

GAZA AFTERMATH CONGO CRISIS ROHINGYA REFUGEES PAKISTAN HEALTHCARE

PARTNERSHIP

THE OFFICIAL NEWSLETTER OF ISLAMIC RELIEF USA

SPRING 2009



MALARIA

The disease is currently threatening over half the world's population with Africa at greatest risk. Islamic Relief fights back with long-term projects in Mali.



LETTER FROM THE CEO

As-Salaamu Alaykum wa Rahmatullahi wa Barakatuh,
(May the Peace, Mercy and Blessings of Allah be upon you)

After spending the last decade volunteering for Islamic Relief USA, I am very grateful to now be given the opportunity to serve as CEO. From the time I was a child, I wanted a career in which I could help save lives, and thanks to Allah first and foremost, now I can truly do so working with Islamic Relief.

However, saving lives does not start with me; it starts with you, our donors and volunteers. Without you, Islamic Relief's work around the world could never survive and we would not be among the top charities in the nation today.

These tough economic times make it difficult to consider philanthropy a priority, but the situation of those already struggling in poverty is so dire that giving, especially now, is vital to the preservation and positive development of life.

But I do not just want you to give your financial support. I want you to give your feedback, your ideas, your thoughts, your efforts, and your time. Donors and volunteers have always been at the heart of Islamic Relief's work, and it is your dedication that helps drive our passion, furthers our work, and gives hope to our beneficiaries.

With greater crises comes greater work and responsibilities that lie ahead of us. And with your help, Islamic Relief will continue to meet the needs of those less fortunate. We are already expanding our domestic relief efforts, establishing more offices throughout the nation, building more relations with the communities we work in, and developing new staff to work especially with donor care and concerns.

I pray that you will continue to aid Islamic Relief in our mission to alleviate the suffering of the world's poorest people because this great task simply cannot be done without you.

Thank you for all that you have done, and I look forward to working with you in the years to come, Allah willing. May Allah reward your efforts.

Sincerely,



Abed Ayoub
CEO
Islamic Relief USA



“DONORS AND VOLUNTEERS HAVE ALWAYS BEEN AT THE HEART OF ISLAMIC RELIEF'S WORK”

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THE MID-NIGHT KILLER



Malaria is known to be one of the oldest and deadliest diseases to affect mankind. While its actual age is still debated, its deadly affects on human beings are not.

The latest report from the World Health Organization shows that approximately half the world's population is at risk of contracting a form of malaria. In 2006 alone, malaria cases were reported to have caused nearly 1 million deaths worldwide.

Most of these deaths were children under age five.

Malaria is a disease of the blood that is transmitted by the female Anopheles mosquito. The nocturnal female Anopheles feeds on human blood to nourish her eggs, mainly between the hours of 10 p.m and 4 a.m.

In just one bite, the Anopheles mosquito can infect a human with tens of thousands of malaria parasites. But it only takes one of them to kill a person.

Once a host is bitten, the parasites travel to the liver within 30 minutes where they rapidly reproduce. Some parasites will lie dormant in the liver and cause diseases later on, but others will travel to the bloodstream and begin to infect red-blood cells.

Upon infecting the red blood cells, the parasites will reproduce again and again, until the cells burst, freeing the parasites to infect and destroy another.

About nine to 14 days after the infection, the host will begin to show symptoms of being ill, including fever, headache, vomiting and other flu-like symptoms. If proper medical screenings and medications to combat the disease are not available, the infection can quickly lead to anemia, coma or even death.

THE INFECTION CYCLE

DAY 1

10:00 PM

The Anopheles lands unnoticed on a child's arm and begins to drink her blood meal. The malaria parasite is exchanged and travels to the child's liver.

DAY 14

7:00 AM

The child wakes, feeling drowsy, his head aching. The malaria parasites have already multiplied themselves 40,000 times over.

10:00 AM

The parasites burst from the child's liver cells into the bloodstream, overwhelming the child with chills.

12:00 PM

The child's fever becomes severe; his parents have heard of the symptoms before and begin to worry.

5:00 PM

The child's body spasms and his vomiting worsens. The parasites have destroyed so many cells, his breathing becomes increasingly difficult.

7:00 PM

If medicine isn't administered quickly, the child can fall into a coma, suffer irreversible brain damage, and possibly die.

A GLOBAL THREAT

More than 3.3 billion people worldwide are at risk of contracting malaria. The most high-risk populations include but are not limited to areas of Africa, South-East Asia, the Eastern Mediterranean, and the Americas. The disease is particularly devastating in Africa, where one child dies from malaria every 30 seconds.

In fact, 86 percent of malaria cases reported in 2006 were in Africa. Of all malaria-related deaths in 2006, over 1.2 million, 91 percent, were in Africa as well.

Central & South Americas
POPULATION: 895,000,000
AT RISK: 15%
DEATHS: 3,000

MDGS & MALARIA

The United Nations created the Millennium Development Goals in 2000 as a way to improve the lives of people living in some of the world's poorest countries. Islamic Relief actively supports these goals and ensures that many of our projects around the world work towards achieving them, one of which is halting and reversing the spread of malaria and other major diseases.

Eastern Mediterranean

POPULATION: 540,000,000

AT RISK: 55%

DEATHS: 38,000

South-east Asia

POPULATION: 1,721,000,000

AT RISK: 77%

DEATHS: 36,000

Africa

POPULATION: 774,000,000

AT RISK: 84%

DEATHS: 801,000

MALARIA DEATHS IN AFRICA

The most recent estimates from the World Health Organization (WHO) show that despite having a smaller population than other regions, Africa suffered over 800,000 malaria deaths. That's more than 10 times the deaths experienced in Europe, the Eastern Mediterranean and the Americas combined. Eighty-eight percent of those deaths reported were children under age five.

MALARIA IN AFRICA

THE REGION AT GREATEST RISK

Lack of resources combined with a climate friendly to the deadliest strain of the disease, has allowed malaria to kill more children in Africa than any other single disease.

Many children who survive a malaria episode may suffer later from learning impairments and/or brain damage. Pregnant women and their unborn children are at an even greater risk, as malaria can be a major cause of maternal anemia, low birth weight and mortality.

According to MalariaNoMore, a non-profit organization determined to end malaria deaths, malaria costs Africa an estimated \$12 billion in economic losses annually, exacting a devastating toll, particularly on the rural poor. To effectively control the disease in Africa would cost \$2-\$3 billion each year, but only about \$200 million is allotted by African governments, donor governments and UN agencies.

Impoverished families, in most cases, can neither

afford a bed net for protection nor access to adequate medical care when they fall ill.

MALARIA IN MALI

In Mali, over 70 percent of the population lives below the poverty line, surviving on less than \$2 a day. Malaria is endemic to more than 90 percent of Mali's population and is usually the primary cause of death, especially among pregnant women and children under five years of age.

By the end of 2006 alone, the World Health Organization (WHO) reported an estimated 4.3 million cases of malaria in Mali, over half of which involved children under age five.

Despite these staggering statistics, less than 30 percent of pregnant women and children under five are sleeping under insecticide treated nets (ITN) to protect them, according to the WHO 2008 Malaria Report.

TREATING MALARIA

TREATMENT OPTION	TREATMENT PURPOSE	BENEFICIARY	RESULT
Long-lasting insecticidal nets (LLIN)	Prevention of mosquitoes in homes	Vulnerable Households	Prevention of malaria
Artemisinin-based Combination Therapy (ACT)	Treatment of malaria cases	Malaria-affected men, women and children	Reduction in malaria deaths
Indoor Residual Spraying (IRS)	Prevention of mosquitoes in homes	Vulnerable households	Prevention of malaria
Intermittent Preventative Treatment in Pregnancy (IPT)	Prevention of malaria, anemia and other illnesses	Pregnant women at risk	Reduction in malaria deaths
Rapid Diagnostic Test	Screening and treatment	Pregnant women, orphans, widows, children <5 yrs	Prevention and reduction of malaria deaths

BITING BACK

THE FIGHT AGAINST MALARIA

Islamic Relief is committed to combating and preventing the spread of malaria and has been working in high risk areas of Mali for years, providing medicines and insecticide-treated nets for affected communities.

In April, Islamic Relief USA launched its Bite the Bug campaign to help end the spread of malaria and treat those affected. The campaign is mobilizing thousands of volunteers across the United States and religious leaders, like Imam Zaid Shakir from the Zaytuna Institute, to educate others on malaria and its adverse affects.

'TREATABLE MALADIES'

During his travels with Islamic Relief staff to Mali, Imam Zaid Shakir reflected on malaria and poverty in his blog:

"I recalled the times when friends in the neighborhood would be afflicted with ring-worms or lice, afflictions we would notice occurring so frequently during the trip we were undertaking.

The point of mentioning this is to emphasize that these are treatable maladies that were once common here in the United States. Even malaria was common in the

southeastern United States until the Second World War.

If such afflictions and scourges can be eliminated here in the United States, they can be eliminated in Mali and elsewhere in the developing world with a concerted and determined effort."

FIGHTING MALARIA IN MALI

Working with local field partners in Mali, Islamic Relief's campaign to fight malaria intends to help more than 10,000 affected people over the next two years.

Focusing on pregnant women, nursing mothers and children under age five, Islamic Relief's malaria treatment and prevention projects aim to reduce the rate of infant mortality due to malaria by 50 percent, decrease school absenteeism by 25 percent, reduce malaria cases among pregnant women by 25 percent, and reduce anemia cases in pregnant women by 15 percent.

Working in areas of Bamako and Ouélessbougou, the project's main activities include distributing insecticide-treated bed nets to last for at least two years, observing and administering drug therapy treatments for affected community members,

educating community members regarding hygiene and environmental sanitation, disease screening, and administering medical care for diagnosed cases.

In addition, Islamic Relief plans to build a fully-staffed, equipped and specialized center where people suffering from malaria can get help. The activities of the center will include education, treating at least 1,500 households with insecticides, ensuring at least 2,500 people receive insecticide treated bed nets, screening at least 600 patients through Rapid Diagnostic Tests, treating 400 pregnant women with preventative treatments, and treating another 2,000 people with Artemisinin-based combination therapy treatments.

YOU CAN HELP

Between 2001 and 2006, malaria deaths increased three-fold in Mali. For just \$10, you can Bite the Bug and help put an end to malaria deaths in Mali. Your donation can provide an insecticide-treated bed net and medicines to a person affected by malaria.

Visit our campaign website at www.bitethebug.org to learn more.



OPPOSITE: Gaza residents salvage their belongings from the rubble of destroyed homes.

GAZA AFTERMATH

In the early morning hours of December 27, 2008, deadly attacks began in the Gaza Strip. According to the BBC, this was considered the bloodiest day in the region in terms of casualties since 1967. The conflict came after Gaza had already been under an 18-month blockade and facing its worst humanitarian crisis in 30 years.

Within the first few hours of the conflict, nearly 200 Palestinians were injured and another 200 killed. By the end of the third week, over 1,300 people were reported dead and more than 3,000 injured. Many were women and children.

Gaza's infrastructure and economy are also in ruins. Intense bombing campaigns destroyed 14,000 homes, decimated 240 schools and collapsed 219 factories, according to United Nations estimates.

After the dust settled, the Gaza strip was still one large disaster zone.

FAMILIES RETURNING "HOME"

Hundreds of families had their homes totally or partially damaged during the conflict, leaving them without proper shelter to protect them from Gaza's wintery conditions.

In the Zaytoon Square in the north of Gaza, the land, once home to scattered olive trees, chicken farms and small holdings, now harbors rubble, debris and a few

makeshift tents belonging to families that have returned. With nothing more than a shovel, Ghalya al-Samouni, 43, one of the surviving residents of Zaytoon Square, is attempting to rebuild her home from scratch.

"When the bombs came, we huddled under the mattress, my husband, myself and two sons," Ghalya said. "We were so scared, but we didn't want to leave. We said to each other, we won't find a better life than we have here. It's better to stay, even if we die. To tell you the truth, I'm surprised to be alive."

Ghalya's garden used to have beans and spices to feed her husband and two sons. The house was surrounded by grape vines and she believes the thick stems offered the family some protection – although no evidence of them remains. Ghalya has already cleared a small patch of land with her bare hands, and raked over the soil. She has gotten as far as outlining the foundations with breeze-blocks, but it is backbreaking work.

"I am so, so tired," she said. "When our relatives came to find us after the soldiers had gone, they found us just sitting on the

ground, staring blankly at nothing. We were so shocked."

Ghalya's neighbor, Ghadeer, 22, comes every morning at sunrise and sits on the rubble of her former home until dusk. Her baby is only one month old and, for her, the prospect of building a house is impossible. In the evening, she goes to stay with her extended family, but during the day, she prefers to sit in the place that was once her home.

"The first day I returned, I couldn't make out which was my house and this made me very upset," she remembered. "I walked around and around – everything was destroyed – and at last I saw a heap of bricks with orange paint on them. Then I knew this was my house – because we had painted our bathroom orange."

Ghadeer says that the fallen concrete she sits on is her 'living room.'

PUBLIC HEALTH CATASTROPHE

The public health system has suffered greatly since the conflict. There are great shortages of some medicines and disposables, and others are simply not allowed



A girl sits outside her damaged home after receiving aid from Islamic Relief.

to enter the strip. In addition, the number of hospital beds is not sufficient for the amount of patients needing medical care.

“The catastrophe of war in Gaza has been replaced by a catastrophe of public health,” says Dr. Jihad el-Hissi at al-Shifa Hospital in Gaza City. “Before the bombing I was treating 10 patients a day for gastroenteritis (stomach flu), now I am seeing 50 cases a day.”

Dr. el-Hissi’s colleague, Dr. Ahmed Al-Lily, said that lack of clean water, poor sanitation caused by the damaged sewage system, lack of food, and the spread of disease are his primary concerns.

“Many of the people trying to rebuild their homes are farmers. But their dead cattle are lying all over the ground in the places where they are trying to rebuild. The risk of infection is very high,” said al-Lily.

Although organizations like Islamic

Relief have run effective and educational public health projects such as the importance of clean water consumption, when there is no clean water available, people are forced to drink whatever they can find.

“Yesterday I bought a barrel of water,” al-Lily said. “When I took it home for the family to drink, I discovered it was salty water, from the sea. The sea here is so polluted and this is how disease spirals.”

CONFLICT DOUBLES NEO-NATAL DEATHS

The conflict also greatly amplified the risks for pregnant women because many were not able to reach a hospital for care at the onset of labor, nor after giving birth.

“During the war, pregnant

women, like anyone, suffered soaring anxiety,” explained Dr. Akram el-Shikhalil, Head of Maternity Unit at al-Shifa Hospital. “This caused a notable increase in the number of women who had miscarriages or gave birth prematurely. The neonatal death figure has doubled in recent weeks. Babies are being born at 22 and 23 weeks. This is too early to survive here.”

Dr. Akram’s colleague – obstetrics and gynecological doctor Hossein Ghalayini – was one of those who continued to work in the unit throughout the attacks. He describes receiving one woman, aged in her early thirties, during a night of heavy shelling.

“She was brought from Zaytoon in an ambulance, bleeding heavily and very, very scared. She was



Gazan girl stands outside of her destroyed school.



crying out that she didn't know where her baby was."

The woman had given birth while her home collapsed around her as bombs fell on Zaytoon Square. In the chaos that followed, she was bundled into an ambulance but, semi-conscious, shocked and in terrible pain, had no idea what had happened to her baby.

Dr. Ghalayini said he and his colleagues were able to save the woman, but he does not know if she found her baby. Dr. Akram said this is not the only case of a woman being separated from her newborn after giving birth during an attack.

"Some babies were found in the rubble, some alive, some dead."

During the worst of the attacks, he said he treated several women who had given birth and been seriously injured simultaneously. The delivery suites were full of women with broken limbs, giving birth.

ISLAMIC RELIEF INTERVENTION

Islamic Relief responded to the crisis in as fast as six hours after the attacks

began, providing over \$3 million of urgently needed emergency aid, and continued to provide aid throughout the attacks and after the ceasefire.

In February alone, Islamic Relief has provided food packages, kitchen sets, hygiene kits and blankets for over 35,000 people in areas of Gaza including Rafah, Khan Younis, Gaza City, northern and southern Gaza.

Other activities have included distributing hearing aids for partially-deaf children, delivering milk for primary school students and demolition waste removal to help clear rubble.

Knowing that relief will take more than just immediate aid distributions, Islamic Relief has also initiated Psychosocial Intervention Project activities, targeting more than 8,000 families in devastated areas that had their homes destroyed.

Hatem Shurrab, an Islamic Relief aid worker in Gaza, wrote about his visit to

one of the psychosocial intervention sessions:

"I saw children drawing flowers, sea, rain and beautiful scenes. Unfortunately many children drew warplanes, guns and destroyed homes. There is a lot of work to do with these children - they have been severely psychologically affected by what they have experienced. Our psycho social support specialists are helping these poor children and others - I hope they make a difference soon."

Islamic Relief aid workers have identified the free flow of aid and supplies as a priority in expediting reconstruction of the coastal strip including: spare parts and fuel for the power plant, hospitals, and water and sewage treatment facilities; and cement, sand and other construction materials to rebuild homes, schools and clinics that have been destroyed.

ROHINGYA REFUGEES

A Neglected Minority

Following decades of harassment, abuse and human rights violations, over a quarter million Rohingya fled Myanmar for Bangladesh in 1991. Despite no improvements in the situation within Myanmar, many Rohingya were repatriated in 1994.

Over 27,000 Rohingya remain in Cox's Bazar in southeast Bangladesh: approximately 17,000 are living in camps run by the United Nations High Commission for Refugees (UNHCR), while 10,000 are languishing in appalling conditions in a makeshift camp, Tal. Many others live among the local community.

'HARDLY PARADISE'

Though many Rohingya have sought a better life in Bangladesh, the reality of trying to settle there is often harsh and dismal.

Those who are officially registered are housed and fed in the U.N. refugee camps, others live in makeshift shelters on the outskirts of the camps and are not entitled to support, while about another 200,000 others have integrated themselves into the host community, adding strain on the already insecure food situation in Bangladesh.

In December 2007, Islamic Relief began working with Rohingya refugees living in Tal. One side of the settlement is bordered by the Naf River and the other by a busy highway. Rainy seasons bring flooding and destruction to inhabitants on the river's edge.

A makeshift shelter of only a few square feet made from pieces of bamboo and sacking, crammed up against other such shelters, houses a family of over five people. No running water or sanitation facilities exist in the settlement, so raw sewage often runs between homes, putting the health of inhabitants at risk.

BUILDING A NEW CAMP

Bangladesh recognized the Rohingya who arrived before 1994 as refugees and allowed the UNHCR to set up two camps to provide for their basic needs. However, until recently, no support was available for the

10,000 refugees living in the makeshift camp.

Despite conditions inside the camp, few Rohingya want to return to Myanmar where they are not considered citizens and have suffered many human rights violations, including being used as forced labor, having their lands confiscated, and prevented access to healthcare, education and the labor market.

Islamic Relief is working with the European Commission for Humanitarian Aid (ECHO) to provide the settlement's inhabitants with basic services such as healthcare and nutritional support, and to build a new permanent camp at Leda that will provide more adequate shelter and access to clean water and sanitation facilities. The 10,000 refugees currently living in the informal settlement will be relocated to this new camp.



Mariam, 47, heading a household at Tal camp.

DIRTY WATER

Lalu Begum is originally from Myanmar but fled as a result of torture and persecution. "We could not even cross a bridge to go to market without paying money, which meant we could not buy food or sell our goods," Lalu said. "We are unable to get jobs, they do not give us permission to do



Rohingya refugee children
in Tal camp, Bangladesh.

FEATURE



WHO ARE THE ROHINGYA?

- The Rohingya are a Muslim minority predominantly from the Rakhine state in Myanmar. In 1991, after decades of harassment and abuse, around 250,000 Rohingya fled to Bangladesh.
- Approximately 27,000 Rohingya remain in Bangladesh: around 17,000 live in UNHCR camps with access to healthcare, water, food and education; however, 10,000 are living in dire conditions in a makeshift camp.
- Islamic Relief and ECHO have begun work to build a new refugee camp, equipped with adequate shelters, water and sanitation facilities, healthcare and a feeding center for malnourished children, for refugees currently living in the makeshift camp.



Refugees living in small huts in Tal camp.



Lalu Begum and her family.

any business and we cannot make a living.”

“Here we have a small one-room house and we are living a very hard life,” Lalu continued. “We only have a small amount of food to eat and sometimes I think that we may starve. Sometimes my children manage to catch fish in the river, most of the time we have nothing.”

“We are suffering a lot because we have no drinking water and no water for washing. We are forbidden from taking water from the local community, and if they catch us they will take our water pots.”

Because there is no running water in the temporary settlement, Lalu and others like her are forced to collect dirty water from local ponds that carry a risk of serious waterborne diseases such as cholera and diarrhea. With limited healthcare facilities and high rates of malnutrition, these diseases can often be fatal.

The new Leda camp being built by Islamic Relief and ECHO will provide access to sanitation facilities such as new restrooms suitable for the disabled; a team of hygiene promoters encouraging their use and a sanitation team ensuring they remain clean and hygienic; and clean drinking water via a new water purification plant that will reduce the instances of waterborne diseases.

NO EDUCATION, NO HOPE

At present no educational facilities are available for children in the settlement. Even in formal refugee camps, Rohingya children only have about two hours of

schooling a day. Consequently, literacy rates amongst the Rohingya are only around 12 percent.

A lack of education and skills-training mean many Rohingya have no way to make a living. Even those with a marketable skill find it hard to gain employment as a result of discrimination they face in the local community. Some women and children gather firewood from the forest to sell, but this poses a risk of attack.

To provide refugees with a source of income and create a sense of ownership amongst the camp residents, Islamic Relief has employed over 100 individuals to work on construction of the Leda camp, helping level land, build shelters and dig sanitation systems.

CHRONIC MALNUTRITION

Poverty among the Rohingya is rife. They are largely dependent on aid and are unable to access sufficient food or clean water. Almost 60 percent of all Rohingya children are chronically malnourished.

To help children affected by malnutrition, Islamic Relief runs a therapeutic feeding center inside the Tal makeshift camp. Aungtun, a worker at the feeding center, travels 12 miles from his home to the settlement every day to carry out his activities.

“At the therapeutic feeding center we feed children twice a day. They receive milk and highly nutritious food. If any child gains enough weight they will be discharged,” Aungtun explained.

“We also monitor children in their home

to see if they are being fed properly. In addition, if we see that the house is unclean, we give people advice on hygiene and sanitation practice. And if we see there are sick people in the house, we refer them to the clinic.”

The new camp will have a health clinic with an out-patient department, a therapeutic feeding center and a maternal health unit; provide specialist care for the disabled; provide care for the Rohingya refugees; and provide free medical care and hygiene awareness sessions to the local host population.

FOOD FOR ANWARA

Anwara is 16-years-old and has a two-year-old son. “I brought my son to the therapeutic feeding center to receive food and medical care,” she explained. “I was referred here by an Islamic Relief hygiene promoter. He told me my child was very sick and that I needed to take him to the clinic.”

“They took the weight and height of my child and found out that he was malnourished, so they gave me a packet of food [highly nutritious food designed specially for malnourished children] and also washing materials so that I can keep myself and my child clean. I have to bring him to the center twice a day where he receives the food and his health is checked.”

“I usually feed my child rice and potatoes, little else. There is not enough food for anyone here, which is why he is sick,” Anwara said. “My brother earns money by working in a shop and my mother sometimes collects firewood from the forest to sell. But we don’t have anything.”



DECADE OF DISTRESS

DESPITE PUBLICIZED PEACE EFFORTS, THE HUMANITARIAN SITUATION IN THE DEMOCRATIC REPUBLIC OF CONGO (DRC) HAS GROWN INCREASINGLY BLEAK WITH AID FAILING TO REACH A MAJORITY OF THE PEOPLE.

A decade-old civil war was recently reignited, leaving at least 900 dead and forcing more than 100,000 civilians to flee their homes since Christmas, according to the French NGO Médecins Sans Frontières (MSF).

The security of millions of internally displaced persons (IDPs) across the DRC's eastern border remains threatened, according to the United Nations High Commission for Refugees (UNHCR).

Mobility is limited for the Congolese as military movements have closed schools and roads, and a nearby volcano,



which has displayed signs of an imminent eruption, threatens the lives of many.

Diseases have also taken their toll, with dozens of cholera and Ebola outbreaks reported.

Responding to the crisis, Islamic Relief set up a field office in the city of Goma—the capitol of the North Kivu province, one of the most impacted and desperate regions.

Islamic Relief field workers in the DRC are currently concentrating efforts on water and sanitation projects, distribution of non-food aid and coordinating

between the various NGOs serving the displaced populations.

A weak response from the international community, however, has effectively limited the magnitude with which Islamic Relief can serve the people of the DRC.

SUFFERING OF MILLIONS

Conflict and humanitarian crises in the DRC have taken the lives of over 5.4 million people since 1998.

Aid workers are reporting that many IDPs have been displaced for the second, third or even fourth time since conflict erupted a decade ago. Thousands of children are living in temporary settlement camps, where they are at an increased risk of being physically and mentally abused.

Extremely high levels of rape and gender-based violence are also being reported, with poor security protecting girls and women in the camps.

Oxfam, an international relief and development organization, reported a tenfold increase in the number of rapes reported at local hospitals and clinics between May and the beginning of November 2008 in the town of Kanyabayonga, for example.

There is also a growing fear among humanitarian aid agencies that the former child soldiers in the camps are vulnerable to being re-recruited by the warring militias.

Since August 2008, renewed clashes between armed opposition groups and government forces have resulted in significant displacement, kidnappings, widespread looting and a deterioration of humanitarian conditions.

The UNHCR argues that the cycle of bloodshed, destruction and sexual violence in the DRC will continue unless the international community takes decisive steps to help bring it to an end.

A TALE OF DISMAY

“We are living in constant fear,” 45-year-old Burekeriyo, an IDP, told an Islamic Relief field worker.

“It is quite insecure here in the camp and the militia can come anytime and do anything. They killed a girl the other day just because she showed resistance when

they tried to rape her. There are many young girls and mothers in this camp and we have the constant threat that they may harm us,” she added.

Burekeriyo, who lives in a makeshift shelter with seven of her nine children, lost contact with her husband several weeks prior and in turn has lost hope that her family will be reunited.

“I really wish that [my husband] was still around as things would have been slightly better. I would not have been completely responsible for the care of my seven children. It is such a torture not knowing what has happened to him. I have no idea what state he is in, or even if he is still alive,” she said, fighting back tears.

Burekeriyo’s story is not uncommon, as nearly every Congolese IDP has either lost a family member or knows somebody who has.

Despite the widespread suffering and abhorrent conditions, with the support of aid organizations, most still maintain hope that they can one day return to their homes in peace.

“I really hope that the war stops soon so I can go back to my village with my children. Everyone in this camp is suffering and I request that those who can do something to please help to bring peace to my area so we can go back to our homes,” she said, begging for the public’s support.

ISLAMIC RELIEF IN DRC

Since founding a field office earlier this year, Islamic Relief has launched a project to improve access for around 12,000 displaced Congolese to clean drinking water, sanitation and hygiene facilities, shelter and non-food items.

Islamic Relief is no stranger to the region and has helped the Congolese people before.

In conjunction with various partners, Islamic Relief shipped about \$18 million worth of medicines to Congo in early 2008 to treat common diseases in Congo such as malaria, infections, anemia, and other illnesses.

The shipment was coordinated between Islamic Relief USA, the Saint Paul School of Theology in Kansas City, MO, the United Methodist Committee on Relief, and Interchurch Medical Assistance.

CARING FOR KASHMIR

Islamic Relief establishes Basic Health Unit



Breathless and eight months pregnant, 22-year-old Rashida Nazir walked two and a half hours up and down steep mountain trails, that in some areas are only fit for goats, for a medical check-up.

"Please don't feel bad. Be happy for me. I'd walk twice this much if it means at the end I'll have a hospital to go to," she shared with an Islamic Relief staff member in Battal, Pakistan-administered Kashmir.

"Because of Islamic Relief, we now have a health facility that we can count on. For me, the health of my unborn child is very important and I only want the best for him or her."

Rashida, a first time mother-to-be, lives in remote Battal in the Muzaffarabad district of Kashmir. In her last stages of pregnancy, she is nervous of the days to come but has faith in the newly established Islamic Relief Basic Health Unit (BHU) that provides medical services to over 40,000 locals.

HEALTHCARE IN KASHMIR

Even before the earthquake struck on October 8, 2005, health facilities in the region were severely limited and many people struggled to get the care and treatment they needed.

After the disaster, the situation deteriorated rapidly – around half of all health facilities in the eight affected districts of Pakistan-administered Kashmir and the Northwest Frontier Province were completely destroyed and a quarter were seriously damaged.

Tragically, many health professionals were killed or injured, leaving a severe shortage of trained medical personnel to help those affected by the earthquake.

WOMEN'S NEEDS

Muzaffarabad is two hours away from Battal down a winding, mountainous road on which only one vehicle can pass at a time and loose rocks from the sides of the road are heard falling down the steep valley. After heavy rain or snowfall, Battal becomes inaccessible by road.

Reproductive healthcare needs for women in Battal are very high, but due to limited resources and lack of access to proper healthcare, women are often denied

this basic right. Prior to Islamic Relief's intervention, there were no health facilities available for women in the Pakistan-administered Kashmir area.

"Before Islamic Relief built this health center for us, we used to go to Muzaffarabad for women-related illnesses. Most of us give birth at home and are taken to the closest hospital in Muzaffarabad only if there is a life-threatening complication or risk involved," said Naseema, a beneficiary at the health center.

"We don't even have a village midwife to rely on. There is no one who is experienced enough for child-birth and delivery," Rashida spoke of the grim realities in her village.

"Sometimes our women get so sick during childbirth that they are taken to the closest hospital in Muzaffarabad. Some even die on the way."

OFFERING A NEW BEGINNING

To aid the people of Battal, especially women and children, Islamic Relief USA, with the assistance of its generous donors, has built a fully-equipped BHU.

The health center includes a mother and child healthcare unit, delivery room, operating room, vaccination center, and a pharmacy. Accommodations for health staff are also provided to ensure retention of quality medical professionals in rural Battal.

The BHU serves over 40,000 residents in Battal and its surrounding mountainous areas. Islamic Relief has adhered to guidelines set by Ministry of Health in Pakistan-administered Kashmir, and ensured that construction of the BHU meets earthquake-resistance standards.

In December 2008, upon completion of the BHU's construction and equipment, Islamic Relief officially handed over operations to the local government. Islamic Relief is still very closely involved in monitoring the activities of the center and ensuring that

quality service is provided at all times.

"About 60-70 outpatients visit the health facility on a daily basis from the neighboring villages with illnesses ranging from reproductive health cases and urinary tract infection in women to respiratory tract infections, mainly in children," said Dr. Mohammad Shabir Qureishi, a BHU provider.

A fully stocked and functional pharmacy at the BHU provides patients free medication upon prescription from



the treating doctor or medical officer. Complex cases are referred to nearby hospitals with greater capabilities.

AN OLD MAN'S PRAYER

"We are grateful to Allah and then Islamic Relief for coming to our help and providing us with a health facility of the utmost standard without any pleas from us. This is an honor for our village. After October 8 earthquake, we thought the world had forgotten us, but Allah sent Islamic Relief in answer to our prayers. May you and all those who have helped make this a reality continue to serve humanity and make a difference," said Mir Muhammad Munier, a Battal senior member, expressing his gratitude.



EXPANDING EDUCATION

Islamic Relief builds girls' schools in Pakistan

Set amidst tall mountain peaks with snowcaps and deep green valleys, the village of Chattar Gallan in the Bagh district of Pakistan-administered Kashmir is a picture-perfect setting. But not long ago, the children of this beautiful place underwent a traumatic experience when on October 8, 2005 the only girls' school in the area was reduced to rubble by the devastating earthquake.

Luckily, all the children survived but the destruction of the school put their future at great risk.

"With the destruction of the school, attaining education came to a complete halt. Slowly the teachers and parents of the community mobilized resources and continued educating the children in all

conditions known to mankind," recalled community member Misal Din of the unfortunate day.

"Our children have taken their classes sitting outside in the snow, borrowing someone's verandah during rain or simply using tree shades in the summers. The earth has been their blackboard and their minds their text-books."

SCHOOLS DESTROYED

After the earthquake, children risked losing out on their education as more than 2,680 schools were destroyed and hundreds of children lost their lives. Getting children back in school was important so they could complete their education and be provided

“My name is Tania. I study in Class 4. The name of my school is Chattar Gallan. My school was destroyed in the earthquake. I thank Islamic Relief for rebuilding our school and securing our future. Now we’ll attain education and contribute to improving our village.”



with psychosocial support.

Although literacy rates are higher in Pakistan-administered Kashmir than any other part of Pakistan, the earthquake’s impact on the education sector was devastating, bringing down many schools, colleges and university buildings.

ISLAMIC RELIEF’S EFFORTS TO RESTORE SCHOOLS

In order to bring a sense of normalcy back to the lives of affected children, Islamic Relief provided nearly 300 tents in the immediate aftermath of the earthquake to serve as temporary classrooms. In some areas, classrooms, educational tools, and school bags were also provided.

In agreement with the government

of Kashmir, Islamic Relief USA, with the help of its donors in the US, has funded the reconstructing of ten schools in Bagh, Rawlakot, Muzaffarabad and Neelum Valley.

The school in Chattar Gallan, Bagh is under construction and will be completed soon. Once completed, the school will be run by the Education Department in Kashmir, but Islamic Relief will remain closely involved with monitoring and providing valuable input on the administration of the school.

Upon completion, it will be the only girls’ school in the area serving about 1,000 households. The initial enrollment of the school is predicted to be 200 children and with time this number will grow as the school expands.

“Before Islamic Relief came to our help, we were in a terrible state after the

earthquake. We had no school building where we could teach the children. We have had classes in the rain, snow and sun and continue to do so. But now as we have our class under a tree shade, the thought of having a completed school building comforts us and we look forward to it,” said primary school teacher Nahid Akhtar who is looking forward to teaching the children of the area in a building once again.

“We are very grateful to Islamic Relief for building a school for our daughters,” said Misal Din. “Thank you for helping our children build their future. We have full faith in Islamic Relief for constructing a sound and safe building for the school where our children will be safe. These children are our future. Without a building, attaining education is not possible.”

BRIDGING THE GAP IN DARFUR

Islamic Relief covers services provided by ousted aid agencies





A Sudanese girl displaced from Muhajiriya carries jerricans in Zam Zam IDP's camp in Al Fasher, northern Darfur. REUTERS/Zohra Bensemra (SUDAN SOCIETY)/Courtesy of Alertnet.

In March, 13 international humanitarian aid agencies and non-governmental organizations (NGOs) operating in Northern Sudan were expelled by the Sudanese government Humanitarian Aid Commission (HAC), with many having their operating licenses revoked, and their computers, mobile phones and passports reportedly seized by the HAC.

Although Islamic Relief was not among those ousted, these actions taken by the HAC have greatly escalated the humanitarian disaster and suffering in areas where Islamic Relief operates.

"This is a horrendous situation that is going to cause untold misery and suffering for the people of Darfur, particularly those in the refugee camps," said U.S. Secretary of State Hillary Clinton regarding Sudan's decision to expel the aid groups.

MILLIONS WITHOUT AID

The United Nations has estimated that, between the ongoing fighting and the decrease in relief assistance, millions of people in Darfur have been cut off from aid.

Internally displaced people (IDPs) living in refugee camps have been the worst affected by the aid shortages as they have little access to food, healthcare, clean water, and sanitation.

According to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations cannot deliver aid to Darfur without the assistance of the NGOs. OCHA Spokeswoman Elizabeth Byrs said the organizations stripped of their working rights employ nearly 40 percent of aid workers in Darfur.

"Roughly 50 percent of the aid deliveries was in fact done by these organizations and

will be affected," said Byrs. "That is why we have this huge gap to fill and that is why it is so difficult for both government and U.N. agencies to fill the gap left by the expulsion of those NGOs."

Demand for Islamic Relief's services in the region has sharply increased as organizations like Oxfam, Save the Children and CARE have been asked to cut their operations.

ASSISTING THOSE IN NEED

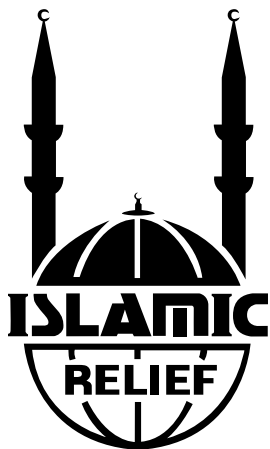
Islamic Relief continues to be fully operational in the region and is providing support to those reliant on humanitarian assistance.

Current projects include providing assistance to over 14,000 IDPs in the Kerinding II camp, providing health services for 10,000-12,000 people in the neighboring camps of El Geneina, providing clean water to 10,000 farmers, IDPs and nomads in the Gokar area of West Darfur, and conducting water and sanitation needs assessments in the Kerinding I camp after being formally requested for assistance by UNICEF.

In addition, Islamic Relief is taking an active role in dialogue between the international NGOs and the international community to prevent further escalation of the crisis.

ISLAMIC RELIEF IN DARFUR

Islamic Relief began working in Darfur in 2004, supplying displaced people with emergency food and shelter. In 2008 alone, Islamic Relief's projects in Darfur provided over 120,000 people with water and sanitation, education, health and nutrition, and emergency relief.



UNITED FOR SERVICE

Renewing its mission of alleviating poverty, and taking a positive step forward for the organization, Islamic Relief USA has united with other US-based charities by joining InterAction.

The largest US-based coalition of international nongovernmental organizations dedicated to serving the world's poorest and most vulnerable people, InterAction unanimously approved Islamic Relief USA's induction on September 9, 2008.

There are currently more than 175 member organizations in InterAction that collectively work in virtually every country around the world to serve a common aim: eradicating poverty and other social ills in the most efficient manner possible. InterAction's areas of focus include advocacy, aid effectiveness, disaster response, gender equity and diversity, sustainable development, and more.

Over the past two years, Islamic Relief has participated in a variety of InterAction's events and select working groups, ranging from Disaster Risk Reduction to Poverty Week to various working groups.

"InterAction is a means through which Islamic Relief USA can amplify itself through a collective voice towards collaborative action and also show others who are less familiar with us the good work we have done and continue to do every day," said Christina Tobias-Nahi, Director of Public Affairs for Islamic Relief USA.

In addition to spearheading the relief effort in the ground during the recent Gaza crisis, Islamic Relief

also actively participated at the advocacy level with InterAction by taking a lead role in the Gaza/Middle East Working Group.

During the crisis, Islamic Relief USA and other InterAction members collaborated and met with various government agencies and public officials to bring attention to the humanitarian needs on the ground and increase access for aid groups to carry out their work.

Joining InterAction has allowed Islamic Relief to work and coordinate with a wide variety of organizations that share similar philosophies and will work towards a common mission of helping the world's poorest people.

The coalition also provides a forum for organizations to share effective strategies and practices across sectors and provides good opportunity to serve every region in the most culturally sensitive and informed manner.

The American public shows its support for this work through contributions to InterAction members totaling around \$6 billion annually.

InterAction leverages the impact of this support by advocating for the expansion of US government investments and by insisting that policies and programs are responsive to the realities of the world's poorest and most vulnerable populations.

With its new membership, Islamic Relief USA will further strive to achieve its aim of bettering the lives of some of the world's poorest people, while working with others to maximize their reach and potential.



ANNOUNCING SIXTH CONSECUTIVE 4-STAR RATING

In recognition of our success in fulfilling the responsibility to our donors, Islamic Relief USA has been awarded a four-star rating, the highest award available from Charity Navigator, for the sixth consecutive year.

Known to be America's premier charity evaluator, Charity Navigator said that less than 2.25 percent of all charities rated have received the highest rating six years in a row, "indicating that Islamic Relief outperforms most charities in America in its efforts to operate in the most fiscally responsible way possible."

"This 'exceptional' rating from Charity Navigator differentiates Islamic Relief USA from its peers and proves that it's worthy of the public's trust," Charity Navigator added.

Islamic Relief considers the trust of its donors invaluable and holds itself to the highest standards, a fact recognized by critics and supporters alike.



ISLAMIC RELIEF USA APPOINTS NEW CEO

After an extensive and meticulous search, Islamic Relief USA is pleased to announce the hiring of a new CEO: Abed Ayoub.

A veteran in business management with nearly two decades of experience in both the nonprofit and for-profit sectors, Ayoub has been involved with Islamic Relief USA for many years and has helped organize events through his extensive community network in the San Francisco Bay Area.

Ayoub is known amongst his peers for his expertise in conflict resolution, mediation, and consensus building, qualities he looks forward to utilizing in order to help Islamic Relief USA grow and thrive.



ASSISTING INTERNALLY DISPLACED PERSONS (IDPS) IN NORTH-WEST PAKISTAN

When in Autumn/Winter of 2008 violence intensified along the Pakistan and Afghanistan border, thousands of people were forced to flee their villages for safety. Islamic Relief was one of the first organizations to come to the assistance of these internally displaced persons (IDPs).

In collaboration with the United Nations, Islamic Relief has managed the Jalojai camp on the outskirts of Peshawar in north-west Pakistan where thousands of IDPs are seeking refuge. Islamic Relief is providing them with round-the-clock medical assistance, shelter, clean water, food and education.

"Jalojai is an organized camp which meets international standards and where adequate infrastructure is provided. IDP families can be better assisted and protected," says the United Nations High Commissioner for Refugees (UNHCR).



DOMESTIC UDHIYAH HELPS THOUSANDS

Thanks to generous donors throughout the United States, Islamic Relief was able to distribute nearly 25,000 pounds of meat, helping to feed over 1,600 people on the West Coast alone.

Among the beneficiaries were West Coast mosques, Islamic boarding schools, Muslim women's shelters, and hundreds of impoverished families in the areas of Los Angeles, Sacramento, Santa Clara, Oakland, San Jose, and others.

In the Mid West, 34,000 pounds of meat were distributed to more than 20 Islamic centers and organizations who in turn distributed the meat to needy community members throughout the Michigan area.



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