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, United Kingdom, France, Germany, Holland, Switzerland, and Turkey.

UOSSM was established in 2012 in Paris, by eight doctors from around the world. Member organizations gather and coordinate resources to provide independent, impartial humanitarian medical care and relief to those affected by crises, and operate under a unified strategic framework to increase effectiveness for the humanitarian response.

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.

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**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

SAF (Syrian American Foundation)
Syria Relief
UOSSM  Suisse
2018 in Numbers

- **162,479** Beneficiaries of Nutrition Services
- **15,420** Number of Physical Therapy Sessions
- **1,455,254** Services Provided in the Primary Health Care Program
- **515,858** Nutrition Consultations
- **133,512** Beneficiaries of Protection Services
- **56,876** Services Provided by **13** Mobile Clinics
- **1,378** Total Employees
  - **984** Males
  - **394** Females
- **85,078** Children Received Protection Services
- **1,408,378** Services Provided in **14** Primary Health Care Centers
- **110,096** People Received Mental Health and Psychosocial Support Care
- **241,909** Services Provided in Secondary and Tertiary Program
- **27,755,986** Total **UOSSM** Activities
- **24,574** Mental Health Consultations
- **7,537** Specialty Services
- **3,736,043** In-kind Activities
- **147** Assistance, Information and Complaints
- **14,537** Beneficiaries of the Ambulance System
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In 2018, the human effect remained deep and far reaching from the Syrian crisis, where residents were exposed to large protection risks. Hundreds of thousands of civilians were killed or injured, and at least 5.2 million people fled to neighboring countries. At least 6.1 million were displaced inside Syria and 13.1 million still need humanitarian aid – 5.6 million are in critical need.

Millions were forced to adapt under extreme pressure, leading to an increased number of Syrians resorting to dangerous behaviors, as sources of livelihood are depleted. Resulting in increased protection risks including child labor, and early marriage. Of the 13.1 million individuals that need aid, and despite the individual vulnerability that relates to age, gender, disability, and socioeconomic situation, 5.6 million individuals are in critical need of humanitarian aid.

Civilians in Syria face a continued protection crisis, and in the midst of active aggressive operations in many parts of the country, humanitarian organizations remain concerned about the increase of civilian casualties that are being reported. This increase indicates a violation of international humanitarian and human rights law, including the supposed ban on indiscriminate attacks. Civilians remain subject to dangerous explosives in densely-populated civilian areas, in which protection sectors estimated close to 8.2 million were individuals exposed to the dangers of explosives in 2018. This results in the destruction of civilian buildings, specifically health facilities, schools, water systems, markets, and places of worship.
Introduction

During 2018, UOSSM continued to provide various services through its programs to those affected by the humanitarian crisis in Syria and neighboring countries. UOSSM ensured that those projects were in accordance with the SDG’s (Sustainable Development Goals) set internationally by the UNDP in 2015.

The main objective of the SDG’s is to alleviate poverty and to preserve the environment. In total, there are 17 main SDG’s (Sustainable Development Goals) that are down into 169 sub-goals. The Development Goals are interconnected goals that focus on maintaining long-term (for up-to the year 2030) development standards.

Here are some of the main SDG’s that UOSSM has worked towards:

1- **Good Health and Well-being:**
   - This goal is achieved by UOSSM’s work within the hospitals and clinics that it administers. In addition to that, UOSSM’s work to support referral systems and Mobile Clinics has helped in achieving this SDG. Also, as part of its effort to ensure the preservation of medical expertise, good health and well being, UOSSM offers medical training services that incorporate international protocols at the highest medical quality standards.

2- **Renewable Energy**
   - UOSSM has contributed towards accomplishing this through its solar energy projects. The projects aimed to reduce dependence of hospitals in Northern Syria on fossil fuels by providing them with the capability of using solar energy. This ensures the smooth operation of hospitals and reduces the risk of power outages and reduces preventable deaths caused by power loss.

3- **Local Community Governance and Stability**
   - Since 2014, UOSSM has supported and empowered the health governance of regions that are not within the authority of the Syrian government. This support includes the training of medical staff and the development of policies and organizational structures. In addition, several projects that establish the governance of the health sector were supported by UOSSM in 2018.

4- **Societal Responsibility:**
   - UOSSM’s Social Responsibility system was developed in accordance with the IS2010:26000 0 quality standards. The system aims to support several causes, such as institutional governance, human rights, the environment, fair employment practices, and attention, and improvement within the community of affairs of beneficiaries and partners.

UOSSM regards itself as more than just an organization providing humanitarian projects; beneficiaries needs are attended to in order to alleviate the suffering and pain that they are experiencing. UOSSM also takes the long-term societal and environmental effects of its work into account. Therefore, UOSSM pays very close attention to the secondary effects of its work, such as the consumption of resources used to accomplish its short-term goals.
All of UOSSM’s operations are centered around offering services and responding to crises in order to minimize their impact on society. We are constantly dedicated to our social responsibility to offer the best. Thus, it is imperative that in order to improve these services there must be a focus on developing institutional details both medically and administration-wise, and a reliance on a reliance on benchmarks that connect institutional work and humanitarian work.

From here, there has been a development of UOSSM’s private policies in line with Core Humanitarian Standards, and a number of international benchmarks specific to organizing the administration of quality control, social responsibility, and client satisfaction.
Press conference in Gaziantep announcing UOSSM attaining the ISO 9001:2015 certification.
**Quality Control and Social Responsibility:**

The first step in organizing and establishing work to ensure offering of services and implementation of projects consistent with the requests of beneficiaries, affected societies and the standards of partners was to build quality control in 2017. In 2018, our focus shifted to building the reliability of the organization through consolidating its position as an organization that is responsible socially, where there have been policies, principles, and necessary systems laid out to understand the social reality in the organization, solve the concerns and interests of different stakeholders, and ensure its inclusion in an appropriate way to the institutional systems, projects, and operations.

A social responsibility system was established in accordance with the demands of the international standards ISO 26000:2010, and the standards of related national and government agencies. It remains committed to its principles represented by transparency, accountability, ethical conduct, respecting the concerns and interests of stakeholders, respect for the rule of law, and respect for states’ systems and human rights. Its main topics cover the following fields:

- Institutional governance
- Human rights
- Workers’ rights
- Environment
- Transparent and fair employment practices
- Beneficiaries and partners affairs
- Inclusion and improvement of communities

These standards have translated to a system of institutional policies that govern the organization's policies, strategies, plans, and codes of conduct, as well as its sections and projects, where the policies have covered passing topics and characteristics for the projects, sectors, and specializations. The list of policies is as follows:

- Accountability towards Affected Communities Policy
- Fighting Corruption Policy
- Child Protection and Human Rights Policy
- Gender Equality Policy
- Occupational Health and Safety Policy
- Protection from Sexual Exploitation and Violation Policy
- Responsibility towards Stakeholders Policy

Every policy indicates a compliance mechanism - reporting and investigating breaches and violations, compliance mechanisms and crisis management in relation to the policy, staff training, accountability towards stakeholders, and encouragement of compliance with agencies dealing with the organization. This systematically integrates social responsibility in the heart of the organization’s daily, strategic work to the farthest extent, and places goals related to social responsibility as well as plans, resources, and responsibilities to implement them, and ensure that they are followed, measured, and improved in a consistent way.

**Accountability**

UOSSM’s services are designed according to needs in the community and rely on feedback. The client service system was designed relying on international benchmarks specified in improving and developing the service of clients ISO10002:2018.

A specialized team surveys the needs of the community, recording their views regarding the services most suited to them, and then gathers requested information from random samples from the target community. The team also relies on interviews with active figures in the community (Key Informant Interviews).

In addition, different channels were activated to receive ideas, suggestions, and complaints of beneficiaries via phone, WhatsApp, email, complaint boxes, and personal complaints. There is a reliance on satisfaction survey as a primary channel for indirect complaints, where any unsatisfied responses are remedied and treated as indirect complaints that need solutions.

**Goals of Complaint System:**

The complaint system developed by UOSSM in 2018 primarily strives to:

1. Ensure the provision of services and implement them in the best possible way; correct any errors that may happen in the provision of these services; ensure the right of clients to receive these services with dignity and without harm.

2. Improve the planning and design processes, and implement future projects, through studying and analyzing the data available from tracking systems and making improvement decisions on the aforementioned processes.

The client service system primarily depends on the privacy of client information, respect of their privacy, and their protection.

Just as the freedom to protect personal information and fairness through information gathering from all available sources is ensured for auditors, the received complaint passes through the accountability department through several stages:

**Complaint Stage:**

1. **Registering complainant information**

   The employee responsible for receiving complaints takes the basic information of the complaint and complainant, then records it in a tracking system specific to UOSSM that produces an individual tracking number for the complaint. The employee shares this number with the complainant and informs him/her that the complaint has been received and recorded and gives him/her a date for it to be addressed.

   The specific website to track complaints: [http://support.uossm.org](http://support.uossm.org)
2- Investigating the information from different resources:
This consists of examining the available records and references linked to the situation, and gathering information from individuals concerned as well as information resources, protecting the privacy of the complainant and ensuring their protection to the furthest extent.

3- Making a decision and informing the complainant:
The decision is made by the appropriate management team, the complainant and all concerned parties are informed of the decision. The employee responsible then closes the complaint after receiving the confirmation from the complainant that the response was received.

147 complaints, requests for assistance, and information pieces were received in 2018 – all of which were remedied and closed.
The support of health sector governance in areas outside of government control began in 2014, and has slowly progressed and improved. It continues to strive towards sound governance for the health sector focused on four equally distributed pillars, to ensure they are well integrated and can lead to a cohesive system.
One of the school health activities in Areeha, Idlib, Syria.
Pillars for Health Sector Governance

The first pillar:
Supporting the organizational framework that makes up the health system, from the lower to the highest structure, representing health directorates, the technical health body, and local health committees.

The second pillar:
Supporting the preparation of the organizing policies and procedures for the health sector, particularly in the central health files like pharmaceutical control, the administration of medical waste, the administration of health information, and the referral network, then, adopting these policies and placing them in a position to be applied after testing and evaluation.

The third pillar:
Capacity building of employees in administrative structures, as well as stakeholders in the sector, to accomplish efficiency and capability in managing the health sector in a holistic way. This will be accomplished through a series of training workshops with levels ranging from beginner to advanced in the fields of administration and human resources, oversight and evaluation, and information management. This is in addition to workshops in leadership and governance. The next stage will include the awarding of diplomas from official universities.

The fourth pillar:
The implementation of a group of central health activities that establish governance and building the health sector. Of them:

1. Pharmaceutical Control
This occurs] through integration and partnership with the technical health body and the Idlib Health Directorate, where there are adjustments on policies and pharmaceutical control procedures after evaluating the pharmaceutical situation in areas outside of government control and revising relevant national laws. Moreover, supporting the operation of pharmaceutical oversight labs at the Idlib Health Directorate to implement the adopted policies.

2. Local Health Committees
This consists of 6 local committees comprised of representatives of health departments, health directorates, and UOSSM’s health centers, in the communities that receive primary healthcare through UOSSM supported health centers. The committees work towards integrating and networking between stakeholders, to improve the quality of services and increase cooperation between areas through monthly meetings in which a number of recommendations and working points are issued.

3. Centers for Clinical Reproductive Health Training
These centers conduct training for 98 midwives on the essential packages adopted from the United Nations Population Fund UNFPA, in cooperation with the Idlib Health Directorate, the organizations working in the field, and UOSSM, and in coordination with the Syrian Multidisciplinary Health Agency.

4. School Health
This activity targets students and teachers in 105 schools, through primary health care, mental health, and protection, and is in coordination and partnership with the Idlib Health Directorate and UOSSM.

5. Referral Network
Through partnership between the Idlib Health Directorate and UOSSM, a referral network was launched in the area of Areeha, to provide medical care for ill patients, and to coordinate between different levels of health facilities in the area, and is in partnership with organizations operating in the area.

Doctors and midwives receive training on treatment of reproductive health care cases in the current situation. Idlib Countryside/Syria
A meeting with the local health committees, part of the Governance of the Healthcare Sector in Syria/Idlib countryside.
The direct targeting of several medical facilities with airstrikes has put many out of service, placing growing pressure on secure medical facilities in border areas. For this reason, strengthening the health system in the area requires sustainability and stabilization to handle traumatic events in active medical facilities. The reliance of hospitals on diesel is dangerous and unsustainable for a number of reasons, therefore there is an urgent need for alternative sources of energy.
In 2018, a solar energy system in the Aqrabat hospital was started and funded and is expected to be completed in 2019. The system is composed of 300 solar energy panels, 12 inverters, and 216 batteries, in addition to an advanced control system. Once the system begins operating it is expected to decrease the load on generators and then subsequently lessen reliance on fuel. In addition, the system will save energy needed for sensitive loads available in facility, in cases where fuel is unavailable. Subsequently, there will be a full reliance on solar energy and storage systems as the primary source of electricity.

**The Integrated System for Enabling Medical Infrastructure:**

In 2018, a UOSSM project was chosen to be funded by a Canadian Organization [Grand Challenges Canada] dedicated to innovation in humanitarian work. The project planned for this will be implemented within a two-year period – 2019 and 2020 – and will fundamentally empower the medical system to more advanced stages in solar energy, as an independent sector within Syria’s solar initiative. The proposed system within the project will integrate a number of systems in the context of medical humanitarian work, relevant to energy, transportation, and human resources. Solar energy, electric vehicles (for ambulance system and transportation of vaccines), and telemedicine, are thus the integrated solutions and techniques that are able to contribute to solving the problems that appear in disasters and humanitarian crises. The project essentially depends on the decentralization of planning and integration, and in making the pillars of humanitarian work local to the furthest extent, wherein the dependence on outside resources is as minimized as possible.

Within this project, there will be a research portion that will explore the capabilities and schematic factors in order to model a similar system in the Middle East, so that the documented trial is able to be rolled out to the maximum extent, taking into consideration the different contexts in disasters, wars, and humanitarian crises.

The project essentially aims to share the knowledge resulting from its trial period, through an electronic platform encompassing several languages to benefit workers in the humanitarian sector to improve and implement projects involved in this system either individually, or an integrated way.
The conflict in Syria has entered its eighth year, throughout the past seven years, the ability of civilians finding health care in Syria has deteriorated dramatically. More than half the primary health care centers in Syria have been shut down or operate only partially, and approximately two-thirds of workers in the health care field have fled the country. Moreover, of the health care facilities that still operate, many lack clean water, electricity, and supplies. As confirmed by World Health Organization reports, local health networks that connect different levels of care are broken, which complicates the ability of the sick to receive services. Furthermore, the limitations and restrictions that are placed on life-saving medications and care could potentially threaten victims’ lives, such as those who have chronic diseases including diabetes, liver failure, asthma, epilepsy, cancer, heart and blood vessel problems, which could lead to further complications and possibly death.
A mother picks up a prescription for her child after examination in the Dayr Hasan Pediatric Clinic/Idlib Countryside
First: Primary Health Care Centers:

UOSSM operated 14 primary health care centers and 13 mobile clinics in 2018. Some of these facilities were either permanently or temporarily paused due to different reasons.

UOSSM primary health care facilities have been designed to follow the standards of basic health care services (EHSP), which was developed under the patronage of the World Health Organization and used by previous organizations working for Syria. UOSSM is involved in the primary health care field through first, third and fourth primary health care standards.
A patient being examined in the Dayr Hassan Internal Medicine Clinic/Idlib Countryside.
Second: Services Offered at Primary Health Care Facilities:

Primary health care facilities offer a full package of services contingent on both needs and health care gaps in the area. The services are comprised of the following:

- Reproductive health
- Child health
- Dental health
- Mental health services and psychosocial support
- Nutrition and social health
- Chronic diseases
- Infectious diseases
- Therapy services
- Diagnostic services
- Referral services

These services are offered in accordance to the protocols in the basic health services package, which are the following:

- IMCI: For integrated treatment of childhood disease
- RH: Reproductive health
- NCD: Treatment of chronic diseases
- CD: Treatment of infectious diseases
- PSS: Mental support
- PFA: Mental first aid
- GBV: Gender based violence
- ICYF: Child nutrition and breast feeding
- CMAM: Handling severe malnutrition cases
- CMR: Medical handling of rape cases
- MH GAP: Mental health gap
- Health needs were provided for residents in Idlib, Daraa, northern Homs countryside, northern Aleppo countryside, and southern Aleppo countryside.

Third: Capacity Building:

All primary health care workers have been trained according to the aforementioned protocols. Of the 687 workers trained in 2018, 52% were women as shown in the figure below. This is a result of UOSSM’s dedication to providing equal opportunities to men and women in recruitment and capacity-building.

Number of capacity-building beneficiaries in primary health care:

<table>
<thead>
<tr>
<th>Training</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMCI</td>
<td>101</td>
</tr>
<tr>
<td>NCD</td>
<td>79</td>
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<tr>
<td>RH</td>
<td>46</td>
</tr>
<tr>
<td>PSS</td>
<td>53</td>
</tr>
<tr>
<td>PFA</td>
<td>87</td>
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<tr>
<td>CMAM</td>
<td>50</td>
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<tr>
<td>CBV</td>
<td>74</td>
</tr>
<tr>
<td>IYCF</td>
<td>132</td>
</tr>
<tr>
<td>MH GAP</td>
<td>17</td>
</tr>
<tr>
<td>Micronutrient distribution</td>
<td>23</td>
</tr>
<tr>
<td>Definition of case</td>
<td>25</td>
</tr>
</tbody>
</table>

Fourthly: Numbers of Beneficiaries:

The number of services offered at primary health care facilities increased in 2018, in comparison to 2017. In 2018, the total number of health services offered was 1,455,254. These health services include medical consultations by doctors in clinics, in addition to consultations from nutrition technicians and community health workers.

Almost 75% of all beneficiaries are children, women, and seniors, and less than 25% of beneficiaries are men. During 2019, UOSSM covered 50% of health needs in areas that it operated in. Despite the fact that other medical organizations also execute medical projects in these provinces, a health gap still remains, showing the need for increased efforts and expansion of intervention in order to improve general public health in the community.

Medical submitted consultations

1,455,254

75% Women, children and the elderly
25% Men
Inspecting patient samples for laboratory diagnostic testing in the laboratory of the Barra Healthcare Center, Idlib Countryside.
2- Natural Birth Department:
In 2018, UOSSM supported and operated three natural birth departments, in which 1138 pregnant women were provided care by qualified and trained medical staff. This has helped with decreasing the rate of medical error and dangerous practices for mothers and newborn children that may occur with inexperienced staff in at home deliveries.

These departments offer different services related to reproductive health, such as miscarriage care, prenatal care, postpartum care, as well as treatment of various feminine diseases.

There were no deaths of either a pregnant mother or newborn child in a UOSSM Natural Birth Department in 2018, due to immediate transfer of severe cases. Offering these birth services has played a vital role in reducing medical errors in the short and long-term, for both the child and mother.

3- Mobile Clinics:
In 2018, UOSSM offered urgent medical interventions in response to internal displacement, and offered primary health care services via operating mobile clinics. The mobile clinics ensure the flexibility and efficiency needed in areas that are frequented by displaced individuals who suffer from a lack of financial means to access appropriate health care. Also, UOSSM, through fixed health care facilities, provides coverage for small areas of displacement/camps that lack services. There were 46,876 total health care services provided at these mobile clinics.

The governorate of Idlib is considered the most covered by mobile clinic services at approximately 80%.

4- Coordination with Partners in the Field of Primary Health Care:
In order to ensure the best implementation of primary health care services, UOSSM coordinates with different partners in technical subsidiary working groups, such as chronic disease management group, reproductive health group, and childhood disease management group. This coordination occurs under the World Health Organization and UNFPA.

These working groups organize trainings for staff in Syria, develop medical protocols, guarantee the best application for protocols, and execute the sharing of ideas and challenges that partners face.

These working groups have played a pivotal role in the development of basic health packages and primary health care protocols, as well as the development of monitoring and evaluation tools.

This partnership operates through organized meetings and various workshops.
**-5 New Activities for Primary Health Care in 2018**

In 2018, new activities for primary health care were implemented, in response to different needs in surrounding areas, which are as follows:

**Referral Network:**

In 2018, a referral network program for the area of Areeha, was planned and implemented. The program was supported by Expertise France, with coordination between 10 working partners and networking approximately 17 facilities (primary health care centers, mobile clinics, hospitals) in the area. In 2018, 2163 cases were transferred within the network, non-urgent cases were transported by passenger cars while urgent cases were transported by ambulances. This network is managed by Idlib’s Health Directorate, with technical support and supervision by UOSSM.

**Medical Education Center:**

Through a program supported by Expertise France, a medical education center was planned and implemented in the city of Idlib. This aims to train 100 health care providers in the medical protocols developed by Gaziantep Reproductive Health Group.

In 2018, 89 healthcare workers from 12 medical organizations were trained from the first group and 98 health care workers from 14 medical organizations were trained from the second group (there are a total of five groups). 10 supervisors were selected from trainees to conduct technical supervision, according to specified standards, in their medical centers.

**Educational Health:**

In 2018, a “health in schools” project was planned to launch in the Idlib governorate. This began as a trial project in Areeha and Harem, targeting 105 schools in coordination with the Health and Education Directors in Idlib. This activity falls under the governance sector and includes primary health care, protection, and mental health services.

In 2018, staff of various levels were employed (105 school-level – 26 community-level – 6 area-level – 2 governorate-level). In 2019 these employees will receive specialized training specific to primary health care, mental health care, and public health, to become qualified to work in this project.

The goals of this activity:

-1 Empowering the Directorates of Health and Education in regards to the educational health program.

-2 Raising awareness around health issues between students, teachers, and parents in regards to both public health and mental health cases.

-3 Creating a healthier, more suitable learning environment.

-4 Transferring questionable cases to health care clinics in schools in order to reduce spread and transmission of disease.

-5 Implementing specific health coordination between the Directors of Health and health partners (SIG, EWARN)

**This project will be launched in 2019**
The ongoing civil war in Syria has resulted in a continuous deterioration of health services and a gradual destruction of health facilities. Children under five and pregnant and nursing women are among the most vulnerable groups in emergency situations. Because of this, cases of malnutrition and bad nutritional habits have begun to appear within these groups, as well as formula being widely distributed.

In response, UOSSM began to develop and implement nutrition services in 2015, to provide nutrition and community health services in all primary healthcare centers and mobile clinics throughout the region. UOSSM partnered with UNICEF and the World Health Organization, offering nutrition services through coordination with other working partners in this field, under the umbrella of the nutrition sector. UOSSM participates in all meetings, events, and activities that offer these services to beneficiaries. UOSSM met with nutrition partners in planning specialized strategies in the nutrition program, under the supervision of the nutrition sector and UNICEF in order to deliver services to as many beneficiaries as possible.

Securing healthy nutrition is of great impact in the present humanitarian crisis in northwest Syria.
1. Nutrition
Nutrition services are offered at the healthcare facility level using nutrition technicians that receive training through the application of standards and protocols specific to the program, previously used by UNICEF and the nutrition sector. The services are also offered by community health teams during home visits, in accordance with protocols applicable to them.

1- Beneficiary Statistics:
The number of beneficiaries from the services offered at the nutrition program total 162,479 with 515,858 consultations as outlined by the details below:

- **1. Children from 6-0 months**
  - 21,925 beneficiaries
  - 10,927 males
  - 10,998 females

- **2. Children from 59-6 months**
  - 71,553 beneficiaries
  - 35,908 males
  - 35,645 females

- **3. Pregnant and Nursing Women**
  - 69,001 beneficiaries

2-Nutrition Services
Services provided in the nutrition program are categorized as follows:
- Nutritional survey using Z-Score or MUAC to diagnose malnutrition
- Infant and Young Children Feeding (IYCF) program community awareness IYCF.
- Distribution of preventative nutritional supplements to 127,250 children under 5 years of age, pregnant and nursing women to prevent malnutrition and anemia.
- Community Management for Acute Malnutrition (CMAM)

**Number of diagnosed and treated malnutrition cases:**

- **Moderate malnutrition cases MAM**
  - Cases diagnosed: 1,725
  - Cases treated: 495

- **Severe malnutrition cases SAM**
  - Cases diagnosed: 479
  - Cases treated: 443

- **Moderate malnutrition cases MAM in pregnant and nursing women**
  - Cases diagnosed: 969
  - Cases treated: 561

- **Severe malnutrition cases with complications**
  - Cases diagnosed: 38
  - Cases treated: None
2. Community Health

The ongoing war in Syria and continuous targeting of health facilities, as well as the migration of a large number of medical professionals have all resulted in the urgent need for medical services. In response, a community health program has been included in UOSSM’s health care facilities since 2014 in order to contribute to raising health awareness at the societal level, decreasing the levels of illness and deaths, and early discovery of pandemics in the community. Services are also provided by community health teams that undertake regular home visits, under the supervision of field team leaders.

1. Community Health Services

- IYCF - Skills for Feeding Infants and Young Children in coordination with nutrition professionals
- RH - Reproductive Health
- CD - Communicable Diseases
- NCD - Non-Communicable Diseases
- IMCI - Integrated Management of Childhood Illnesses

2. Community Health Beneficiaries

<table>
<thead>
<tr>
<th></th>
<th>230,872 Beneficiaries</th>
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<tbody>
<tr>
<td>IYCF</td>
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<tr>
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<td>RH</td>
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Consultations

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<td>NCD</td>
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<tr>
<td>IMCI</td>
<td>34,080</td>
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<tr>
<td>IYCF</td>
<td>164,711</td>
</tr>
<tr>
<td>CD</td>
<td>10,499</td>
</tr>
<tr>
<td>RH</td>
<td>30,001</td>
</tr>
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</table>

25,776 medical cases have been transferred into primary healthcare centers to receive treatment and are being followed up with continuous visits during the treatment period until they reach complete recovery.

Community Health Volunteers Help Save Lives:

In the town of Al-Hawash, located in the governorate of Hama, Community Health volunteers collaborated with the district mayor to organize campaigns for raising awareness on the importance of vaccination.

The awareness campaign included a detailed presentation explaining the benefits of vaccination and outlining all the dosages required for combating major diseases. The residents of Al-Hawash showed great appreciation especially after many of the misconceptions they had about vaccination were explained.

“I felt so happy when the women acknowledged and responded to the campaign,” said one of Community Health agents.

The results were positive as witnessed by the Al-Hawash Center for Vaccinations. The center reported a noticeable increase in vaccination requests by town residents as recommended by the Community Health volunteers during the awareness campaign.
With the conflict in Syria entering its seventh year, violations and abuses that disregard international humanitarian law and human rights law continue with total impunity in an atmosphere of widespread insecurity. More than one million have been injured as a result of the continued use of warfare methods that violate the basic principles of international humanitarian law. The 2018 HNO report indicates that 13.3 million people need protection assistance in Syria, including 4 million children and 6.8 million females.

In parallel with the intervention of the Union of Medical Care and Relief Organizations in the medical fields, and based on the experience of psychosocial support and mental health, UOSSM has developed a strategy of protection intervention in its various sub-sectors such as child protection and community-based violence. In 2018, UOSSM managed to reach more areas in Idlib and Aleppo through protection programs and more specifically child and women protection programs, which generally aim to increase the protection of the population at risk from the effects of the conflict through protection activities specifically designed to prevent and respond to rights violations.
Child Protection activities in a school in the Resala Camp in Atma/Idlib Countryside
Protection Facilities:
UOSSM has developed several types of intervention for the implementation of activities related to the protection sector in accordance with the internationally recognized standards and guidelines of UNICEF, UNFPA, and UNHCR.
It also provides protection services through the following facilities:

- **Child Protection Centers:** UOSSM founded and operated 3 child-friendly centers in Qah, Kafr Nabl, and Harem in the Idlib governorate, as well as a child-friendly center in Afrin, Aleppo.
- **Community Centers:** Through 5 centers distributed in the province of Daraa and Al Qunaitra (stopped operating in mid 2018)
- **Center for Women and Children:** which was launched at the end of 2017 in the governate of Daraa in the Lajat area (stopped operating in mid 2018).

Protection Services:
Services provided through the protection program can be divided into four main categories:

1- **Child Protection:**
- Structured and sustainable psychosocial support programs within child-friendly centers
- Parenting Skills Programs
- Awareness campaigns on child rights and protections concerns, and the establishment of community-based child committees trained on child protection and referral mechanisms
- Awareness campaigns on the dangers of landmines and war remnants explosives
- Specialized child protection services through case management

2- **Community Protection:**
Through psychosocial support and community awareness, sharing information on available services, and activating referral mechanisms in targeted areas

3- **Empowerment of Women and Girls:**
- Psychosocial support
- Awareness of protection issues
- Specialized services through case management

4- **Integration of protection services in the Mental Health and Psychosocial Support program in Turkey:**
- Status and referral management services.

5- **Integration of child protection services into the primary health care program:**
- Through identification, referral, and paternal skills services in the mental health project in Northern Syria
Capacity Building:
Based on the standard for UOSSM to provide high quality services by expert and qualified staff, UOSSM has implemented an integrated package of training for protection in line with the World Health Organization’s standards:

1- Child Protection:
- Psychological First Aid (PFA)
- Basic Principles of Psychosocial Support (PSS principles)
- Child Protection Case Management
- Reunification of the Family (FTR)
- Training Parenting Skills

2- Community Protection:
- Basic principles of community-based violence
- Minimum standards for child protection
- Monitoring of protection
- Basic principles of psychosocial support
- Stress management strategies
- Primary psychiatry

3- Empowerment of Women and Girls:
- Psychological First Aid
- Basic principles of community-based violence
- Improved problem processing (PM+)
- Communication skills
- Manage spaces that are girl-and-woman-friendly
- Minimum standards in psychosocial support
- Case management of gender-based violence (GBV case management)

The total number of those who received protection training reached 218 trainees, including 86 volunteers from outside of UOSSM. The percentage of females were 50% of the total trainees.

218 Trainees

<table>
<thead>
<tr>
<th>86 Trainees</th>
<th>132 Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers from outside of UOSSM staff</td>
<td>From UOSSM</td>
</tr>
</tbody>
</table>

50% Females

50% Males

Children proud of their artwork being displayed in the Albarra school, part of the mental health support program Albarra/Idlib Countryside.
Coordination Activities:
With the importance of working in high coordination with all parties and institutions operating in the protection sector in mind, and to increase the actual humanitarian response, UOSSM participates in coordination with the protection sector, the child protection sub-sector, and the community-based violence sub-sector. Through periodic meetings, UOSSM coordinates with staff in these sectors to develop intervention strategies based on the needs and the capacities available in Northern Syria.

Additionally, by participating in the Protection Sector Working group in Northern Syria, UOSSM coordinates with staff to discuss challenges related to work as well as develop solutions and participate in emergency response plans for displacement movements that occurred last year. UOSSM participated in the Working Group on Family Reunification and the Working Group on the Worst Forms of Child Labor, which focus on developing intervention and response strategies in Northern Syria and align with the Syrian context and humanitarian standards at the same time.

UOSSM participates with working groups of monitoring protection and monitoring child protection, where in coordination with other partners, it contributes to monitoring and responding to needs.

Number of Beneficiaries:

1. **85,078 beneficiaries of community child protection**
   - 42,126 Males
   - 42,952 Females

2. **702 beneficiaries of specialized child protection**
   - 305 Males
   - 397 Females

3. **26,335 beneficiaries of community protection facilities**
   - 12,135 Males
   - 14,200 Females

4. **1,401 beneficiaries of empowerment of women and girls**
   - 551 Males
   - 850 Females

13,512 beneficiaries of protection services
A happy child as she enjoys drawing in the Afreen Child Protection Center, Afreen/Idlib Countryside.
What qualifies a society as “healthy” does not stop at good physical health, but also good mental health, which is why UOSSM has offered mental health and psychosocial support services since its establishment.

UOSSM was one of the first organizations involved in mental health and psychosocial support. In 2013, the UOSSM mental health program began operating in Turkey and Syria, and in 2018 the program expanded to five different states in Turkey, and several areas in northern Syria.

These centers provide specialized mental health services and mental support in various Turkish and Syrian cities, which meet the increased need for these types of services among male and female Syrian refugees of all ages. Moreover, these centers for mental health, officially registered with the Turkish Ministry of Health, are considered the leading providers of mental health services, and one of the first in providing services to refugees. The centers’ main goals are to raise awareness around mental health, help refugees overcome challenges that they face, and improve their integration into local society.

As such, UOSSM is dedicated to offering high quality mental health services, using techniques based on scientific evidence and under the guidance of its Joint Standing Committee for Mental Health Services and Social Mental Support in IASC crises.
Happy children as they look on their sand art in the Mental Health Center/Gaziantep
1. Mental Health and Psychosocial Support Facilities

UOSSM activates its mental health and psychosocial support programs executing a number of activities, either through specialized facilities for mental health or through primary health care facilities.

A. Turkey

Specialized mental health facilities, which also offer services for rehabilitation for children with disabilities, are distributed in the following areas in Turkey:

Reyhanli - Ankara - Istanbul - Gaziantep - Kilis

In accordance with the internationally recognized standards and guidelines, UOSSM offers the following services for mental health and psychosocial support, for all ages:

♦ Mental health supervision which includes free medicated treatment.
♦ Individual specialized therapy, non-medicated.
♦ Group and individual therapy.
♦ Private rehabilitation for children with special needs.
♦ Capacity and skill-building program for public sector employees.
♦ Public awareness campaigns for mental health and psychosocial support.
♦ The improvement of existing services, including a spectrum of other services to provide secure paths of conversion that suit the needs of different beneficiaries.

Number of beneficiaries for mental health and psychosocial support facilities in Turkey:

- Mental health consultations: 11,774
- Consultations: 5,886
- Trainees: 315
- Children with special needs: 596
- Self-reflection sessions and group counseling: 969

The innocence of a child is mixed with the colors of artwork after an enjoyable activity in the Mental Health Center, Gaziantep.
**B. Syria**

- Severe mental disorder unit, with an internal residence system for beneficiaries (Sarmada).
- Mobile mental health units in four mobile clinics in Idlib and its countryside.
- Around-the-clock mental health phone consultations.
- Integrate mental health and psychosocial support in primary healthcare facilities, throughout Northern Syria.

The distribution of mobile clinics in Northern Syria:

**Severe Mental Disorder Unit (Sarmada)**

Mental health and psychosocial support services in Syria are centered around:

- Mental therapy included in the “Bridging the Mental Health Gap” program, and under the specialized supervision which entails intervention with medication when needed through general practitioners who are distributed throughout primary healthcare facilities, mobile clinics, and Sarmada’s main unit.

- Systemic psychosocial support programs that target different age groups within specific goals.

- Awareness campaigns surrounding mental health and psychosocial support.

- Around-the-clock mental health phone consultations, six days a week.

**Number of beneficiaries from mental health services and psychosocial support in Syria:**

- **104,183** mental health consultations
  - **53,792** Males
  - **50,391** Females

- **12,800** consultation sessions
2- Strategy for Capacity Building in Mental Health Program

In order to provide high quality programs to accomplish mental well-being in the community, UOSSM offers capacity-building programs, in accordance with international standards and protocols, for staff that provide mental health and psychosocial support services.

From these training programs:

1- The Mental Health Gap Bridging Program (MHGAP) directed at general practitioners.
2- Training for mental health and psychosocial support workers, designed under the World Health Organization, which includes:
   - Mental first aid.
   - Communication skills and supportive communication skills.
   - Techniques for clinical interviews.
   - Case Management in mental health and psychosocial support
   - Facilitating support groups.
   - Problem solving.
   - Social mental evaluations skills
   - Different mental support programs (stress management, self-care, recovery techniques)
   - Techniques for specialized mental therapy; such as behavioral cognitive therapy CBT, accelerated therapy for children going through shock experiences CATT, and others.
   - Evaluation of children with development and mental disorder, and designing behavioral rehabilitation programs.
   - Family guidance programs.

3- Coordination with Partners in the Field of Mental Health and Psychosocial Support

To build and improve work strategies, UOSSM coordinates with a variety of partners through its membership in different sectors, sponsored by the United Nations.

World Health Organization:

UOSSM is an active member in working groups, and mental health and psychosocial support sectors, through full membership in the following working groups:

1- Working group for mental health and psychosocial support in Turkey.
2- Technical working group for mental health and psychosocial support in Syria.

UOSSM plays important roles in these sectors and working groups, including:

- Participating in designing a guide to specialized psychosocial support for mental health workers, that has been developed under the patronage of the World Health Organization, and was distributed to all mental health workers in Syria. The guide includes many skills, techniques, and programs that are necessary in approaching mental support. The guide was developed in 2017 mainly by independent specialists, and others from different Syrian organizations.
- Participating in designing a guide to specialized psychosocial support for mental health workers, that has been developed under the patronage of the World Health Organization, and was distributed to all mental health workers in Syria. The guide includes many skills, techniques, and programs that are necessary in approaching mental support. The guide was developed in 2017 mainly by independent specialists, and others from different Syrian organizations.
- In partnership with the World Health Organization, UOSSM coordinates self-care and staff care training in the human field in Turkey.

Shy smiles in a fun activity in the Alreen Child Protection Center Alreen/Idlib Countryside
Innocence on children’s faces in the Albarra Center celebration of World Children’s Day in Idlib Countryside
With the crisis entering its eighth year, the size and complexity of people’s needs continues to grow throughout Syria, with an alarming number of 13.1 million citizens still in need of humanitarian aid. Among the 13.1 million people, there are 5.6 million individuals that are in desperate need due to increased numbers of forcible displacement after exposure to hostile attacks, leaving them with limited resources and unattainable fundamental services. Nonetheless, conflict remains the main culprit depriving people of their needs since they are exposed daily, in various parts of the country, to great dangers which threaten their lives, in terms of dignity and well-being.

Secondary and Tertiary Care

- **241,909** Beneficiaries of services from Bab Al-Hawa Hospital
- **7,537** Specialized Surgeries
- **14,537** Beneficiaries of the Ambulance System
- **15,420** Physical therapy sessions
A 13-year-old girl undergoes surgical correction of congenital scoliosis by a neurosurgeon in Bab Al-Hawa Hospital/Idlib Countryside
Projects of the Secondary and Tertiary Care Program

UOSSM aided those affected by the Syrian crisis regardless of their ethnicity, religion, age, sex, and geographical location and took the responsibility of providing medical care to all of those in need in an equal manner. The secondary and tertiary care program, in hospitals, physical rehabilitation centers and urgent care units, supported the following medical services:

1- Supporting Bab Al-Hawa Hospital

The hospital was supported with medicines, supplies, salaries and operational costs. This helped decrease the occurrence of illnesses and death and improved the quality of medical services in Northern Syria. UOSSM has been supporting the hospital since establishment. Bab Al-Hawa Hospital is considered one of the largest and most important hospitals in Northern Syria, in terms of the high quality secondary and tertiary care it provides. Many of these services are not available in any other place in Northern Syria.

2- Supporting the Ambulance System

19 ambulatory vehicles were supported over a large period of time in Afreen and the Western, Southern, and Northern countrysides of Aleppo, with medicines, supplies, salaries and operational costs. This enabled the wounded in targeted areas to receive medical secondary and tertiary care, according to each individual need. In addition, the wounded were transported to nearby medical facilities for emergency treatment. The system also helped with evacuations in besieged areas.

3- Capacity Building

Various medical and administrative staff in hospitals, physical rehabilitation centers and ambulance systems were offered capacity building training which helped improve services provided to patients.

4- Coordination

The partners and the donors that contributed to the improvement of medical services were led by the World Health Organization (WHO) in the Turkish city of Gaziantep, which founded the secondary and tertiary health care group. Both groups had the goal of organizing medical care and urgent care services to be provided in a complete manner to those in need. In addition, UOSSM worked with the WHO, Health Ministry Representatives and other partners in creating the necessary health packages specializing in secondary and tertiary care.
Supporting the Physical Rehabilitation Centers

In Syria and Turkey (Reyhanli, Kilis, and Gaziantep)
The goal of these rehabilitation centers is to help those in local communities that suffer from physical weakness, and limited physical capabilities, via both physical, and medical specialized care. Rehabilitation is also provided to those suffering from various disabilities which affect day to day activities, hindering their independence and ability to positively contribute to their communities. The physical therapy centers in Turkey provide medical consults to all age groups along with appropriate equipment. Furthermore, mental and psychosocial support is provided in addition to educating the people on the importance of the family’s and health care providers’ role in their treatment plans and rehabilitation. The centers also refer to other institutions and partners to help improve situations and ensure quality of life.

The Number of Physical Rehabilitation Sessions

<table>
<thead>
<tr>
<th>Location</th>
<th>Sessions</th>
</tr>
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<tbody>
<tr>
<td>In Syria:</td>
<td>2,563</td>
</tr>
<tr>
<td>In Turkey:</td>
<td></td>
</tr>
<tr>
<td>sessions in Gaziantep and Kilis</td>
<td>2,576</td>
</tr>
<tr>
<td>sessions in Reyhanli</td>
<td>10,068</td>
</tr>
</tbody>
</table>
Bab Al-Hawa Medical Center

Bab Al Hawa Hospital is considered one of the most important projects of UOSSM. Bab Al-Hawa Hospital is one of the most advanced hospitals in Northern Syria in terms of quality of medical services offered in it and its affiliated facilities. 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 in Idlib and other areas in Northern Syria. Another advantage is the relatively safe location of the hospital, along the Turkish border. Turkish authorities adopted Bab Al-Hawa Hospital as the single referral hospital for serious and complex cases to Turkish specialty hospitals across borders.

In 2018, Bab Al-Hawa Medical Center admitted approximately 241,000 patients, 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. On average, 659 specialty surgeries, 305 emergency surgeries, 388 dialysis sessions, 1514 MRI tests, 1960 lab tests, 213 physiotherapy sessions, 100 biopsies occurred monthly among other medical procedures which include cardiac care, pediatric and neonatal surgeries, regular check-ups and blood bank services.

241,909 Beneficiaries

Monthly Average of Procedures:

659 Specialty Surgeries

305 Emergency Surgeries

388 Dialysis Sessions
1-Bab Al-Hawa Hospital

Is located close to the Syrian-Turkish borders and is comprised of the following departments:

Admissions and Information Department

Where those in need of hospital services are greeted and directed to a particular department depending on their case, additionally, follow-ups regarding the work being done by the hospital occur, and the finalization of various hospital activities.

Emergency Department

The emergency department consists of a fully equipped emergency hall that contains eight beds, providing 24-hour emergency services to patients. The emergency department consists of four different operating rooms that are constantly held to a high standard of sterilization. One room is dedicated to general surgery while two rooms are dedicated to orthopedic surgeries. There is a wing for patients in need of urgent care that admits patients of emergency surgeries and consists of six beds, emergency pharmacy services, as well as emergency x-ray services, providing all-inclusive emergency services in coordination with the blood bank and other departments.

25,447

Services Provided in Emergency Department.
Specialized Surgeries

The Specialized Surgery Department is equipped with seven operating rooms, offering a wide range of specialized surgeries, with upgraded sterilization procedures, 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.

Surgical Post-Op Department

Is comprised of 6 beds that are fully equipped and receives cases from the hospital as well as external patients.

Dialysis Department

Consists of two rooms equipped with six dialysis machines which deal with chronic and urgent dialysis procedures and provides the medication needed to the patients.

835 Patients Admitted

4,659 Dialysis Sessions were Administered

7,908 Specialty Surgeries
Pediatric Surgery Department

A group of highly experienced medical staff work in this department dealing with various neonatal and pediatric medical conditions. Surgical services are provided to correct congenital malformations in newborns, as well post-operative care to newborns and children. This department provides a variety of specific surgeries such as genital reconstruction, congenital malformations repair, oncology procedures, as well as hernial deformations in neonates.

The department consists of 7 incubators and 2 artificial ventilators, 13 beds which are used for post-op care.

Diagnostic Department

Labs Department

Equipped with the most advanced laboratory equipment, most laboratory analysis of biological liquids and samples, as well as Germiculture and sensitivity are processed in the laboratory.

Pathology Laboratory

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

Radiology Department

This department provides vital diagnostic tests and reports for all hospital departments and offers specific diagnostic services especially for vascular, urological and general surgeries. This department also contains an Echo-Doppler device and a fixed X-Ray device that produces high resolution imagery and specific contrast images. This enables the medical team to share and store the images digitally and improve the quality of services administered.

Blood Bank Department

Provides patients with platelets, concentrate and plasma for thalassemia, hemophilia, and emergency cases. Provides blood bags and their derivatives for the entire region.
5 CT/CAT Scan Imaging
This department contains a high accuracy, multi-slice imaging device (16 slices) with or without dye injection.

18,171 Images done

2- Outpatient Clinics and Specialized Cardiac Center:
This building is situated 1 kilometer away from the borders. The center is considered an extension of Bab Al-Hawa Hospital and is comprised of the following departments:

Outpatient Clinics:

Specialized Cardiac Center:
Includes a 24-hour urgent care unit which accepts emergency cases and regular cardiac cases, as well as two cardiac clinics which are considered outpatient clinics. The following investigations are available: ECG, stress tests, internal and external echocardiograms, and electric halter monitoring to constantly track the heart’s activity.

3- Sarmada Rehabilitation Center:
Which contains:

1- Recovery Center:
Nursing services, medication and long-term care accommodations are provided.

2- Physiotherapy Center:
Due to the Syrian crisis, there was an increase in traumatic injuries requiring physiotherapy to fully heal and treat injuries. Additionally, physiotherapy was found to be essential for their healing in comparison to other procedures.
The center is comprised of a waiting area, physiotherapy equipment room, and different treatment centers for men, women and children. 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.

3- Urology Rehabilitation Clinic:
This is the only clinic of its kind in Northern Syria which led to its high demand and provides the following services: Cystometrography (useful in the differential diagnosis of bladder diseases due to spinal cord injuries, congenital malformation in children, and prostatomegaly), Urodynamics, diagnostic and therapeutic cystoscopy, diagnostic urethroscopy, blood analysis laboratory, diagnostic biopsies, operating room, installation of ureter catheter.
Her parents were terrified by the loud screaming of their newborn when they tried to move her arms and noticed that she was unable to move them. The baby was examined at Bab Al-Hawa Hospital. The x-rays and examination revealed that she suffered from a restriction in the elbows that could be overcome with physiotherapy. They also discovered that she was suffering from a dislocated pelvis sustained during delivery which required surgical intervention. She required eight months of treatment which she began in the Is it Sarmade Physiotherapy Center and Sarmada Rehabilitation Center. She greatly improved during the course of treatment and could even extend her arms up to an angle of 45 degrees whereas she previously couldn’t go past 10 degrees. Fatima also underwent the pelvic repositioning surgery in Bab Al-Hawa Hospital.

**Ambulance Program:**

There was a total of 19 ambulatory vehicles, including 4 in Afrin, 2 in Al Bab City, in Northern Aleppo and 13 ambulance cars in Rural Aleppo (in addition to having 2 stationary outposts in the southern and western areas). This ambulance program has aided in evacuating, according to triage, the injured, and transporting them to emergency facilities to receive the required medical attention. Since its establishment, this program has helped many injured, including local residents as well as those who are part of the displaced community.
UOSSM believes in and supports humanitarian causes. Therefore, UOSSM is involved in many advocacy campaigns and events that support such causes. This report summarizes the goals and results of some of the most important conferences and events that UOSSM has hosted or advocated for on a global scale.
I’m A Pharmacist
I’m NOTATARGET

I’m A Doctor
I’m NOTATARGET
Together for Ghouta Campaign
Following the crisis in Ghouta (population: 400,000), caused by the systematic bombings of civilian areas, such as hospitals and schools, UOSSM collaborated with some of the most prominent relief and humanitarian organizations to launch the “Together for Ghouta” campaign in February 2018. The objectives of the campaign were to advocate for stopping the bombings and allowing humanitarian aid to the city of Ghouta, which was besieged for over four years.

Aleppo the Film Campaign
UOSSM USA collaborated with filmmakers to tell a fictional story based on the true story of what happened to doctors and hospitals in Aleppo, by fundraising, advocating and sharing expertise and insight.

The “Stand with Idlib” campaign was an advocacy campaign to support Idlib and to call for the stop of bombings affecting civilians, medical and humanitarian workers (October 2018)
The “Women for Health and Community in Syria” Campaign

On International Women’s Day in 2018, UOSSM announced plans to empower women in Syria by launching the “Women for Health and Community in Syria” Campaign. Through 2018, UOSSM trained 7000 healthcare providers as part of the campaign to allow them to lead and carry out important medical work.

The Act for Daraa” campaign:
UOSSM participated in the global “Act for Daraa” campaign that was launched in August 2018. The campaign called on world leaders to stop the bombings that lead to 70,000 people fleeing the homes in Daraa.

Smile Child Campaign
The goal of this campaign is to illustrate the effect of war on the mental health of children by enabling them to communicate their emotions through painting. As part of the campaign, UOSSM called for children in France to create paintings and send them to children in mental health centers. This initiative empowers children in mental health centers and encourages them to paint for better mental health.
Human Resources

Sometimes equipment looks nice and beneficial, but the most important quality is the person that makes it work well.
UOSSM Human Resources Statistics in 2018:

These numbers and statistics include UOSSM’s Executive Department in Syria and neighboring countries and does not include the staff of member organizations. By the end of 2018, UOSSM had 1,378 employees, 1,109 of which work inside Syria, and 267 work in Turkey.

UOSSM’s human resources are distributed based on UOSSM’s activities. Employees of the primary, secondary, and tertiary healthcare sector make up 492 of UOSSM’s total employees. The employees of the primary healthcare sector are 385, and 182 employees work in the mental health and psychosocial support sector. The number of staff in the nutrition program reached 101 employees; the protection program had 90 employees; and the central administrative staff had 111 employees through 2018.
The Union of Medical Care and Relief Organizations (UOSSM) consists of 11 independent organizations in eight countries: Canada, the United States of America, the UK, France, Germany, Switzerland, the Netherlands, and Turkey.

Recently, the main headquarters of UOSSM moved from Paris to Geneva. UOSSM has an office in Gaziantep that executes numerous projects inline with UOSSM’s vision and organizes events as agreed upon by the board of directors.

The statistics below summarize the financial and human resource figures of UOSSM’s work in Syria and in neighboring countries. However, it does not take into account the work that is done by UOSSM’s member organizations.
How was the money spent?

In the year of 2018, the magnitude of UOSSM’s work in humanitarian and medical relief was $27,755,986 in total (expenses). The breakdown of this total is shown below:

- Fundraising (financial) events 86.6%
- In-kind Expenses 13.4%

In-kind Expenses:
UOSSM’s in-kind expenses totaled $3,736,043 (13.4 % of the total expenses) in 2018. This budget was mainly allocated to primary, secondary and tertiary healthcare work.

Financial Events:
This comprises of the operational costs such as: costs of medicines and medical equipment, staff wages, and transportation costs.

The total magnitude of the financial events was $24,019,943, which is 86.6 % of the total work.
UOSSM’s costs per operation type

- **Secondary and tertiary healthcare**: 22.66% ($6,288,984)
- **Primary healthcare and nutrition**: 17.92% ($4,975,121)
- **Protection, mental health relief, and social/mental support**: 12.09% ($3,356,722)
- **Non-medical services**: 0.20% ($55,664)
- **Medical Governance support**: 15.22% ($4,224,614)
- **Management and executive work**: 9.14% ($2,538,184)
- **In-kind work**: 13.46% ($3,736,043)
- **External Sources**: 1.18% ($327,751)
- **Vaccinations**: 8.12% ($2,252,899)
Supply

370,940 MT is the weight of 114 shipments that have been transported and distributed

2,649 buyer transactions

With a value of 3.17 million dollars

The delivery of medical consumables and medicines to hospitals and medical centers in Idlib Countryside
1: Logistics:
UOSSM received and supervised the transport of shipments, in accordance with the best standards of safety, speed, and cost-efficiency. The shipments are numbered at 114, with a total weight of 370.940 metric tons, and have been distributed in the following way:

Providing medical consumables and medicines to medical facilities so they can provide to patients in need/Idlib Countryside.
2: Warehouses
UOSSM has received 303 delivery invoices, and has transferred 1,474 invoices to other partners. UOSSM received shipments valued at $6.02 million, and transported shipments to partners valued at $5.52 million.

Received Shipments:

![Statistics Image]

- 303 receipts
- $6,020,000

Shipments Transported to Partners:

![Statistics Image]

- 1,474 receipts
- $5,520,000

3: Assets
UOSSM registered 1,898 fixed assets in operating areas, in the following manner:
- 1 Northern Region: 48%
- 2 Bab Al-Hawa Region: 30%
- 3 Central Administration: 12%
- 4 Turkey: 9%
- 5 Jordan: 1%

Distribution of Assets Based on Type:
- 1 Medical Assets: 64.8%
- 2 Vehicles: 17.35%
- 3 Administrative Assets: 17.85%

Distribution of Registered Assets Based on Operating Areas:
- Bab Al-Hawa Region: 30%
- Central Administration: 12%
- Turkey: 9%
- Jordan: 1%
- Northern Region: 48%

Staff in the central warehouse checks medicines before distribution/Idlib Countryside
4: Purchases
UOSSM carried out 2,649 buyer transactions totaling approximately 3.17 million dollars, of them 17 open bidding covering 37% of the total ($1,160,477).

Medications, consumables, and medical supplies made up 51.25% ($1,625,845) from UOSSM’s buyer transactions.

The resolution of tenders was resolved by closed envelope method to ensure transparency and equal opportunity between providers. UOSSM Office/Gaziantep.
Glossary:

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

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