Union of Medical Care and Relief Organizations (UOSSM) is a union of humanitarian medical organizations, non-governmental, non-political, registered in the United States, Canada, the United Kingdom, France, Germany, the Netherlands, Switzerland and Turkey. Member organizations mobilize and coordinate their resources for joint projects with a mission to provide medical aid.

UOSSM is a neutral and independent humanitarian organization established for victims affected by crises, working within the framework of a unified strategic union association to increase the effectiveness of the humanitarian response in crisis areas.

The Union of Medical Care and Relief Organizations (UOSSM) was established in Paris in January 2012 in response to the Syrian humanitarian crisis, by eight Syrian doctors from around the world, and has become one of the largest providers of medical relief services in Syria, UOSSM is local and international and provides humanitarian relief and medical care to all victims of crises, regardless of their nationality, race, religion, or political affiliation.
Overview of Humanitarian Situation in Syria 2017

The human impact of the Syrian crisis remains deep and far-reaching, where the population is exposed to significant risks in the protection domain.

13.1 million people are in need of humanitarian assistance.

In the past seven years, hundreds of thousands have been killed or injured in Syria. At least 5.2 million people have sought refuge in neighboring countries, 6.1 million are displaced within Syria, and 13.1 million are still in need of humanitarian assistance, including 5.6 million facing dire situations. It has become increasingly difficult for Syrians to adapt and cope under extreme pressure due to very limited opportunities to earn income and a livelihood. This is leading to an increasing number of Syrians resorting to harmful coping mechanisms, exposing them to protection risks, including child labor, and early marriage.

In 2017, Syrians continued to bear the burden of the conflict in the absence of a political solution. Continuing violence contributed to the world’s largest displacement crisis, and like the previous year, about 1.8 million population displacements occurred in the first nine months of the year alone.

Most of the 5.5 million Syrian refugees worldwide remain in neighboring countries. Of the limited number that returned, they were faced with conditions and little or no opportunity for sustainability. In contrast, prolonged stay and intensive displacement, has made access to services and livelihood opportunities extremely rare. Thus, people’s ability to cope is weakened and deeply limit their ability to meet basic needs.

The humanitarian impact of the Syrian crisis continues to spread throughout the country and the region. The crisis has left millions of people facing a daily struggle for survival amid widespread threats to their lives, safety and dignity. These people are stuck in a protection crisis where various forms of violence permeate daily life, particularly affecting women and children, while protracted conflict and large-scale displacement continue to disrupt Syria’s social and economic structure, which compounded immediate suffering and jeopardized Syria’s long-term future.
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Primary Health Care

Little girl (Inas) receives an ECO test at Deir Hassan Health Center - Idlib country side
Syrian civilian's access to health services has severely deteriorated over the past seven years. More than half of the primary health care centers in Syria have been closed or are only partially functioning. Nearly two-thirds of health care workers have fled the country. Many health care facilities still operate but lack clean water, electricity and supplies. The World Health Organization (WHO) reports that local health networks and referral networks suffer from fragmentation, which complicate the patient’s pathway to seeking services. Due to restrictions on access to medicines and life-saving care, those with life-threatening chronic diseases, such as diabetes, kidney failure, asthma, epilepsy, cancer and cardiovascular ailments, are at higher risk of complications or death.

First: Primary Health Care Facilities

In 2017, UOSSM supported 18 primary health care centers and 13 mobile clinics. Some of these facilities/clinics were temporarily or permanently suspended for various reasons throughout the year.

18 Primary Health Care Centers
13 Mobile Clinics

The Pains of War for a Two Year Old

Hanan has already been through so much at the tender age of 2...she has felt the pains of war since she was born. She knows what it feels like to travel for a whole month just to find a safe shelter to live...the struggle is real, and her pain is real. Her tiny body was neglected as she was forced to endure the kind of suffering no child should ever have to experience. UOSSM’s Community Services team visited and examined Hanan which showed that the sweet baby was suffering from extreme malnutrition. She was immediately admitted to UOSSM’s Primary Health Care Center in Jisr Al-Shaghoor. Hanan weighed only 8 kilograms and was only 79 centimeters tall. The young toddler was provided with medications, nutritional supplements and iron. Hanan also needed to continuously follow up with the doctor once a week. Hanan has been under UOSSM’s care and has gained some weight. Her level of malnutrition has decreased. The MUAC bracelet level has moved from red to yellow and she is getting stronger by the day.
A child with bronchitis is waiting to be treated at the mobile clinic in Sinjar – Idlib countryside.
Primary health care facilities are designed to meet Essential Health Services Package (EHSP) standards that were developed and approved by organizations working in Syria and sponsored by the World Health Organization. UOSSM intervenes in primary health care services through first, third, and fourth type primary health care facilities.
**Second: Services Provided at Primary Health Care Facilities**

Primary health care facilities provide an integrated package of services depending on the health needs and the health gaps on the ground including:

- Reproductive Health
- Child Health
- Oral and Dental Health
- Mental Health
- Psychosocial Support Services
- Nutrition and Community Health
- Communicable Diseases
- Non-Communicable Diseases
- Therapeutic Services
- Survey Services
- Referral services

These health services are provided in accordance with the protocols developed and approved as a package of basic health services including:

- Integrated Treatment of Childhood Illnesses IMCI
- Reproductive Health RH
- Non-Communicable Diseases NCD
- Communicable Diseases CD
- Psycho-Social Support PSS
- Psychological First Aid PFA
- Gender-Based Violence GBV
- Infant and Young Children Feeding IYCF
- Community Management of Acute Malnutrition CMAM
- Clinical Management for Rape CMR
- Mental Health Gap MH GAP

*13% of the population’s health needs have been covered in the following areas.* (Idlib, Daraa, Northern Homs countryside, Latakia countryside, Southern Aleppo countryside)

**Third: Capacity Building**

There is a major lack of trained and qualified medical staff in Syria due to the conflict. UOSSM recognizes the importance of the provision of quality primary health care services. With that vision in mind UOSSM aims to train all medical staff inside Syria. This will strengthen stability and sustainability in targeted communities by ensuring a competent and experienced staff which will ensure adequate and high-quality health services.

In 2017, UOSSM provided primary health care protocols training to 1329 trainees. UOSSM believes in providing equal opportunities for both females and males in recruitment and capacity building. In 2017, 43% of total trainees were female.

After training sessions, trainees were followed up by a medical coordinator in the northern region to ensure optimal application of medical protocols, which helped to identify future training strategies according to the practical performance of trainees. The tracking system is based on an assessment of operational performance for all medical staff according to models developed depending on accepted protocols.

Training of all health workers in primary care medical protocols that have been mentioned, where 1,329 trainees were trained in 2017 as follows:

- **IMCI**: 180
- **NCD**: 303
- **RH**: 143
- **PSS**: 57
- **PFA**: 88
- **CHW**: 15
- **CMAM**: 87
- **CMR**: 8
- **MH GAP**: 98
- **IYCF**: 206
- **GBV**: 91
- **Micronutrient distribution**: 53

One of the laboratory cadres performs a microscopic examination of blood samples of a patient in the complex of Al-Rihaniyah clinics.
Fourth: Number of Beneficiaries

In 2017, UOSSM provided 1,259,113 total medical services, which is double the services provided in 2016. These health services include medical consultations by doctors, nutrition professionals and community health workers.

Approximately 75% of beneficiaries are children, women and the elderly, and less than 25% of beneficiaries are men.

During 2017, UOSSM covered about 13.5% of the population’s health needs in areas where it operated in each of the provinces, Idlib, Daraa, northern Homs countryside, Latakia countryside, and Southern Aleppo countryside, which is in accordance with statistics of the NPM (Needs Population Monitoring) and local councils and depending on the SPHERE standards for humanitarian action in times of disasters, which defines the average consultation need at two per year. Thus, the expected number of health services within one year is 9,323,984 consultations. 1,259,113 consultations were provided through fixed health centers and mobile clinics.

While there are other medical organizations and institutions implementing health projects in those provinces, many health gaps remain, which requires more efforts to expand the scope of care to improve public health in communities.

1. Primary Health Care Centers

In 2017, the number of health services provided in primary health care centers (PHC) reached 964,662.

UOSSM’s primary health care system helped build the foundation of the basic health infrastructure, to provide quality, sustainable primary health care services based on qualified and efficient staff, with acceptable medical technology. In addition, UOSSM helped secure a stable supply of medicines and basic consumer supplies.

UOSSM also started creating connections between the community and health system relying on community health and mental health teams that reach beneficiaries, providing necessary guidance and sending medical cases to health centers. Health services are linked to hospitals via a referral system.
2. Maternity Sections:
In 2017, UOSSM supported and operated four natural Maternity centers. A total of 2,141 pregnant women were provided medical care with qualified and trained medical staff, which reduced complications and risk factors for mothers and newborns. These centers also provided various services related to reproductive health, such as miscarriage, antenatal care, postnatal care, as well as treatment of various gynecological diseases.

2,141 Natural childbirth

The decrease in the total number of normal births in labor/delivery departments is due to the fact that the centers of Manbij and Afrin operated for only four months in 2017, while Zaafaraneh and Ariha Centers continued operating throughout the year.

In 2017, UOSSM birthing centers had no deaths by natural births among pregnant women or newborns because of the transfer of serious cases to appropriate facilities.

Natural childbirth services are playing an important role in relieving medical complications in the short and long term for the baby and the mother, covering approximately 10% of the population requirement.

3. Mobile Clinics:
In 2017, UOSSM provided emergency primary health services to those internally displaced via mobile clinics. Mobile clinics provide flexibility and speed crucial to essential health services in places of mass displacement where people are already suffering, and have great difficulty reaching medical centers. In 2017, mobile clinics provided 292,310 health services.

Mobile clinics account for 80% of total health services provided in Idlib. This is due to the high numbers of forced displacement movements coming into Idlib.

4. Coordination with partners in the field of primary health care:
Coordination with specialty groups, such as chronic disease management, reproductive health care, and childhood disease management were created to ensure optimal implementation of health care services. These groups are coordinated by the World Health Organization WHO and the UNFPA.

The specialty groups organize training courses for staff inside Syria, developing medical protocols, ensuring optimal implementation of protocols, and sharing ideas and challenges faced by partners.

These groups have played an important role in developing the basic services protocols, and tools for monitoring and evaluation for primary health care.

Most coordination is done via periodic meetings and various workshops.
Nutrition professional identifies the mid-arm of a girl in preparation for measuring her arm circumference in a health care center.
**Nutrition:**

In 2015, UOSSM began to develop and implement nutrition services in all primary health care centers and mobile clinics throughout Syria, in response to the emergence of malnutrition cases.

The war has led to continued deterioration in health services and the destruction of health facilities, leaving children under the age of five, and pregnant and nursing women extremely vulnerable, with limited access to health care.

UOSSM partnered with UNICEF and WHO in providing nutrition services by coordinating with all members of the nutrition sector, and by participating in all meetings, events, and activities that provide services to beneficiaries. UNICEF developed an action strategy, in coordination with the nutrition sector, to deliver service to the largest number of communities.

**Number of Beneficiaries:**

Nutrition services are provided at primary health care centers and mobile clinics by nutrition technicians. These staff provide nutrition services based on the following protocols:

- Infant and Young Children Feeding (IYCF) program in emergencies
- Community Management for Acute Malnutrition (CMAM)

In 2017 the total number of beneficiaries of nutrition services was 175,763

**Benefits of nutrition services by age**

A nutritionist measures the mid-arm circumference of a child to determine her nutritional status in Al-Barra village – Idlib countryside
**Malnutrition:**

Mobile community health teams, as well as nutrition technicians in primary health care centers and mobile clinics surveyed all children between the ages of 6-59 months, and pregnant and nursing women, in all projects administered by UOSSM. As a result, many malnutrition cases were diagnosed with severe, and moderate acute levels which require intervention and CMAM program application.

5,583 cases of severe and moderate acute of malnutrition were found among children under five years of age, and in pregnant and lactating women.

630 of those cases were suffering from severe acute malnutrition SAM, and 3,580 were suffering from moderate acute malnutrition MAM.

UOSSM had high recovery rates with patients that received malnutrition treatment, 33% in the MAM level, and 29% of patients in the SAM level recovered and reached the green level on the MUAC bracelet deeming them a healthy weight.

Patients that were displaced numerous times had a lower chance of recovery due to inconsistent care, or a lack of parental response.

The role of community health teams is vital in raising health awareness, and educating parents about the importance of follow-up treatment, and the danger of neglecting visits to health facilities.
**Nutrition Survey:**
A nutritional survey funded by UNICEF and implemented by ACU, was done in eight Syrian governorates in 100 health facilities to evaluate the nutritional status of children, and pregnant and nursing women, using the Mid Upper Arm Circumference (MUAC) bracelet providing a z score (a number that reflects the deviations of child measurements from normal growth standard measurements).

237,520 people were surveyed, 96% of them were children, and 4% were lactating and pregnant women.

### Survey for children under 5 years of age

227,137 Child

- Children suffer from (Oedema): 38
- Global Acute Malnutrition (GAM): 8,554
- Severe Acute Malnutrition (SAM): 2,107
- Moderate Acute Malnutrition (MAM): 6,447

Rapid response is crucial based on numbers from the survey so cases do not further develop and degenerate from moderate acute malnutrition to severe acute malnutrition, and to prevent further complications leading to deaths of children under the age of five.

- Pregnant and nursing women

<table>
<thead>
<tr>
<th>Women</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,383</td>
<td>4,989</td>
</tr>
<tr>
<td>5,394</td>
<td>569</td>
</tr>
</tbody>
</table>

Of them are suffering from malnutrition

It is important to measure malnutrition among lactating and pregnant women to avoid deterioration of health and transmission of malnutrition to newborns.

Results of previous nutrition surveys have become a benchmark when assessing needs and planning nutrition products.
Community Health:

In 2014 UOSSM began linking community health to primary care due to its importance. Community health workers visit communities to ensure that health care needs are addressed and adequate, and health problems/issues are quickly identified.

Number of Beneficiaries:

Community health worker teams have regular field visits to beneficiaries in their homes. Each team consists of two community health workers. Community health workers are working according to the following protocols:

- Infant and Young Child Feeding Skills IYCF in coordination with nutrition techniques
- CMAM program in coordination with nutrition techniques
- Reproductive Health RH
- Non-Communicable Diseases NCD
- Communicable Diseases CD
- Integrated Management of Childhood Illnesses IMCI

In 2017, community health workers provided a range of survey services to detect cases of malnutrition and outreach cases for communicable diseases and epidemics, in addition to referral services for primary health care centers. The number of community health services provided through community health teams was 189,501.

Community health services

189,501

<table>
<thead>
<tr>
<th>NCD</th>
<th>CD</th>
<th>IMCI</th>
<th>RH</th>
<th>IYCF</th>
</tr>
</thead>
<tbody>
<tr>
<td>45,649</td>
<td>24,854</td>
<td>12,961</td>
<td>26,075</td>
<td>79,962</td>
</tr>
</tbody>
</table>

Community health teams transmitted 33,316 community statuses to primary health care centers, have raised health awareness, and reduced pressure on health facilities by advising appropriate referrals to health centers. Community health teams helped beneficiaries discover undetected, underlying health problems, and get immediate care to reduce the risk of complications.
A Syrian child during an entertainment party in child friendly space in Kafr Nubul center- Idlib countryside.
Mental Health and Psychosocial Support

The health of the community doesn’t rely solely on physical well-being, but also psychologically and mentally, therefore, mental health and psychosocial support services have been part of UOSSM’s activities since its establishment.

UOSSM was one of the first organizations that realized the importance of mental health and psychosocial support. Since 2013, the mental health program began operating in Turkey and Syria, and by the beginning of 2018, mental health and psychosocial support operations were expanded in four different Turkish provinces, and throughout Syria’s northern and southern regions.

The centers provide specialized mental health services and psychosocial support in several Turkish cities in response to the growing needs among refugees of all different age groups.

Community mental health centers are among the leading centers of mental health services in Turkey and are officially registered in the Turkish Ministry of Health. UOSSM’s mental health centers are among the first service centers for Arabic-speaking refugees. The main objective of these centers is to promote mental health awareness, to assist refugees in overcoming the difficulties they face, and to improve their integration into society.

UOSSM strives to provide the highest quality health services, using intervention techniques based on scientific studies, that are systematic and universally recognized and supervised by Inter Agency Standing Committee (IASC) designed for mental health and psychosocial support services in crises.

UOSSM’s mental health centers in Turkey

Some children that do not attend school on a trip to the Zoo with the psychological support team at Universal Children’s Day – Gaziantep.
Mental Health and Psychosocial Support Facilities

UOSSM is active in programs for mental health and psychosocial support and implements quality services in competent mental health facilities, psychosocial support centers, and primary health care facilities.

Intervention:
- Specialized mental health centers in the (provinces of Hatay, Gaziantep)
- Two mobile mental health units
- Mental and psychological unit for severe cases (Sarmada)
- Programs to bridge the mental health gap in primary health care facilities (northern and southern Syria)
- Psychosocial support activities in primary health care facilities (northern and southern Syria)

UOSSM operates mental health and psychosocial support centers in both Syria and Turkey. There are three psychosocial support centers in Turkey, a mental health mobile clinic in Syria, and a mental health and psychological unit for acute cases in Syria. All primary health care centers in Syria provide mental health and psychosocial support services.

Mental Health and Psychosocial Support Program Services

UOSSM is one of the leading partners in the field of mental health and psychosocial support. UOSSM staff actively attends technical meetings in the mental health and psychosocial support sector, along with other partners, under the supervision of the World Health Organization (WHO).

In line with internationally adopted standards and guidelines, UOSSM provides the following mental health and psychosocial support services to all age groups:
- Psychiatric supervision including free pharmaceutical interventions
- Non-pharmacological specialized individual psychotherapy
- Individual and collective psychological counseling
- Psychosocial support activities with specific objectives within structured programs
- Rehabilitation/care of children with special needs
- Capacity building program for general humanitarian workers
- Community awareness campaigns, specialized in mental health issues and psychosocial support
- Developing a map of a wide range of available services to meet the needs of different beneficiaries

Capacity Building:

UOSSM provides mental health and psychosocial support staff with capacity building programs based on international standards and protocols to ensure the provision of high quality services that contribute to the mental health of the community.

These training programs include:
1. Bridging the mental health gap (GAP MH) directed towards general practitioners
2. Training manual for mental health workers and comprehensive psychosocial support, which is designed and sponsored by the World Health Organization and includes:
- Emergency Primary Mental Health Care
- Communication and supporting communication skills
- Interview techniques
- State management in mental health and psychosocial support
- Facilitating support groups
- Improved problem solving
- Psychosocial assessment skills
- Various psychosocial support programs (stress management, self-care, recovery techniques...etc.)
- Techniques in Specialized Psychotherapy, such as cognitive behavioral therapy (CBT), accelerated treatment for children with traumatic experiences (CATT), etc.
- Evaluation of children with developmental and mental disorders and designing educational rehabilitation programs
- Family counselling programs
Mental Health and Psychosocial Support Services

22,955 Beneficiaries

<table>
<thead>
<tr>
<th>Awareness campaigns and psychological education</th>
<th>Capacity-building and training</th>
<th>Children with special needs</th>
<th>Psychosocial support programs</th>
<th>Individual Psychological Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,048</td>
<td>3,475</td>
<td>143</td>
<td>274</td>
<td>143</td>
</tr>
<tr>
<td>348</td>
<td>232</td>
<td>1,765</td>
<td>1,285</td>
<td>6,820</td>
</tr>
<tr>
<td>5,135</td>
<td></td>
<td>234</td>
<td></td>
<td>5,135</td>
</tr>
</tbody>
</table>

Coordination with partners in the field of mental health and psychosocial support.

UOSSM is building and developing business strategies in coordination with sector partners, sponsored by United Nations organizations.

A. World Health Organization:
UOSSM is an active member of mental health and psychosocial support work groups and sectors including the following:

1. Mental Health and Psychosocial Support Working Group in Turkey
3. Staff Care and Self-Care Working Groups
4. Inter-organization Conversion Working Group and Advocacy

version to Government Institutions

UOSSM plays an important role in these sectors and working groups by:

- Participating in designing psychosocial support guide allocated to social psychologists and workers. This guide was developed under the supervision of the World Health Organization and is being deployed to all social workers in Syria.

The manual, developed in 2017, includes skills, techniques, and programs necessary in psychosocial support derived from independent specialists and others from various organizations in Syria.

In partnership with the World Health Organization (WHO), UOSSM is coordinating training sessions for humanitarian personnel in Turkey.

B. United Nations High Commissioner for Refugees:
By the end of 2017, UOSSM had various memberships in protection sectors of the UNHCR/Turkey Operations Office. UOSSM was elected to serve on the technical advisory committee for the mental health protection sector in Turkey, and permanently serve in a central protection (Protection core team) as an initiative of UNHCR to connect bridges of communication between protection and mental health sectors through the selection of a technical consultant in the areas of mental health.
A member of the protection team decorates a girl’s face in an entertaining party for people with special needs in the city of Kafr Nubul, Idlib countryside.
As the conflict in Syria entered its sixth year violations and abuses that ignore international humanitarian law and human rights law continued to be accompanied by total impunity in a climate of widespread insecurity. More than 220,000 people were killed and over 1 million injured because of the continued use of means and methods of warfare that violate basic principles of international humanitarian law. Humanitarian needs in Syria reached a new record. The mechanisms for addressing IDPs and host communities are exhausted.

Human needs report HNO in 2016 indicates that 12.2 million people need humanitarian aid in Syria, including 7.6 million displaced, with more than 5.6 million children. In addition, there are approximately 4.8 million people suffer from acute needs for assistance and protection on sites that are difficult to reach or besieged.

UOSSM developed a protection intervention strategy in its various sub-sectors such as child protection and gender-based violence. In 2017, UOSSM reached more areas in Idlib, Daraa and Quneitra through protection programs to prevent and respond to rights violations for children and women.

**Protection facilities:**
UOSSM has developed various activities in the protection sector in accordance with the internationally recognized standards and guidelines by UNICEF, UNFPA and UNHCR.

Protection services are provided through the following facilities:

- **Child Protection Centers**- UOSSM founded three child-friendly centers in (Qah, Kafr-Nubul and Harem) in Idlib governorate.

- **Community Centers**- Five centers distributed throughout the governorates of Daraa and Quneitra

- **Women’s and Children’s Center**-Launched in the end of 2017 in the Daraa governorate in the Allujat area.

**Services Provided Through Protection Programs:**
Services provided through protection programs can be divided into three main categories:

**First, Community Child Protection:**
- Structured and sustainable psychosocial support programs within child-friendly centers
- Parenting Skills Programs
- Awareness campaigns on children’s rights and protection concerns, and the establishment of community-based child protection committees, trained on child protection standards and referral mechanisms

**Second, Social Protection Services:**
via psychosocial support and community awareness, information exchange about available services, and referral mechanisms in targeted areas.

**Third, Female Empowerment:**
- Psychosocial support
- Awareness of protection issues
- Specialized services through case management
Capacity Building:
UOSSM implemented and integrated a protection training program consistent with WHO standards to ensure the provision of quality services by highly qualified and experienced staff.

Child Protection:
- Psychological first aid (PFA)
- Basic principles of psychosocial support (PSS) principles
- Case management in child protection
- Child protection case management
- Family Tracing and Reunification (FTR)
- Parenting skills training

Female Empowerment:
- Psychological first aid
- Basic principles of gender-based violence
- Improved problems management (PM+)
- Communication skills
- Management of friendly spaces for women and girls
- Minimum standards on psychosocial support

Community Protection:
- Basic principles of gender-based violence
- Minimum standards for child protection
- Protection monitoring

The total number of those who received protection training was 185 trainees, 69 were non-UOSSM volunteers, 45% of the trainees were female.

Psychological support session for children include the development of skills and IQ test at the Creativity Center for Mental Health – Quneitra
Number of Beneficiaries:

Protection Services

75,564

<table>
<thead>
<tr>
<th>Empowering women and girls</th>
<th>Community Protection Centers</th>
<th>Specialized child protection services</th>
<th>Community child protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,656 Females</td>
<td>1,126 Males</td>
<td>270 Females</td>
<td>513 Males</td>
</tr>
<tr>
<td>7,209 Males</td>
<td>6,360 Males</td>
<td>31,256 Females</td>
<td>25,220 Males</td>
</tr>
</tbody>
</table>

In 2017 the total number of beneficiaries of protection services reached 75,564. The target groups of these services are children, with a focus on guiding services for parents to ensure continuity of services once child leaves UOSSM facilities. Protection services also cover groups that are exposed to gender-based violence.

In the Future:
Skills development activities such as sewing and basic principles of reading and writing will be launched in early 2018. The advanced problem-solving service will also be introduced in early 2018. This is a platform developed by the World Health Organization, which aims to provide non-specialized mental health staff with the necessary knowledge and skills to enable them to assist people suffering from general psychological problems, and to bridge the gap in mental health due to the lack of qualified personnel that provide specialized services in the area.

Coordination Activities:
UOSSM values the importance of high coordination with all parties and institutions involved in the protection sector to increase effectiveness in the humanitarian response. UOSSM contributes via periodic meetings in coordination with staff in these sectors to develop intervention strategies based on the needs and capabilities available in northern Syria. In addition, UOSSM participates in the protection sector working group in northern Syria, and coordinates with staff to discuss challenges and develop solutions. UOSSM participated in emergency response plans for displacement movements that took place last year.

UOSSM participated in family reunification and child labor working groups, focused on the development of intervention and response strategies, according to humanitarian standards.

UOSSM participates in protection, and child protection monitoring working groups and coordinates with other partners to develop mechanisms to monitor needs and response.
Training

A member of the Civil Defense trains on emergency management during chemical strikes at the training center in Bab al-Hawa – Idlib countryside.
Since establishment in 2012, UOSSM recognized the urgent need for training, as observed by volunteer doctors including Professor Raphael Pitti, to further qualify medical teams and increase their ability to deal with war injuries and reduced acute shortages. There are ten programs covering emergency, medical, surgical, and women’s cases and of exposure to chemical weapons. Training is also offered to use the Echo-graphic in emergency cases. These programs include doctors, medical students, midwives, nurses, paramedics, medical and civil defense teams. Training programs were expanded at a later stage to include management training, mental health and psychosocial support.

The UOSSM training team continues to develop strategies to address the needs of medical teams and to strengthen capacity building.

Accordingly, UOSSM launched a series of projects in 2017 with a group of partners to implement training components found in projects of other organizations and partners through its centers inside Syria and neighboring countries.
The UOSSM Qualification and Training Department Categorized Activities into the Following Types:

**Meetings:**
The UOSSM Qualification and Training Department hosts meetings to coordinate and follow up development projects of UOSSM or other organizations. In 2017, 20 coordination meetings were held with 176 attendees.

- **Trainees:** 176
- **Hours:** 142
- **Meetings:** 20

**Internal Hosting:**
The UOSSM Qualification and Training Department provides all available resources in various positions including (tools - staff – equipment – services) for partners who want to provide training activities.

- **Trainees:** 1,256
- **Hours:** 795
- **Courses:** 42

**Medical Training:**
Includes general and specialty training in medical fields offered by the UOSSM team or external trainers.

- **Trainees:** 2,393
- **Hours:** 3,094
- **Courses:** 131
Management Training:
Includes non-medical exercises that aim to develop the managerial skills of community workers and workers in the humanitarian sector and civil society organizations.

<table>
<thead>
<tr>
<th>Training Courses</th>
<th>Hours of training</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,370</td>
<td>90</td>
<td>1,023</td>
</tr>
</tbody>
</table>

Civil society organizations apprentices are attending project management training at the training center in Bab al-Hawa – Idlib countryside.

Protection Training:
Includes mental and psychological health trainings to improve the level of psychological health, especially for those injured in the war.
Protection trainings were provided by skilled and qualified staff in line with WHO standards.

<table>
<thead>
<tr>
<th>Training Courses</th>
<th>Hours of training</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,161</td>
<td>45</td>
<td>651</td>
</tr>
</tbody>
</table>

Civil society organizations workers and Free Police and Civil Defense are receiving child protection course at the training center in Bab al-Hawa – Idlib countryside.
Training Projects:

**Internal Projects:** Projects that aim to build the capacity of workers in various types of projects, whether in hospitals or primary health care centers.

**External Projects:** Training courses that aim at capacity building and developing the skills of workers in local organizations and service institutions that operate in Syria.

**Free Public Training:** Training projects financed by UOSSM or by various partners that aim to elevate the status of local communities and new organizations

**Capacity Building:** These projects aim at developing the capabilities of the UOSSM team to enhance its performance and efficiency. Training courses include medical and administrative courses and protection exercises.

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Some cadres of civil society organizations are receiving TOT training – Gaziantep
Training Evaluation
The UOSSM Qualification and Training Department provides the most advanced training equipment in its hosting halls including, medical mannequins, administrative and human staff, and logistics services. The Bab Al-Hawa Center has over 14 full time employees, and Sayda, in southern Syria has six full time employees.

During the courses, trainees undergo testing before and after training to ascertain the extent of their development and benefit from the exercises. These results are usually subjected to statistical analysis to determine the training gap.

After the end of each session the trainees fill out a comprehensive evaluation form evaluating the trainer, session services, and logistical equipment, with a grade (from 1 which is very poor to 5 which is very good).
Another assessment is made evaluating the training program to be completed by trainees, where the grade scale is (from 1 which is very poor to 5 which is very good). The following figure shows the results of the evaluation of 3,986 interns in 2017.

**Evaluation of Trainees for Center Services**

<table>
<thead>
<tr>
<th>Category</th>
<th>0.5</th>
<th>1</th>
<th>1.5</th>
<th>2</th>
<th>2.5</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygiene</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services in the sections of the building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Furniture in the rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture in the hall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sound devices in the hall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management cooperation with trainees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits of training materials</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**UOSSM Trainers 2017**

**Medical Trainings**

<table>
<thead>
<tr>
<th>Trainers from Outside UOSSM</th>
<th>UOSSM Trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Number of Training Courses</td>
<td>152 Number of Training Courses</td>
</tr>
<tr>
<td>5 Number of Trainers</td>
<td>10 Number of Trainers</td>
</tr>
<tr>
<td>24 Number of Days</td>
<td>392 Number of Days</td>
</tr>
</tbody>
</table>

**Protection Trainings**

<table>
<thead>
<tr>
<th>Trainers from Outside UOSSM</th>
<th>UOSSM Trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Number of Training Courses</td>
<td>34 Number of Training Courses</td>
</tr>
<tr>
<td>5 Number of Trainers</td>
<td>5 Number of Trainers</td>
</tr>
<tr>
<td>24 Number of Days</td>
<td>114 Number of Days</td>
</tr>
</tbody>
</table>

**Management Trainings**

<table>
<thead>
<tr>
<th>Trainers from Outside UOSSM</th>
<th>UOSSM Trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Number of Training Courses</td>
<td>54 Number of Training Courses</td>
</tr>
<tr>
<td>7 Number of Trainers</td>
<td>13 Number of Trainers</td>
</tr>
<tr>
<td>24 Number of Days</td>
<td>172 Number of Days</td>
</tr>
</tbody>
</table>

Idleb University students train on the emergency management of the wounded in time of war at the training center in Bab al-Hawa – Idlib countryside.
### Highlights of Training Projects in 2017:

#### Bridging the Mental Health Gap
Bridging the Mental Health Gap Training for new trainees and rehabilitative training for previous trainees was carried out for doctors in northern Syria in Bab Al-Hawa training center from August 20 through October 10.

<table>
<thead>
<tr>
<th>Trainees</th>
<th>In the country side of Hama and Idlib in the north of Syria</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td></td>
</tr>
</tbody>
</table>

#### Uncommon Diseases
Training for doctors and nurses residing in hard to reach areas through the implementation of distance training.

<table>
<thead>
<tr>
<th>Trainees</th>
<th>In the country side of Hama and Idlib in the north of Syria</th>
</tr>
</thead>
<tbody>
<tr>
<td>189</td>
<td></td>
</tr>
</tbody>
</table>

#### Medical Training for Chemical Attacks
Trainings aimed at building the capacity of first responders, doctors, and paramedics, to deal with chemical attacks during times of war. Trainees were nominated from all hospitals in northern Syria to attend this session.

#### Capacity Building for Medical Personnel in Southern Syria
This training provided a complete medical training program for medical staff working in medical facilities in southern Syria.

<table>
<thead>
<tr>
<th>Trainees</th>
<th>In Hama countryside of Hama and Idlib in northern Syria</th>
</tr>
</thead>
<tbody>
<tr>
<td>189</td>
<td></td>
</tr>
</tbody>
</table>
Governance of Health Sector in Syria
Aimed to build the capacity of medical staff in southern Syria, it provided a medical training program for medical personnel who are working in medical facilities in southern Syria.

Capacity Building of Health Departments
This project is an essential part of a long-term project funded by the German Development Agency to support the health sector. The trainings included a package of simple and advanced management trainings especially in hard to reach areas. The (WebEx) platform was used in the implementation of these trainings.

Free Training Week
UOSSM provided an administrative training package for free to the public. Participants were selected based on specific criteria, especially those working in emerging organizations and local organizations to enhance their capabilities and develop their work.

Training Health Departments in Southern Syria
One of the largest projects aimed at building the capacity of health departments in the south. Training courses included Human Resources Training – Advanced Human Resources – Information Management – Financial Management and others.

Peacebuilding
Funding was provided to gather different members of local Syrian communities and bring them together to further develop capabilities, and to enhance response skills in post crisis phase.

Family Planning and Gynecological Diseases
Two courses offered to midwives, nurses, and medical staff that deal with different types of gynecological diseases.

Community Health Workers Training
The health sector was the worst affected by the crisis. In response, training was offered to help bridge the gap and requalify and strengthen the capabilities of health care workers.
According to statistics, community health workers reduce critical cases by 80% because of their ability to intervene and deal with chronic diseases according to Sphere standards. Ideally, there should be one community health worker for every 1,000 people, which Syria is far from achieving. The Community Health Worker Training Package consists of six exercises that ensure the integration of training.
Gardening Techniques
This training is part of a large project that includes a series of exercises to support the livelihood of more than 120 working women by building their capacity to implement small projects that earn income for them and their families.

Small Business Management
This was the first training to build the capacity of 120 working women to start their private businesses and enhance their income.

Needs Assessment and Information Gathering
This training is designed to build the capacity of data collectors and workers surveys in the North of Syria to strengthen their abilities in their working field.

Leadership and Results-based Management
This short-term training course aimed to define team leaders and office managers in leadership basic skills. This session was offered several times throughout the year for many emerging organizations.

War Environment Training Sessions for Primary Care Trainers
This training course is targeted at trainers in northern Syria. The training package included the following exercises: Emergency Response for the Wounded During War – Primary Mental Health Care - Digital Security - Security and Safety Strategies Training for Trainers.

Hanan recognized the desperate need for medical staff throughout Syria and decided she wanted to become a nurse to help make a positive impact. Hanan’s journey began in the UOSSM Qualification and Training Center. She attended a training course “Emergency Management of the Wounded in Times of War”. The three-day course not only provided Hanan with practical professional skills but helped save a family member’s life.
One day, Hanan’s nephew fell and hurt his head. Hanan instinctively implemented her training, provided first aid and took her nephew to the hospital, ultimately saving his life.
The war in Syria has caused the virtual collapse of its healthcare system. Hospitals and medical facilities have been destroyed; while the detention of medical staff has prompted many healthcare professionals to flee Syria in fear for their lives. This severe loss of the medical care skills base comes at a time when its need is greatest in Syria. UOSSM’s Training program helps reverse that imbalance, providing individuals with knowledge & hope; and the society at large with the critical skilled labor needed to heal itself.

Trainees
120
Trainees
In the country side of Hama and Idlib in Northern Syria

Trainees
120
Trainees
In the country side of Hama and Idlib in Northern Syria

Trainees
125
Trainees
Bab Al - Hawa Center

Trainees
50
Trainees
Bab Al - Hawa Center
Sida Gaziantep Center

Trainees
20
Trainees
Gaziantep-Turkey
### Medical Trainings
- Emergency management of war injuries
- Cardiopulmonary resuscitation
- Emergency management of gynecological diseases
- Medical management of chemical injuries
- Medical management of burns
- Medical management of war injuries
- Community health workers
- Community management of malnutrition
- Integrated medical management of childhood diseases for doctors
- Integrated Medical Management of Childhood Illnesses for Nurses
- Integrated Medical Management of Childhood Illnesses for Community Health Workers
- Feeding infants and children
- Micronutrients
- Uncommon diseases for doctors
- Uncommon diseases of nurses
- Health care for births
- Reproductive Health
- SMART
- the physical treatment
- Intensive care
- Universal protection
- Resuscitation of the newborn

### Management Trainings
- Development Project Management
- Data analysis
- Small Business Management
- Microsoft Excel
- Human resources
- Medical Goods Management
- Monitoring and evaluation
- Aggregate* data analysis
- Safety and Security
- Conflict-sensitive journalism
- Advanced Human Resources
- Microsoft Project
- Primary Health Care Administration financial management
- Advanced problem solving
- Supply chain management
- Advocacy and creative content
- Organizational skills and structuring
- Health sector governance
- Assessment of need and data collection
- Community cohesion
- Project Lifecycle
- Facilitation Skills
- Driving skills
- Gardening skills

### Protection trainings
- Child Protection
- Bridging the mental health gap
  (Families Tracking) FTR
- Gender-based violence
- Psychosocial support
- Primary psychological support
- Safe space for women and children
- Case Management
- Therapeutic Teaching
- Psychodrama
- Universal protection
- Civil defense members training on emergency management for wartime wounded at the training center in Bab al-Hawa – Idlib countryside
Hospitals Survey

A patient undergoing neurological operation in the operating room of Bab al-Hawa Hospital – Idlib countryside
Data collection is vital in aiding with decision making at the planning and operational level, reflecting the negative effects of systematic targeting of both facilities and medical personnel. A continuous data flow from workplaces of medical facilities to decision-making centers has had the greatest impact on the ability to identify priorities, gaps and make appropriate decisions. It also provides an opportunity for lessons to be learned later in building humanitarian responses to similar disasters, not only in Syria, but also globally.

The Department of Quality and Information Management collected workload data from all accessible hospitals in collaboration with a field team of 21 data collectors in provinces of (Damascus countryside - Daraa - Quneitra - Homs - Aleppo - Idlib - Hama – Latakia), and hospital administrations operating in areas controlled by the opposition.

Despite the participation of more than 100 hospitals, the number of hospitals which refused to join gradually rose from 16 to over 40. This was a minor obstacle in collecting the most comprehensive data.

Survey participants provided the total numbers who received care in 2017. Over 800,000 received emergency department consultations in the Idlib province, over 100,000 in Homs, and 120,000 in the Damascus countryside.
Depending on the number of outpatient clinics consultations associated with the survey participating hospitals, we found that the number of the consultations exceeds 1,800,000 in Idlib, about 400,000 in Damascus countryside and 250,000 in Homs.

To determine the quality of medical services the family occupancy rate can be assessed in the patient admission suites where the average rate ranges between 50% and 65% in all of Syria, however, when we take a look at some governorates in particular, it can be observed that the values ranged between 55% and 75% in Idlib and between 30% and 60% in Damascus countryside, and these values can be represented by geopolitical changes occurring on the ground to find out periods accompanied by rising need for hospitalization within hospitals and the accompanying deterioration of medical services provided to patients in Syria, but low values can be explained by a deterioration in the security situation of health facilities so it became unsafe to accept patients into hospitals for long periods as it is within Damascus countryside during the last third of the year 2017.
The survey also included detailed questions about basic services including cesarean and natural deliveries which can be combined with data related to reproductive health providers from other surveys. This was used to study factors affecting care such as intensity of war, and security.

The survey also provides information about the number of deaths within facilities, divided by age and gender, revealing the most affected groups, and the mortality rate per total number of consultations within facilities.

The following figure shows a clear rise in the number of deaths during the first third of 2017, and the number of deaths among children under the age of five, which sometimes exceeds the number of deaths from other age groups, as is the case in Idlib governorate.
There were 135 variables in this survey, which contain information about surgical procedures, detailed terms of reference, causes, and sex, which also can contribute in defining needs in terms of human resources and equipment, while studying the effect of war’s different tools on the nature and distribution of injuries.

### MORTALITY

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Total In-Hospital Mortality</td>
<td>354</td>
</tr>
<tr>
<td>Children Under 5 Mortality</td>
<td>89</td>
</tr>
</tbody>
</table>

### DISPOSITION

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>To other Facility Outside Syria</td>
<td>8,915</td>
</tr>
<tr>
<td>To other Facility Inside Syria</td>
<td>24,542</td>
</tr>
</tbody>
</table>

### Surgical Procedures

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor Surgeries</td>
<td>214,800</td>
</tr>
<tr>
<td>Major Surgeries</td>
<td>151,706</td>
</tr>
<tr>
<td>War-Related Emergency Procedures</td>
<td>17,167</td>
</tr>
<tr>
<td>Non War-Related Emergency Procedures</td>
<td>34,829</td>
</tr>
<tr>
<td>War-Related Elective Procedures</td>
<td>16,820</td>
</tr>
<tr>
<td>Non War-Related Elective Procedures</td>
<td>82,890</td>
</tr>
</tbody>
</table>

The above illustrates the importance of integrating this type of data collection, with data collection processes at different levels which are not only related to the health sector, but also other various sectors, allowing for a comprehensive analysis of the war to benefit from results therefore organizing a quicker and more appropriate response.
Gynecologists conduct training in the operating room in Bab al-Hawa under the supervision of Dr. Zuhair al Hana as he communicates from a remote location.
With the conflict in Syria reaching its seventh year, the need for humanitarian assistance remained extremely important. The continuation of the war throughout Syria, where all types of weapons were used, especially explosive barrels, aerial bombs, missiles, and chemical weapons, with many violations of international law, by targeting civilians and civil institutions, especially health facilities, and the use of internationally prohibited weapons against civilians, led to an increase in civilian casualties. This led to limited access to emergency and specialized health care, exacerbated by the vulnerability and poverty of host communities, and displaced persons, and by increased workload in hospitals. Therefore, it was necessary to create relatively safe border hospitals, and to continue supporting hospitals inside Syria to facilitate the access of health services to all those in need.

Unfortunately, 2017 was disastrous for health facilities and staff working in areas under the control of the Syrian opposition. According to the World Health Organization (WHO) annual report, 88 health care workers were killed or wounded, and 123 health facilities were targeted in Syria in 2017.

Secondary and tertiary health care program projects:
UOSSM has helped those who were affected by the Syrian crisis regardless of their race, religion, age, sex and geographic area, it has taken upon itself the responsibility to deliver health services to all beneficiaries equally, accordingly, the secondary and tertiary health care program (hospitals) supported health services as follows:

A-Supporting of Hospitals
Hospitals were supported in Idlib, Aleppo, Ghouta, and Daraa with medicines, consumables, salaries and operational costs. This contributed to the stability of emergency and trauma services. The following hospitals were supported:

1. Bab Al-Hawa Hospital in northwest Idlib has been fully supported by UOSSM since it was founded and is considered one of the leading hospitals in the non-Governmental controlled areas for its variety of health services, some of which are rare.

2. Some hospitals in northern Syria were supported with supplies and medications for treatment of chemical attacks, and 90 protective suits were distributed. Medical personnel and members of the Syrian Civil Defense (White Helmets) were trained on appropriate procedures to save injured victims of chemical attacks.

3. Thawrat Alkaramah Hospital in western rural Aleppo was supported with salaries and operating costs for four months.

4. Alatareb Hospital was supported with medicines and consumables for six months.

5. Issa Ajaj Hospital in Daraa was supported for two months.

6. Six hospitals in rural Aleppo were supported with anesthetics and antibiotics.

Dr Zuhair al Hana and gynecologist at practical workshop in Bab al-Hawa Hospital operation and broadcasting via Skype to theoretical trainees.
Sole Survivor

The words of Maria’s father, “As I was on my way home, carrying some groceries, a warplane was hovering overhead. The plane dropped an explosive barrel on the street where I live. I ran as fast as I could, my heart beating so fast, and I was terrified. I started thinking how my family was waiting for me to come back home. I got and saw my daughter, Maria, waiting at the door, right where I left her…blood was flowing as shrapnel cut through her tiny body. Dead bodies were everywhere… and Maria was the sole survivor.

I rushed Maria to the nearest medical facility, they provided the first aid needed and quickly transported her to Bab Al-Hawa Hospital. Maria needed abdominal surgery to repair the internal damage. She also had a splint and cast on her broken arm."

Maria was then sent to the Sarmada Rehabilitation Center for follow up care and treatment, and was then transferred to Atma Hospital. Maria’s condition improved dramatically after receiving the care she needed.
Bab Al-Hawa Medical Compound:
UOSSM Bab Al-Hawa Medical Compound along with all its affiliates is considered the most important project of the Union of Medical Care and Relief Organizations, and the top health compound in northern Syria. The major advantage that distinguishes Bab Al-Hawa Hospital is the specific and high quality medical services provided, which has led to an increase in the number of confident beneficiaries receiving medical care. Another advantage is the relatively safe location of the hospital, as it is located along the Turkish border. Turkish authorities adopted Bab Al-Hawa Hospital as the single referral hospital for serious and complex cases to Turkish specialized hospitals across borders.

In 2017 Bab al-Hawa Medical Complex had over 250,000 beneficiaries in all departments, providing all types of medical care such as, OPD consultations, laboratory tests, X-Rays, surgeries, hospitalization and medicines, free of charge, to anyone regardless of political or religious affiliation.

Every month Bab Al-Hawa provides 880 major surgeries, 323 major emergency operations, 380 dialysis sessions, 1080 Ct-Scans, and 81 pathology samples studies.

Bab al-Hawa Medical Compound oversees the work of three facilities in the northwestern Idlib countryside:

1. Bab al-Hawa Hospital
Located directly near the Turkish-Syrian border and consists of the following departments:

A- Admission and Information Department:
where all applicants of the various hospital departments are received and directed to the relevant section and directing them to the relevant section, as the case may be, in addition to pursuing work in hospital statistics, and work to automate many functions of the hospital.

B- Emergency Department:

Emergency Department Services
The emergency department consists of a fully equipped emergency hall that contains eight beds, providing emergency services to patients 24 hours a day, 7 days a week.

There are four highly sterile emergency rooms, one specifically for wound dressings and bandages, two for general surgery, and one for orthopedic injuries.

In addition, there is an emergency ward that receives patients in need of emergency surgery, and includes six beds, an emergency pharmacy and X-Ray services, to ensure integrated emergency care for the patient in coordination with the blood bank and other departments.

C- Specialized Surgery Department:

Specialized Surgeries
The Specialized Surgery Department is equipped with eight surgical rooms, offering a wide range of specialized surgeries, at the highest level of sterility, utilizing modern filtration and ventilation systems according to international standards.

The availability of modern medical equipment, and highly experienced medical staff, contribute to the distinction of the Specialized Surgery Department where most rare, specialized surgeries are performed, such as: eradication of cancerous tumors, vitrectomy and retinal detachment, repair of congenital defects in children and newborns, neurological surgery, arthroscopic surgery, Whipple operations, esophagus reconstruction and ERCP.

D- Surgical Intensive Care Unit:

Surgical ICU Admissions
Contains seven fully-equipped beds and receives cases from inside and outside the hospital.

E- Dialysis Department:

Dialysis Sessions
It has two rooms equipped with, six dialysis machines, this department performs regular and emergency dialysis sessions. In addition, the department provides pharmaceutical supplies to patients.
Medical services

Employs a highly experienced medical staff that provides surgical services for children and newborns, correcting congenital malformations in newborns, and providing post-operative care to children and newborns.

The department provides specific surgical services such as genital reconstruction (bisexual, differentiated), tumor eradication, congenital malformations repair, and Hernia repair among newborns and includes:

-The neonatal intensive care unit: 8 incubators and 3 mechanical ventilators.
- The pediatric department: 13 beds receive post-surgical pediatric patients.

Blood Bank:

Provides platelets, concentrate and plasma for thalassemia, hemophilia, and emergency cases patients, in addition to providing blood bags and their derivatives for the entire region.

Pathology:

This is the only laboratory of its kind in northern Syria.

Laboratory Analysis

Beneficiary

6,906

31,034

16,722

12,960

F- Department of Pediatric Surgery:

G- Department of diagnostic procedures:

Laboratory:

Radiology Department:

X-Ray and Ecography Service

The department provides vital, diagnostic tests and studies for all hospital departments, it also offers specific diagnostic services especially for vascular, urological and general surgeries. This department also contains an Echo-Doppler device, a fixed X-Ray device that produces high quality images and specific contrast images. Recently, digital images have been provided making it easier to save and transfer images raising the level of service provided.

CT Scan:

This department contains a high accuracy, multi-slice imaging device (16 slices) and offers the possibility to follow up cases with or without contrast.

CT scan:

CT Scan
2- Outpatient Clinics and Specialized Cardiac Center:
Located just one kilometer from the border, it is considered an extension of Bab Al-Hawa Hospital, and consists of:

First- Outpatient Department:
Contains 13 clinics which provide the following services: General Surgery, Vascular Surgery, Pediatric Surgery, Orthopedic Surgery, Neurosurgery, Thoracic Surgery, Urology, Gastrointestinal, ENT, Maxillofacial surgery, Cardiology, Ecography, and ophthalmology.

Secondly- Specialized Cardiac Center:
Which contains:
The Emergency Department which operates 24 hours a day, seven days a week to admit emergency cardiac cases.
The cardiac intensive care unit also operates 24 hours a day, seven days a week.
In addition, there are two cardiology clinics.

The following diagnostic tests are available at the center: Electrocardiography (ECG), Cardiac Stress Test, Echocardiogram, Holter monitor Electrocardiography.

3- Sarmada Rehabilitation Center:
Which contains:
Nursing Department:
Provides recovery care and medications for medical conditions that require lengthy recovery
Physiotherapy Center:
Physiotherapy became an important health care service due to the increase in traumatic injuries requiring physiotherapy to fully heal and treat injuries.
The center consists of: waiting room, physiotherapy equipment room, men’s care room, and women’s and children’s care room.
The center offers services for medical conditions such as: peripheral and central nerve injuries, Guillain Barré Syndrome, spinal cord injuries, brain injuries, orthopedic injuries that may lead to movement restriction, or arthropathy.

Ms. Khadija regularly receives dialysis in the kidney department in Bab Al-Hawa Hospital.

Bladder Rehabilitation Clinic:
The only one of its kind in northern Syria, which has led to an increase in demand. The clinic provides the following services:
Cystometrography (useful in the differential diagnosis of bladder diseases due to spinal cord injuries, congenital malformation in children, and prostatomgaly), Urodynamics, diagnostic and therapeutic cystoscopy, diagnostic urethroscopy, blood analysis laboratory, diagnostic biopsies, operating room, installation of ureter catheter.
Ambulatory System:

UOSSM began implementing this project in early 2016, and operated in rural Idlib, and Aleppo’s western and southern countryside. It is the only system in the countryside of southern Aleppo, which distinguishes it from other ambulatory systems operating in the non governmental areas.

There are 21 ambulances operating in the system, 4 are operating in rural Idlib and 17 are operating in Aleppo’s western and southern countryside. Four primary first aid units were also established to handle the increased number of injuries. Each unit has a general doctor, two nurses, and administrative staff, which offer limited primary health care, and triage services.

Since its establishment, the system contributed in providing relief to both host community and Internally displaced people especially in southern rural Aleppo. It also played an active role in evacuating patients and injured victims from the besieged areas as happened in the eastern Aleppo evacuation.

The Ambulatory system provided services to over 52,800 people in 2017. *Note the system continued to operate for four months in a completely voluntary manner, due to the discontinuation of support for that period.

- Number of referrals: 8,290
- Beneficiaries of first aid points: 44,592

An injured person as a result of bombing the eastern neighborhoods of Aleppo arrived with medical convoys to point zero at Al-Rashidin area western countryside of Aleppo.
Workers installing solar panels for Bab al-Hawa Hospital to reduce diesel consumption as a source of electricity – Idlib countryside
As numerous hospitals were targeted with bombardment and shelling, intense pressure was placed on hospitals near the border in secure areas. As such, increasing the resilience of the health system entails strengthening the operational sustainability and adaptability to shocks of the major functioning hospitals. From an energy perspective in particular, hospitals dependency on diesel was both dangerous and not sustainable.

To contribute in resolving this issue, other sources of energy were explored, planned, and piloted at Bab Al Hawa hospital.

In the spring of 2017, the commissioning of the solar photovoltaic power plant at Bab Al Hawa hospital was completed, and the solar power system became operational. It concluded a process that was initiated in 2014 when the initial field assessments and feasibility studies for solar power integration at Bab Al Hawa was conducted.

The system in 2017 saved approximately $30,000-35,000 minimum, and is expected to save more on an annual basis, amounting to 30-40% of the total diesel consumption. This is evident especially due to incidents where the fuel prices significantly increase, like the weeks that followed operation “Olive Branch” in Afrin for example.

Beyond the financial savings that have been achieved so far in 2017, the solar photovoltaic system is expected to operate when diesel is not available, and would be able to supply needed electricity to critical departments in the hospital, like the emergency and intensive care units.

Upon completing the project successfully and during the summer of 2017 ‘Syria Solar Initiative’ was launched with the purpose of highlighting the importance of renewable energy for health in Syria, and to scale the renewable energy technology to other hospitals where possible and feasible.

Therefore, as part for the second phase, UOSSM is pursuing partnerships to fund and deploy solar photovoltaic systems for four other major hospitals in northern Syria: three in Idlib, and one in northern Aleppo. It aims to secure the necessary resources required and initiate the transition process in 2018, whereby the achieving higher empowerment and resilience for the health system and the communities it serves.
Supply

One of the central warehouse employees sorting and inventorying received shipments for processing and distribution to hospitals and medical centers – Idlib countryside.
Logistics Services
Supplies are managed by multiple departments (Procurement – Warehouses - Asset Management) to support the implementation of projects on the ground according to the best global standards that aim to improve project delivery quality. The general objective is to protect general funds and use with the highest economic competencies. During 2017 it provided 5000 Square Meter for various in-kind donations.

Estimating the Weight of Shipments Metric Ton for the Year 2017

- Medicines: 1,748,014 (52%)
- Medical Consumables: 660,443 (20%)
- Medical Devices: 583,810 (18%)
- Consumables Feed: 207,593 (6%)
- Non-Medical items: 139,861 (4%)

Warehouses
The central warehouses organized shipments and delivered them to many UOSSM partner organizations and health facilities with up to 1500 data entry line.
In 2017, Asset Management registered 1,114 fixed assets, in accordance with fixed asset registration for non-profit organizations, and distributed them across different geographical areas of UOSSM operations.
UOSSM’s staff awaits results of ISO external auditing prior to the formal announcement of receipt of acceptance- Gaziantep
UOSSM is constantly seeking to improve its institutional work, which is reflected in the standard of services and response to crises which minimizes the negative impact on affected individuals and communities. This requires UOSSM to comply with standards related to humanitarian and institutional work. Because of this, UOSSM put the development of quality management in line with the requirements of the international standard (ISO 9001:2015), with a vision to achieve basic humanitarian standards (Core Humanitarian Standards CHS).

Quality System Management is designed to systemize UOSSM’s various resources used to achieve its mission, vision and strategy. This enables UOSSM to achieve the principles of quality focusing on customer care, leadership, inclusion of people, procedural approach policy and improvement, evidence-based decision making, and customer relations.

UOSSM worked hard to develop a quality management system which reflects the principles and specification standards. Documentation and system application was implemented in UOSSM headquarters in Turkey. There was a willingness to receive external donor scrutiny, checked by (DQS – Turkey) in partnership with (CANAGULF), to obtain a certificate of conformity with the international standard (ISO 9001:2015), which is also adopted by the European quality network (IQNET). The objectives and benefits of applying this system:
1- Applying quality as institutional policy; management is committed to supporting and upholding policy with guidance and awareness.
2- Analysis of internal and external context of the organization, and attention of those involved which reflect on the system.
3- Develop quality objectives, risks, opportunities, and relevant plans and monitoring deviations.
4- Preparation of necessary human, technical, educational and documentation support resources to perform activities and processes.
5- Providing and monitoring response operations in accordance with stakeholder requirements, standards, and regulations.
6- Taking complaints, and satisfaction feedback, according to surveys and analysis, and applying necessary changes accordingly.
7- Performance evaluation through observation, measurement, and analysis, and quality assurance via internal audits.
8- Review system management and outcomes, identifying and planning for needed changes.
9- Continuous system and result improvement through development and application of corrective and optimization actions.

System improvement is a continuous process that involves expansion, awareness raising, and quality and accountability among staff, teams, and administrators that deal with beneficiaries. The primary rule of a quality system is documentation to produce the following:

Establishment of proof of social responsibility in accordance with the ISO 26000:2010 guidelines.

Documenting and Regulation
- Institutional policies for risk management, and quality and social responsibilities
- Quality organizational guide; social responsibility organizational guide
-13 working procedures
-14 work instructions
-11 standard operating procedures SOP
- (128) business model Form
Policy expansion proposals are under review and will be released in an updated version of the system, accounting for risks, lessons learned, opportunities and risk observations, and monitoring and evaluation of institutional processes.
The main process (Mother Process) is evaluated in all stages, upon which a decision is made to either continue operating, end, or transfer operation, based on the input of all internal departments.
The departmental data exchange system was updated according to departmental information needs.
Complaints System
The complaints system was launched across multiple applications including email, Whatsapp, and KOBO Toolbox. In 2017, a total of 120 complaints, proposals, feedback, informational, and assistance requests were received and processed accordingly.
Advocacy
1- Humanitarian Conference in Berlin (September 2017)

The conference promoted dialogue between speakers and participants through a combination of keynote addresses, panel discussions and workshops. UOSSM was represented by the executive director, in a discussion dealing with transformative changes in the international and political scene required to ensure an effective and interactive humanitarian system capable of responding to urgent needs.

2- UOSSM Conference in Germany (Hope in Times of War) (December - 2017)

The objective of this conference emphasized the importance of humanitarian work by humanitarian organizations in building hope. The history of UOSSM’s provision of services, even in besieged and hard-to-reach areas, was discussed.
3- Break the Siege on Ghouta Campaign
In December 2017, UOSSM and all its member organizations throughout the world, participated in the Break the Siege of Al Ghouta Campaign.

4- Gala Charity Dinner in Paris
On November 25, 2017, UOSSM organized its first fundraising dinner in Paris. All donations went to support UOSSM medical projects in Syria.

5- Humanitarian Mission to Help the Rohingya Refugees in Bangladesh
A delegation of leading UOSSM specialty doctors visited Cox’s Bazar on September 18-22 to help those in need of medical aid.
6- Doctors in Danger Advocacy Campaign
On September 21, 2017, UOSSM launched the “Doctors in Danger” campaign to pay tribute to the doctors and health workers who lost their lives due to the war in Syria, and to condemn attacks against doctors and health facilities.
On September 28th, a large event was hosted in Hôtel de Ville in Paris (Paris City Hall) to commemorate the 732 health workers killed in Syria.

7- Advocacy in France to Raise Awareness about the War in Syria
On June 28th, 2017, UOSSM organized activities in France to raise awareness about the Syrian crisis and provided an opportunity for visitors to view a virtual reality movie which was filmed in Bab Al-Hawa Hospital in Syria.

8- Doctors for Syria (2)
On May 23, 2017, UOSSM organized the second edition of “Doctors for Syria” after 25 attacks on health facilities in April 2017, to raise awareness about the war. The event was attended by UOSSM doctors and president of Doctors of the World, Dr Françoise Sivinion.
9- UOSSM Participation in Le Bourget Exhibit
Over 1000 people visited the UOSSM booth in the Islamic Gallery at Le Bourget from the 14th to the 17th of April, 2017, several activities were provided, such as first aid training and medical activities for kids.

10- Medical Conference in Gaziantep-Turkey:
In the presence of Turkish government officials, and representatives of UOSSM member organizations, UOSSM announced in the annual medical conference in Gaziantep, the obtainment of the ISO 9001 certification.

ISO 9001 is an international standard which defines the requirements of Quality Management Systems (QMS). Institutions use this standard to demonstrate the ability to consistently provide products and services that meet customer, and regulatory requirements.

The reason UOSSM pursued the ISO certification was not because of its global importance and worldwide reputation, but to raise the standards of UOSSM to provide the best quality care, to all UOSSM beneficiaries, according to international standards for excellence.
Administrative Summary
The Union of Medical Care and Relief Organizations consists of 11 independent organizations distributed in eight different countries: Canada, United States, Britain, France, Germany, Switzerland, the Netherlands and Turkey, in addition, there is an office in Qatar.

UOSSM’s primary headquarters moved from Paris to Geneva. Staff in Gaziantep, Turkey implement projects and activities reflecting UOSSM’s vision, adapted by member organizations via UOSSM’s board of representatives.

Financial and human resources figures and statistics reflect work being conducted in Syria and adjacent countries, and does not include statistics or financial records of UOSSM member organizations.

How was money spent?
UOSSM’s total expenditure in 2017 was $24,404,048, which was distributed according to the regions in which it operates in Syria. Northern Syria projects accounted for 50% of the total expenditure. UOSSM’s expenditure among the major departments that UOSSM participates in are distributed as follows:

- $5,188,675- Hospitals and Rehabilitation Centers
- $3,902,604- Primary Health Care
- $640,156- Mental Health and Psychosocial Support
- $320,599- Rehabilitation and Training
- $192,078- Coordination
- $858,185- Management and Implementation

UOSSM expenses are divided into two categories:
1. $17,309,264- Operational costs, salaries, transportation costs, and logistics, which is 70.9% of UOSSM’s total expenses.
2. $7,094,784- Medicines, medical consumables, and medical equipment, which is 29.1% of UOSSM’s total expenses, and focused on hospitals and trauma, and primary health care.

92¢ out of every dollar went to beneficiaries via UOSSM’s activities in 2017.
Deloitte is the brand under which tens of thousands of dedicated professionals in independent firms throughout the world collaborate to provide audit & assurance, consulting, risk and financial advisory, risk management, tax, and related services to select clients. These firms are members of Deloitte Touche Tohmatsu Limited, a UK private company limited by guarantee (“DTTL”). Each DTTL member firm provides services in particular geographic areas and is subject to the laws and professional regulations of the particular country or countries in which it operates. The audit covered:

- Authentication of all financial statements for whole of UOSSM work.
- Matching with banks and donors for all payments in 2016.
- Ensuring that there are adequate financial, human resources, and procurement policies in place.
- Governance of Financial Statement according International Accounting Standards and Local Accounting Standards and these policies are in line with the normal accounting policies applied by International Non-Government Organizations (NGOs)
UOSSM Human Resources Statistics 2017
These figures and statistics only include the executive management of UOSSM in Syria and neighboring countries, and do not reflect staff of member organizations.

In 2017, UOSSM had 1605 employees, 1442 worked in Syria, and 163 worked in Turkey.

1,605
Total Number of Employees

163
In Turkey

1,442
In Syria

UOSSM staff distribution:

737- Hospitals and Trauma
598- Primary Health Care
144- Mental Health and Psychosocial Support
115- Facilities/Centers Administration

Distribution by Region

Distribution by program

Bab al- Hawa Region  Northern Region
The territory of Turkey  Southern Region
Office of Public Administration Gaziantep

Primary health care personnel  Hospital staff and trauma
Health Directorates support team  Mental health staff
Central Administration staff
## Glossary:

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>ACU</td>
<td>Aid Coordination Unit</td>
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<td>CATT</td>
<td>Children's Accelerated Trauma Therapy</td>
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<td>CBT</td>
<td>Cognitive Behavioral Therapy</td>
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<td>CD</td>
<td>Communicable Diseases</td>
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<td>CDC</td>
<td>Center of Disease Control</td>
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<td>CHS</td>
<td>Core Humanitarian Standards</td>
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<td>CHW</td>
<td>Community Health Workers</td>
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<td>CMAM</td>
<td>Community Management for Acute Malnutrition</td>
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<td>CMR</td>
<td>Clinical Management for Rape</td>
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<td>COSV</td>
<td>Coordinating Committee of the Organization for Voluntary Service</td>
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<td>DQS</td>
<td>deutscher qualität societe - Deutsche Gesellschaft zur Zertifizierung von Managementsystemen</td>
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<td>EHSP</td>
<td>Essential Health Services Package</td>
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<td>ERCP</td>
<td>Endoscopic Retrograde Cholangiopancreatography</td>
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<td>FTR</td>
<td>Family Tracing and Reunification</td>
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<td>GAM</td>
<td>Global Acute Malnutrition</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>GIZ</td>
<td>Gesellschaft für Internationale Zusammenarbeit</td>
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<td>HNO</td>
<td>Humanitarian Need Overview</td>
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<td>IASC</td>
<td>Inter agency standing committee</td>
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<td>IMCI</td>
<td>Integrated Management for Children Illnesses</td>
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<td>IQNET</td>
<td>The International Certification Network</td>
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<td>IRD</td>
<td>International Relief and Development</td>
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<td>IWRP</td>
<td>International Women's Rights Project</td>
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<td>IYCF</td>
<td>Infant and Young Children Feeding</td>
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<td>KWDC</td>
<td>Kilo Watt Direct Current</td>
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<td>MAM</td>
<td>Moderate Acute Malnutrition</td>
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<td>MH-GAP</td>
<td>Mental Health Gap Action Program</td>
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<td>NCD</td>
<td>Non-communicable Diseases</td>
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<td>PFA</td>
<td>Psychological First Aid</td>
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<td>PM+</td>
<td>Problem Management Plus</td>
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<td>PSS</td>
<td>Psycho-Social Support</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SAMS</td>
<td>Syrian American Medical Society</td>
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<td>UNFPA</td>
<td>United Nations fund for population Agency</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>WHO</td>
<td>World Health Organization</td>
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</table>
Union of Medical Care and Relief Organizations (UOSSM)

The Union of Medical Care and Relief Organizations (UOSSM) is a coalition of medical, humanitarian, non-governmental organizations licensed in the United States, Canada, Saudi Arabia, France, Germany, Holland, Switzerland, and Turkey.

Member organizations gather and coordinate resources towards joint projects to provide independent, impartial humanitarian medical relief and care to those affected by crises, and operates under a unified strategic framework to increase effectiveness for the humanitarian response in areas of crisis.

UOSSM was established in 2012 in Paris, by eight doctors from around the world, in response to the humanitarian crisis in Syria. UOSSM has become one of the largest providers of medical relief services in Syria.

UOSSM provides humanitarian and medical aid to all victims of crises, regardless of ethnicity, race, religion, or political affiliation.

**OUR VISION**

We believe in a world in which everyone has the right to life, health and well-being.

**OUR MISSION**

To achieve our vision, we strive to raise funds and implement or fund projects that support the health-related needs and well-being of communities affected by crises and their aftermath, regardless of nationality, ethnicity, gender, religion or political affiliation.

**OUR VALUES**

- **ACCOUNTABILITY.** We recognize our moral duty and responsibility to use our resources efficiently to achieve measurable results. As such, we are transparent and accountable to our supporters, partners, and above all, the people.

- **INTEGRITY.** We take good care of the resources with which we are entrusted and strive to the highest standards of personal honesty, ethical behavior, and fairness in everything we do. We lead by example and always act in the best interest of the people.

- **NEUTRALITY.** We commit to the medical ethics of neutrality and impartiality in our work for the people. We assist everyone in need irrespective of nationality, ethnicity, gender, religion or political affiliation.

- **TRUST.** We respect each other and believe in essential human values. We value the trust we have accomplished in our relationships and we strive to continue doing our best to maintain this trust with the people.

- **AMBITION.** We commit to provide the highest quality of care we are capable of, guided by our medical profession and the international principles and humanitarian standards.
Where We Operate

Turkey
Syria
Jordan
<table>
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<tr>
<th>Organization</th>
<th>Address</th>
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<tr>
<td><strong>UOSSM International</strong></td>
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<tr>
<td><strong>SAF (Syrian American Foundation)</strong></td>
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<td><strong>SBMS (Syrian British Medical Society)</strong></td>
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You can participate by donating through our bank account:

Bank account: Societe Generale - Account holder: UOSSM
IBAN: FR76 3000 3037 2000 0505 9795 889
BIC / SWIFT: SOGEFRPP

Union of Medical Care and Relief Organizations management would like to thank member organizations, partners and donors for their righteous stand supporting humanitarian activities of UOSSM, and would also like to thank all UOSSM staff that provided necessary materials for this report, including those who audited and reviewed it.

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