighbour's home.

Since the beginning of 2012, the IRC has been providing assistance to Syrian families like Fawaz's in Jordan, and more recently in Iraq and Lebanon.

To respond to the refugees' most urgent needs in the face of sub-zero winter temperatures, the IRC provided thousands of refugees with food and special kits to help better prepare them for winter. These kits — containing an industrial-strength tarpaulin, warm blankets and scarves, and good-quality boots — afford families lifesaving protection against the bitter cold.

In addition, the IRC offers cash assistance to the most vulnerable urban refugees to help them afford food and shelter. In response to the health care needs of the growing Syrian population in Jordan, the IRC has opened medical clinics for refugees in the border cities of Ramtha and Mafraq.

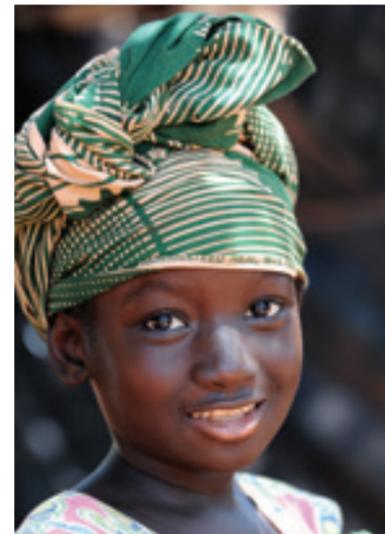
Seventy five per cent of Syrian refugees are women and children, many of whom experienced emotional and physical trauma in Syria. After fleeing to a host country these women and children face a new set of challenges as refugees, including vulnerability to further violence. In Jordan, the IRC provides women and girls with emotional support, financial support, hygiene items and medical care. Additionally, the IRC has opened four centres in Lebanon that focus on the needs of Syrian refugee women and girls. These women's centres provide a safe space for women and girls to gather, to share information on support available to them, and to receive emotional support and crisis counselling.

As the violence continues and the number of refugees fleeing Syria rises, existing support services for refugees who have fled to Jordan, Lebanon and Iraq are becoming over-stretched. The IRC continues to lobby for increased funding to be allocated to meet the critical needs of Syrian refugees.

RESPONDING TO A DUAL CRISIS IN MALI: Drought and conflict

In 2012, Mali faced a complex humanitarian crisis. Following a severe drought that hit the Sahel region in 2011, hundreds of thousands of Malian children faced the risk of severe acute malnutrition. This crisis was further compounded by an armed conflict, which broke out in the north of the country in January 2012 and was quickly followed by a coup d'état, which destabilised the entire country. Mali has since been plagued by continuing violence, which has triggered a massive displacement of people.

The conflict in the north has interrupted local services, especially those providing water and sanitation, leading to the spread of waterborne diseases such as cholera. In response to the acute needs of vulnerable Malians, the IRC has acted to prevent the spread of cholera in northern Mali by distributing water treatment kits, promoting good hygiene practices, and disinfecting water points in high-risk areas. The IRC is also providing child protection and education support to children affected by the conflict in Gao Region. In southern Mali, the IRC works in 35 community health centres providing treatment and follow-up care to malnourished children, as well as promoting child protection and repairing water and sanitation management systems.



Top: A mother drinks from an IRC-installed water point in Dio-Gare, Mali.

Middle left: The IRC's Nafissatou Traoré plays with Namori Keita, who is recovering from severe malnutrition.

Right: An IRC doctor measures a severely malnourished child's upper arm in a clinic in Kati, Mali.

Bottom left: A child outside an IRC-supported clinic in Kati, Mali.

Bottom right: Waterborne diseases such as diarrhoea, already amongst the biggest killers of children in Africa, have exacerbated the hunger crisis in Mali. The IRC has repaired and rehabilitated water, sanitation and waste management systems in 21 health centres in Mali, which see thousands of patients weekly.



Ripping up clouds of red dust, the International Rescue Committee ambulance flies along the potholed roads leading to the South Sudanese town of Aweil. Inside, 19-year-old Arek Mawien lies on a stretcher grimacing in pain as she struggles to give birth to her first baby.

SOUTH SUDAN: A new nation gives birth to life-saving obstetric care

"She came into our health centre yesterday and has been in labour for 24 hours," explains Joseph Remi, the IRC's health manager in the isolated village of Maluakon, where Arek lives. "She can't push the baby out, so we need to take her to a hospital immediately for a caesarian section."

The ambulance skillfully avoids the many obstacles in its way: fallen trees, goats and cows, and large pools of muddy water from a torrential downpour the night before. After a few hours, the four-wheel-drive arrives at the gates to the hospital. Arek is rushed into surgery and, 40 minutes later, emerges as the exhausted but proud mother of a healthy seven-pound (3.2-kilo) daughter.

"I'm naming her Ajok," she says later that evening, as she recovers. "I'm so happy everything went well."

But without the help of trained health care professionals, Arek probably would have died.

SPEAKING OUT FOR WOMEN AND GIRLS

The independence of South Sudan brought both opportunities and challenges. While there are huge needs throughout the country, IRC-UK has drawn particular attention to the dangers facing women and girls. In spring 2012, we organised a roundtable and video screening with UK policymakers. The film highlighted the extent of violence against women and girls in South Sudan, and outlined the actions required to protect them. IRC-UK's policy work has helped to raise the profile of violence against women in South Sudan, and we have seen donors placing increasing emphasis on this issue.

Obstructed labour, often caused by chronic malnutrition or untreated childhood infections, is one of many conditions that claim the lives of pregnant women in South Sudan. More than 2,000 out of every 100,000 pregnant women in the new nation die during childbirth, many from excessive bleeding or infection. Indeed, South Sudan suffers the highest rate of maternal mortality across the globe, according to the World Health Organisation.

"Maternal mortality is the health indicator with the greatest disparity between underdeveloped and developed countries," says Susan Purdin, the IRC's South Sudan director. "It's worse than infectious diseases, car accidents, infant mortality, AIDS or any other cause of death you can think of."

Sudan's decades-long civil war has left South Sudan, which became an independent state in July 2011, without a functioning health system or trained personnel. In response, the IRC is supporting 35 health facilities nationwide and has trained over 2,500 community health workers and other health care staff.

"We build maternal facilities in remote rural areas and staff them with trained midwives who provide basic but quality obstetric care," says Purdin. "As a result, we have seen an increasing number of women coming to the health facility for delivery instead of giving birth at home. A delivery in a health facility with a skilled health worker is crucial to saving the lives of mothers and babies."

Traditional birth attendants, usually the only source of maternal health care services in rural areas, are playing an important role in convincing pregnant mothers to leave their homes to deliver their babies.

"Before, pregnant women didn't know the importance of the health facility," says Arek Akot, one of hundreds of traditional birth attendants who have received IRC training in clean delivery practices and how to identify the most common birth complications.

"We tell them that they will get vaccinations and deliver safely there," she says. "And if there is bleeding, they can get IV fluids to recover. Now, nobody in the village thinks that we are bringing them to a bad place. They know that health facilities are important."



Left: Arek Mawien after giving birth to her daughter Ajok.

Top: A woman and her baby outside an IRC-run health clinic in Maluakon, South Sudan.

Right: Opani Rose John, an IRC maternal health worker in Aweil, South Sudan, listens for a foetal heartbeat.



HIDDEN LIVES: The Untold Story of Urban Refugees

Ihsan, 28, stands stark and resolute against the inky blue night sky of the Jordanian border city of Mafraq. Staring intently into the camera, she tells the story of how she fled her native Syria.

“We left our house three months ago because there was a lot of shooting and bombing in our area... After 15 days I returned to my house to get clothes for the children and found everything there destroyed... I saw many dead bodies in the street: men, women and children... When we got to Deraa, the Free Syrian Army helped us to cross the border... We gave the children medicine so they would sleep and wouldn't make any noise. I am seven months pregnant, but I wasn't worried about my baby. I've grown used to being in this situation. I have been in Jordan for three days and I feel safe and calm; there are no sounds of bullets or bombs.”



Above: A traditional Syrian pouch.

Below: Ihsan and her cousin Sammia (left) pictured on a rooftop in Mafraq, Jordan.



For most people, the word 'refugee' still conjures up images of endless rows of white tents spread out on a dusty field. But this picture no longer tells the full story of life for refugees in the 21st century. According to the United Nations Refugee Agency (UNHCR), over half of the world's refugees now live in the slums of some of the world's biggest cities, such as Bangkok in Thailand, Amman in Jordan, and Nairobi in Kenya. Today, refugees fleeing conflict or persecution at home are more likely to seek refuge in towns or cities than in rural areas. Of the world's 10.5 million refugees, an estimated 6 million live in urban areas.

The unique problems that refugees living in towns and cities face worldwide are often overlooked, and raising awareness of their critical needs is an integral part of the work of IRC-UK.

In 2012, IRC-UK staged a groundbreaking multimedia project entitled Hidden Lives: The Untold Story of Urban Refugees. The project was run in collaboration with Panos Pictures and World Press Photo award winning photographer Andrew McConnell, and funded by the European Commission's Humanitarian Aid and Civil Protection Department (ECHO).

A series of photo-portraits and interviews with refugees living in urban areas in eight different countries tells the story of why people flee their homes, often at the drop of a hat, and with little more than the clothes on their back.

Hidden Lives was launched in Brussels in November 2012, and followed by a month long exhibition in St Pancras International station throughout January 2013.

“I photographed refugees at night to use the darkness as a metaphor for their current situation. I want to suggest that we live with refugees around us in our cities but we don't notice them, they seem hidden to us.”
Andrew McConnell,
Panos Pictures.

SHAPING THE GLOBAL RESPONSE

Many urban refugees cannot return home because of conflict or insecurity. They face distinct challenges as they struggle to build new lives in their adopted cities. While many are able to carve out a new way of life, others instead face isolation, poverty and exploitation.

The International Rescue Committee is leading the way in finding innovative ways to support urban refugees to rebuild their lives. We are helping people in some of the poorest communities in cities in Kenya, Burundi, the Democratic Republic of Congo, Uganda, Somalia, Thailand and Haiti. We provide legal assistance to refugees, helping them to understand their rights and to gain access to justice. We help urban refugees to access essential services such as health care and education. We train counsellors and health workers to provide support to female survivors of violence and rape. We press local authorities to provide greater access for refugees to services such as local schools and health clinics. And we urge the international community to pay greater attention to the plight of urban refugees, and to support the local authorities and urban populations among whom they seek safety.

"After the army forced their way into our homes we were afraid for our children's safety and decided to flee the country... The Jordanian army was waiting for us at the border. We were taken to a transit camp and treated well. After three days we came here to an abandoned house... I will return to my country when the regime falls, we have no hope to return until then."
Fawaz Rarhai Turkey, 59,
Mafraq, Jordan

- i. Fawaz Rarhai Turkey, 59, and his family. Syrian refugees from Homs now living in Mafraq, Jordan
- ii. A picture on a mobile phone of a relative who was killed by the Syrian army.
- iii. A stack of mattresses and blankets: 'We feel secure here and can sleep safely, not like in Syria.'

i.



iii.



ii.



"... an officer and two soldiers came to take me away. I was very scared and started to scream and struggle. I managed to run into the forest and hide in a nearby village. I escaped from that village by boat and met a friend who knew a trafficker. The trafficker arranged for me to get out of the country by taking me and ten other people to the border with Thailand... I want to be resettled so I can support my family. They are suffering because of the war."
*Ahmin Lahpai, 29,
 Kuala Lumpur, Malaysia*

- iv. *Ahmin Lahpai, 29, and her husband, ethnic Karen refugees from Burma now living in Kuala Lumpur, Malaysia.*
- v. *A traditional sword and shoulder bag from Kachin state, Burma, Ahmin's home.*



"... the attack happened and we hid in the toilets outside our house. We watched as they searched the house and then set fire to it... At about 10 o'clock the next day I saw young people with someone's head on the end of a branch. We were really traumatised by this sight - it was then that we decided to flee... everywhere we passed there were dead bodies. Then we came to a checkpoint where they looked into your face and told you to carry on or step aside. On this basis they decided whether or not to kill you... It wasn't until 2010 that we got our refugee status. From 1996 to 2010 we only had a permit, by that time we already had four children. We hoped this would improve our situation but up to now nothing has changed. I want to go somewhere else if only for my children, for their education, for their protection."
The Mwanmba family, Burundi

- vi. *An old photo of Bambi and her husband Didier: 'He had just started to work in a school and we could afford to pay the rent for the house.'*
- vii. *The Mwanmba family, refugees from the Democratic Republic of Congo now living in Burundi.*



SAVING LIVES: Tackling violence against women and girls

One in three women in the world will experience violence during her lifetime.

The consequences of violence against women are devastating not just for women themselves, but also for their families and communities.

For example, women who have been raped risk being infected by HIV. They can suffer serious long-term physical consequences, such as infertility. The consequences of rape are not just physical. Survivors of violence are often stigmatised by their families and by society, making them feel isolated and even more vulnerable.

When a natural disaster hits and when conflict strikes, women are at even more risk of violence. In every crisis, women are subject to extreme levels of violence. Sexual violence is not just a by-product of war; it is also often a strategy of combat, used systematically to terrorise and humiliate.

Women and girls are targeted with rape and other violence even after they have fled to so-called safety in camps and neighbouring communities. They are often forced to take shelter in places where they are unsafe and they live in fear when carrying out the most basic of daily tasks like collecting firewood or water.

Too often, in the first rush to respond to a crisis, tackling violence against women and girls is not seen as a priority. On the contrary, protecting women and girls from violence saves lives.

The IRC is one of the first on the ground when a crisis hits and tackling violence against women and girls is part of its first response. IRC staff give survivors the medical care they need, protect them from further harm, and support them through their recovery.

In 2012, human-made and natural disasters in the Horn of Africa, South Sudan, Mali and Syria, among others, once again brought to light the specific threats faced by women and girls in emergencies. During 2012, the IRC deployed experts in responding to violence against women and girls in emergencies to: Kenya, Ethiopia, South Sudan, Jordan, Niger and Lebanon.



Long after war ends, violence against women and girls continues. But given the right help and opportunities, they can recover and go on to have bright futures. The IRC works not only to help women survive, but to recover and thrive as valued members of their families and communities.

PRIORITISING WOMEN AND GIRLS IN EMERGENCIES

The IRC is a leading agency in providing services for women and girls affected by violence in humanitarian settings. Moreover, IRC-UK continues to campaign for increased awareness of the scale and severity of this problem, and for donor governments to do more to address it, especially in emergencies. In October 2011, we hosted a high-level conference at Ditchley Park, bringing together specialist practitioners and government representatives to develop practical guidance to promote women's protection and empowerment in humanitarian settings. At the request of the UK Department for International Development (DFID), IRC-UK organised a second Ditchley Park conference in 2012, this time focused specifically on the staggering levels of violence that women and girls face in emergencies, and the limited action that is taken by the international community to prevent and respond to this crisis. We have already noticed changes in the way that donors think about this issue, with violence against women and girls increasingly recognised as life-threatening and requiring attention in the earliest days of every conflict and natural disaster. We have also noticed some increases in donor funding, most recently for women and girls who have experienced violence in the Syrian conflict. However, the scale of need for women and girls in emergencies such as Syria continues to outstrip the resources available to deliver this work.

In humanitarian settings, the IRC has found that domestic violence is a common, devastating and unreported issue. During 2012, the IRC published a report on domestic violence in West Africa (Let Me Not Die Before My Time), which showed that over 60% of assault survivors whom the IRC assists in West Africa are seeking help because of violence committed by an intimate partner. The report made detailed recommendations to governments and UN agencies on how to deal with this pervasive and often overlooked issue, and received extensive media coverage throughout Europe. We have also advised the Foreign and Commonwealth Office on its new Preventing Sexual Violence Initiative, and IRC-UK was one of the few international NGOs invited to attend the FCO's influential Wilton Park conference on preventing sexual violence.

Bottom left: Women gather fuel and water near Yida refugee camp.

Right: Knitting is one of many activities at an IRC women's centre in Arsal, Lebanon.

Below: In Yida Refugee Camp, reproductive health care and emotional support services are provided through a camp-based Women and Girls Wellness Centre.



SOUTH SUDAN

Throughout 2012, Yida camp in South Sudan saw a steady stream of new refugee arrivals as men, women and children fled violence across the border in the South Kordofan state of Sudan. In February 2012, the IRC conducted a needs assessment in Yida, with a particular focus on reproductive health needs and the incidence of violence against women and girls. Women and girls reported that rape, domestic violence and forced early marriage were common, both during their flight and in the camp. Afraid to speak out, women and girls were often cut off from help, including health care and other basic services.

In response to these findings, the IRC has upgraded its women's wellness centre, which offers medical care, counselling and legal support to women who have experienced violence.

The IRC is the only organisation working in Yida camp that focuses specifically on women and girls. In addition to critical support for women who have experienced violence, the IRC's wellness centre also provides much needed reproductive health services. In 2012 alone, more than 400 babies were delivered there.

SYRIA

The year 2012 also saw hundreds of thousands of refugees flee Syria to neighbouring countries including Jordan, Lebanon and Iraq. Seventy five per cent of Syrian refugees are known to be women and children. The situation for them is grim. Syrian refugee women surveyed by the IRC in assessments carried out in Jordan and Lebanon cited rape as their primary reason for fleeing the conflict. Yet there is an alarming lack of medical and counselling services to help them recover in the countries to which they have fled. They face unsafe conditions in camps and elevated levels of domestic violence, while reports of early and/or forced marriage of women and girls are increasing.

The IRC has opened four women's centres in Lebanon, providing safe spaces where women and girls can gather, share information on support available to them, and receive emotional support and crisis counselling.

The IRC also provides financial and material support for Syrian women refugees in order to reduce the risk of sexual exploitation and forced marriage due to financial necessity. The IRC will continue to expand its vital work supporting Syrian women refugees throughout 2013, notably in Jordan and Iraq.



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