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#1 Introduction

Responding to the most urgent global health challenges, our work in 2016 demonstrated Women and Health Alliance’s (WAHA) ongoing commitment to ensuring that the most vulnerable populations, in particular women and children, have access to quality health care services. In 2016, WAHA was health implementing partner of UNCHR in the Greek islands and Serbia, of UNFPA and WHO in Iraq and acted in partnership with UNICEF in Slovenia.

In the Middle East, we grew our projects rapidly ensuring that refugees, internally displaced persons (IDPs) and host populations in Iraq, Syria, Lebanon and Turkey receive the medical and psychosocial support they need. In Iraq, we have been providing emergency health services including reproductive health care in the areas newly liberated from ISIL and along the frontlines of battle. In Syria, we have been ensuring urgently needed health services to the vulnerable populations fleeing towards the Turkish border. In Lebanon, we have been providing health services for refugees and vulnerable host populations in the Bekaa Valley. Further along the migration route in Turkey, we have been ensuring access to health services, including psychosocial care, for women and children and we supported the overall integration of refugees into Turkish society.

We have continued to support refugees as they transit into Europe, by providing primary health care to refugees arriving on the Greek islands, and throughout their journey to Central Europe, via the Greek mainland, Slovenia and Serbia. With the closing of the “Balkan Route” and the EU-Turkey agreement in March 2016, refugees are no longer able to continue their journey onwards resulting in the changing of refugee health needs. Management of chronic conditions and responding to psychological and psychiatric health needs has become a priority.

In West Africa, we continued supporting Guinea and Liberia in overcoming the Ebola virus outbreak and its aftermath. Taking into account the lessons learned from our interventions in West Africa during the Ebola crisis regarding infectious disease prevention, detection, and management, we supported Grenada in its response and prevention to the Zika virus.

We carried on our work in Sub-Saharan Africa with regards to ensuring essential reproductive health services to women throughout the region, making significant efforts to target hard-to-reach populations. This included training midwives, supporting health centers in rural as well as in urban slum settings, providing motorbike ambulances for patient transport and referral and working within the communities to promote best practice in health and in particular skilled attendance at birth in a health facility. Ensuring high quality obstetric fistula care continued to be a central focus of our work.

In 2016, we increased our pediatric care focus, sending pediatric surgical experts to Cuba, Grenada and Guinea as well as working with pediatricians in Lebanon, Syria, Turkey, Greece and Slovenia. Moving forward, we will continue to collaborate with child health experts and develop a variety of specialized programs including to respond to the mental health needs of children.
#2 Glossary

Basic Emergency Obstetric and Newborn Care (BEmONC)
Comprehensive Emergency Obstetric and Newborn Care (CEmONC)
Ebola Treatment Unit (ETU)
European Union (EU)
Islamic State of Iraq and Levant (ISIL)
Humanitarian Innovation Fund (HIF)
Infection Prevention and Control (IPC)
Internally Displaced Persons (IDP)
Intimate Partner Violence (IPV)
Non-Governmental Organization (NGO)
Office of U.S. Foreign Disaster Assistance (OFDA)
United Nations Office of the Coordination of Humanitarian Affairs (OCHA)
Primary Health Center (PHC)
Reproductive Health (RH)
Sexual and Gender-based Violence (SGBV)
Short message Service (SMS)
United Nations Children’s Fund (UNICEF)
United Nations High Commissioner for Refugees (UNHCR)
United Nations Population Fund (UNFPA)
United States Agency for International Development (USAID)
Women and Health Alliance (WAHA)
World Health Organization (WHO)
#3 Activities by Country

Missions in the Middle East

IRAQ: ACTIVITIES STARTED IN 2016

The ongoing fight against ISIL has provoked mass internal displacement of over 3 million people, with nearly 11 million requiring humanitarian assistance in Iraq, according to OCHA. Furthermore, the occupation by ISIL has deprived the population of even the most basic health services, and most health infrastructure has been looted and destroyed as ISIL retreated. After conducting exploratory assessments in 2015, WAHA began providing essential health services in regions freed from ISIL control to host and IDP populations in 2016.

Our programs in Iraq have are supported thanks to funding from the Crisis Center of the French Foreign Ministry, UNFPA and WHO, among others. In 2016, we gradually expanded our programs to have included:

- A primary and reproductive health care unit including a delivery room in Snuny Hospital.
- A container-based primary health center in Sardeshti, in the Sinjar mountain area.
- A reproductive health care unit including a delivery room in Qadya camp.
- A reproductive health care unit including a delivery room within Debaga village.
- A mobile clinic in Debaga camp, in the Makhmour District.
- Reproductive health care units including delivery rooms in Al-Hajjaj/Silo camp, Salah Al Dine Governorate.
- Running a Primary Health Center (PHC) with RH-Services in Jhela village and a mobile primary and reproductive health clinic in the surrounding villages including Jadaa camp – Qayyara District (west bank of Tigris River).
- Running a PHC in Haj Ali villages including reproductive health care services (east bank of Tigris River).
- Running ambulances in Haj Ali villages and Jhela region, Ninawa Governorate.
- Running a PHC in Qayyara town, providing primary health care service and BEmONC.
- Ensuing emergency care including BEmONC and CEmONC at Qayyara Hospital.
During the military advances to retake Mosul, **WAHA International** has developed a strong presence on the ground as one of the first international NGOs to set a foot in the recently retaken districts to provide essential health services, including:

- Running a reproductive health care unit including delivery room in Gogjali/east of Mosul.
- Running a reproductive health care unit including delivery room in Al-Zahraa PHCC, east of Mosul.
- Running an Emergency Unit in Al-Zahraa PHC, east of Mosul.
- The Al-Zahraa ER serves approximately 200 patients per day with an average of 30-50% being war-related injuries. Two ambulances ensure active referral services for patients to higher level care facilities.
- Running a reproductive health care unit including delivery room in Al-Qahera PHC, east of Mosul.
- Running a reproductive health care unit including delivery room in Khazer Camp, east of Mosul.
- Running a reproductive health care unit including delivery room in Hasan Sham Camp, east of Mosul.

We expect that the programs in Iraq will continue to rapidly expand throughout 2017 in response to ongoing conflict and growing need to rebuild services in the newly liberated areas.

We see the need to expand health care provision to include psychological and psychiatric care to victims of trauma and gender based violence.

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**LEBANON: ACTIVITIES STARTED IN 2016**

The UNHCR estimates that around 1.5 million people from Syria have fled to Lebanon, and are in need of basic health services. The crisis also largely impacts the local population especially the most vulnerable, including women and children, as health services are not able to meet the increased demands of the host and refugee populations.

**> WAHA International’s** activities in Lebanon aim to ensure high quality and free of charge medical services to Syrian refugees and vulnerable Lebanese persons, especially women and children without adequate health coverage, in West Bekaa.

**>** We have carried out refurbishment works in the Gazze Primary Health Center, West Bekaa, through a partnership with the local NGO Vision, and provided equipment, medications and medical supplies. We also contracted adequate staffing for this primary health care facility.

**>** Primary health care services and rotating specialist services including pediatrics, gynecology, ophthalmology, dermatology, psychology, and GBV consultations began in October 2016. Pharmacy and laboratory services are also available. The clinic provides between 2,800-3,000 consultations per month.
WAHA’s health services in Syria benefitted a total of 48,563 patients in 2016, with the majority being women and children.

In February 2016, we started an emergency support program for the population fleeing Aleppo, providing essential health services to the populations of the villages and camps next to the city of Azaz, in the province of Aleppo, near the Turkish border and Harim District, Idlib Governorate.

We developed a network of mobile clinics that move daily to serve the biggest possible catchment population. In these clinics, we have provided general basic health services to the internally displaced populations (IDPs), as well as to the host populations. The clinics initially provided health care services near Azaz and then moved to serve urgent needs in six locations in Harim District, Idlib Governorate (Abo Talha, Kademoun, Jabal Harem, Safsafah, Kafar Houm, and Samdoun).

We supplied the local health centers of Bab-Alnour and Mu’az Abu Medhi with pharmaceuticals, medical supplies and equipment.

A pediatric clinic, located in Sheikh Yousef village, Armanaz sub-District, Harim District, Idlib Governorate provided more than 600 pediatric consultations per month, treating 4,660 children during a seven-month period between June and December 2016.

WAHA has provided basic health services, including reproductive health care in Delbya village primary health center, close to Delbya camp in Harim District, Idlib Governorate. We provided 7,245 consultations between August and December 2016.

We ran a gynecological clinic, located in Sheikh Yousef village, Armanaz sub District, Harim District, Idlib Governorate where we have provided 2,258 consultations between August and December 2016 and ensured training of local midwives and doctors.

We have identified the field of psychological and psychiatric care in particular for children as an urgent area to expand our activities in Syria.
We opened a social and medical center in Izmir in March 2016 where we have been offering psychological and reproductive health services, as well as social support, legal advice and language lessons to facilitate the refugees’ integration into Turkish society. Social activities have been organized for children including arts and crafts as well as school work assistance. Women are offered weekly courses given by specialists on a topic of their choice, such as education, infant health, and dealing with trauma. Interpreters are also available to women to facilitate their appointments at health and administration offices.

Medical screenings have been organized in poor neighborhoods and informal settlements of Izmir with large Syrian refugee populations and our doctors and pediatricians have screened more than 5,000 children.

In Istanbul, we organized medical screenings with a local organization in 20 schools and work in partnership with a Syrian medical center to provide treatment and specialist consultations including dentistry. 5,693 children received treatment during a three-month period between May and August 2016. Teacher training was also provided to improve hygiene practices in schools and to identify basic health problems and prevent spread of diseases.

In 2017, we will expand activities with a stronger focus on addressing gender-based violence through increased identification, case management and referral in our community center in Izmir and in a second center we plan to open in Istanbul.

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**Missions in Europe**

**GREECE: ACTIVITIES STARTED IN 2015**

Until March 2016, refugees mostly passed through Greece on their journey to Central and Northern Europe. As they can no longer travel onward, a growing number of refugees found themselves stranded on the Greek islands and on the mainland. **WAHA** has been providing health and psychosocial support services to this extremely vulnerable population and has conducted 57,528 (37,059 in the islands; 20,469 in northern Greece) consultations for the refugee population in Greece in 2016.

> As the official health-implementing partner of UNHCR on the Greek islands, we continued ensuring the refugees' access to basic health services including reproductive health and ensure a referral system to secondary health care on the islands of Lesbos, Chios, Kos, Leros, Rhodes, as well as Samos where activities stopped in March 2016.

> We have ensured psychological and psychiatric care for refugees in Chios, Kos, Leros and Rhodes. The dedicated team of psychologists and psychiatrists has been providing individual and/or group counselling. **WAHA** also supports SGBV referral systems on the islands.

> On the shores of Chios, a boat-based ambulance ensured the provision of life-saving health care for refugees upon their entry into Greek waters.

> We have supported the local hospitals of four Aegean islands with essential medical equipment, vaccinations and medicines.

> We have organized the donation of blankets and other essential items to refugee children and their families.

> From January to July 2016, **WAHA** worked in Athens to provide primary health care to refugees in the refugee camps of Elliniko 2, Elliniko 3 and Eleonas. Later the year we escorted refugees who were transferred to Athens for medical treatment.

> Since June 2016, **WAHA** has been working as an ECHO subgrantee of the German NGO, Arbeiter-Samariter-Bund (ASB) in the north of Greece to provide primary health care and ensure referral to secondary health services. In the vicinity of Thessaloniki, we have been providing consultations to thousands of refugees living in camps and alternative accommodation facilities.

> **WAHA International** has been conducting research to understand the underlying causes of intimate-partner violence among Syrian refugees in Greece and to identify innovative interventions to address this issue, funded by the World Bank, as well as investigating the response and coordination of services to meet the health needs of refugees in Greece.
Out of Lampedusa, we prepared the launching of a medical rescue ship to provide medical services during rescue operations in collaboration with the Italian Coast Guard. On the ship, there were two medical units fully equipped for emergency cases, surgery, delivery and a laboratory.

From January to June 2016 we served as the health-implementing partner of UNHCR in Serbia. We ran two clinics, one in Dimitrovgrad and one in Sid, which provided medical assistance to 5,184 refugees.

WAHA also partnered with ASB Germany to run a mobile health clinic in northern Serbia, near Dimitrovgrad.

All of WAHA’s projects in Serbia, including both fixed and mobile clinics, served a combined total of 26,673 patients in 2016.

In September, we organized the donation of blankets and other essential items and toys to refugee children and their families with the support of Etihad Airlines and throughout the year we have organized cultural and entertainment events to raise public awareness and support for the refugee community in Serbia.
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Work in Africa

SLOVENIA: ACTIVITIES STARTED IN 2015

Before the closing of the borders, Slovenia was a central transit country for refugees who were travelling through the Balkans. In view of the unmet healthcare needs of the refugees, WAHA International joined forces with local NGOs to provide an adequate response.

> Until spring 2016, WAHA International provided medical care and relief services for refugees in Slovenia at the locations of Dobava, Livarna and Šentilj.

> Since May 2016, WAHA began working with UNICEF to respond to the specific healthcare needs of children and mothers of infants among the refugee population of the two main asylum centers of Slovenia. WAHA provided medical consultations and provided specialist referrals for the most urgent cases.

> In addition workshops with a psychiatrist and psychosocial counselling was offered to parents and children in Ljubljana and Logatec.

CHAD: ACTIVITIES STARTED IN 2011

WAHA International has been supporting reproductive health and providing obstetric care in Chad since 2011, a country with below regional average maternal health indicators.

> We continued supporting the National Sexual Health and Fistula Repair Centre in N’Djamena as well as Abeche Hospital in Ouaddai Region in eastern Chad in ensuring ongoing high quality obstetric fistula care.

> We work closely with the Chadian health authorities to identify patients in need of treatment as well as to ensure the referral of complex cases to the appropriate facilities.
We continued providing operations for women with obstetric fistula and other pelvic floor disorders in our treatment centers at the University Hospitals of Asella and Jimma, in the Oromia Region, and Gondar, in the Amhara Region.

WAHA continued its support program for obstetric fistula patients to ease reintegration within their community through establishing a craftwork skills center in Dabat, in the Amhara Region, near Gondar. Extra support was given to women who were identified as hardship cases based on their social and economic status.

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WAHA strengthened the maternal health system of Ethiopia’s central zone of Arsi, through training of midwives on BEmONC and the refurbishment and equipping of rural health structures. To increase technical support for midwives, especially those working in remote areas, we continued our medical advice call center.

In 2016, we began developing an innovative intervention targeting intimate partner violence (IPV) among the refugee population of Dollo Ado, in the Somali region of Ethiopia, delivered in the context of a cultural or community practice.
In support of the National Ebola Response Coordination, and with funding from USAID/OFDA, WAHA International continued supporting the local health system in 2016, in coping with the Ebola outbreak and strengthening its preparedness for future disease outbreaks. We worked in 20 primary and secondary health facilities to improve Infection Prevention and Control (IPC) through the provision of training, equipment and supplies, with ongoing mentoring and supportive supervision. Guinea was declared Ebola Free on June 1st, 2016 and WAHA subsequently received a Certificate of Satisfaction from the Guinean Ministry of Health for their involvement in the actions against the Ebola outbreak.

We also worked in partnership with Expertise France to strengthen general hygiene at two central regional hospitals, the main hospitals of Boké and Forecariah.

We also started providing highly specialized pediatric surgery.

In partnership with our local project partner Coast Women in Development, we have been carrying out community outreach work to increase knowledge of best practice in mother and child health and increase uptake of professional health services.
In support of the transition plan of the Liberian Ministry of Health and the World Health Organization to include Ebola case management within routine health services, we supported four local hospitals in Lofa County: Tellewoyan, Zorzor, Foya & Kolahun) by training their staff and establishing safe triage, patient referral and management systems. This support was made possible thanks to USAID/OFDA funding.

We continued supporting fistula care at the Family Medical Center in Monrovia, and expanded support of fistula care to Phebe Hospital in Bong County.

A delegation from WAHA International travelled to Mozambique in the summer of 2016 for meetings with the national health authorities in order to prepare to establish a regular obstetric fistula program.

Increased political instability lead us to temporarily put our obstetric fistula treatment program on hold. However, we are waiting to restart this program as soon as the security situation allows.

We continue to provide quality fistula care to women in Zimbabwe who are living with obstetric fistula. Having expanded our program in 2016 to three hospitals, two in the capital and one 80 miles further inland, we have increased the number of operations we can provide.
**Activities in the Near East/Asia**

**NEPAL: ACTIVITIES STARTED IN 2014**

In Nepal, WAHA has collaborated with local hospitals and surgical teams to improve their skills in treating obstetric fistulas, which are highly common in Nepal, especially in rural areas where maternal healthcare and emergency obstetric services are limited and difficult to access.

> In 2016, we supported simple and complex fistula repair and ensured post-operative care in Nepal through a collaboration with Dr. Tom Raassen, one of the world’s leading fistula surgeon.

**PAKISTAN: ACTIVITIES STARTED IN 2011**

WAHA followed up our initial fistula work in 2011, when an international conference was held to bring awareness to fistula care in Pakistan. The country continues to experience high numbers of obstetric fistulas.

> Through a collaboration with fistula surgical expert Dr. Tom Raassen, WAHA supported the repair of complex fistulas primarily in Karachi, Pakistan, which also served as demonstrations and training for local surgeons and medical staff.

**Projects in the Caribbean**

**CUBA: ACTIVITIES STARTED IN 2016**

WAHA International started working in Cuba in 2016 treating complex pediatric surgery cases.

> We provided highly specialized pediatric surgery for children from disadvantaged backgrounds allowing to live more active and fulfilling lives.

**GRENAADA: ACTIVITIES STARTED IN 2016**

The Zika outbreak has threatened the health of mothers and children causing pregnancy complications and potential neurological damage.

> We supported the Grenadian Ministry of Health to develop its Zika virus prevention and early detection strategy targeting high risk populations such as pregnant women and jointly deployed an Integrated Vector Management Strategy as a proactive and targeted intervention. Part of the strategy includes reinforcement of family planning activities as well as rapid diagnostic outcomes using a mobile laboratory solution.

> We continue to closely monitor the virus’ development, as well as its impact on the health of the most vulnerable women through ongoing surveillance activities.

> We also provided specialized pediatric surgery for children from disadvantaged backgrounds.
#4 Acknowledgement of our Supporters

WAHA International’s projects would not be possible without the support and encouragement from our partners and donors around the world. We want to express our profound gratitude for their support in 2016 and for their continued commitment to supporting WAHA’s mission of ensuring life-saving and life-changing medical services to the most vulnerable populations, in particular women and children.