

MSF CRISIS UPDATE -SYRAI
September, 2017

MSF OPERATIONS

Overview

ON MSF PRESENCE IN SYRIA

Despite the extent of the crisis and needs, MSF is significantly constrained in terms of on the ground presence and medical activities, mainly due to insecurity but also lack of agreements / authorizations. Please see reasons outlined on the occasion of the fourth anniversary of the conflict here: <http://www.msf.org/en/article/syria-unacceptable-humanitarian-failure>
These constraints are as present today as they were when we issued that statement in 2015.

MSF nevertheless continues to **directly operate four health facilities and three mobile clinic teams**. MSF has signed partnerships with **five** facilities, one in Idlib and four in the northeast of Syria, and continues to put significant energies into providing the best possible support to 73 health facilities countrywide, in areas where MSF cannot be directly present.

MSF teams also work in the neighbouring countries, Jordan, Lebanon and Iraq, providing medical and humanitarian assistance to refugees and host communities. In Turkey, MSF provides assistance to refugees through partner organisations.

HUMANITARIAN SITUATION

➤ **MSF Operations in North Syria:**

Idlib Governorate

- **Atmeh Hospital**

In Atmeh, northwest Syria close to Bab al Hawa border, MSF runs a Surgical Burn Hospital whose capacity varies between 15 and 19 beds, staffed by Syrian nationals and supported by a team of Syrian and international expatriate staff based in southern Turkey. The facility began as a trauma centre in 2012, but as needs for specialised burns treatment were identified, the hospital then shifted its focus toward this service. In this centre, burns patients receive surgery, skin grafts, dressings, and physiotherapy. The facility also treats emergency cases in its emergency room, and provides mental health support and OPD consultations. In addition, MSF runs EPI, health education, and disease surveillance activities in camps and villages hosting IDP s around Atmeh. MSF has put in place a follow-up system of patients transferred to Turkey to receive more specialized treatment.

Between January and May 2017, MSF team in the Atmeh Surgical Burn Hospital saw over 2 045 patients in the Emergency Room, and performed 329 major surgeries. During the same period, 253 patients were

admitted in IPD, and 6 were transferred to Turkey for further treatment. In the IDPs camps and villages, MSF team provided more than 23, 131 doses of vaccines to children under 5 yrs old.

- **Mobile Clinic**

MSF was supporting a Syrian mobile clinic team, and this has now been incorporated as a fully MSF-run programme. The team conducts medical sessions in six IDP camps in the districts of Harim and Salqin, and residents of several others nearby IDP camps come on the clinic days, so there are in total ten camps that benefit from the service. The objective of the mobile clinic is to provide free and accessible basic primary healthcare and immunisation to internally displaced populations, but the services are equally open to the resident host population in the area.

MSF also runs two mobile clinics focusing on NCDs and needs assessment in Idlib governorate. The average consultations of these mobile teams per month are 1,400 consultations.

- **Partnerships**

Also in Idlib, MSF has scaled up its co-management partnership with an important referral hospital in Qunaya and now provides fully comprehensive support for all the hospital's services. From 1 January to end-July 2017, more than 57,000 consultations were provided in the hospital's OPD and more than 7,400 patients were seen in the ER, the majority for accidental trauma wounds. The hospital's capacity to conduct specialized consultations such as urology and ophthalmology has recently been boosted. More than 2,300 surgical operations were performed, and 4,600 patients were admitted to the in-patient department. The hospital also runs maternity and vaccination activities.

Aleppo governorate

In Azaz District, MSF runs a 34-bed hospital (Al Salamah Hospital) offering a wide range of services including outpatient and inpatient consultations, emergency room, surgical care and maternity and additional support services (pharmacy, laboratory, X ray, etc). In addition, MSF team can refer patients to other structures in Azaz District or Turkey if they cannot be treated in the MSF hospital. Between January and June 2017, Al Salamah Hospital performed 13,679 emergency room treatments, 24,791 consultations in outpatient department, including 3,289 of children; vaccinated 2,352 children in the frame of the expanded program of immunization (EPI) and assisted 396 deliveries.

At the same time, more than 26,000 women of childbearing age (between 15 and 45 years of age) and children have been vaccinated in the first six months of the year in the EPI in three districts of the Aleppo governorate. Moreover, in the same period, MSF has vaccinated a total of 44,000 children between 6 weeks to 59 months in a multi-antigen campaign in Western and Norther Aleppo countryside.

MSF has also been supporting the population by its regular donation program to three selected hospitals in the area: Azaz Maternity Hospital, Marea Hospital, and Al Ahly Hospital. The donations supported the existing health system and consisted of medicines and medical consumables together with ad hoc logistic donations. MSF has handed over the donation program to other health actors in the area by June 2017, who ensures that the health facilities continue providing services to the population.

In order to respond to the emergency medical needs of the population evacuated from Eastern Aleppo in December 2016, MSF did donations of drugs, medical consumables and devices, and logistic materials to more than 15 health facilities in Idlib Governorate and Western Aleppo Countryside.

Changes in the context and having access to a broader area resulted in doing more medical and logistic donation support to other health facilities between January and June 2017 in North Aleppo Governorate. In the scope of these donations, Al Rai, Ihtemlat, Akhtarín, and Soran health centers were also given support for the first half of the year.

In line with the changing context and access, MSF has decided to start running a health post in Sandi Al Bab District, where the population was directly affected by the conflict and all public services were collapsed. In order to reactivate primary healthcare services and to increase the medical capacity, Sandi health post started its services in the beginning of 2017, and then was handed over to a local medical organization at the end of May 2017.

Raqqa offensive response

The Syrian Democratic Forces (SDF) – an alliance of Kurdish and Arabic fighters - launched the offensive on Raqqa city in November 2016, with the support of the US-led coalition to take it from IS group. Ain Issa camp, to the north of Raqqa, was set up in December and became later an official transit camp for people displaced either by the coalition/SDF offensive against Islamic State in Raqqa and Tabqa, or by the Syrian Government offensive in the south and west of Aleppo governorate.

Raqqa city is considered a besieged area which made it difficult for people to flee the city. Some people managed to leave the city by paying smugglers or risking their lives through passing landmine field. Some of the IDPS arrive to Ain Issa and others are scattered in villages to the west of Raqqa or in some towns in northeast Syria. Planning to return to their homes as soon as the offensives are over. It is estimated by the UN that almost 25,000 people are being trapped in Raqqa besieged city.

MSF set up medical stabilisation units and prepared eight ambulances close to the frontlines to improve the chances of survival of people injured in the fighting, and to refer patients to MSF-supported hospital in Tal Abyad where trauma care and surgery is available. Most of the patients we are treating in the stabilization unit are victims of IEDs.

- **Ain Issa Camp**

With the SDF/ US-led Coalition frontline moving towards Raqqa, and the Syrian Government frontline moving towards Deir Ezzor, every day people are arriving to the camp. Some of the displaced people are only transiting. As a result, the number of arrivals matches the number of departures, and the camp population remains stable at about 8,000 people. However, to continue their journey onwards people need, after the security screening in the camp, to get a permission to move elsewhere, a process which requires proof of a guarantor in their desired destination in northeastern Syria. While the US-led coalition supporting the SDF is intensifying airstrikes on Raqqa city, few people are arriving to the camp from the city. It is very difficult to escape from there. According to the UN, around 25,000 civilians are still be trapped in the besieged city.

Today, most of the people who arrive in the camp are coming from Deir Ezzor area or fleeing the Syrian Government frontline to the south of Raqqa.

MSF distributed in December 2016 the first phase of NFI in the camp (blankets, mattresses ...etc) and supports a primary care clinic run by Kurdish volunteers in Ain Issa camp. MSF continues to a vaccination team in the camp to provide measles and routine EPI vaccinations to vaccinating children under five. An MSF team is now managing the OPD which provides primary care and chronic disease consultations, with patients being referred to Kobane/ Ain Al Arab or Tal Abyad hospitals as required. A surveillance activity has been put in place and all children in the camp are also screened for malnutrition, while baby formula is distributed to children under 6 months whose mothers are unable to breastfeed. Moreover, MSF is distributing non-food items, and providing water and sanitation services including water trucking within the camp and has provided boreholes.

- **Tal Abyad,**

Tal Abyad hospital, in Raqqa governorate, just south of the Turkish border an area recently came out of conflict. The hospital was barely functional, as the fabric of the building was damaged and most of its medical equipment either destroyed or looted. After the fighting stopped, the hospital had to be renovated and MSF started supporting the hospital in partnership with the Kurdish health authority in preparation for the Raqqa offensive. In recent months, MSF has been providing support to the hospital's paediatric, maternity and surgical wards and vaccination. People come to the hospital from nearby towns and villages, as well as from places up to 120 km away, including Raqqa, Maskaneh, Hazeema, Deir Ezzor and Al Tabqa.

After the start of the Raqqa offensive in June, the medical teams have admitted 339 patients, 273 patients have had a major surgery intervention. 73% of these surgeries are considered emergency/ lifesaving surgeries and 56% of them are directly and indirectly related to the conflict and largely attributed to blast injuries (IEDs, UXOs, landmines) in the hospital have treated XX patients suffering from war wounds and blast injuries. In the last two weeks we have admitted 54 injured patients, of which 34 of them were war-wounded patients.

The vaccination team is vaccinating almost 100 children under five per day in each location that they visit. The main challenge they face is that sometimes there are limited vaccines. Some of the children haven't been vaccinated before, either because of the lack of vaccines or because parents are unaware of how important vaccines are for the health of their children.

After three years of children not getting their regular shots, MSF started a vaccination campaign From Feb 14-28, MSF vaccination teams carried out a vaccination campaigns in Menbij and rural areas. Almost 20,000 shots of vaccine were administered to children under five during the campaign

Kobane/ Ain al-Arab area

The population of the Kobane district is estimated at 260,000 people with approximately 46,000 in Kobane town in Kobane/Ain al-Arab town, another 100,000 in the Tal Abyad district. Few NGOs are fully operating in that geographic area. In the Kobane/Ain al Arab area in northern Syria, MSF has worked alongside the local Health Administration since March 2015 to re-establish basic health facilities, providing support to outpatient health services and vaccination services and has helped implementing psychological support programmes. In 2017, more than 101,680 OPD consultations and 138 surgeries were carried out in MSF supported structures throughout the district.

A team started in June working in the General Hospital to provide support to the emergency room, the intensive care unit (ICU), the operation room and the nursing activities. Since the Raqqa battle started, there was one mass casualty incidence where 17 persons from Raqqa were wounded by landmines. Most

of the trauma cases we receive in Kobane are due to landmine injuries, and not war-wounded from Raqqa. Despite daily airstrikes on Raqqa, we only received 2 cases from Raqqa city in the last three weeks.

MSF supports all activities including surgical activities in the IKOR maternity and the general Kobane hospitals in Kobane/Ain al Arab covering Serin, Menbij and Tal Abyad districts.

Five vaccination teams are deployed in 21 different locations in northeast Syria to carry out Expanded Programs on Immunization (EPI) activities and screening for nutrition. Vaccine access in Kobane/Ain al-Arab and Tal Abyad has been dependent upon MSF.

MSF also supports a network of counsellors administering individual and group counselling sessions as well as psychosocial sessions conducted in one of the supported primary healthcare units in Kobane/Ain al-Arab. A social center offering social activities such as music, and English classes was inaugurated in February 4 to support the social affair committee in Kobane.

Menbij

In Menbij, after several months of fighting the city was taken over but the Kurdish authorities, MSF started working in partnership with the Kurdish health authorities in the Hospital of Menbij in supporting the ER, OT, pediatric, inpatient and outpatient wards as well as supporting the Thalassemia Unit.

The conflict has resulted in a high number of displaced people arriving to Menbij. With the influx of IDPS, mainly arriving from the southern countryside, MSF started having mobile clinics in the IDP camp of Menbij, providing regular consultations to people residing in the camp.

Tabqa

Tabqa, a city located near the dam on the Euphrates river, was taken from IS group by the SDF in May 2017. Most of the People who fled Tabqa and were living in Ain Issa camp returned to their homes, despite the lack of public services and the large number of remaining landmines. Demining has been now completed in one of the old health clinic and MSF plans to open mid-September a clinic with an emergency room, stabilization beds and an OPD. Patients requiring a higher level of care will be referred to Kobane/Ain Al Arab.

Hasakah Governorate

As of July 2017, MSF is active in several locations across Hasakah governorate. In order to be able to rapidly address more acute medical needs of population, MSF has decided to re-localize some of its activities in 2017, towards the most neglected population. This is reason why the decision has been taken to phase out of some health facilities (DNH and Mabada PHCC end of July 2016) and to implement new activities in other areas of interventions (Tel Tamer, Hassakeh, Mabrouka, Karama, Shaddadeh). Activities in Derek continue to include sexual and reproductive health, non-communicable diseases, mental health and responses to small-scale emergencies (movements of IDPs and / or refugees, + mass casualties).

The focus is to adapt to the increasing vulnerability of populations as the health care system continues to deteriorate and needs increase with regular movement of IDPs found both in camp and host family settings.

The mission currently has a presence in Derek, Tal Kocher, Qamishli, Tal Tamer, Hassakeh and Mabrouka and Al Bara camps.

1. Tal Kocher : PHC; NCD; MH; SRH activities (fixed clinic inside the city):

Medical figures: from January-June 2017, MSF teams did 10,520 general primary health care consultation (PHC). 3,380 SRH/Maternity, 364 mental health sessions and Non-communicable disease (NCD) treated 515 (active patients as of June 2017)

2. Qamishli: PHC; NCD; MH; SRH; activities (fixed clinic inside the city) - From January till June 2017 total PHC 10,701. MH, 808. SRH/maternity, 2,247. NCD 584 (active patients as of June).

Mabruka (estimated population: between 3 and 4,000 IDP): Medical activities provided: PHC; MH; SRH (fixed clinic at the entrance of the camp /3 times a week) medical figures (MARCH- APRIL 2017). Total PHC consultation, 3,456. NCD, 223. MH, 22. RSH, 12. 98 Referral (submitted to administrative approval).

Watsan activities:

In addition to our medical activities, our teams are providing support to the maintenances and cleaning of the sanitation facilities (twice a week) to insure good hygiene and therefore limit waterborne diseases transmission.

Karama camps (estimated population: 40,000 persons)

Medical Activities: PHC in fixed mobile clinic at the entrance of the camp (6 days a week) + referral system. Since June 2017, the activities provided by MSF in Karama camps have shifted from mobile clinic conduction towards supports to the existing volunteer teams coming from the IDP populations (12 incentives). Karama medical figures from (May, 2017) a total number of consultations: 1,480.

Watsan activities: Water provision for the camp is under advisement and assessment depending of the needs and the feasibility of this kind of intervention in a high volatile security context.

➤ **South Syria:**

Daraa Governorate & Quneitra

MSF is providing medical and logistical support to seven hospitals in southern Syria (in Daraa and Quneitra governorates) that is based on the needs on the ground and which is facilitated by consistent and sustained contact with Syrian medical professionals in these hospitals. Support includes medical and logistical consumables, vascular surgery items, staff incentives, and fuel for generators. In the paragraphs below you'll have information about the specific support given by each section.

Daraa & Quneitra

MSF manages an emergency stock of medical supplies for treating war-wounded that is dispatched to hospitals based on high needs and in the case of mass casualties. In the first half of 2017, 1,573 war-wounded have been received and treated by MSF-supported hospitals in southern Syria, a total of 8,460 surgical interventions have been performed, and more than 43,000 OPD consultations have been carried out in MSF-supported Tafas and Sayda hospitals.

MSF is providing remote medical and logistical support to three field hospitals in southern Syria (Tafas, Tal Shihab and Al-Rafeed hospitals). Support includes medical supplies, consumables and medicines; such as bandages, gauzes, feeding tubes, IV fluid drops, and syringes. It also includes medical equipment; such as examination tables, trolleys, stretchers. Logistical support includes stationary, uniforms, fuel for the generators and incentives for key staff.

Daraa governorate

During the first half of 2017, MSF has been supporting three hospitals in East Daraa from Jordan (cross-border). These hospitals are not run by MSF:

1. A main referral hospital located in the east is fully supported by MSF: donation of medicines, medical consumables and logistic donations, incentive payments for the hospital staff and technical medical support (e.g. introduction of improved medical data collection tools, introduction of protocols, specialist support, and telemedicine). Thanks to MSF support, this hospital has been able to continue providing specialized health services in Daraa. In the first eight months of 2017 there were 25,298 OPD consultations, 405 war wounded consultations, 4067 IPD admissions, 2353 surgeries, 857 deliveries and 1107 renal dialysis sessions.
2. A hospital located in the northeast: MSF is supporting the Surgery/ER and Sexual reproductive health departments. The support consists of donation of medicines, medical consumables, logistic donations, incentive payments in the respective departments and technical medical support.
3. A hospital located in the southeast was punctually supported in February. Due to a significant rise in hostilities in the area, the hospital had to absorb an influx of war wounded. Thus MSF gave an emergency donation to the hospital (Medicines, consumables and war wounded kit).

NFI distribution in February and May 2017: In February 2017, Daraa Governorate suffered a big influx of IDPs due to rise in hostilities between armed opposition groups and the Government of Syria forces in Daraa City.

MSF responded by distributing a total of 893 NFI kits to recently displaced populations in Neimeh and the Daraa farmlands.

In May 2017, 196 tents were distributed to IDPs in the farmland areas near Daraa city and 4 tents to a partially destroyed field hospital near Dara City.

Daraa Governorate

In Southern Syria, MSF supports one hospital (ER, OT, IPD, and Maternity) with the aim of facilitating access to secondary health care. The support consists of donation (hygiene products, surgical instruments, dressing sets), weekly medical and technical support, incentives, running costs, and training.

MSF also supports two blood banks in Southern Syria through the provision of transfusion kits, and training.

➤ Programme of support to medical facilities

Since 2011, MSF has been supporting a growing number of medical structures in some of the most conflict-affected parts of the country, and areas where MSF does not have direct access.

MSF runs programmes of active regular support to 73 medical structures across Syria, varying from small rural health posts to full hospitals in urban areas. The supported structures are throughout much of the country, including in Aleppo, Idlib, Hama, Homs, Daraa and Rural Damascus governorates. Developed in close collaboration with Syrian medical networks, and mostly run from neighbouring countries, the support projects run by MSF consist of: donations of essential drugs and medical and relief equipment

and material; distance and face-to-face training; technical medical and logistics/supply advice for supported medics and medical support teams inside Syria; support for ambulance services; and financial support to cover the facilities' running costs and incentivise their staff. MSF support is tailored based on the needs of the facility and on the capacity of other organisations or agencies to support these facilities or medical networks. As such, some facilities rely solely on MSF support, while others receive partial support from other organisations or agencies (either international or local). The medical data reported from these facilities cannot be fully attributed to MSF as several facilities are 100% MSF-supported but many have multiple sources of assistance.

In Idlib, Aleppo and Hama governorates MSF is providing this regular support to around 30 health facilities. In the south of the country three facilities receive this heightened level of support. And in the besieged areas of northern Homs Governorate, East Ghouta and Rural Damascus Governorate around 45 facilities are supported.

In the first half of 2017, these supported facilities provided more than 1.5 million out-patient consultations, more than 55,000 admissions for in-patient treatment, more than 30,000 surgical operations and more than 150,000 Emergency Room consultations.

MSF's medical support programme has a substantial focus on besieged areas, where the medical situation is particularly dire. Many of these medical facilities have come under such consistent bombardment or shelling that their infrastructure has been catastrophically damaged. Rather than rebuilding in the same place, usually the services are moved into other buildings, or even basements, to provide some level of protection if bombed again. Over the past 5 years many medical staff have been killed or wounded, leaving a chronic shortage of well-trained medical personnel. The very few humanitarian convoys that have been allowed into some of these areas often have essential medical items removed, further reducing the medical services that can be offered to these communities. And when patients are severely wounded or sick and need care that cannot be provided in the besieged areas, medical evacuations to properly equipped hospitals are often denied – even the few medical evacuations that are permitted can take days or weeks to negotiate and organise. Even when the bombardments by the besieging forces are suspended, violence between opposition groups in the besieged area can wreak havoc on the population and on the health facilities (c.f. MSF statement condemning inter-opposition group violence in the East Ghouta besieged area:

<http://www.msf.org/en/article/syria-msf-condemns-incursion-armed-men-supported-hospitals-east-ghouta>).

Alongside the regular support activities, MSF also provides a service of ad-hoc support to other facilities, by providing additional material or financial support to cover emergency needs resulting from changes in the context such as bombing of health structures, IDP movements or to cover gaps caused by the loss of other NGO or donor support which leave a facility unable to respond to the needs or vulnerable to closure.