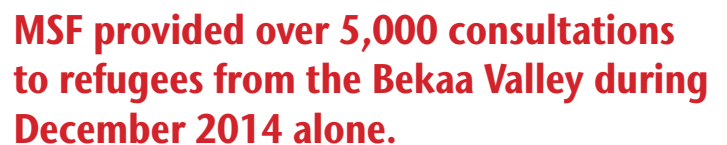




# January 2015



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**Children and the elderly are the most affected by the dire living conditions and low temperatures, suffering from respiratory tract infections.**

## MSF IN SYRIA

What began in 2011 in Syria as protests inspired by the Arab Spring has become an entrenched and bloody conflict that shows no sign of resolution. Today, with an estimated 200,000 people killed and 7.6 million people displaced within the country and 3.2 million refugees registered outside, Syria is seen as the world's most grave humanitarian disaster. In the face of this crisis, the previously functioning health system has collapsed and scores of thousands of medical staff have fled. Many others inside the country have been targeted for their work. There are massive unmet needs, millions of frightened and vulnerable people, and a dreadfully restricted aid response. Despite the extremely challenging security context – five MSF staff were abducted in early 2014, and subsequently released – MSF continues to operate medical facilities inside Syria, as well as supporting directly more than 100 clinics, health posts and field hospitals. MSF is also working with patients from Syria who have fled to Jordan, Lebanon and Iraq. In recent weeks and months, controls on refugees seeking to enter Jordan and Lebanon have been tightened, increasing the difficulties of Syrians wishing to flee the country.

### Aleppo governorate

MSF runs two health facilities in Aleppo governorate, an area that has seen several years of intense fighting between the Damascus government and various opposition forces, as well more recently, fighting between non-government groups. Aleppo is also one of the main corridors for Syrians attempting to flee the war.

One of the hospitals run by MSF has 28 beds, and services offered include an emergency room, maternity and outpatient care (around 50 consultations per day). Vaccinations, orthopedic services and treatment for some chronic diseases are also provided. The team also uses the facilities to stabilise patients before transferring them to other facilities. From this base, MSF supports ten field hospitals, nine first aid points and three health centres. All these medical facilities have been identified as having a significant impact in life-saving and trauma cases, and the support takes the form of donations of drugs and medical consumables.

Another 40-bed MSF hospital in Aleppo offers outpatient consultations (around 15,000 consultations in 2014), surgery, vaccinations, secondary health care (almost 1,000 admissions), emergency room (10,000 consultations), surgery (600 procedures), antenatal care and maternity. The team also provides mental health care and has a referral system in place.

### Idlib province

In Idlib province MSF runs a Trauma and Surgical unit. The unit, which opened in June 2012, is focussed on the treatment of burn patients requiring skin grafts, multiple dressings and physiotherapy sessions. The hospital is the only dedicated unit on north west Syria, and in recent months, 95 per cent of the admissions in this centre were for burns. The 15-bed hospital has an emergency room where MSF treats also medical cases and a psychological support is provided to the patients.

MSF runs also outreach activities mainly in the camps for Internally Displaced People in the area, hosting around 70,000 people. The outreach work consists mainly of disease surveillance by community health workers as well as routine vaccinations.

### Northern Syria

The border with Iraq has been closed since end of September 2013 but since June 2014, it has been opened for Syrian returnees from Iraq. Last August, tens of thousands Iraqis have crossed the border after they have walked over the mountains into Syria while fleeing the violence in Ninewa governorate of Iraq. MSF teams working on both sides of the border responded by running mobile clinics and setting up health facilities in transit camps, as well as in camps for IDPs (internally displaced people).

MSF teams in the area also support a trauma ward through HR and supply of drugs, in a hospital providing pre and post-operative care. MSF also supports the maternity ward through rehabilitation, equipment and HR. MSF has also started to run two clinics offering OPD and mother and child care services.

Since August 2013, MSF runs mobile clinics to provide general health care services and mother and child care services to IDPs and host communities on the Syrian side of the border with Iraq. In parallel, MSF supports a mass vaccination as well as routine polio campaign.

### Remote support to medical facilities nationwide

Since August 2011 MSF has been providing support in the most vulnerable and war affected locations in Syria through donations of medical supplies and essential relief items. This support - mainly developed through Syrian medical networks and field hospitals - also includes two ambulance services and a programme of training and providing technical medical advice. In 2014, more than 100 medical structures, including field hospitals and medical posts, have been supported in eight governorates, both in government-held areas and in opposition-controlled zones.

## MSF IN NEIGHBOURING COUNTRIES

### LEBANON

The situation in Lebanon remains highly volatile. The refugee influx is putting additional strain on public services and their massive presence adds to the sectarian tensions in the country. Since December 2014, measures put in place by the Government (such as Visa requirement for Syrians) have reduced the number of Syrians present in Lebanon which represents approximately 30% of the Lebanese population.

Living conditions remain difficult as more and more refugees are staying in unsuitable shelters. The main health concerns are access to primary and secondary health care, safe deliveries and chronic disease medications.

MSF has, to date, provided over 410,000 primary healthcare consultations for Syrian refugees in Lebanon. The Bekaa Valley is the main crossing point for people fleeing Syria. Primary healthcare provision started in March 2012, including treatment of chronic diseases and a comprehensive reproductive health package, through four clinics in Hermel, Arsal, Baalbeck and Majdal Anjar. Those services are provided for Syrian refugees irrespective of registration and vulnerable Lebanese. In addition to the reproductive health package offered in the four clinics, mental health support as well as health promotion services are offered.

Tripoli, North Lebanon, hosts a large number of Syrian refugees. MSF has worked in Dar al-Zahraa Hospital since February 2012, providing basic healthcare, treatment for chronic diseases, comprehensive reproductive health package for Syrian refugees and vulnerable Lebanese.

MSF has also been working in Al-Zahraa dispensary in Jabal Mohsen district since November 2012 and Al-Dawa dispensary in Bab al-Tabbaneh district since April 2013, providing primary health care, including treatment for acute diseases and reproductive health. In Jabal Mohsen, MSF provides support for light surgery to stabilize patients while waiting for transfers to a hospital during outbreak of violence.

### Palestinian Refugees from Syria

Before the March 2011 uprising began, Syria was home to approximately 500,000 Palestinian refugees, some of whom were born and raised in the country. Palestinian refugee camps inside Syria, including in Aleppo, Daraa, and the Yarmouk camp in south Damascus, have come under attack and siege, resulting in numerous civilian fatalities and injuries. Since the conflict began, approximately 40,500 Palestinians from Syria have registered in Lebanon with UNRWA and 10,000 have sought assistance in Jordan.

In Lebanon, MSF has provided mental health services for Palestinian refugees and vulnerable populations residing in Ein-el-Helweh camp, near Saida, and surrounding areas since April 2011. This project is under process to be handed over to UNRWA by June 2015.

Since June 2013, primary healthcare consultations were also provided at Human Call Hospital in Ein-al-Helweh camp for Syrian refugees and Palestinian refugees from Syria.

MSF has been working since September 2013 in Beirut, in Chatila camp where Palestinian refugees have gathered, focusing on primary healthcare, chronic diseases and mental health services. The team has also set up a system for supporting patients with emergency surgical needs, referring them to two hospitals with which MSF has agreements. The project is intended primarily for Palestinians who have fled from Syria, but is not closed to other residents of the camp. The focus is on unregistered refugees who are not eligible for official assistance, or for registered refugees with emergency surgical needs that fall outside the UNHCR's shortlist of eligible injuries. A maternity department is in the process of being opened. In Southern Lebanon, MSF is providing primary healthcare, chronic disease and mental health support for refugees in three health centres, and is ready to scale up if there is a large influx of refugees into this area.

### JORDAN

By January 2015, according to the UNHCR, over 620,000 Syrian refugees were registered in Jordan, with many more outside the official system. More than 75 per cent are living outside of refugee camps, putting pressure on existing services and increasing prices for Jordanian citizens as well as refugees. The Jordanian health system is becoming increasingly overburdened, reducing access to healthcare for Jordanian citizens. Syrian refugees in urban areas often face difficulties in accessing services. Syrian doctors and clinics (especially in Amman) are also starting to lose their capacity to serve Syrian refugees as their funds are running out.

**Irbid** - An assessment of the health situation of Syrian refugees living in the Jordanian community showed needs for mother and child healthcare, particularly in Irbid governorate. The Irbid mother and child project started in October 2013 to support Syrian refugees as well as underprivileged locals. Irbid governorate has one of the highest concentrations of Syrian refugees outside the camps, at over 143,000 (UNHCR January 19 2015). Over 2,200 safe deliveries have now been conducted at the project as well as over 11,000 ANC consultations. In



January 2014, paediatrics activities started in Irbid, with over 13,500 consultations so far. A need for mental health services for children in Irbid was also identified, and mental health activities started at the end of October 2014. An upgrade to provide complicated deliveries including C-sections and improved neonatal care is also in the process of being implemented. MSF is in a process of planning with the Jordanian Ministry of Health, to find the best way to see and treat patients who suffer from non-communicable diseases. The target of this project is Syrian refugees living in the host community, as well as vulnerable Jordanians.

**Amman** - The Reconstructive Surgery Project in Amman provides orthopedic, maxillofacial and plastic surgery, as well as physiotherapy and psychosocial support, for victims of violence in the region. The project opened in 2006 for Iraqi patients and started to accept wounded from Syria in 2011. 651 Syrian patients have arrived at the project as of November 2014, with Syrians representing 33% of arrivals in November. The project is in the process of being moved to a new structure in Amman which will allow for increased technical capacity and scope.

**Al Ramtha** - The Emergency Surgical Programme inside Al Ramtha Government Hospital opened in September 2013. In the hospital, which is around five kilometres from the Syrian border, MSF works closely with Jordan's Ministry of Health. The project has two operating theatres, two inpatient and recovery rooms as well as two wards – with a total of 33 beds. Operations conducted at the trauma surgery centre include treating severe abdominal, chest and orthopedic injuries and in addition, physical therapy and mental health services and general inpatient care are provided.

Between September 2013 and October 2014 a total of 647 patients have been admitted, 2,260 major surgeries have been carried out as well as 1,224 mental health sessions.

**Zaatari** - In March 2014, as the trauma surgery project in Al Ramtha grew, MSF opened a post-operative care facility in Al Zaatari refugee camp. In the October, a new ward was opened and the bed capacity increased from 28 to 40 beds. This facility is for war-wounded patients transferred from Al Ramtha and other hospitals in Jordan. To date, MSF has admitted 179 patients, and as part of the post-injury treatment, more than 190 mental health consultations have taken place as well as other physical therapy services.

## IRAQ

Most refugees who have arrived in Northern Iraq over the past three years are ethnic Kurds. The Kurdish Region (KRG) has been hosting the vast majority of the 223,923 Syrian refugees currently in Iraq (UNHCR, November 2014), but with the current turmoil in Iraq, the burden on KRG is increasingly high. Over the past months, the spread of violence across Iraq has led some Syrian refugees to return to Syria while tens of thousands Iraqi have crossed into Syria last August before entering back into safer areas in Iraq.

**Domiz** - Since May 2012, MSF has been the main organization providing health services to Syrian refugees in Domiz refugee camp, including sexual and reproductive health care, chronic diseases and mental health. We also ensure emergency services and referrals to Dohuk hospital 24/7. Initially set up for 27,000 people, the camp today houses approximately 60,000 Syrian refugees. Since the beginning of 2014, MSF treated over 60,500 patients and in October alone 4647 consultations were carried out.

On 4 August, MSF opened a maternity unit and oversaw the delivery of the first child. In October 114 deliveries were attended. Since 7 September a team has been assigned to perform medical checkups and provide health certificates for the children going back to school at a rate of 40 consultations a day.

**Erbil** - MSF is providing mental health services in two refugee camps in Erbil governorate – Kawargosk camp (13,000 refugees) since October 2013 and Darashakran camp (8,000 refugees) since March 2014. Over 1,200 mental health consultations have been conducted so far.

## BEIRUT



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### Samar Ismail. Counsellor. Chatila camp, Beirut.

Many of the people I see come from parts of Syria that have been bombed. Some have had children or other family members killed. They can be alone, nervous and suicide can be a risk. There are some cases of sexual abuse, and the patients still are unable to accept what happened. They might be nervous with their children, they might have problems communicating with their families.

The first thing I try to do is understand what happened and from where the negative feelings come. We work on stress management, after we understand the problems, and where they are coming from. Most have difficulty understanding why people have behaved towards them in these ways.

Lots of patients want to talk because they feel alone. They have trouble understanding their own behaviour sometimes. They want to understand why they hit their kids, why their relationship with their husband is bad.

With cases of sexual violence and rape, many do not want to talk at first about what happened, they don't want to share what they went through. Getting them to talk about the incident is the first step. Getting them to talk about what they feel now, what scares them, their fears for the future.

We do work on self-care. We look at the things that can bring them pleasure. After coming from Syria, here in Lebanon, in Shatila, they can forget the things that made them happy. Some used to enjoy working as tailors, others remember that they used to enjoy visiting with friends. I help them remember what used to make them happy, but it can be hard as there is really not a lot to do in Shatila.

## Greece



### Syrians fleeing to Europe

Tens of thousands of Syrians try to reach Europe as a safe place of refuge, most transiting through Egypt, Libya and Turkey. For many, the welcome they find in Europe is bitterly hostile.

This year some 13,000 Syrians have made the perilous journey in small boats across the Aegean sea from Turkey to the Greek Dodecanese islands in search of protection. With too few suitable facilities to host them, many refugees find themselves forced for days at a time to sleep outside in the cold and rain or in badly overcrowded police station cells while waiting to be transferred to the Greek mainland.

The Greek authorities have a responsibility to conduct vulnerability screenings and provide adapted care for these people, yet a lack of resources and political will means little concrete action has been taken on the ground.

“We have seen intolerable overcrowding, with 53 people crammed into a cell meant for six,” says Kostas Georgakas, MSF project coordinator. “These conditions are unbearable for even one night, especially for people already suffering physically and psychologically from fleeing war. What little they are offered after such a grueling journey is shameful, and is dangerous for their health. Those suffering cardiovascular problems or diabetes receive nothing.”

Even more disturbing, some patients have told MSF teams that they were pushed back to Turkey before eventually being able to reach Greek shores. Greece has restricted its land borders, but still is obliged to honour the fundamental rights of those that arrive by sea, including the guarantee of non-refoulement of refugees and asylum seekers.

As a result of the deplorable reception conditions, an MSF mobile team has launched two emergency operations in the Dodecanese islands since late August. In that time, the team has provided medical care to more than 350 refugees and distributed more than 3,000 kits of essential relief items including sleeping bags, soap and other hygiene items.

MSF also supports the Italian health authorities by providing medical care to refugees, migrants and asylum seekers in the provinces of Ragusa and Siracusa in Sicily, where Syrians are among the thousands who arrive by boat, having crossed the Mediterranean from Egypt and Libya. MSF has been vocal in calling for better reception conditions and for European states to fulfill their legal obligations towards refugees arriving on Europe’s shores.