

ANNUAL REPORT

2021



Union of Medical Care and Relief Organizations
UOSSM International - Turkey Mission

2021





Union of Medical Care and Relief Organizations (UOSSM)

A coalition of medical, humanitarian, non-governmental organizations licensed in the United States, Canada, United Kingdom, 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.

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

Member Organizations



Where We Are



2021 in Numbers

1,766
Total Employees



Males **1,244**



Females **524**



\$19,507,928
Total UOSSM Activities

\$18,040,726
Monetary Activities

\$1,467,202
In-kind Activities

Turkey Region

2,140
Beneficiaries of Physiotherapy Services



16,162
Physical Treatment and Rehabilitation Sessions and consultations



738
Beneficiaries from Special Need Rehabilitation services



4,215
Special Need Rehabilitation sessions



17,920
beneficiaries received protection services



1,210
Children received child protection services



33,134
People Received Mental Health and Psychosocial Support Care



47,854
Mental Health Consultations



169,337
Beneficiaries of Nutrition Services



184,885
Beneficiaries of Community Health Services



1,402,964
Services Provided in the Primary Health Care Program



18,690
Services Provided by **02** Mobile Clinics




1,384,274
Services Provided in **17** Primary Health Care Centers



286,061
Beneficiaries form Secondary and Tertiary Program



339,892
Consultation Provided in **11** Secondary and Tertiary Health care Centers



29,831
Radiology services



15,796
Dialysis sessions



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A Glimpse into the Humanitarian Situation in Syria 2021

At the start of 2021, the number of people in need of humanitarian assistance and protection in Syria has increased by 21 % compared to one year ago, from 11.1 million to 13.4 million. While in 2020 (4.65 % of overall) were considered to be in severe and catastrophic need, this proportion has risen to 6 % (4.65 million) in 2021. The increase for inter-sector correlates with a similar increase at the sector level, with the exception of an even more dramatic (60 %) increase in the number of food-insecure people specifically.

As the Syria crisis approaches its tenth year, the health system remains heavily disrupted. While attacks on health care in 2020 fell by 67 % compared to 2019, the COVID19- pandemic, coupled with the economic downturn in the country, has pushed the health system to the brink. With just 58 % of hospitals and 53 % of Primary Healthcare Centers (PHC) fully functional, the COVID19- pandemic has exacerbated weaknesses in the health system. 2020 saw 39,773 COVID19- cases and over 1,300 deaths reported across Syria.

Due to cumulative effects of concurrent crises, the cost of health services; lack of medicines, supplies or health staff; and fear of exposure to COVID19- have replaced distance, over-crowding and long wait times as the main self-reported barriers to health access with persons with disabilities disproportionately affected. Disrupted medication supply chains, particularly for psychotropic drugs and Noncommunicable Diseases (NCD) medicines, were previously identified as a key gap in health.

Introduction

During 2021, 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 2021.

4- Societal Responsibility:

UOSSM's Social Responsibility system was developed in accordance with the ISO26000 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.

01

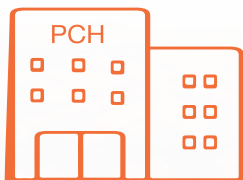


Health Program

Primary Health Care:



02 Mobile Clinics



17 Primary Health Care Centers

 **1,402,964**
Health service

 **848,590**
Beneficiary

Secondary and Tertiary Health Care (STHC):

 **286,061**
Beneficiary

 **339,892**
Consultation





Overview

Since “2012” UOSSM has contributed to the Syrian crisis response by launching the health program aiming to achieve the following objectives:

- Increase access to life-saving and life-sustaining, coordinated, and equitable humanitarian health services for those most vulnerable and in need.
- Strengthen health sector capacity to prepare for, detect, and deliver a timely response to disease outbreaks.
- Strengthen the health system's capacity to support continuity of care, strengthen community resilience, and respond to IDP movements and changes in context.
- Community members awareness-raising in the field of community health program through community health workers (CHWs).

By achieving the mentioned objectives, UOSSM contributes to strengthening the health care and well-being of conflict-affected communities in Northwest Syria (NWS) and Northeast Syria (NES) by improving access and ensuring the sustainability and quality of health services targeting Syrians including hosts and Internally Displaced People (IDPs), with more focus on the most vulnerable people including women, children, and the elderly as well as people with disabilities.

UOSSM seeks to deliver a holistic health care approach that includes a variety of different interventions of medical services, MHPSS, nutrition, telemedicine, and all of the services are provided based on global standards and treatment protocols such as Essential Health Services Package (EHSP), and Minimum Initial Service Package (MISP).

Believing in the importance of the health program, UOSSM has been working to support the health care services in Syria by supporting primary health care (PHC) facilities, whether fixed or mobile, COVID-19 community treatment centers (CCTCs), hospitals, and specialized centers, in addition to the unique projects and services such as referral networks and health information system (HIS), to achieve better access to beneficiaries, especially those most vulnerable or in need.

UOSSM seeks to provide comprehensive health services covering many care levels as follows:

- 01 Primary Health Care (PHC)**
- 02 Secondary and Tertiary Health Care (STHC)**
- 03 Other health care Response models**



Primary Health Care:

The primary healthcare program remains the first line and the main component in responding to the health needs of people, especially during crises. The PHC system is composed of a core set of structural.

and functional elements that support achieving universal coverage and access to services that are acceptable to the population, and that is equity-enhancing.

Primary healthcare facilities have been designed to meet the standards of the Essential Health Care Services Package (EHSP), which was developed under the supervision of the World Health Organization, and they offer a full package of services based on both needs and healthcare gaps in the area.

The health services provided are as follows:

- Reproductive health services.
- Management of childhood illness.
- Dental health services.
- Integrated MHPSS services.
- Nutrition and community health services.
- Management of chronic diseases.
- Management of communicable diseases.
- Curative services.
- Diagnostic services.
- Referral services.

These services are provided according to the protocols of EHSP, which are the following:

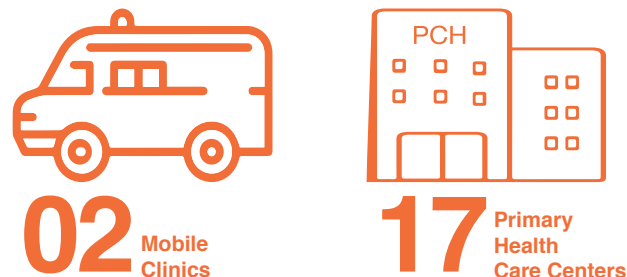
- IMCI: Integrated Management of Childhood Illness.
- RH: Reproductive Health.
- NCD: Management of Non-communicable Diseases.
- CD: Management of Communicable Diseases.
- PSS: Psychosocial Support.
- ICYF: Infant and Young Child Feeding.
- mhGAP: Mental Health Gap Action Program.
- CMAM: Community-Based Management of Acute Malnutrition

Community health workers services include 6 modules:

- A. Basic Module.
- B. Nutrition Module.
- C. Family health Module.
- D. Health lifestyle Module.
- E. Communicable Diseases.
- F. Non-Communicable Diseases.

During 2021

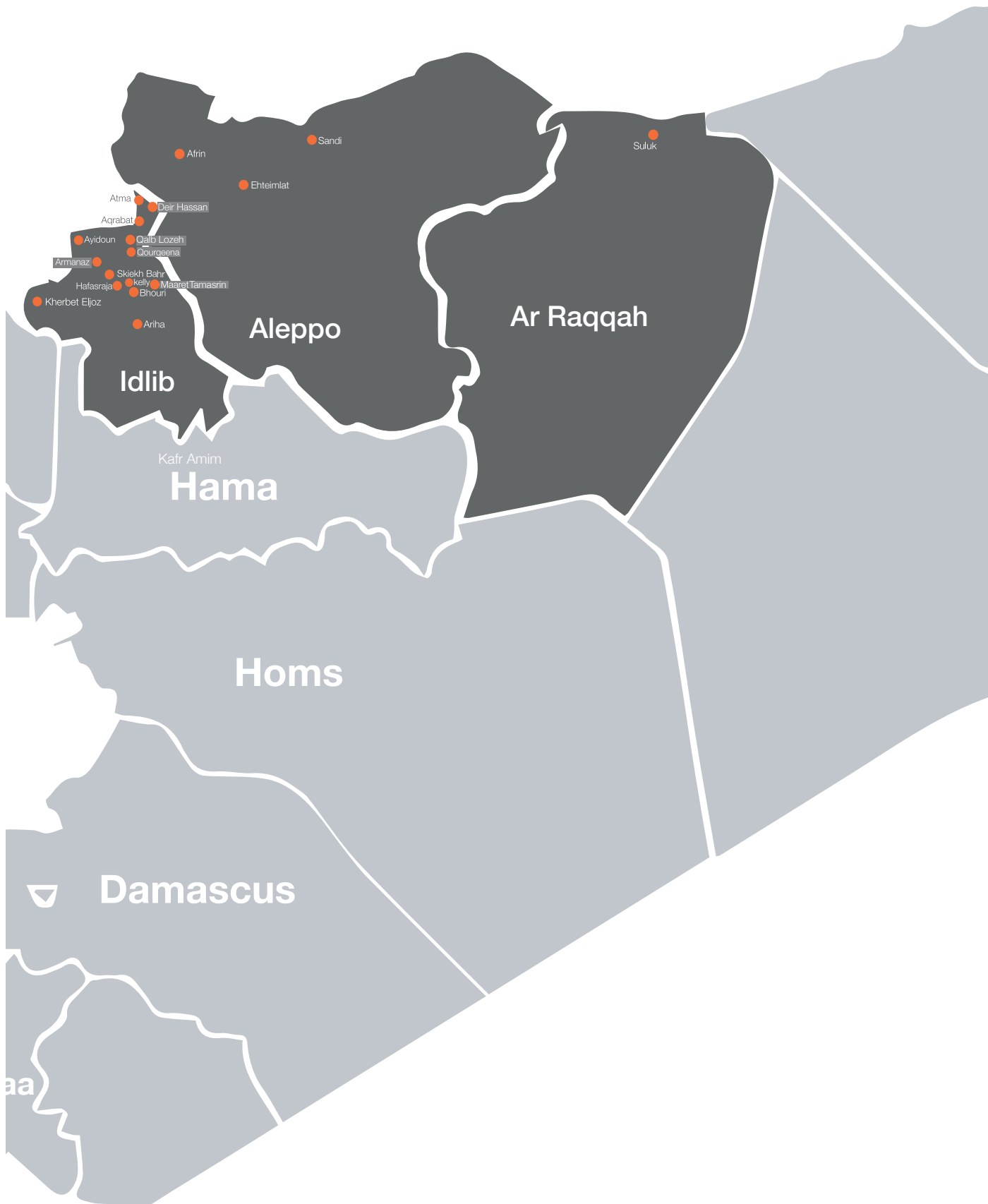
UOSSM supported 17 primary health care centers and 2 mobile clinics, most of them have no stops and continue providing their services, except two centers were stopped in intermittent periods because of limited fund. The next table shows the locations of the PHC facilities and the intervention areas:

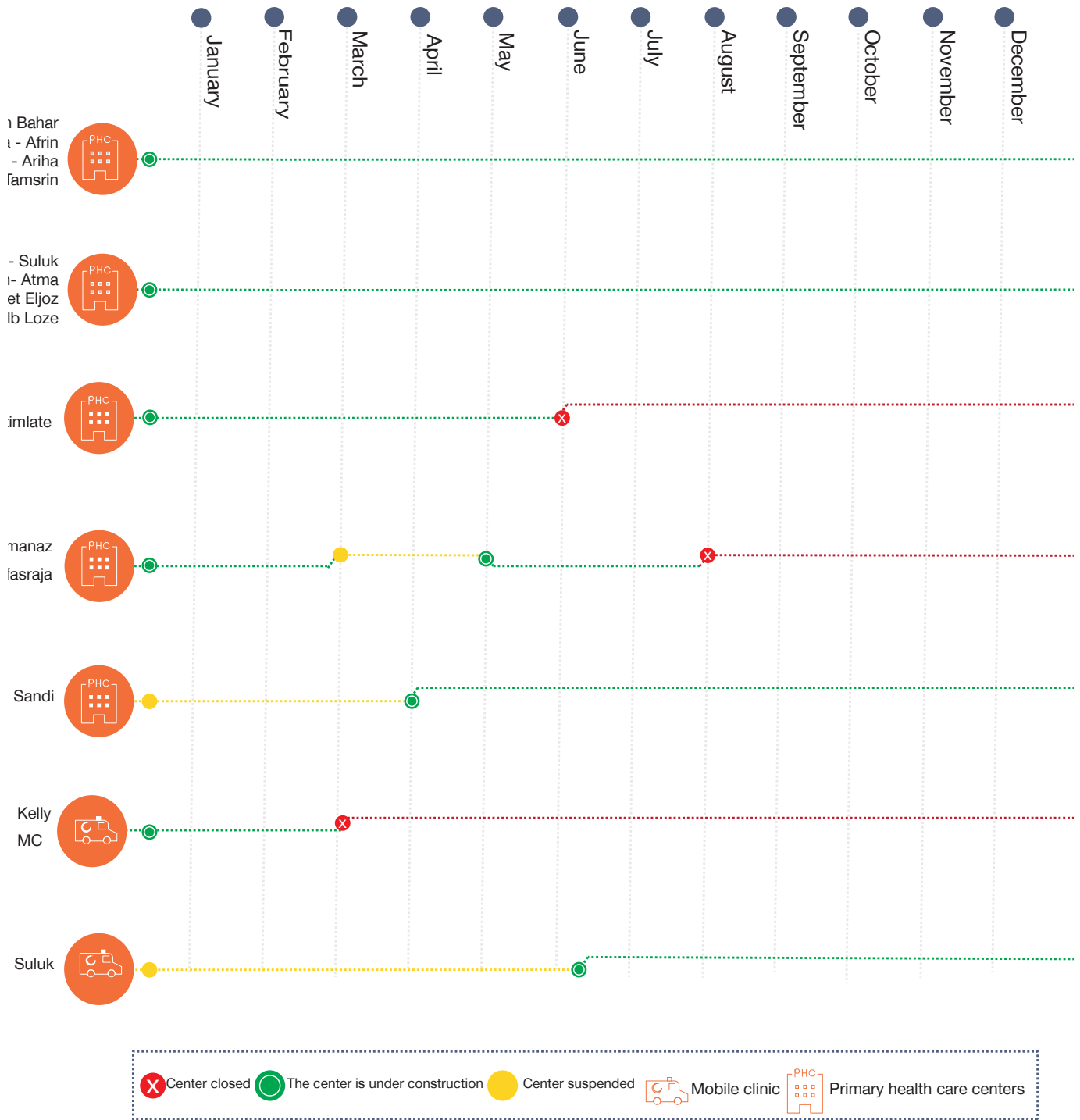


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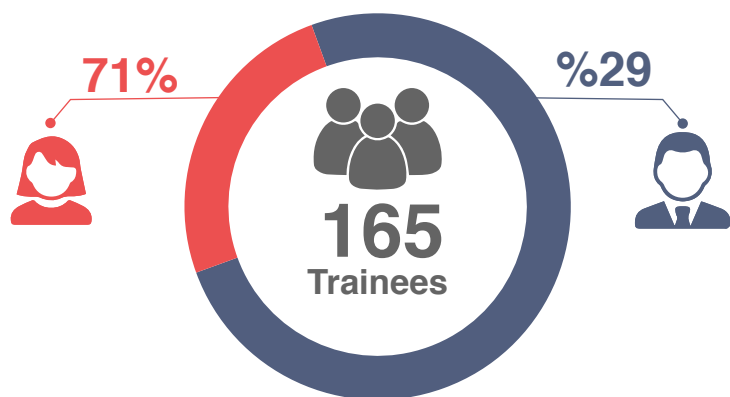
Locations:





Capacity Building at the PHC level:

Aiming to raise the quality of the health services and improve the qualification of health providers, UOSSM continues building the capacities of the staff by providing training on the standard protocols included in the essential health services package. where 165 trainees have been trained, 71% of them were women. This is a result of UOSSM's dedication to providing equal opportunities to men and women in recruitment and capacity-building to achieve the gender balance and ensure providing equal health services for both males and females.



The next table shows the distribution of trainees at the PHC level

Non-communicable diseases

Total 26 18 08

Reproductive Health and family planning

Total 40 02 38

Antenatal care and Postnatal care

Total 51 09 42

Clinical management of rape (CMR)

Total 19 02 17

Communicable disease management

Total 12 12 00

CMAM

Total 04 04 13

Primary health care in numbers:

During 2021, 848,590 beneficiaries received 1,402,964 health services including medical consultations by doctors in clinics, in addition to consultations from nutrition technicians and community health workers. Out of them, 691,379 medical consultations were provided to 538,457 beneficiaries. The female beneficiaries represented around 63 % of beneficiaries while the IDPs recorded around 72 % of beneficiaries.

1,402,964 Health Service



848,590 Beneficiary



%63

%37



Fixed Primary Health Care Facilities

UOSSM was able to provide sustainable and high-quality primary health care through its fixed primary health. In 2021, 1,384,274 health care services were provided including 668,931 medical consultations at 17 fixed primary health care centers by operating around 70 medical clinics on (average 4 clinics for each PHC or more) with qualified and trained staff.



17 fixed primary health care centers



70 medical clinics

Mobile Clinics

UOSSM offered urgent health interventions in response to internal displacement persons and offered primary health care services by operating two mobile clinics. The mobile clinics played an important role in facilitating and enhancing access to health services for beneficiaries who suffer from difficult access to health, in addition to their important role in providing integrated services to small gatherings that lack health services. There were 18,690 health care services provided at these mobile clinics



Maternity Department:

During 2021 UOSSM operated maternity department at PHC level in Ariha community that is considered a poor area of this service.

The maternity department provided 3,758 health consultations to 3000 beneficiaries. This department is linked to Ariha PHC which offered different services related to reproductive health care including post-abortion care, prenatal care, postnatal care, as well as treatment of gynecological diseases.

There were 1001 in the Ariha maternity department including 523 male newborns and 478 female newborns. The strategic location of this department played an important role in saving the lives of many mothers and children by providing safe and clean delivery through trained and qualified health providers and contributed greatly to sparing the beneficiaries the risks of birth at home, and this is evidenced by the absence of any maternal death within the center, as a result of the immediate referral system for dangerous cases (referral: 30 children and 161 women).



3,758
health consultations
3000
beneficiaries

New Activities for Primary Health Care in 2021

In light of covid19 pandemic to respond to this virus, UOSSM activated the online consultations, for people who suffer from chronic diseases (the most vulnerable to COVID-19), and for pregnant women to ensure the safety of pregnancy and the health of both the maternal and fetus. 9873 re-remote consultations (3535 RH + 6338 NCD) were conducted during 2021. In addition, remote pre-booking

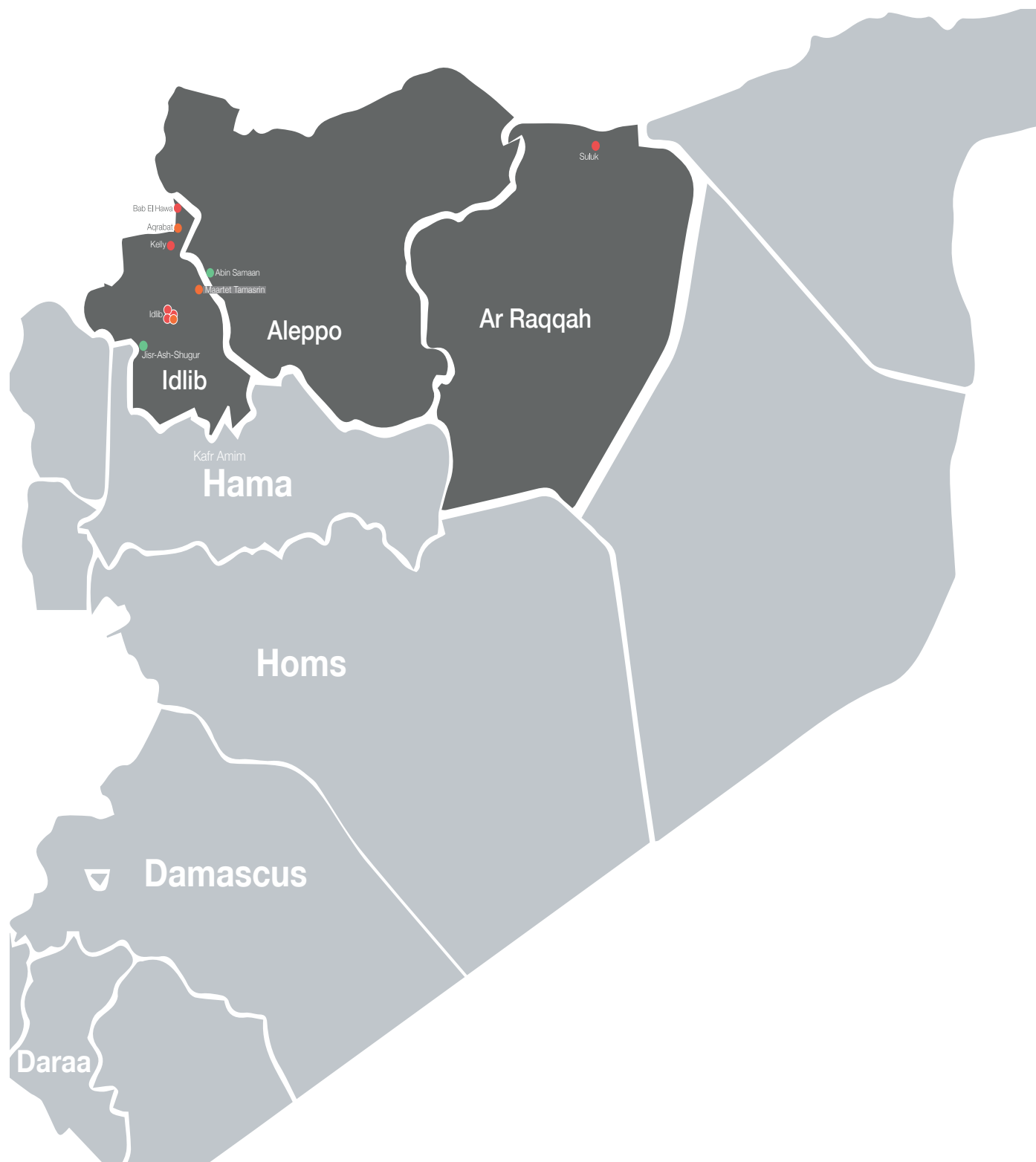
played an important role in reducing overcrowding in health facilities, as the flow of patients was organized while maintaining the number of beneficiaries visiting the centers



Secondary and Tertiary Health Care (STHC):

As it is known, some morbidities or cases cannot be treated at the primary health care level and require a higher level of medical interventions and specialized health care. This type of health service can be provided at hospitals (secondary health care services) and specialized centers.

In 2021, UOSSM worked to contribute to alleviating the suffering of people in northeastern and northwestern Syria and improving access to secondary and tertiary health care services by operating 4 hospitals (Abin Samaan Medical Complex, AL Hikima Hospital, Aqrpat hospital, and Jisr-Ash-Shugur Hospital) in addition to seven specialized centers (IBN Sena Dialysis center, Kelly blood bank, Thalassemia Center, Tell Abiad Renal Dialysis Unit, Bladder Rehabilitation Unit, Advanced Diagnoses Center and Sarmada Rehabilitation Center) all of these health facilities were functional along the year of 2021.



Secondary and Tertiary Health Care (STHC) in numbers:

Hospitals



286,061

Beneficiaries

154833
Host

131228
IDPS

339,892

Consultations

174264
Host

165628
IDPS

Abin Samaan Medical Complex:

Abin Samaan Medical Complex is located in Abin Samaan Community/Aleppo governorate, the total population is about 191K, out of them 95K are IDPs. The hospital provides the following services: general surgery, urinary and laparoscopic surgery, Comprehensive Emergency Obstetric and Newborn Care CEmONC, Basic Emergency Obstetric and Newborn Care (BEmONC), admission department, emergency, laboratory, and outpatient clinics in addition to 48 beds)

In 2021, Abin Samaan Medical Complex provided 105,788 consultations including 12,879 admissions. The number of surgeries reached 3,983 (1,976 major surgeries and 2007 minor surgeries) and the number of vaginal deliveries was 1,799 and cesarean deliveries 457 with a percentage of 20% of the total number of deliveries and this meets the international standard).

The diagnostic services in Abin Samaan hospital, included (31554) lab tests and (5945) radiology. During 2021 the total number of beneficiaries was 89,815 disaggregated as follows:

(19,757 adult males/30,769 adult females/ 20,817 males under 18 / 18472 females under 18) while the IDPs represented around 47% of the total number of beneficiaries.

AL Hikima Hospital:

Al-Hikma Hospital is located in the district of Maarat Misrin in the Idlib governorate, and this area is densely populated, with a population of 301k, 227K out of them are IDPs. the nearest same health services are in Barisha 26 km.

The hospital contains 14 beds and provides ophthalmic, ear surgeries, and during 2021 it provided 41,567 medical consultations, and these consultations included 3,283 admissions and 4,681 surgeries

(3,285 major surgeries and 1,396 minor surgeries).1,110 diagnostic services were provided (791 laboratory tests and 319 radiology).

The total number of beneficiaries 39,890 disaggregated as follows: 14,578 adult males/ 12,286 adult females/7,212 males under 18 years / 5,814 females under 18 years. While 59% of the total number of beneficiaries were IDPs.

Aqrpat hospital

Aqrpat is a community related to Dana Subdistrict in Harim district that is related to Idleb Governorate. Dana subdistrict has a lot of camps surrounding it. about 603 camps located in Dana Subdistrict, the total population is more than a Million, 856K out of them are IDPs.

There are 88 beds in the hospital and provided Orthopedic and reconstructive surgeries mainly. In 2021: 87,982 consultations were provided including 8,124 admissions while the surgeries were 16104 (8271 major and 7833 minor surgeries) and the number of diagnostic services (34,324 lab tests,137,843 radiographs).

The number of beneficiaries during 2021 was 62,291dis aggregated as follows (23108 adult males/ 14937 adult females /14695 males under 18/9551 females under 18), and most of them IDPs 60231 (96%).



JISR-Ash-Shugur Hospital

JISR-Ash-Shugur is a community related to JISR-Ash-Shugur Subdistrict in JISR-Ash-Shugur district that related to the Idleb governorate, the total population is about 104K, 23K out of them are IDPs.

The services provided in the hospital are: general surgery, urinary and laparoscopic surgery, Comprehensive Emergency Obstetric and Newborn Care(CEmONC), Basic Emergency Obstetric and Newborn Care (BEmONC), admission department, emergency, laboratory, and outpatient clinics in addition to 46 beds)

During 2021 the statistics of JISR-Ash-Shugur hospital are as follows:

105,788 consultations, 7692 admissions, 3578 surgeries (1252 major surgeries and 2326 minor surgeries). 1540 vaginal deliveries, and 233 caesarean deliveries with a percentage of 13% of the total number of deliveries and this is within the international standard. While the diagnostic services were recorded (21,645 lab tests, 5,766 radiology). During 2021 the total number of beneficiaries was 94065 (adult males 22571/ adult females 32453/ under 18 males 21862 / females 17179) and IDPs were only 6% of the total number of beneficiaries.



Specialized centers:

IBN Sena Dialysis center:

IBN Sena Dialysis center is located in the Idleb community, the total population is about 298K, of which 143K are IDPs.

IBN Sena Dialysis center with a capacity of 24 dialysis machines, three of them were allocated for patients infected with COVID 19, and there are special departments for patients infected with hepatitis B and C.

The center provided the following services:

- Internal medicine clinic
- Dialysis sessions for patients without infectious diseases.
- Dialysis sessions for hepatitis B patients.
- Dialysis sessions for hepatitis C patients.
- Dialysis sessions for Covid 19 patients.
- Laboratory tests.

During 2021 (30,427) consultations were provided in the center and the number of dialysis sessions was 15,796 (where 14708 elective dialysis sessions were recorded, while emergency dialysis sessions were 1088). The total number of beneficiaries is 3,064:



Kelly blood bank:

Kelly is a community related to Maaret Tamsrin Subdistrict in Idleb district that is related to Idleb governorate. about 301 camps located in Maaret Tamsrin Subdistrict, and the total population is about 301K, of which 227K are IDPs.

Kelly blood bank provided the following services:

- General medicine clinic.
- providing blood units for around 27 health facilities.
- providing the treatment for thalassemia patients.
- Blood transfusion.
- Blood collection.
- Lab tests.

The center contains 19 beds and provided 7,343 consultations and 11,652 lab tests while 8,497 blood units were distributed during 2021.

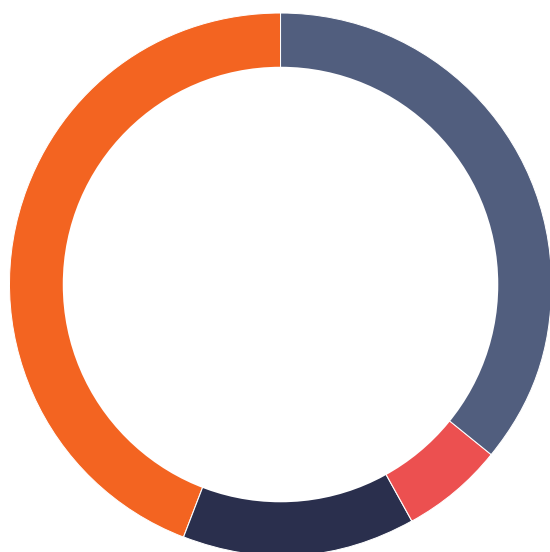
In 2021 the total number of beneficiaries was 2,167 (153 adult males /225 adult females / 936 males under 18 / 853 females under 18) and IDPs represented 84% of the total number of beneficiaries.

Thalassemia Center:

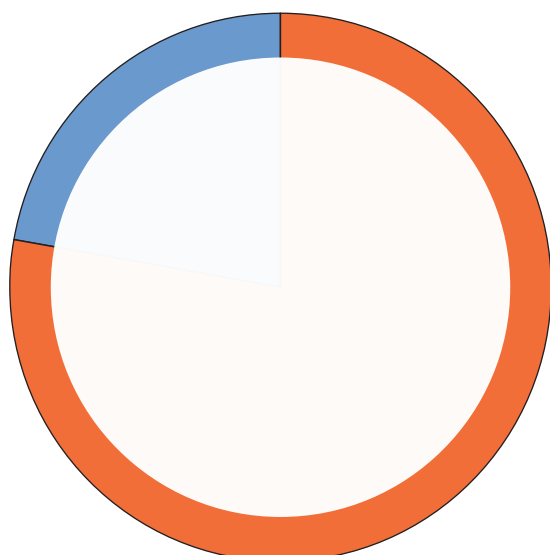
The center is located in Idlib, the population is about 298K, of which 143K are IDPs. The center provides the following services:

- Medical consultations in the general medicine clinic.
- Medical consultations in thalassemia clinic.
- treatment of thalassemia patients.
- Blood transfusion.
- Laboratory.

There are 8 beds in the center and during 2021 the center provided 5,685 consultations, 13433 lab tests, and the number of beneficiaries was 1,554 distributed as follows:



- Male -18
- Female -18
- Male +18
- Female +18



- IDPs
- Host

The Advanced Diagnoses Center:

Located in Idlib and provided the following services:

- Medical consultations in Radiology clinic
- Ultrasonography
- Panoramic radiography
- X-ray
- CT scan

During 2021 the center provided 29,831 radiology services for 34,308 beneficiaries 43 % of them were IDPs. The disaggregation of beneficiaries is as follows:

- 12,347 adult males.
- 12,838 adult females.
- 4,981 males under 18.
- 4,142 females under 18.



29,831
radiology services

Tell Abiad Renal Dialysis Unit

Tell Abiad is a community related to Tell Abiad Subdistrict in Tell Abiad district that related to Ar-Raqqa governorate, the total population is about 91K people, out of them about 6K are IDPs

Tell Abiad Renal Dialysis Unit provided the following services:

- Internal medicine clinic
- Dialysis sessions for patients without infectious diseases.
- Dialysis sessions for hepatitis B patients.
- Dialysis sessions for hepatitis C patients.

The unit has 5 dialysis machines and during 2021 provided (2,594) consultations and the number of dialysis sessions was 1,043 (1012 elective dialysis sessions were recorded, while emergency dialysis sessions were 31). The total number of beneficiaries is 144 (53 adult males, 78 adult females, 10 males under 18 / 3 females under 18) while the IDPs were 83% of the total number of beneficiaries.



05
dialysis machines

Bladder Rehabilitation Unit

Bladder Rehabilitation Unit located in Sarmada community related to Al Dana Subdistrict in Harim district that related to Idleb governorate, the total population is about 1.6 million people, out of them about 1.2 million.

The services that are provided in the unit:

- Cystometry services.
- Urology consultations.
- Cystoscopy services.
- Minor and major surgeries.
- Pathology consultations.
- Laboratory.
- Physical therapy and bladder rehabilitation.

The unit contains 20 beds and during 2021 the statistics of the unit were as follows:

(25,093) consultations are provided in the unit.

The number of admissions was 1,861.

1739 surgeries were performed (615 major and 1124 minor).

42845 lab tests were conducted

The total number of beneficiaries is 19,051 where the IDPs represented 27% of beneficiaries and the distribution of beneficiaries was as follows:

- o 10,166 adult males.
- o 3,326 adult females.
- o 3,547 males under 18.
- o 2,012 females under 18.



Sarmada Rehabilitation Center:

The center is very important in the health system in the NWS because of the unique and qualitative services that are provided within the center, which Sarmad center consists of:

Nursing department: It receives patients from hospitals and other HFS in NWS to recover from their injuries. Some referrals come from other rehabilitation centers when the patient needs comprehensive rehabilitation treatment. All referral cases receive the required treatment and rehabilitation sessions to recover from their injuries.

Physiotherapy department: It receives trauma and injured patients for physiotherapy sessions and provides sessions for neurogenic injuries patients.

Pathology Lab: It is the only laboratory of its kind in NWS, that provides specialized tests for free which receives all samples (biopsies) provided by the hospitals and provides the following tests: Histopathology.

- Cytology.
- Immunostaining tests

In 2021 Sarmada rehabilitation center provided:

- 1434 nursing services.
- 8721 services through the pathology lab.
- 7377 Physiotherapy sessions

In total the center provided 9532 services for beneficiaries where 77% of them were IDPs and 44% were females.

Capacity building at STHC level

During 2021, medical staff were trained on various treatment protocols to build their capacity for providing a high-quality service, most of the trainees were females with a percentage of 69% and the training were as follows:

 **45** Trainees

Training Topic

Neonatal Care and Resuscitation for doctors

Total  00  06

Neonatal Resuscitation for nurses and midwives

Total  16  00

Communicable Disease Management

Total  08  04

Comprehensive Emergency Obstetric and Newborn Care (CEmONC)

Total  11  00



Other health care Response models:

Referral Network

UOSSM, in collaboration with the Health Directorate and other health partners, developed a referral network in the northwest of Syria. This referral network does a great job and shows how important it is to activate the referral system that coordinates the work in the healthcare facilities at all levels (hospitals, PHC centers, and mobile clinics), as the beneficiaries receive a high-quality service.

The central referral network includes 60 ambulances for emergency cases, and 10 cold cases vehicles to transfer patients who need non-emergency medical consultations or are referred between the health facilities (HFs) across different levels of healthcare for further medical investigations or treatment. Under the referral component, capacity building for 476 referral staff was done to include them in the direct coordination and supervision mechanism of the central referral system.

The central referral network coordinates referrals between 135 health facilities distributed in Idlib and Aleppo governorates at a rate of 3,600 referrals per month.

COVID19- Response:

To contribute to the prevention of the spread of COVID-19, UOSSM took all measures to ensure providing health services in a safe environment for both beneficiaries and healthcare providers.

UOSSM adopted a triage mechanism to sort the suspected cases, and provided the healthcare centers with infection prevention and control means and triage tents at the entrance of each health facility. The triage activities include measuring the temperature by the triage nurses who also fill out standardized COVID-19 infection questionnaires approved by the COVID-19 Task Force for each visitor.

Also, UOSSM operated 7 COVID-19 community treatment centers (CCTCs) with a capacity of 40 beds for each center to treat the mild and moderated cases of COVID-19.

The CCTCs were equipped with all the necessary medical equipment, medicines, and consumables to receive suspected and confirmed cases.

The CCTCs received mild and moderate cases referred from primary or secondary health care facilities and other medical centers

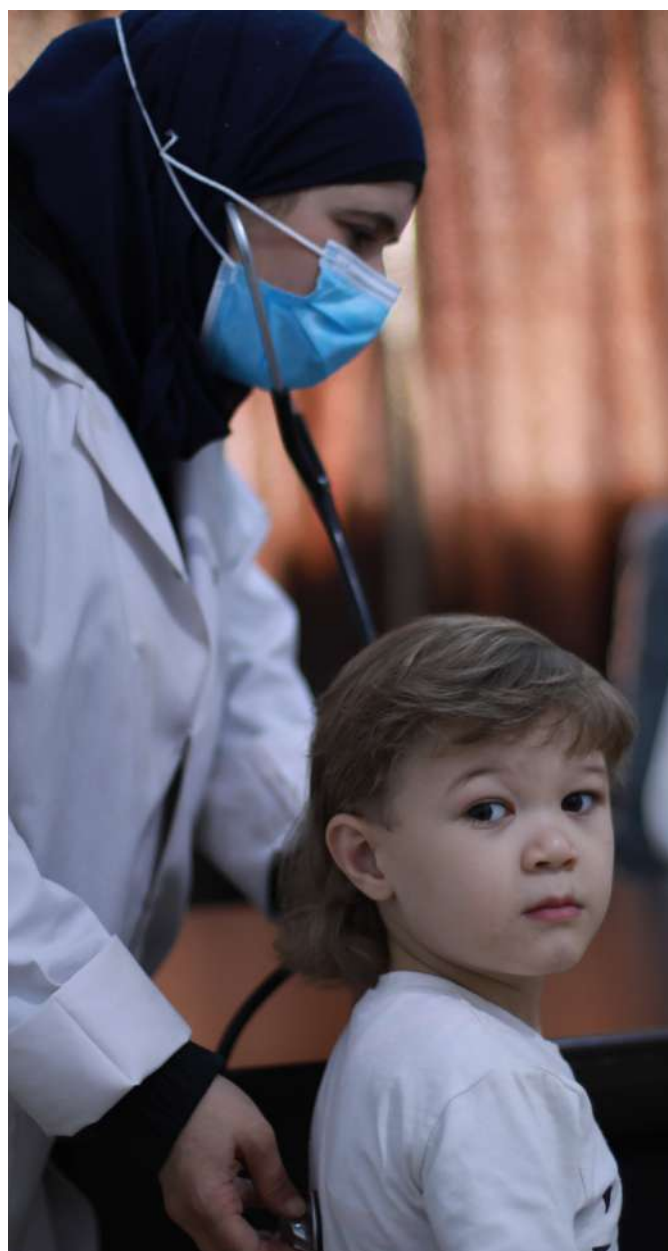
UOSSM, through these centers, sought to take into consideration the different needs of all beneficiaries of both genders and all age groups by ensuring privacy for patients and providing good conditions of residence and quality health care by providing medicines, healthy food, and internet service.

During 2021, the number of the suspected cases were 25,621 beneficiaries 52 % of them were women and

child, and the elderly, all of them received PCR test, 6029 cases have been admitted, while 485 cases have severe symptoms and were referred to the case management hospitals. UOSSM provided training for 544 staff in the CCTCs on infection prevention and control.

UOSSM had a very important role in the installation of oxygen generators for the hospitals during the COVID-19 pandemic.

Moreover, UOSSM and in response context to COVID-19, has established MHPSS helpline initiative for beneficiaries who are affected by the pandemic situations in many levels, starting with patients in CCTCs and their families, locked down and isolated individuals, and other beneficiaries who are affected in their well-being in general during the stressful pandemic times and in need for psychosocial support.



Coordination

UOSSM is an active member of the UN-led (health, nutrition, and protection) clusters in Gaziantep, Turkey, and several of its technical working groups including (SRH / NCD / PHC & referral / COVID 19 TF / RCCE / Trauma and disability / SIG / Dialysis/ thalassemia / Harem network), a core member of the Syrian NGO Alliance (SNA) and several other relevant platforms, as well as a close partner of especially European governmental agencies and associated organizations.

In this regard, UOSSM took the lead through NCD TWG in preparing the NCD database master lists to use this master listing by the SIG team through the vaccination campaign against COVID-19. UOSSM received the data of 174,663 NCD patients submitted by 25 NGOs. The vaccination campaign launched in NWS at the beginning of June 2021, based on the data collected by UOSSM. There are also routine vaccination activities that are conducted through UOSSM health facilities.

Through its HFs, UOSSM is also an important member of the Harem referral network and the central referral system.

Besides, UOSSM was in the teams that developed and reviewed many of standardized guidelines that were adopted by WHO and UNPFA in the Syrian context like (updated essential health services package, IPC guideline, Guidance for the HF and health worker_ COVID-19 exposure)

It is important to mention that the quality department team in Idlib Health Directorate visited 69 primary health care centers in Idlib governorate, to evaluate the quality of health services, as the high-quality index must exceed 75%. The visits included 11 primary health care centers operated by UOSSM. IHD shared with UOSSM the results of the evaluation of UOSSM's PHCs, where all centers achieved the high-quality index and exceeded it by a good percentage.

UOSSM is also a member of WHO's task force of community health program since 2015 and has contributed to the development of the unified training course that was approved by WHO. Also, UOSSM contributed to the development of the protocol.



02 Nutrition Program

Nutrition Program

 **169,337**
Beneficiary

Community Health
program

 **184,885**
Beneficiary

unicef

UOSSM



www.uossm.org



According HNO 2020

13.4 million people in Syria are in need of humanitarian assistance, a 21 percent increase compared to 2020, with needs increasingly being exacerbated by economic decline. Ten years of protracted conflict in Syria has led to a staggering 4.9 million pregnant and lactating women and children in need of life-saving nutrition interventions, of which 3.9 million are in acute need (severity 4 and 5). It is estimated that an additional 0.3 million mothers and children will be in need of life-saving nutrition intervention compared to 2020 If urgent life-saving nutrition needs are not properly addressed.

Most affected population groups overall, 4.9 million people (1.7 million pregnant and lactating women and 3.3 million children under 59 months of age) in Syria are in need of nutrition assistance in 2021. While almost 1.9 million have 'extreme' nutrition needs and almost one million people have 'severe' needs. In addition, it is estimated that 246,000 children or 5% of the total nutrition sector PiN are disabled. Out of the total population in need, 3.9 million people are in acute need of nutrition assistance. The overall population in need includes 1.7 million internally displaced persons, 84,000 spontaneous returnees, and 3.6 million residents.

Nutrition Sector data shows variations among affected populations where more nutrition vulnerabilities were seen among the internally displaced population in the northeast and the north-west, while nutrition humanitarian services are needed across all Syria. Malnutrition will continue increasing across Syria and will have devastating, long-term, and intergenerational impacts.

Acute and chronic malnutrition is generally higher among children under the age of two and the homeless than in the population with malnutrition largely attributable to continued exposure of children and mothers to unsafe living conditions, diseases (including COVID-19), and substandard infant and young child feeding practices. Optimal, high maternal malnutrition, economic downturn, low purchasing power, poverty, food insecurity, and family separation, poor care practices, early marriage, and destruction of infrastructure resulting in limited access to health services, depletion of skilled human resources, and insufficient sanitation and water supply.

Chronic malnutrition remains high, with one out of each three to four Syrian children estimated to have or are at risk of being stunted. It is estimated that more than 600,000 children are suffering from stunting. Contributing factors include poor IYCF practices; lack of psychosocial stimulation, repeated illnesses; and low birth weight. Almost 90,000 children under the age of five years in Syria are acutely malnourished. In addition, malnourished children with complications have increased two-fold in some sub-districts and more stabilization centers are needed. Almost one in three pregnant women are anemic while maternal malnutrition remains a major public health and nutrition concern in Syria, leading to poor intrauterine growth. This is strongly linked with poor Infant and Young Child Feeding (IYCF) practices and maternal malnutrition, high levels of anemia (one in four children and one in every three to four pregnant and lactating mothers are estimated to be anemic).



UOSSM'S Team Response During 2021:

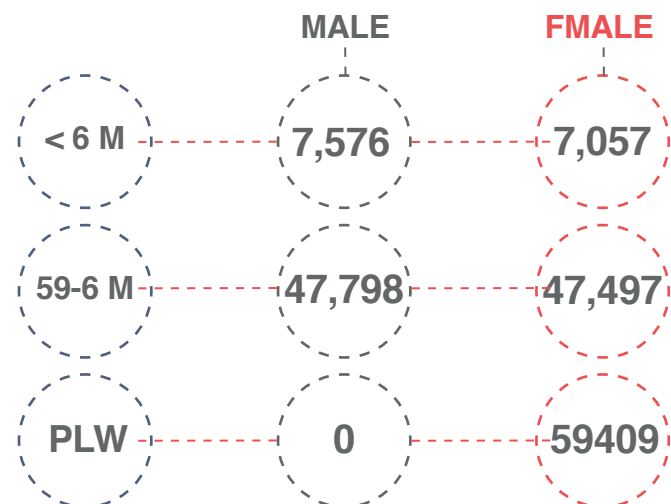
In order to respond to the nutritional status in Syria UOSSM has resumed delivering integrated nutrition services during 2021 to the most affected vulnerable children under five years CU5 and pregnant and lactating women PLWs at community and facility levels.

During 2021



169,337
Beneficiary

have received nutrition services through UOSSM's staff

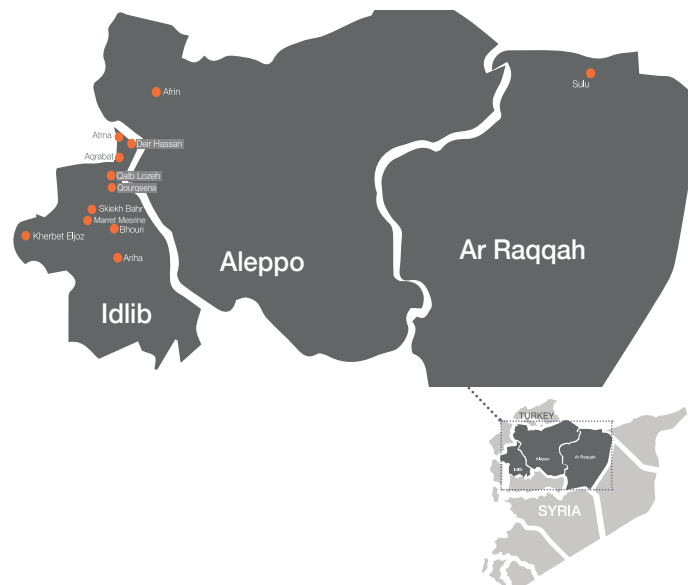


Whereas UOSSM is one of the active partners of UNICEF and the nutrition Cluster since 2012, The response to the nutritional need was in accordance with the strategy for UNICEF and the nutrition sector within COVID 19 epidemic, so our nutrition response has followed up a multi-sectoral approach to prevent and treat malnutrition and Intersectoral collaboration has been considered during nutrition assessments, resource mobilization, implementation, coordination, monitoring, and evaluation.

Next Table includes the health facilities that applied OTP activities and supported by UOSSM during 2021



Nutrition services were also delivered at the community level through Rapid Response Teams RRTs which were located according to the next table:



RRTs' response has targeted the most affected vulnerable population groups focusing on protecting and strengthening WHO recommended infant and young child feeding (IYCF) practices, age-appropriate micronutrient and anemia prevention interventions, and maternal nutrition through direct service delivery and integration with the health sector through applying CMAM (Community Management of Acute Malnutrition) during treatment malnutrition cases,

In addition, during the response, UOSSM teams have collaborated with the child protection sector through identifying and refereeing GBV cases into protection services (GBV case management) which results in strengthening the links between case management and nutrition services according to WHO/UNICEF recommended,

during 2021 total of 100 cases among children under five years and pregnant and lactating women, PLWs were referred to receive GBV services through UOSSM's and partners' specialized centers. which results in strengthen the links between case management and nutrition services according WHO/ UNICEF recommended.

Nutrition Raise awareness Activities:

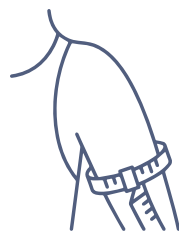
in order to improve community awareness, technical staff has delivered IYCF (infant and young children feeding) to pregnant and lactating women and caregivers,

during 2021 total of 109928 beneficiaries have received IYCF consultations including:

- Exclusive Breastfeeding
- Complementary feeding
- nutritional diversity
- food hygiene
- Feeding of PLWs

MUAC Screening:

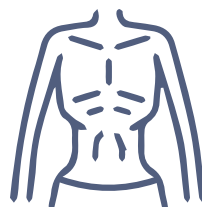
all beneficiaries 154704 (Children 6-59 months and pregnant and lactating women) have received MUAC services to identify malnutrition cases among them and treat them,



154,705 months 59-6 Children) and pregnant and (lactating women)
MUAC services

Malnutrition treatment:

By 2021 total of 470 Malnutrition cases among children, 6-59 months, and 409 malnutrition cases among PLWs were treated through OTP Facilities supported by UOSSM.



470 months 59-6 Children) and pregnant and (lactating women)
Malnutrition cases



2- Community health program

During 2021 UOSSM has resumed providing response to the health needs in Syria community health program services is one of the most important and influential health services at the community level during emergencies which is implemented through community health workers CHWs teams,

124 community health workers (62 teams) linked to health facilities And (10 teams) of them belong to the response teams supported by UOSSM have delivered Community health services according to WHO's protocols,

Next table shows the health facilities which includes community health teams during 2021:



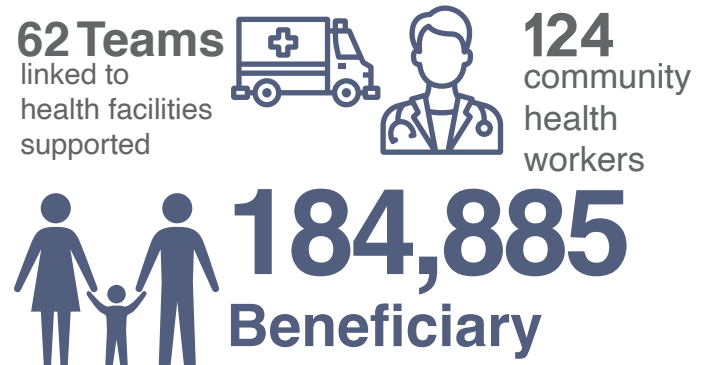
In addition, deliver raise awareness meassages in field of COVID-19 epidemic, each team have conducted 5-7 visits per day in the targeted communities,

Total 184885 Among them, 328 beneficiaries are people with disability PWDs have received 382741 health consultations during conducting house hold visits at community level by community health workers teams.

5082 diseases cases were screened at community level and referred to health facilities to be treated,

Total 952 children were refereed and received vaccination services in the health facilities,

During 2021 UNICEF was developed new module of service which is Family MUAC Approach FMA that aims to support and empower women through coaching them to screen MUAC for their child in case of absence service providers at community level, total 1914 women have applied this module of services in their homes during 2021,



All 124 community health workers have attended training according the unified course of WHO and have delivered services according six modules:

- Basic Module
- Family health Module
- Health life style Module
- Nutrition Module
- NCD Module
- CD Module



03 Mental Health & Psycho- Social Support



33,134
Total Beneficiaries



47,854
Total number of
services delivered



MHPSS Program Response Objective

UOSSM's MHPSS program, aims to protect, promote psychosocial well-being, prevent and treat mental health disorders for beneficiaries of host communities and Internally Displaced People (IDPs) in crises settings for males and females of children, adolescents, and adults. UOSSM seeks to provide Comprehensive Services by covering the four layers of the Inter Agencies standing committees (IASC) pyramid for MHPSS services in emergencies, with a wide range of MHPSS issues including social problems, emotional distress, common mental disorders (Such as depression and post-traumatic stress disorder), severe mental disorders (such as psychosis), alcohol and substance abuse.

MHPSS Services

As UOSSM believes that the community members respond to stress in different ways/levels, in addition to the role of some other factors such as security situation and availability of human resources, UOSSM follows different models to respond to the current context changes by operating the following intervention models:

1- Mental Health (MH) center with an acute inpatient unit:

The MH centers with acute inpatient unit projects aim basically to provide psychiatry care to the individuals of males and females who are suffering from acute mental health disorders, such as severe episodes of psychosis, manic, suicidal imminent risk, and other acute cases.

In 2021, UOSSM operated three MH centers in three different locations as follows:

- Sarmada MH center: with capacity of 20 beds, supported with an outpatient unit, and two MH mobile clinics, and helpline team covering Idleb governorate.
- Azaz MH center: with capacity of 115 beds, supported with outpatient units, and two MH mobile clinics
- Albab MH center: With a capacity of 20 beds, supported with an outpatient unit.

2- MH centers:

UOSSM is running one mental health center located in Alkarameh camp in Idleb, targeting beneficiaries with mild and moderate mental health disorders by the mhGAP trained doctors, as well as the beneficiaries with other MH issues by providing sustained/ evidence-based MHPSS programs by the teams of PSWs.

3- Integrated MHPSS services in Primary, and Secondary and Tertiary Healthcare (PHC, STHC) programs:

UOSSM supports integration of MHPSS services within health care facilities as a complimentary service provided by a team of mhGAP trained doctors and PSWs distributed as follows

- 12 PHC clinics located in Idleb governorate in: Ariha – Qurqania- Kherbet Al Juz- Aqrabat , Maaret masrin- Afrin -Bhour- Atma - Deir Hasan- Alskiekhbarh- Ayidoun camp - Qalb Loze
- 4 secondary health care facilities in Idleb governorate in : Abin Samaan – Idleb - Jisr-Ash-Shugur- Kelly

4- Mental Health Mobile Clinics (MHMCs):

UOSSM operates 6 different MH mobile clinics of one mhGAP doctor + 2 PSWs for each as follows:

- 2 MHMCs in Idleb covering
- 2 MHMCs covering Azaz area.
- 2 MHMCs in covering Afrin area.

This module of response secures meaningful access for MHPSS services for the population that have no/ or lack access to such services, or they cannot afford transportation to seek such services in other areas, especially for IDPs who are located in camps. Also, this module proved itself as effective as MHPSS rapid response team in cases of emergencies. Besides, MHMCs are filling a gap in terms of the integrated MHPSS services in PHC centers, as they are targeting the health facilities which have no integrated services, or need support in this regard because of the health caseload the GPs located in PHCs are facing, or in case the trained mhGAP doctors located in PHCs turned over or left their positions.



5- Remotely Provided MHPSS Services:

UOSSM operates two helpline teams, one dedicated for Idlev governorate and located in Sarmada MH center, supported with 24/7 hotline for suicide.

And another team consists of 6 psychologists and one psychiatrist covering the need in northern Aleppo and Afrin areas.

Helpline MHPSS services played an essential role in the context of MHPSS response in the pandemic situation of COVID-19, both for the people during lockdown at home and for the others who started to have concerns about physically visiting health facilities to receive MHPSS services. The communities targeted by the MHPSS Helpline services are divided into 3 levels:

- All population affected by COVID-19 situation (Lockdown, isolated, patients in Community based COVID-19 treatment Centers CCTCs)
- Frontline workers of health workers and other humanitarian aid workers in COVID-19 situations.
- Other community members who are facing other mental health issues.

MHPSS Activities

UOSSM is providing a variety of structured/ sustained/ evidence-based MHPSS activities in the above-mentioned modules, and in line with the basic package of MHPSS services agreed on by the MHPSS technical working group for NWS as follows:

- Specialized psychiatric management, with MHPSS inpatient care.
- mhGAP intervention.
- Problems Management plus PM+.
- Interpersonal therapy for groups IPTG.
- Individual psychoeducation.
- Psychological First Aid (PFA).
- Teaching Recovery Techniques program (TRT) for children.
- MHPSS awareness-raising including group sessions, distributing IEC materials, organizing MHPSS events with community engagement.
- Detection and Referral (D&R), by creating referral networks with other humanitarian actors.

- Community-based MHPSS capacity building, by targeting the community key persons and influencers (Including humanitarian aid workers) and build their capacity in MHPSS concerns to involve them in the provided MHPSS services.

MHPSS Program Networking

Memberships:

UOSSM is playing the co-lead role in the MHPSS TWG since 2021 and coordinates closely with the MHPSS TWG activities including capacity building, awareness-raising, advocacy campaigns, rapid response in emergencies, among other activities and events. And participated in developing the capacity-building strategies for MHPSS practitioners in NWS, On the other hand, UOSSM took the role of the overall supervisor with WHO on Program Management Plus (PM+) in 2019 to be spread between all of the Psycho-Social Workers (PSWs) who belongs to the other MHPSS actors in NWS

Partnerships:

In 2021, UOSSM has built strong partnerships with many partners and donors to support MHPSS programs in NWS such as EU, GIZ, WHO, UNOCHA, IRC.



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.

1-Program Management Plus PM+ program: Developed by WHO as an evidence-based non-psychootropic individual counseling technique that includes the essential basic helping and communicating skills.

2-mhGAP v.02: developed by WHO, for the general physicians in the targeted health facilities to be able to provide mental health services to the targeted population.

3-Psychological first aid PFA: Psychological First Aid is important in the immediate aftermath of a traumatic event. PFA includes psychoeducation that the patient's initial symptoms are a normal reaction to an abnormal event, PFA is designed to help people cope with stress, shock, confusion, fear, feelings of hopelessness, grief, anger, guilt, and withdrawal that arise when a catastrophe has occurred.

4-(Detection & Referral) based on mhGAP guidance: Detection of the main signs and symptoms of the mental health disorders and referral for the MHPSS team to be able to identify and/or assess the individual MHPSS problems, needs, and strengths with her/him and/ or their caregiver (e.g., if the individual is a minor or with severely impaired functioning requiring caregiver help), to refer the detected cases to the right MHPSS service provider.

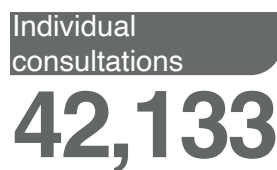
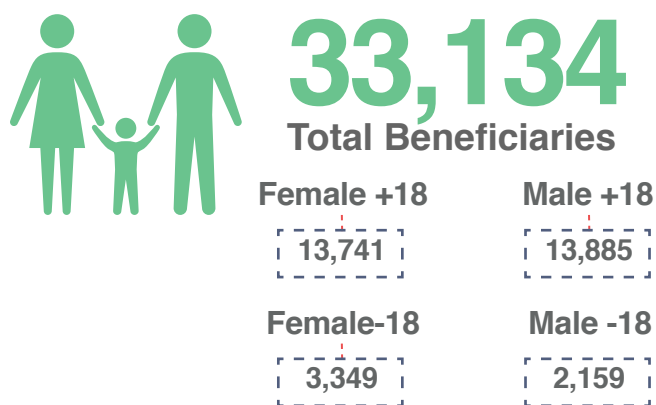
5-Teaching recovery techniques TRT: developed by war child organization: this is a group-based activity for children and adolescents who have been through traumatic situations and presenting mild signs of post-traumatic stress.

6-Anxiety treatment for children developed by Action for child Trauma international (ACT international)

7-Facilitating group sessions skills: Since some of the MHPSS practitioners' tasks focuses on groups whether it was training or awareness-raising sessions, or "focus group discussions", and in line with the IASC predicable of "Do no harm", those skills are essential to make sure that the MHPSS practitioners are providing a proper/not harmful service, in a structured/systemized way

8-Self-staff care: developed by Antares Foundation: According to WHO, self-care is "what people do for themselves to establish and maintain health and to prevent and deal with illness." This includes nutrition, environmental factors, lifestyle, and hygiene.

Total number of beneficiaries reached in 2021:



الصحة العقلية والنفسية للحالات الحادة

والهدف الرئيسي

مركز الصحة النفسية لتقديم المساعدة للمجتمع من اللاجئين في الشمال السوري، المركز أحد المراكز الرائدة في الشمال السوري، لأن يكون مركزاً نموذجياً لمراكز الصحة النفسية في من ناحية البنية والتنظيم وآلية العمل والتوثيق وصل والجوانب الأخرى.

المشروع

السلامة النفسية
مستشفى



04 

Protection



17,920

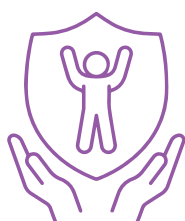
Beneficiaries From
Protection services





Child Protection

In 2021, 1210 (M=649, F=561) children aged between 3 and 8 years old were reached and targeted by Ahlan Sesame activities, Early Childhood Development (ECD), facilitated by the PSS Animators in Deir Hassan community and surrounding camps. The main goal of the activities is to restore hope & opportunity to a generation of children affected by conflict and crisis. The project also aims to enhance the well-being, functionality, cognitive, emotional and social skills of young children in conflict settings.



1,210

Children received child protection services

In addition, 1809 (M=606, F=1203) parents/caregivers were reached and targeted by Ahlan Sesame activities facilitated by the PSS Animators in Deir Hassan community and surrounding camps where the activities aimed at fostering the capacity of parents/caregivers to establish safe, nurturing and supportive environments and experiences that promote play-based learning.

Also, 4826 (M=2062, F=2764) parents/caregivers and community members were reached and targeted by group awareness sessions on Early Childhood Development (ECD) related topics by the PSS Animators in Deir Hassan Community and surrounding camps aiming at increase the community members, other services providers, CSOs frontliners knowledge and awareness on ECD program.

Gender-Based Violence (GBV):

In 2021, the protection team continued providing and delivering the protection services through the Women & Girls Safe Space (WGSS), Men & Youth Center (MYC) and Protection Mobile Units (PMUs) in Deir Hassan community and surrounding camps. In addition to integrated GBV case management services in 6 PHCs (Maaret Tamsrin, Ariha, Afrin, Quorqeena, Khirbet Al-Joz, and Aqrabat). The services included specialized GBV case management and referral services for women and adolescent girls. Also, non-specialized PSS activities which included My safety my well-being manual for adolescents, parenting skills for adults and recreational PSS activities for both adolescents and adults. In addition to conducting awareness raising sessions (Information sessions) in the community on GBV related issues.

In 2021, 1408 beneficiaries were received and provided by GBV case management services by the GBV case workers in the WGSS & 6 PHCs.

Non-specialized PSS Activities to adults (women, men) and adolescents (boys & girls) through WGSS and MYC.

The protection team continued conducting non-specialized PSS activities for adults (women, men) and adolescents (boys & girls) through both WGSS and MYC. Adults were provided with the parenting skills program with four sessions to each group. Where the number of groups was 52 groups and the number of beneficiaries were 440. While the adolescents provided with My safety my well-being program with eight sessions to each group. Where the number of groups was 20 groups and the number of beneficiaries was 240.

Vocational Activities

The vocational activities (hair dressing & sewing) for women and girls were provided at the WGSS while (football & hair-dressing) were provided for men and boys at MYC. The total number of beneficiaries was 1130

Referrals

The protection team including case workers provided referral services to beneficiaries in general. The number of referrals conducted by the case workers and protection team were 1982

Awareness Raising Activities

In 2021, the PMUs continued conducting awareness raising information sessions with one session to each group. The sessions provided to women, men and adolescent boys & girls. Where the number of groups was 5102 and the number of beneficiaries was 4515. The sessions provided to women, men and adolescent boys & girls. At the same time, GBV awareness-raising toolkits sessions with eight sessions to each group were provided inside WGSS and MYC. Where the number of groups were 30 and the number of beneficiaries was 360 and the number of sessions was 204. The following table shows the details of awareness raising group, sessions and beneficiaries.





05 
Health
Resilience
Program





Health System Resilience Program Response:

When the conflict in Syria started in 2012, major sections of the civilian electrical grid went out of service. Most power stations, transformers, and distribution stations were either bombed, destroyed, or dismantled. Diesel generators, and particularly diesel fuel – has become also the central piece of the war economy – creating a vicious cycle of dependency, fragility, and conflict. As a result, most hospitals became completely dependent on diesel fuel. Any disruption in electricity meant the difference between life and death for patients' dependent on life saving equipment.

The dependency on diesel led to price gouging by profiteers and endangered vulnerable communities. Most disturbing of all was the rise of actors who used profits to sustain the cycle of violence in the war economy. Every aspect of civilian life in Syria is affected by energy security.

UOSSM's experience under the Syria Solar Initiative (SSI) – www.syriasolar.org in northwest Syria have proven effectiveness in strengthening the health facilities infrastructure. Additionally, through the HIRS project (Health Integrated Resilience System), UOSSM have implemented a project that integrates three elements, that are foundational for the program. Health System Resilience Program aims to strengthen the resilience of the health systems and critical services in Syria, through leveraging advanced technologies, whether in renewable energy, electric mobility, or telecommunications, amongst other technologies related to water, sustainable waste management, and health-tech.

The integrated approach of the program aims at bringing together solar power, electric vehicles for ambulances & vaccine, tele-medicine, WASH, and medical equipment maintenance to reducing the dependencies on external variables. The Health System Resilience Program was developed to leverage technology solutions to specific problems: 1) fuel for electricity at health facilities; 2) fuel dependency for mobility; 3) shortage of qualified health professionals; 4) energy scarcity; 5) lack of efficient equipment; 6) frequent malfunctions of medical equipment.

We hope that this effort contributes to strengthening the health system for the local communities in Syria, and inspires others to pursue alternative models of infrastructure resilience and strengthening that leverages technology for de-centralization in humanitarian and development settings.

In leveraging clean and advanced technology and the ingredients that make those systems work can and should be localized and strengthened. The program will able to:

- Fully power the health facilities and utilities are providing the critical cases such as: ICU units, operating rooms and emergency departments during diesel outages;
- Human Recourses, gap in qualified health professional at all levels; and
- Sustain life and health through reducing risk of water, sanitation, and hygiene related diseases.



Health System Resilience Program Components [Health Facilities and utilities]:

1. Solar PV Systems and Battery Electric Vehicles (E-Mobility) for Vaccine & Ambulance:

of essential ingredients that keeps our systems functional is crucial in an increasingly troubled world. Beyond the conscious decision of transitioning towards renewable-energy in an attempt to mitigate the catastrophic irreversible consequences of climate change that we may still avoid, the speedy transition can provide our systems with the resilience it needs to deal with the consequences here today. This intervention will increase the resilience of the health-system in Syria, empower local communities, and help terminate the vicious cycle of the diesel-based war economy.

Energy resilience of hospitals are:

- In emergencies, the system can fully power the: ICU units, operating rooms, and emergency departments;
- % Of daily energy cost saved;
- # Liters of diesel saved per month; and
- # Tons of CO2 reduced every year.

2. Tele-Medicine

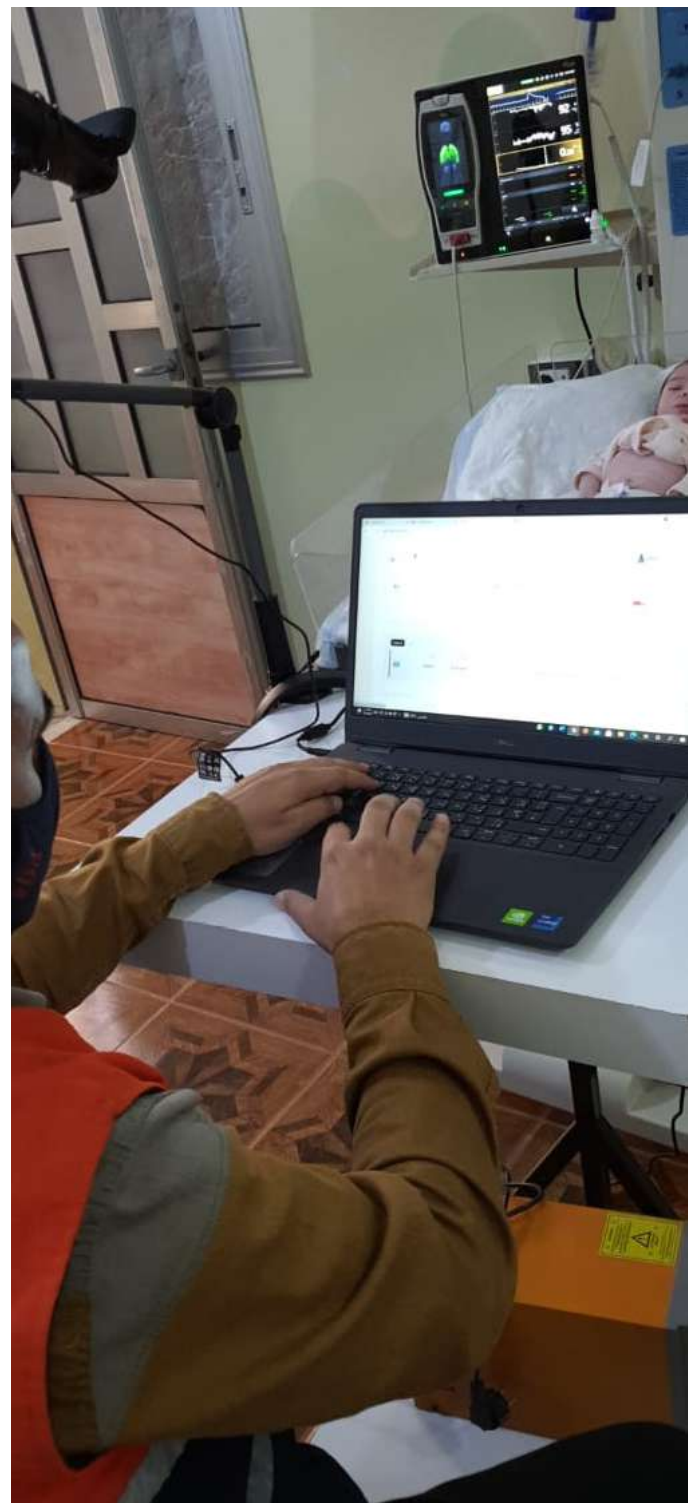
As the conflict in Syria intensified, several millions fled - including many qualified medical professionals and physicians. In 2017, it was estimated that there were only 2 physicians for every 10,000 people in non-government held areas. For context – in the Netherlands they have 35 physicians per 10,000 people – while Syria before the war had around 15. But since we are living in the most connected and digitized age humanity ever witnessed, we realized that Tele-medicine offers an opportunity for bridging this gap. Using advanced telecommunication technology, and using the existing experiences, it's possible to modularize and streamline a telemedicine platform and system that works.

3. Water Supply, Sanitation and Hygiene Promotion (WASH) and Medical Waste Management

interventions for the health facilities will insure providing safe water, appropriate sanitation facilities, reducing environmental health risks through managing the medical waste.

4. Medical Equipment Maintenance:

This is essential for providing good health services, saving scarce resources and to ensure the sustainable (increasing the lifespan of the main equipment for example: CT scan, MRI, etc.) specially, in main hospitals.



Activities ongoing:

The Health Integrated Resilience System IHRS project aims to strengthen health systems in conflict zones through leveraging integrated technologies: Solar Energy, Electric Vehicle, and Telemedicine.

Electric Vehicle:

UOSSM has successfully launched humanitarian innovation under the new Health System Resilience program in northern Syria. The electric vehicle will be used primarily for health services including vaccine transport between cold rooms and primary healthcare facilities, and to transport patients as part of the referral system. The expected metrics and outcomes of the pilot project will show its importance in improving and saving lives as it will be used for medical purposes and non-reliant on fuel- providing medical access in situations such as shortage of fuel in the area.

The innovative project will help fill a critical gap where over 10 years of conflict in Syria has devastated health systems and energy infrastructure

Where over 10 years of conflict in Syria has devastated health systems and energy infrastructure, UOSSM 's Health Integrated Resilience System works towards strong, independent, and resilient health systems, humanizing technological advancements for the people who need it most.

UOSSM aims to advance the adoption of renewable energy for critical health services, EVs as the primary mode of mobility, telemedicine which addresses the deep gap for health workers in the country. More technologies will be used in the future under the Health System Resilience Program not only for Syria, but for other similar humanitarian contexts.



Telemedicine:

As the conflict in Syria intensified, several millions fled, including many qualified medical professionals and physicians. In 2017, it was estimated that there were only 2 physicians for every 10,000 people in non-government held areas. For context – in the Netherlands they have 35 physicians per 10,000 people - while Syria before the war had around 15. But since we are living in the most connected and digitized age humanity ever witnessed, we realized that Tele-medicine offers an opportunity for bridging this gap. Using advanced telecommunication technology, and using the existing experiences, it's possible to modularize and streamline a telemedicine platform and system that works.

The HIRS Telemedicine Platform (www.hirs-tm.org) aims to apply the best models and technologies for telemedicine in the selected the 3 health facilities in the northwest Syria through collaboration between a doctor “service provider” and a consultant “expert doctor” to achieve an effective diagnosis, save lives, and reduce the number of referrals.

There are two main beneficiaries of telemedicine:

- Patients: Telemedicine gives patients the opportunity to receive care in fragility and conflict areas.
- Service Providers: Reducing the gap in qualified health professional at some levels (ICU, MH, NICU, and PICU) and Tele-medicine offers an opportunity for bridging this gap by opportunities to consult with other specialists and educational opportunities and mentoring.

Build a virtual platform for the purpose of utilization in telemedicine application in northwest Syria. The platform aims to connect service providers in select facilities in northwest Syria, with a network of physicians around the world.

Telemedicine allows for qualified medical professionals abroad - in much safer areas than the conflict zone - to effectively help deliver certain services in remote communities and clinics. This can be done using advanced imaging and telecommunication, enabling effective diagnosis while leveraging diaspora medical professionals, and artificial intelligence.

Activities: 3 telemedicine rooms have been implemented by UOSSM technical team.



Turkey Region



2,140

Number of beneficiaries
of PR services



16,162

Number of PR Sessions
and consultations



4,177

Number of SNR
individual sessions



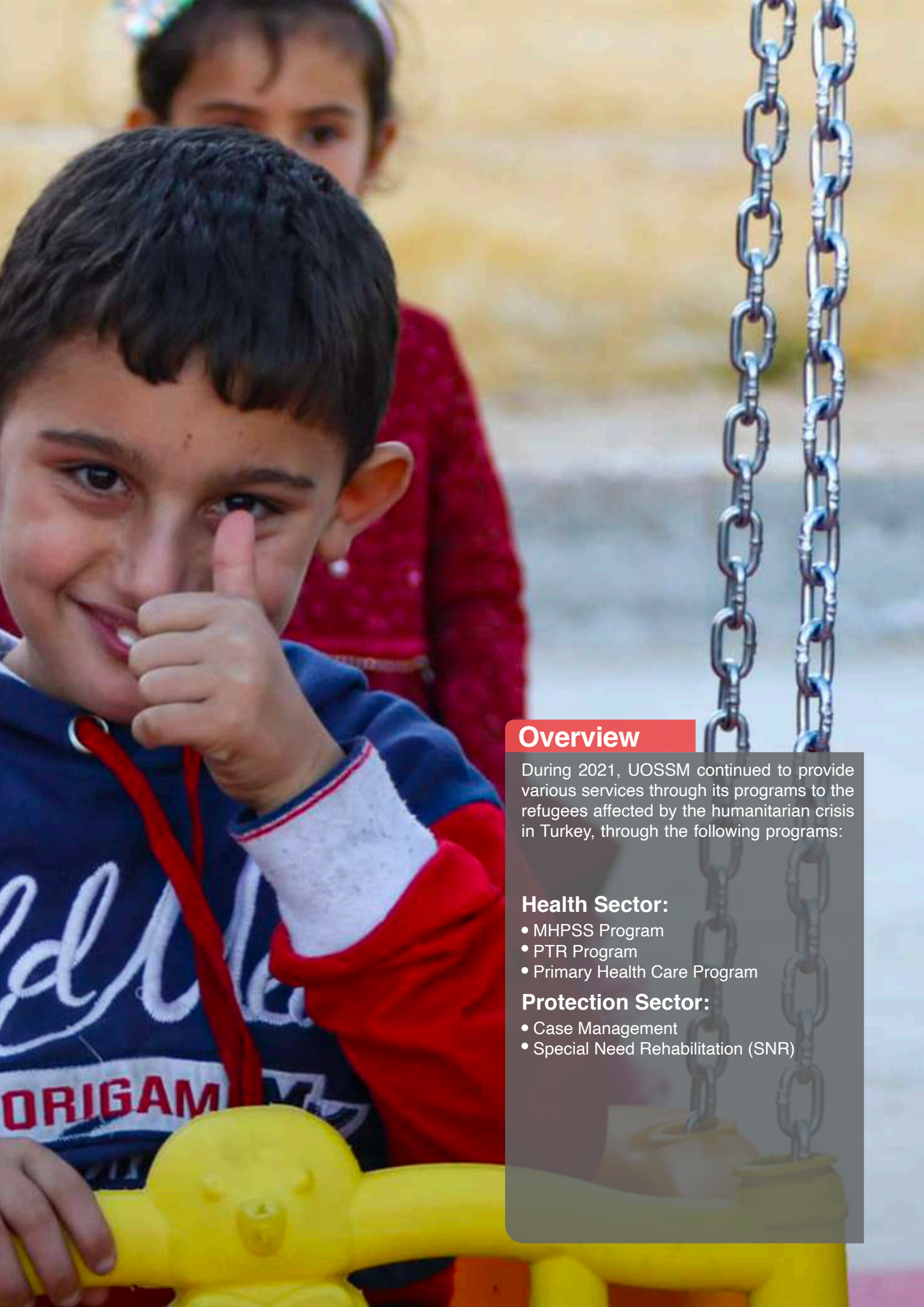
38

Number of SNR Group
sessions



738

Total number of direct
beneficiaries from SNR
services



Overview

During 2021, UOSSM continued to provide various services through its programs to the refugees affected by the humanitarian crisis in Turkey, through the following programs:

Health Sector:

- MHPSS Program
- PTR Program
- Primary Health Care Program

Protection Sector:

- Case Management
- Special Need Rehabilitation (SNR)

First: Health Sector

1. Mental Health and Psychosocial Support:

The objective of the UOSSM Turkey MH Program is to fill the gap in health service delivery, particularly niche services such as mental health, which are not envisioned to be part of the migrant health centers planned by the MoH. UOSSM has developed a robust implementation team, strong relationships both with the communities it serves and the government's authorities, and an in-depth understanding of the beneficiaries' needs and the operating context, which helped ensure the successful implementation of the project.

In addition to contributing to building a more resilient refugee community in Turkey by improving their mental well-being, at the same time reducing the burden on the Turkish health care system.

1.1 Mental Health Centers:

- Mental health center in Hatay
- Mental health center in Istanbul
- Mental health center in Gaziantep, the center closed on April 30, 2021
- Mental health center, in Kilis The center closed on June 30, 2021.
- All centers are licensed by the Turkish Ministry of Health.
- Our technical staff consists of: (Psychiatrist, Psychologist, Speech specialist and Case worker) in each centre.

1.2 We provided the following services:

- Provision of specialized mental health sessions with the psychiatrists at the centers, Mental health supervision which includes free medicated treatment. and follow up.
- Provision of individual counseling sessions and group sessions in the supported health facilities.
- Provision of outreach activities.
- Delivery of psychoeducation and awareness sessions in the supported facilities and online.

1.3 Achieved During 2021

- Number of mental health consultations: 7107 sessions.
- Number of beneficiaries of consultations: 2041 beneficiaries.
- Number of group sessions conducted: 80 sessions.

2. Physical Treatment and Rehabilitation (PTR Program):

The objective of this program is to provide physical rehabilitation services to refugees with physical impairment, which limits their daily functions, activities and independence and impedes their participation in society.

We have received our physical therapy centers in each of the cities (Reyhanli, Gaziantep, and Kilis). Our staff consists of a physician of a physicist, a bone surgeon, as well as therapists for physical therapy to meet the needs of all age groups of children, men, and women.

2.1 PTR Centers:

- PTR in Hatay.
- PTR Center in Gaziantep.
- PTR Center in Kilis.

All centers are licensed by the Turkish Ministry of Health.

Our staff consists of a physician of a physicist, a bone surgeon, as well as therapists for physical therapy to meet the needs of all age groups of children, men, and women.

2.2 Top services for physical therapy centres were delivered during 2021:

1. Medical consultations and dispensing of medicines.
2. Physical treatments for all age groups.
3. Providing auxiliary motor tools and devices, as well as artificial limbs for those with amputation.
4. Psychological and emotional support for patients and the role of the family in the treatment phase.

2.3 Achieved During 2021:

 **16,162**
Number of PR Sessions and consultations

 **2,140**
Number of beneficiaries of PR services



3. Primary Health Care:

3.1 PHC Clinic in Tel Abyad

From 1st of January 2021- the project closed on June 30, 2021

Due to the immense medical needs and weakened healthcare infrastructure in Northeast Syria- in 2020, UOSSM - Turkey partnered with Human Concern International (HCI) to implement a mobile clinic in the Tel Abyad district - Ein Issa subdistrict. This project aims to improve the well-being of the crisis-affected individuals, bring health services to people who otherwise would not have access, and refer complex cases to nearby healthcare facilities. The mobile clinic provides medical consultations with respect to child health, reproductive health, and communicable and non-communicable diseases, delivers psychosocial and public health awareness sessions, and distributes medical supplies and hygiene kits.

The health staff of the mobile clinic consist of a general practitioner, a nurse, and a psychosocial worker.

Amid the COVID-19 outbreak in NE Syria, the mobile clinic implements necessary precautions such as wearing Personal Protective Equipment, promoting awareness on COVID-19, and practicing physical distancing. The mobile clinic collaborates with the Tell Abyad Health Office in conjunction with the Local Council along with the Tell Abyad Health Directorate and Turkish Health Ministry.

The healthcare system remains insufficient to meet the needs of the public. In certain villages (Sukkariya, Shreian and Seida), the mobile clinic is the only available and accessible health service. Residents have great difficulty reaching Tell Abyad hospital due to socioeconomic barriers such as poverty and lack of transportation.



3.2 Top services for mobile clinic were delivered during 2021

- Provide healthcare services through the GP
Provide reproductive and female health services through the GP
- Provide psychosocial support services to people in need in the area
- Provide child and adolescent health services through the GP
- Conduct awareness raising sessions about public health issues by mobile clinic team.



Second: Protection Sector:

1. Case Management:

Through the Mental Health and Physical Therapy Center, a case worker has been employed in each center, where they update the map of services and conduct an initial evaluation for all beneficiaries according to the standards of the Washington Group, and they follow up on making referral pathway according to the needs of the beneficiaries and through psychosocial and community support Awareness and exchange of information about available services, and activating referral mechanisms in the targeted areas

1.1 Achieved During 2021:

Number of refugees with protection needs identified and referred to relevant services: 312 beneficiaries.

2. Special Need Rehabilitation (SNR)

In our centers, we provide rehabilitation services for child with special needs. In each center there is a speech therapist, in addition to collective awareness-raising sessions for parents and caregivers of children with Down syndrome and children on the autism spectrum.

2.1 Our top services for SNR were delivered during 2021:

- Evaluation session based on scales aimed at assessing the five skills of the child
- Individual rehabilitation sessions aimed to gain the SN children with the required skills based on the care plan
- A counseling session for parents or caregivers to train them on the mechanism of applying exercises with children at home according to the child's care plan
- Group awareness sessions targeting the community with awareness raising sessions for special needs and neurodevelopmental disorders.

2.2 SNR Center in Idleb

Donor & Donation period: Enfants de Syria under the FDF from (JAN until DEC 2021)

Staff Number: "12" seven of them are technical staff (2 Child Psychologist, 1 Speech specialist, 3 SNR Facilitator and 1 Case worker)

Main Goal: The proposed project will contribute to improve the wellbeing and functionality of the Syrians; both locals & IDPS in NW Syria, Idlib city, by providing specialized rehabilitation services. The most important needs identified related to Special Needs Rehabilitation (SNR) will be addressed in the SNR Centre where the most affected children with special needs will benefit from specialized SNR services - which are not available effectively in the area to respond to the high needs of those children.

Objectives of the Project:

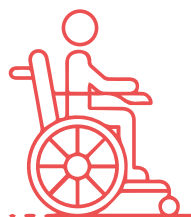
- Increase the access of children with special needs to specialized rehabilitation services in Idlib city in NW Syria.
- Increase awareness and knowledge among local and IDPs communities on SNR concerns, symptoms, self-recovery potential and screening by providing targeted group awareness sessions.
- Children with special needs with different ages had access to other services provided by other humanitarian actors and service providers in the targeted area.

2.3 Achieved During 2021:

Number of SNR individual sessions: 4177 Sessions.

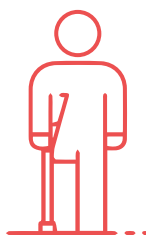
Number of SNR Group sessions: 38 Sessions.

Total number of direct beneficiaries from SNR services: 738 beneficiaries.



4,177

Number of SNR individual sessions



38

Number of SNR Group sessions



738

Total number of direct beneficiaries from SNR services



BİRLİKTE

HAYAT KURAR

UMUTLU

VESTEL

RELIEF

لتقديم الشكاوي والاقتراحات

- آلام المفاصل
- آلام الظهر
- آلام الرقبة
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في التبريد والتدفئة

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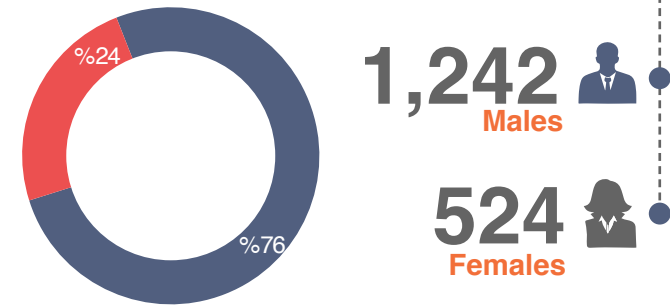
Human Resources



Sometimes equipment looks nice and beneficial, but the most important quality is the person that makes it work well

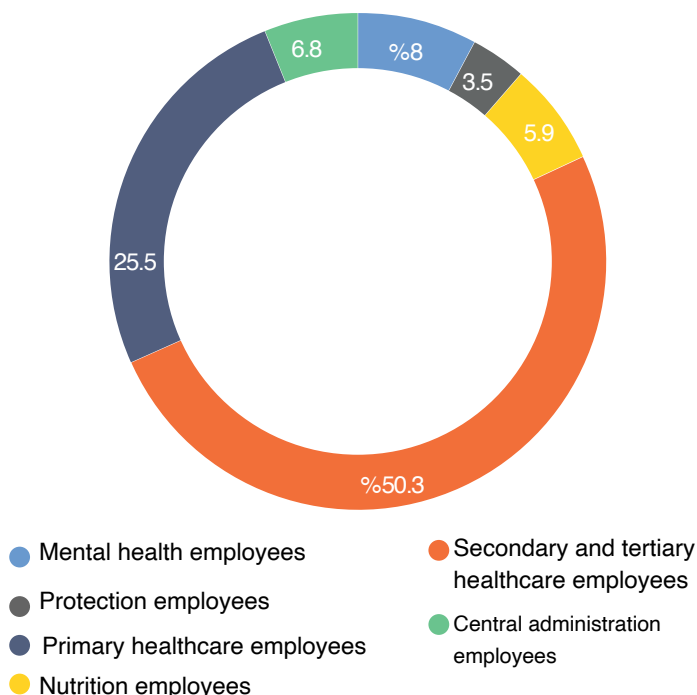
Human Resources Statistics for UOSSM's Mission in Gaziantep/Turkey in 2021:

These numbers and statistics include UOSSM's mission only and does not include the staff of member organizations. By the end of 2021 UOSSM had 1,766 employees, 1,702 of which work inside Syria, and 64 work in Turkey.

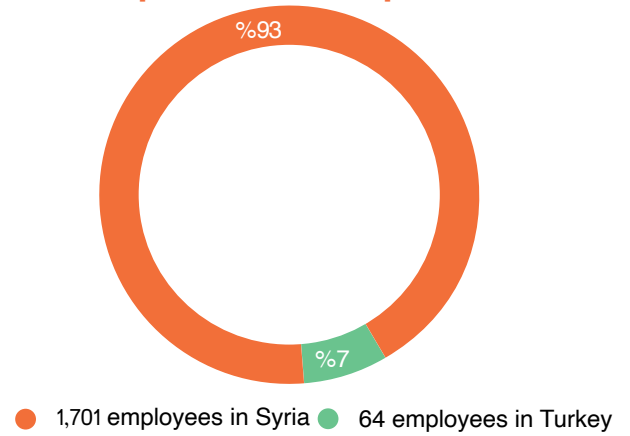


UOSSM's human resources are distributed based on the mission's activities. Employees of the primary, secondary, and tertiary healthcare sector make up 727 of the mission's total employees. The employees of the primary healthcare sector are 368, and 115 employees work in the mental health and psychosocial support sector. The number of staff in the nutrition program reached 85 employees; the protection program had 50 employees; and the central administrative staff had 100 employees through 2021.

The distribution of the mission's staff per program

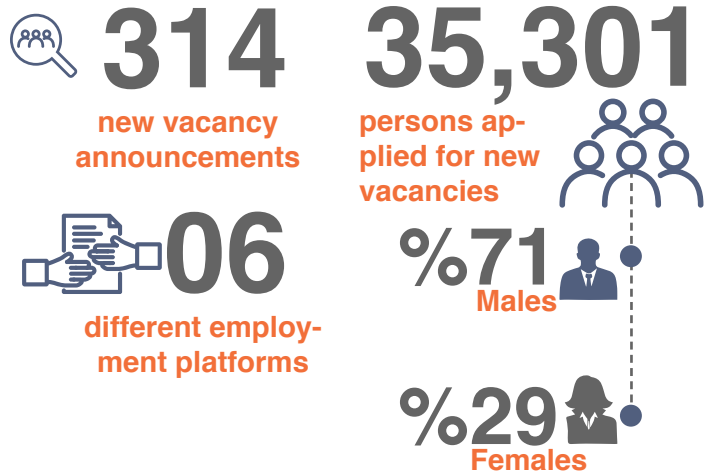


Distribution of the mission's staff per areas of operation



The mission's recruitment statistics in 2021:

314 new vacancy announcements were published during 2021 through 6 different recruitment platforms. 35,301 people applied to these vacancies, 71% of them were males and 29% were females.



The mission contracted with 441 new employees during 2021. 65% of them were males while females percentage was 35%



Financial Management Summary

19,507,928 \$

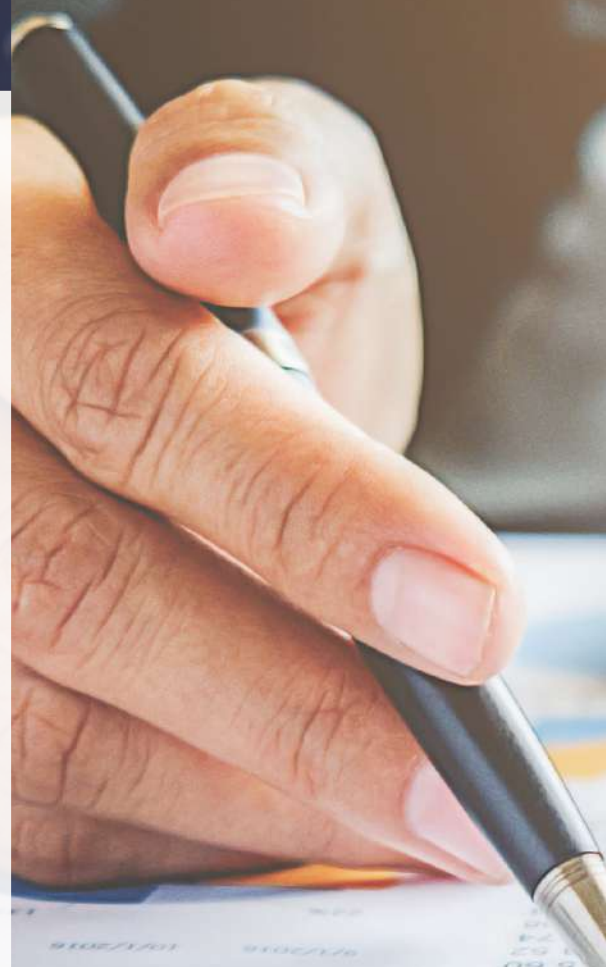
mission of Union of Medical Care and Relief Organizations in Gaziantep/Turkey

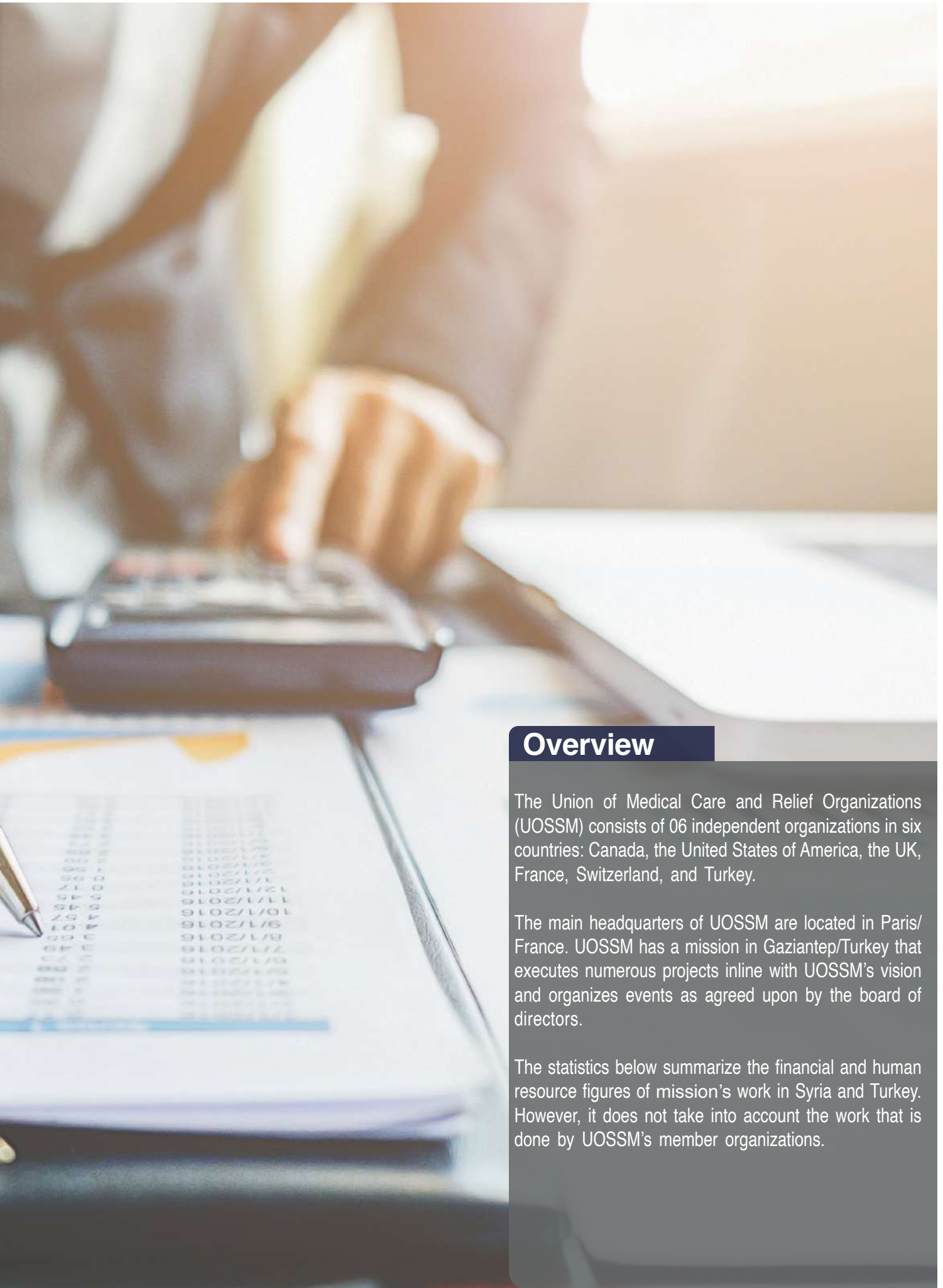
18,040,726 \$ ●

Financial (fund raising) Events

1,467,202 \$ ●

In-kind Expenses





Overview

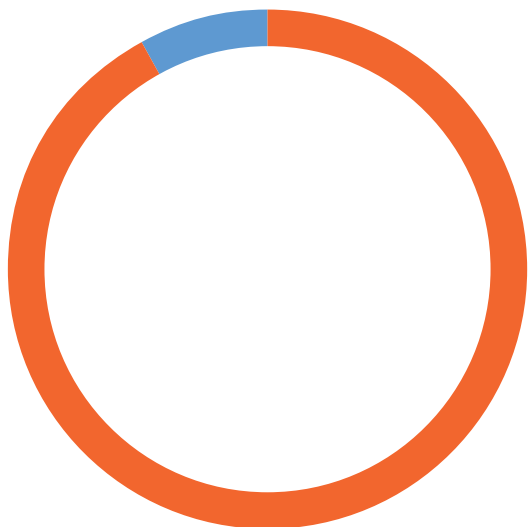
The Union of Medical Care and Relief Organizations (UOSSM) consists of 06 independent organizations in six countries: Canada, the United States of America, the UK, France, Switzerland, and Turkey.

The main headquarters of UOSSM are located in Paris/France. UOSSM has a mission in Gaziantep/Turkey 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 mission's work in Syria and Turkey. 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 2021, the magnitude of mission's work in humanitarian and medical relief was **\$ 19,507,928** in total (expenses). The breakdown of this total is shown below:



■ Fundraising (financial) events **92.47%**

■ In-kind Expenses **7.52%**

In-kind Expenses:

Mission's in-kind expenses totaled \$1,467,202 (7.52 % of the total expenses) in 2021. 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 \$18,040,726 which is 92.47% of the total work.

93¢

Cents out of every dollar for beneficiaries through one of the Union's activities in the year

2021



Mission's costs per operation type



Administration Fund



Mental Health
Fund



PHC Fund



STHC
Fund



Outsourcing



Health infra-
structure Fund



Vaccination
Fund

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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IBAN: CH29 0839 0035 6083 1040 5

Account Nnumber: 356 083 104 05

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Together,
Saving
Lives &
Building
HOPE