



Union of Medical Care and Relief Organizations

# Annual Report 2019









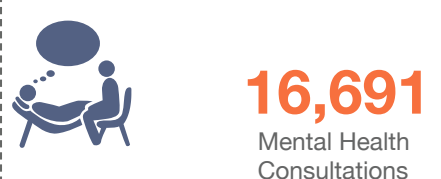
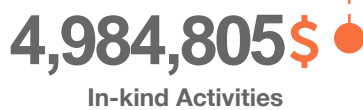
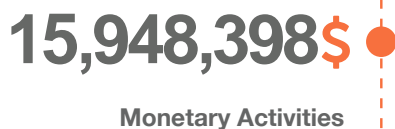
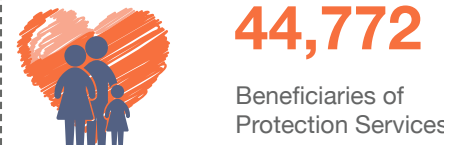
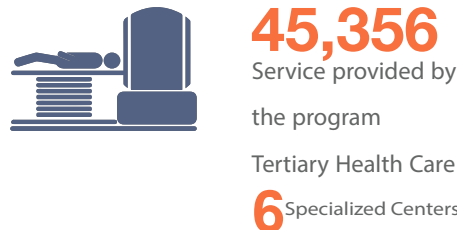
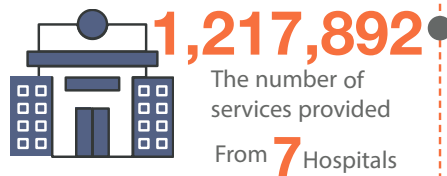


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# 2019 in Numbers



## 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.

### 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.

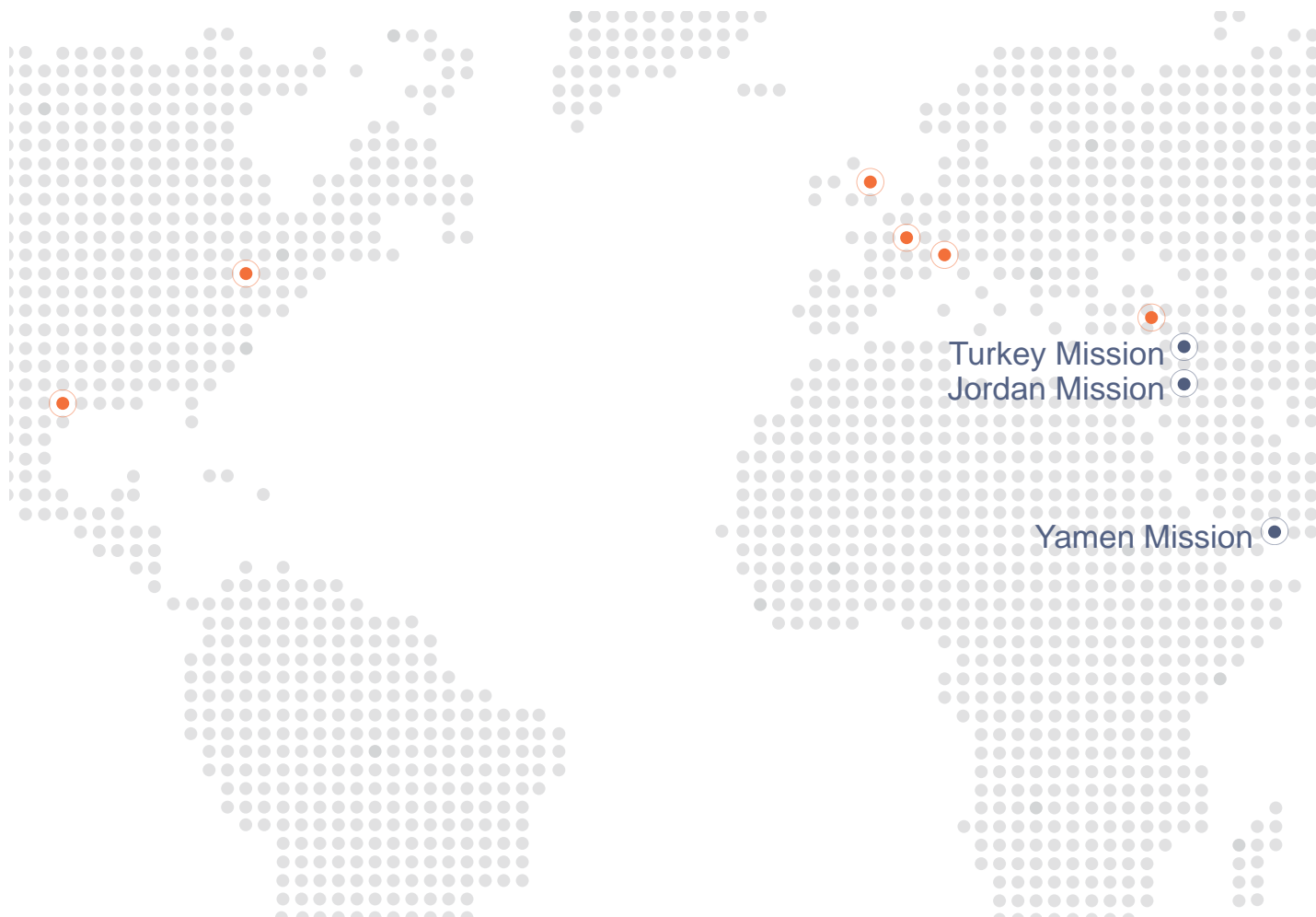
**AMBITION.** We commit to provide the highest quality of care we are capable of, guided by our medical profession and the international principles and humanitarian standards.



# Member Organizations



## Where We Are



# Where We Operate





# 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 ISO 26000 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.

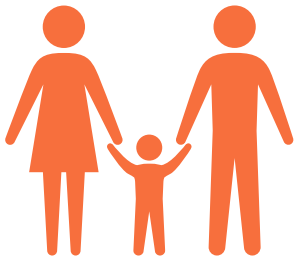
## A Glimpse into the Humanitarian Situation in Syria 2019

The scale, severity and complexity of humanitarian needs of people in Syria remain extensive. This is the result of continued hostilities in localized areas, new and protracted displacement, increased self-organized returns and the sustained erosion of communities' resilience during close to eight years of crisis. Across Syria, an estimated 11.7 million people are in need of various forms of humanitarian assistance, with certain population groups facing particularly high levels of vulnerability. Whilst there has been a reduction in violence in many parts of the country over the past year, the impact of present and past hostilities on civilians remains the principal driver of humanitarian needs in Syria.

With the crisis in its eighth year, staggering levels of need persist for people across Syria. An estimated 11.7 million people were in need of various forms of humanitarian assistance as of the end of 2018, representing a reduction since the beginning of the year. An estimated 6.2 million people remained internally displaced, with well over 1.6 million population movements recorded between January and December 2018.<sup>1 2</sup> Close to 1.4 million displaced persons reportedly returned home spontaneously during the same period, with the majority estimated to have been displaced for relatively short durations.<sup>3</sup> The UN estimates that 25 per cent of internally displaced persons

(IDPs) are women of reproductive age, and 4 per cent are pregnant women that require sustained maternal health services, including emergency obstetric care. Based on recent assessments, the Food Security and Agriculture sector estimates that a third of the population in Syria is food insecure, with pockets of acute and chronic malnutrition persisting in certain areas.<sup>4</sup> Outbreaks of measles, acute bloody diarrhoea, typhoid fever and leishmaniasis were reported in various areas of the country throughout the year. Palestine refugees in Syria have remained particularly vulnerable, affected by displacement, loss of assets, and significant destruction of residential areas.

Syria remains a major protection crisis, with civilians exposed to multiple protection risks related to ongoing hostilities; the effects of new and protracted displacement; dire conditions in sites and collective shelters hosting IDPs; and the depletion of socioeconomic resources triggering harmful coping strategies (e.g. child labour and early marriages). Despite a reduction in hostilities in parts of the country, 2018 saw intense fighting in several locations, including East Ghouta in Rural Damascus Governorate, parts of southern Damascus, the southwest (particularly Dar'a and Quneitra), much of the north-west, including Idleb Governorate and Afrin District in Aleppo Governorate, and eastern Deir-ez-Zor Governorate. In many cases, hostilities had an immediate impact on the lives of civilians, causing death and injury, largescale displacement, damage to property and destruction of civilian infrastructure including schools, hospitals/health points and other services necessary to daily life. Attacks on health care have remained a hallmark of the crisis. The UN estimates that almost half of health facilities in Syria are either partially functional or not functional as a direct result of hostilities.<sup>5</sup> The protection of humanitarian and medica



**11,7 Million**

A person in need of humanitarian assistance



**5,3 Million**

A person who is a refugee in neighboring countries

**5 Million**

Desperately Need Help



**6,2 Million**

A displaced person inside Syria

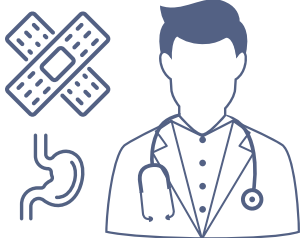


**%83**

Of the Syrians below the poverty line



IDPs and returnees are vulnerable to outbreaks of infectious diseases due to unsanitary living conditions and low coverage with routine vaccination



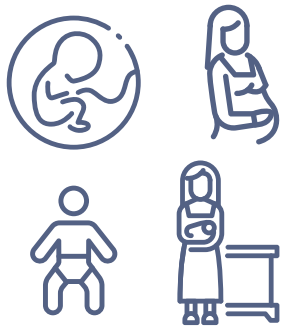
**%41**

of the population need To cure diseases non-infectious



**3 Million**

A person with a disability in Syria



**%37**

of the affected population need routine reproductive, maternal, newborn and child health services

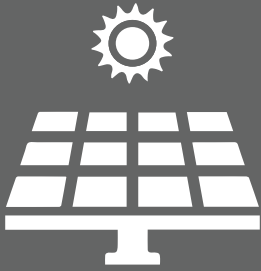


**%46**

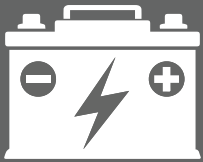
of health facilities Not working at full capacity



# Renewable Energy



**300**  
Solar Panels in the  
Aqrabat Hospital



**216**  
Batteries

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.





The final stage of installation of solar panels to reduce dependence on fuels /Idlib Countryside



### First: Support Aqrabat Orthopedics Hospital (AOH) with the Alternative Energy System:

UOSSM has completed the implementation of the Solar Energy project that it started in the previous year 2018, and the system was handed-over to the Aqrabat Orthopedics Hospital management in July 2019. The capacity of the Solar PV Sytem is (75 kW AC- 90 kWp) and the components consist of 300 solar photovoltaic panels and 12 inverters, 216 batteries, and advanced data control systems. As this system contributed, to reduce the loads on diesel generators and thus reduce fuel dependence, additionally, this amounts to saving approximately 40% of the annual energy cost for the hospital as well as increasing the power required of the total loads for the sensitive loads in the facility if the fuel subsidy is cut-off thus, this the solar system (summer season) and storage system (battery-bank) is operating as an auxiliary source of electricity at night.

The Aqrabat Orthopedics Hospital provides various medical services, with an average monthly rate of 5,624 emergencies, 1,591 medical consultations, and 404 surgical operations.

The Energy Team of UOSSM trained and delivered the Hospital maintenance team on matters related to the operation and periodic maintenance of the system, as well as the hospital administration delivered all instructions, maintenance manuals and drawings, as they were implemented (as built) to ensure the continuity of the system's work.

### Second: The Integrated System to Resilience the Health Infrastructure:

During 2018, the Health Integrated Resilience System project was selected for funding by a Canadian Foundation (HGC) concerned with innovation in the humanitarian field. The planned project, which will extend its implementation during the years 2019 and 2020, will fundamentally be a shift by working to enable the health system to expand into broader stages of solar energy as an independent sector within the Syria Solar Initiative.

The systems proposed and planned within the project will work on the integration of several technologies in the context of medical humanitarian work, which will be concerned with the following points:

- ◆Renewable energy (solar PV systems within medical health facilities).
- ◆Transportation (electric vehicles for ambulance and vaccine transport).
- ◆Telemedicine (covering the shortage of medical human resources).

The project is mainly based on decentralization in planning, implementation, and on making the pillars of humanitarian work localized to the maximum extent, where dependence on external resources is the least possible.

The integrated system can be summarized by looking for and creating a mechanism connecting the three elements so that the surplus power from the solar energy systems within the health facilities used to charge the battery with the electric vehicle (ambulance), and the telemedicine platform is available to provide medical consultations that will reduce the number of referral cases to patients and reduce the loads on other facilities.

The project aims primarily to publishing the knowledge resulting from the pilot period in the project within an electronic platform (open-source) available in different languages in order for workers in the humanitarian sector to benefit from it to develop and implement projects that go into these systems separately or in an integrated way.





### 1- Renewable Energy:

The UOSSM technical team is constantly exploring and constructing a mechanism for selecting the most vital health facilities and benefit from the health facilities powered by the solar systems to install electric charging points to supply electric vehicle (EV) with the energy demanded to provide transportation-related services, whether for referral or vaccine transfer cases.

### 2- Transportation:

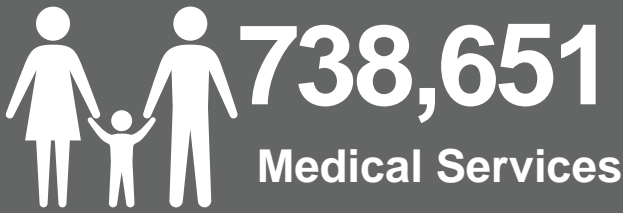
Within the year 2019, the project team designed a special questionnaire to understand and realize the ambulance and referral system in northwestern Syria, through the participation of 7 health partners providing us with information, and accordingly, the most appropriate electric vehicles were determined according to several technical parameters that achieve the required goal of supplying the first electric vehicle (100%) and the expected date to purchase it and put into service in the third quarter of 2020.

### 3- Telemedicine:

The development of the telemedicine platform is expected to be completed in the final quarter of 2020, after identifying the gap in northwestern Syria and presenting the most needed medicine models after conducting the telemedicine questionnaire and working on networking with volunteer doctor consultants around the world to offer medical consultations, training, or other services as required.



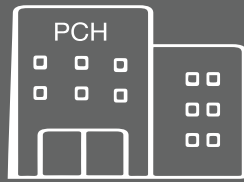
# Primary Health Care



**12** Mobile Clinics

Services in Mobile Clinics

**82,924**



**14** Primary Health Care Centers

Services in Primary Health Care Centers

**655,727**

The conflict in Syria has entered its ninth year, throughout the past eight 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

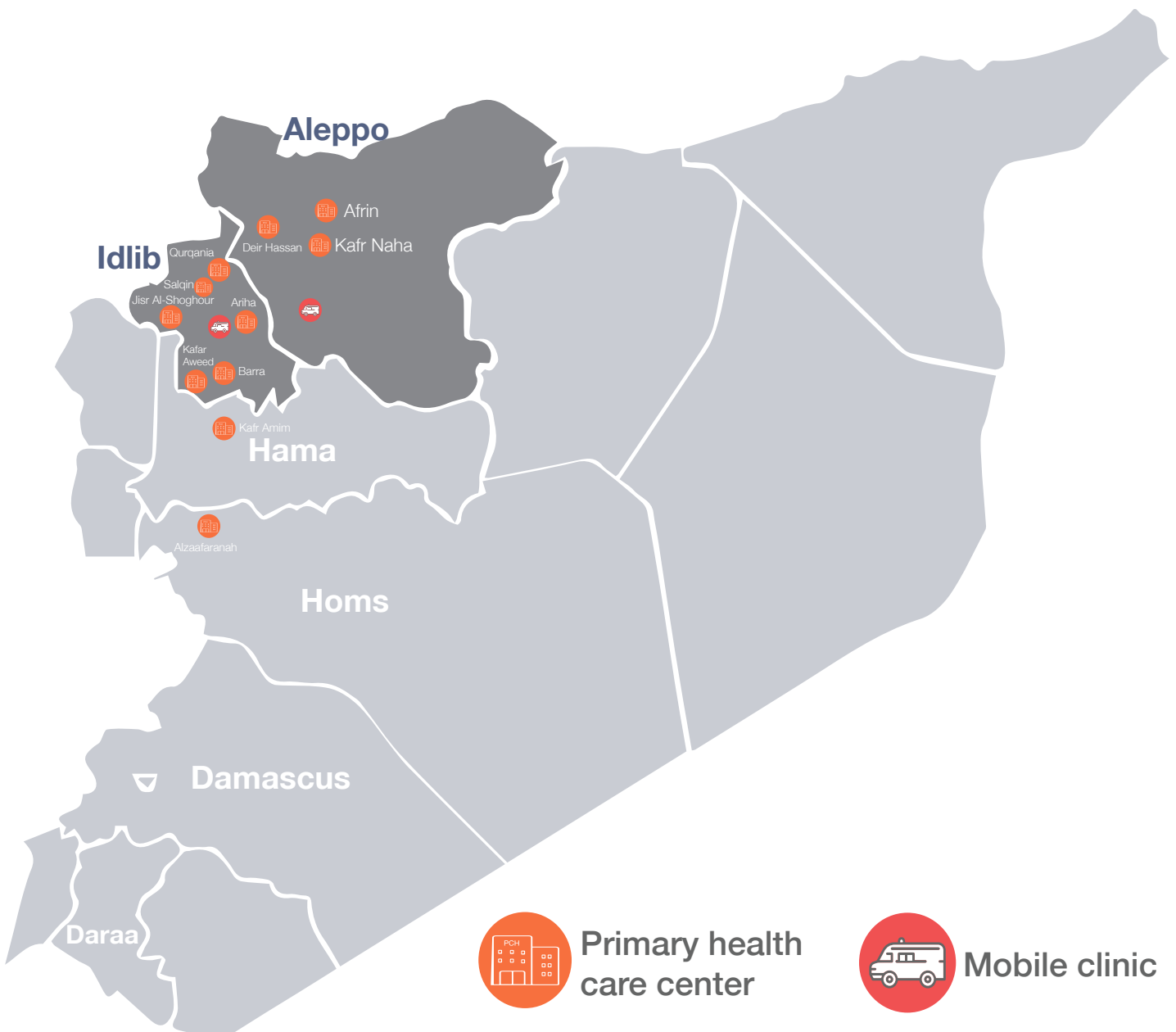


## First: Primary Health Care Centers:

UOSSM operated **14** primary health care centers and **12** mobile clinics in 2019. Some of these facilities were either permanently or temporarily paused due to different reasons.

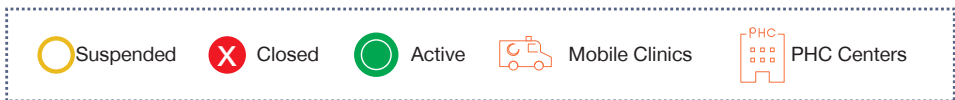
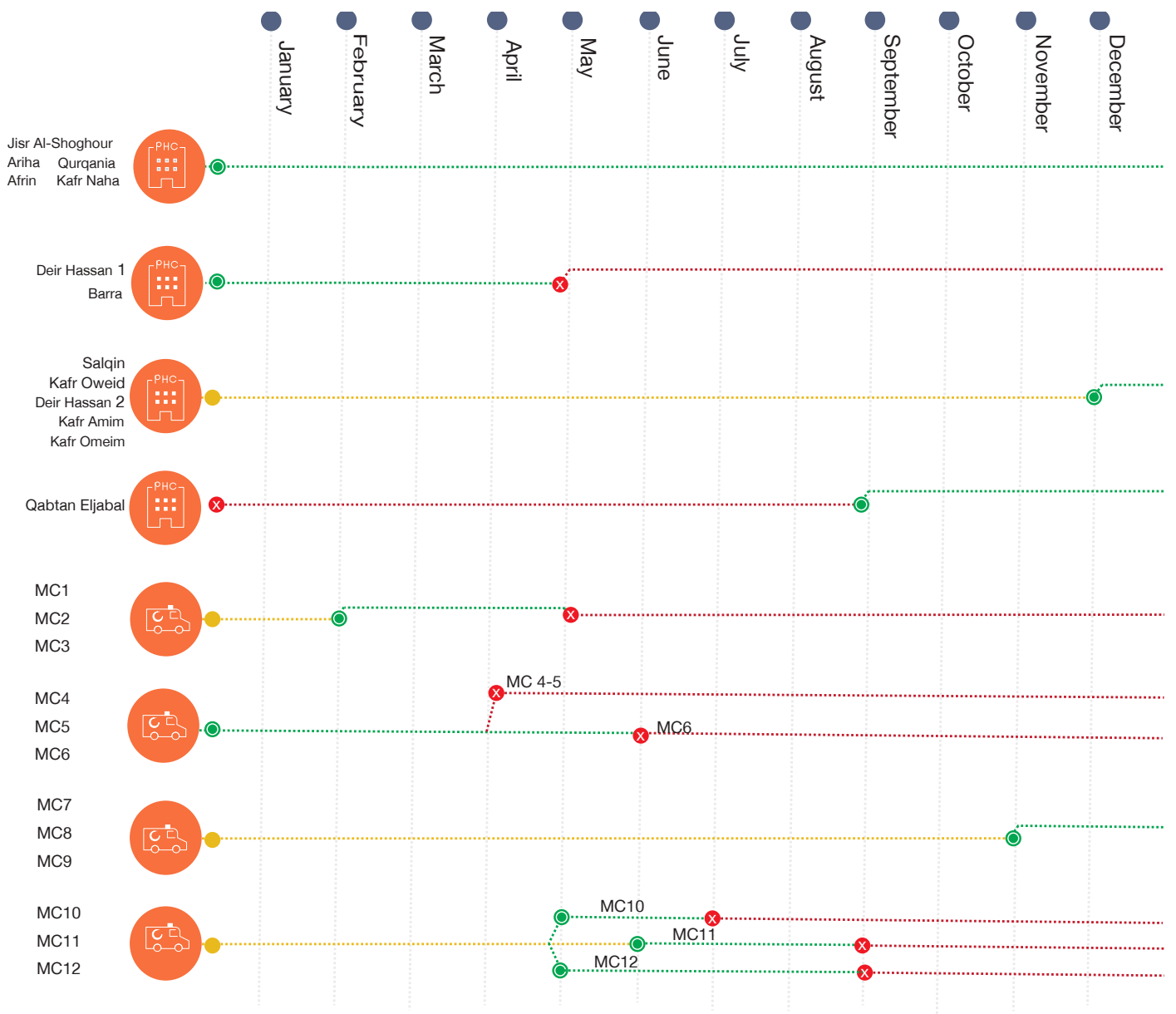


UOSSM primary health care facilities have been designed to follow the standards of basic health care services (EHSP), which was developed under the patronage of the World Health Organization and used by previous organizations working for Syria. UOSSM is involved in the primary health care field through 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

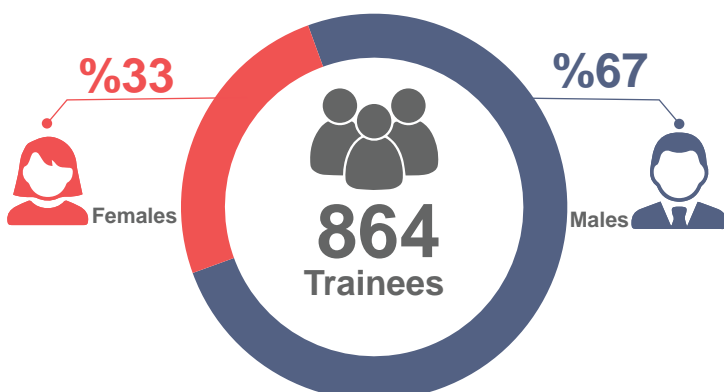
These services are offered in accordance to the protocols in the basic health services package, which are the following:

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 864 workers trained in 2019, 33% 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.



584 trainees attended PHC - specialized training courses only. These courses are classified into 3 main categories as shown in the next table:

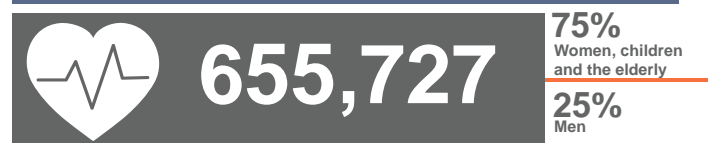
Training	Trainees
IPC	87
Medical	297
School health	200

### Fourth: Numbers of Beneficiaries:

The number of services offered at primary health care facilities decreased in 2019, in comparison to 2018. In 2019, the total number of health services offered was 655,727. 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 42% 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

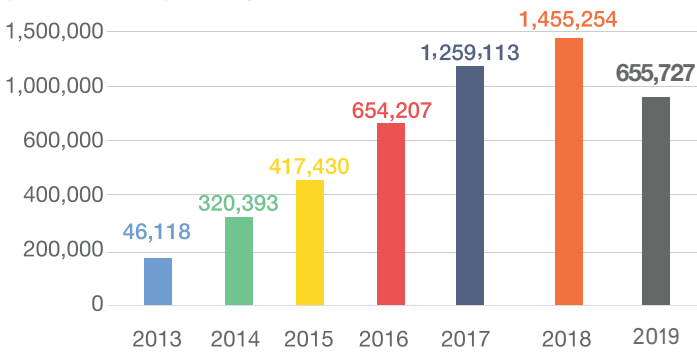






### 1- Fixed Primary Health Care Facilities:

UOSSM is able to provide sustainable and high quality primary health care through its primary health care facilities. In 2019, 655,727 health care services were provided at primary health care facilities.



Graph Showing Services Provided in Past 7 Years

### 2- Natural Birth Department:

In 2019, UOSSM supported and operated three natural birth departments, in which 2,713 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 2019, 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 2019, 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 82,924 total health care services provided at these mobile clinics.

The governorate of Idlib is considered the most covered by mobile clinic services

### 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.



ماحسيت إلا السقف وقع فوقنا أنا وأختي وبلشنا نصيح ونستجد حتى يطالعونا» يقول محمد من كفرنبيل

تم إسعاف الطفلين إلى أقرب نقطة طبية حيث تبين وجود كسر بيد محمد اليمنى بالإضافة إلى العديد من الجروح في الرأس والجسم والتي أصابت أخته أيضاً.

نزحوا مجبورين ومغلوب على أمرهم مثل كثيرين بعد أن أصاب منزلهم ضربة أدت إلى تدميره خلال الحملات العسكرية الأخيرة في المنطقة.

وبدأ محمد بمراجعتنا في مركز قورقانيا للرعاية الصحية الأولية لمتابعة إصابته إلى أن تأكدنا من وصوله للشفاء التام





### 5- New Activities for Primary Health Care in 2019

In 2019, new activities for primary health care were implemented, in response to different needs in surrounding areas, which are as follows:

#### Referral Network:

In 2019, a referral network program for the area of Ariha, was implemented. The program was coordinated between 10 working partners and networking approximately 19 facilities (primary health care centers, mobile clinics, hospitals) in the area. In 2019, 8,458 cases were referred within the network, non-emergency cases were transported by cars while emergency cases were transported by ambulances. This network is managed by Idlib's Health Directorate, with technical support and supervision by UOSSM.

#### Medical Education Center:

A medical education center was implemented in the city of Idlib. This aims to train 100 health care providers in the medical protocols developed by Gaziantep Reproductive Health Group.

On the 14th of September, 2019, a graduation ceremony was held to distribute training certificates on continuous medical education to 76 graduates. The certificates were signed by UOSSM, IHD, and UNFPA. Representatives from other NGOs were in

#### Educational Health:

In 2019, a "school health" project was implemented in the Idlib governorate. The project covered 105 schools in coordination with the health and education directorates in Idlib. This activity included two components primary health care and mental health services.

In 2019, the employees received 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:

- Empowering the Directorates of Health and Education in regards to the educational health program.
- Raising awareness around health issues between students, teachers, and parents in regards to both public health and mental health cases.
- Creating a healthier, more suitable learning environment.
- Transferring questionable cases to health care clinics in schools in order to reduce spread and transmission of disease.
- Implementing specific health coordination between the Directors of Health and health partners (SIG, EWARN).

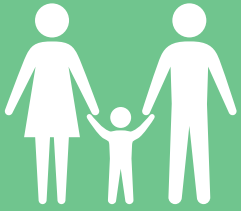
#### The project included the following activities:

- 1- Training of staff.
- 2- Conducting awareness sessions.
- 3- Checking for diseases and referring suspected cases to PHC centers.
- 4- Response to the reported lice cases at schools.
- 5- Response to COVID-19.

The services were provided to around **68,000** beneficiaries (students, teacher , and parents)



# Nutrition



**93,560**  
Beneficiaries



**380,189**  
Consultations

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.





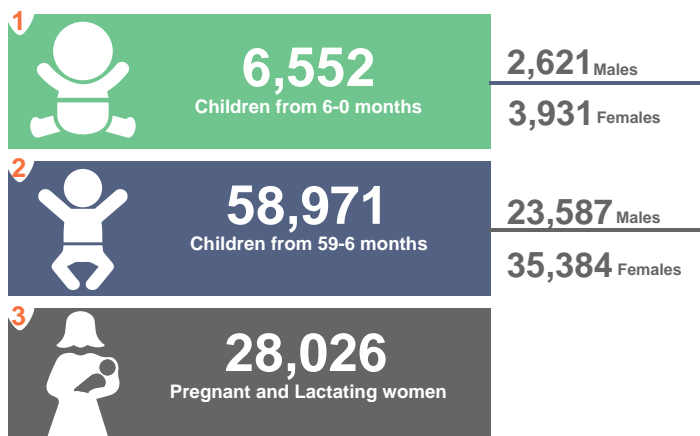
## First: Nutrition

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.

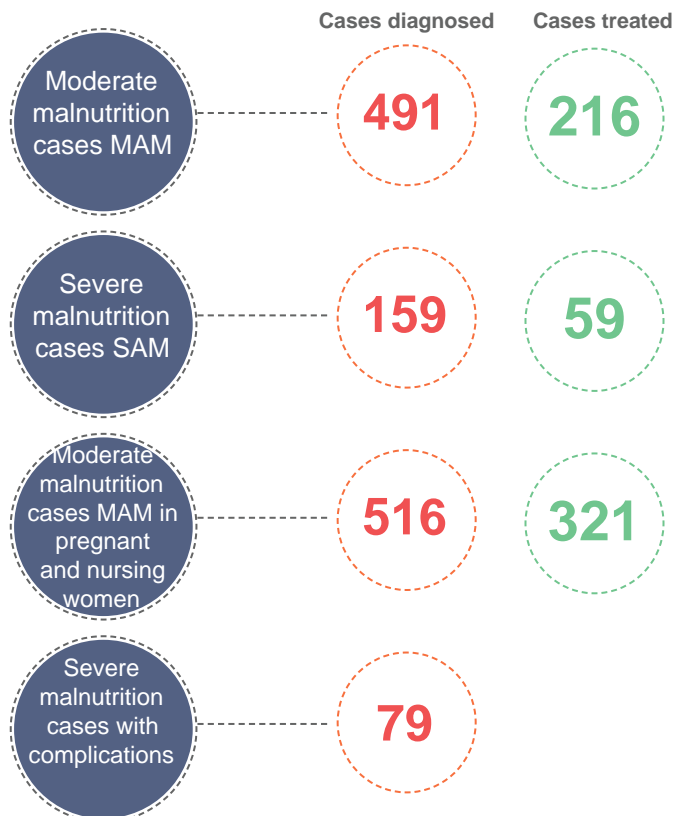
- ◆ Distribution of preventative nutritional supplements to children under 5 years of age, pregnant and nursing women to prevent malnutrition and anemia.
- ◆ Community Management for Acute Malnutrition (CMAM)

### 1- Beneficiary Statistics:

The number of beneficiaries from the services offered at the nutrition program total 93,560 with 380,189 consultations as outlined by the details below:



### Number of diagnosed and treated malnutrition cases:



### 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.





## Second: 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 provided according to WHO protocols according to the standard training material developed by WHO during 2018.

### 1- Community Health Services

- ◆ Basic Module
- ◆ Family health Module
- ◆ Nutrition Module
- ◆ Communicable diseases Module
- ◆ Non-Communicable diseases Module
- ◆ Health life style Module

### 2- Community Health Beneficiaries



**154,500** Beneficiaries



**317,717** Consultations

Age Group	Female	Male
Less than 5 years	24,286	26,266
18-5 years	14,742	14,080
60-18 years	37,432	27,877
More than 60 years old	4,606	4,711

9,106 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.



### عمال صحة مجتمعية ينفذون صحة العديد من الأطفال:

معتقدات خاطئة وظروف معيشية صعبة أثرت على صحة الرضاعة أمل، فعدم حصول الطفلة على كفايتها من حليب أمها وإدخال حليب البقر والطعام بعمر مبكر أصاب الطفلة بسوء تغذية شديد. بعمر 5 أشهر أخذت الأم طفلتها إلى عيادة التغذية حيث كانت الطفلة تعاني من سوء تغذية حاد شديد وتمت إحالتها للمشفى ولكن الأم لم تذهب لإيمانها أن طفلتها بخير ولا تحتاج للمساعدة ولكن وضع الطفلة كان سيئاً جداً.

ومع المحاولات المتكررة بإقناع الأم بخطورة وضع طفلتها وتوعيتها حول ضرورة علاج الطفلة وافقت الأم على القيام بالمراجعات في عيادة التغذية في مركز أريحا للرعاية الصحية الأولية حيث تم وضع الطفلة على البرنامج العلاجي لسوء التغذية.

مع إيقاف إرضاع الطفلة حليب البقر ومحاولة العودة للرضاعة الطبيعية بدأت أمل بالتحسن والتغلب على سوء التغذية والمرض وتمكنت الطفلة من الشفاء والوصول إلى غذاء ووزن صحي يناسب عمرها.

# Secondary and Tertiary Health Care

## Secondary Health Care



**1,217,892**

Beneficiaries of  
7 hospitals



**23.436**

Beneficiaries of  
the ambulance  
system

## Tertiary Health Care



**45,356**

Beneficiaries  
of 6 specialized  
centers

With the crisis entering its ninth year, the size and complexity of people's needs continues to grow throughout Syria 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.



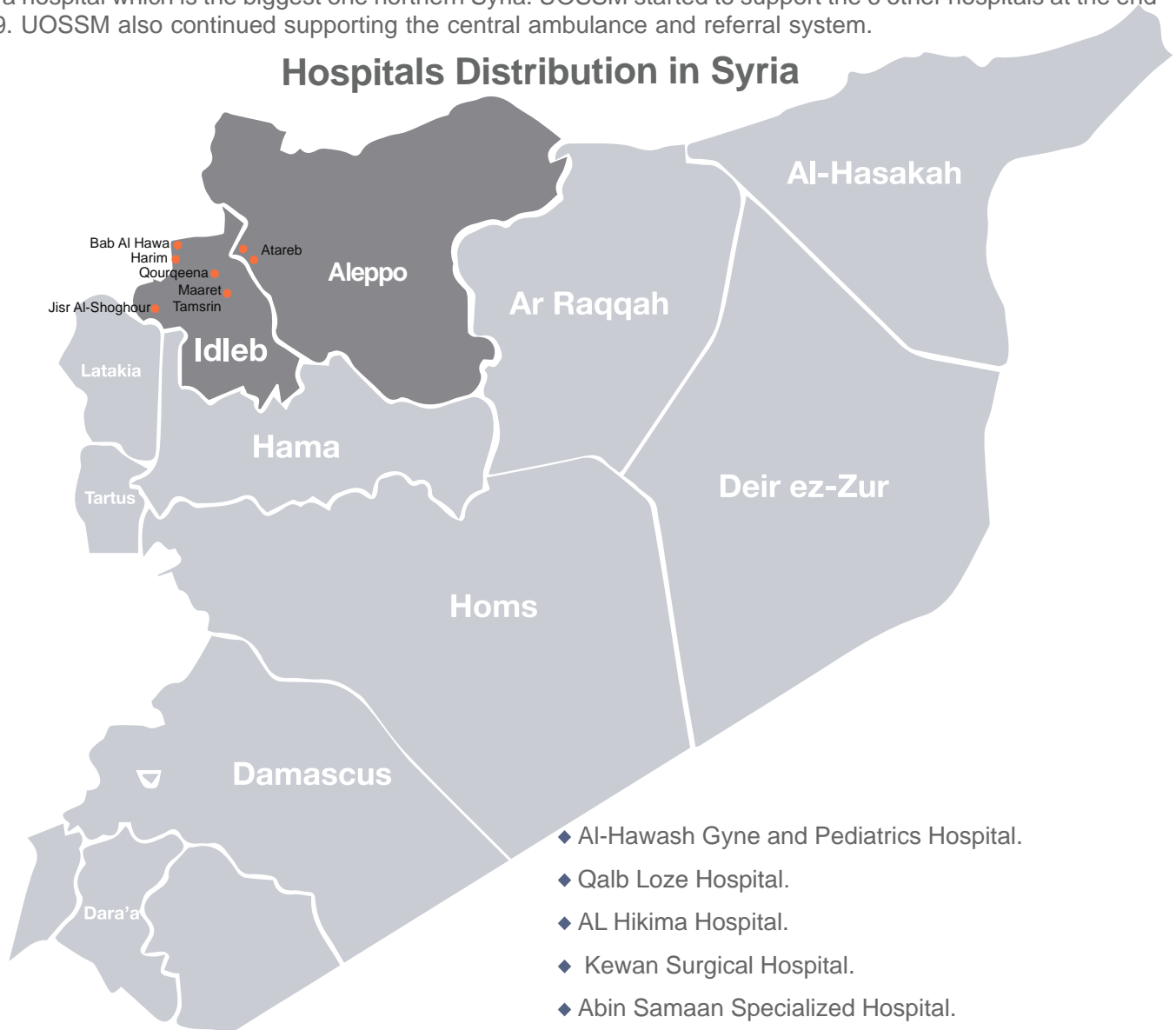




**First: Secondary Health care:**

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 care program supported the medical services through 7 hospitals during 2019. The first hospital was Bab Al-Hawa hospital which is the biggest one northern Syria. UOSSM started to support the 6 other hospitals at the end of 2019. UOSSM also continued supporting the central ambulance and referral system.

**Hospitals Distribution in Syria**



**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.

**213,409 patients have been served during 2019**

**2- Six other hospitals with various specialties:**

By the end of 2019 UOSSM started to support several hospitals with different specialties covering wide geographical areas. These hospitals are shown here and we will see their statistics in details later on:

- ◆ Al-Hawash Gyne and Pediatrics Hospital.
- ◆ Qalb Loze Hospital.
- ◆ AL Hikima Hospital.
- ◆ Kewan Surgical Hospital.
- ◆ Abin Samaan Specialized Hospital.
- ◆ isr-Ash-Shugur Hospital.

**17,010 patients have been served by these 6 hospitals only in December 2019**

**3- Central Ambulance and referral 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.



**19**  
Ambulances

**1- Bab Al-Hawa Hospital:**

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 2019, Bab Al-Hawa Medical Center admitted approximately 213,000 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, 567 specialty surgeries, 279 emergency surgeries, 390 dialysis sessions, 1.381 MRI tests, 2.339 lab tests, occurred monthly among other medical procedures which include cardiac care, pediatric and neonatal surgeries, regular check-ups, and blood bank services.

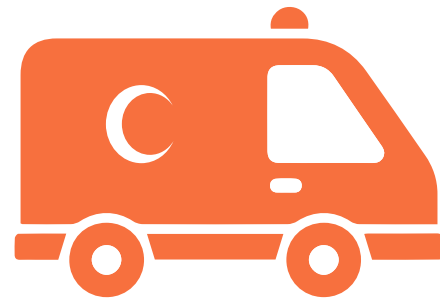
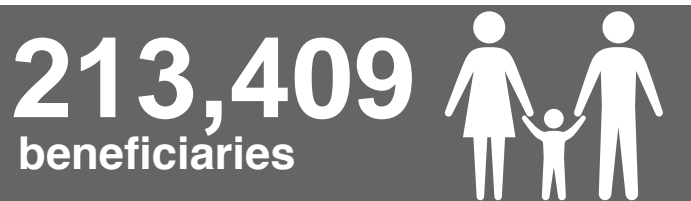
Bab Al-Hawa hospital is located close to the Syrian-Turkish borders and is comprised of the following departments:

**A- 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.

**B- 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.



Services Provided in Emergency Department

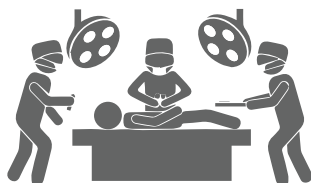
Monthly Average of Procedures:



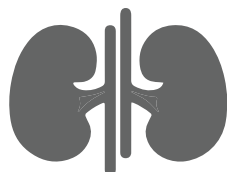
Specialty surgeries



Emergency surgeries



Dialysis sessions



**C- Specialized Surgeries Surgical Post-Op Department:**

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 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.

**6,794**

Specialty Surgeries



طبيب الجراحة العامة يجري عملية ويبل لمسن عمره 60 عاما في مشفى باب الواسع / دمشق

**D- Surgical Post-Op Department:**

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

**874**

Patients admitted

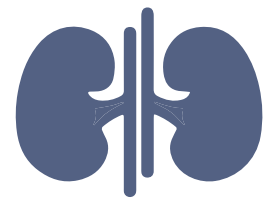


**E- Dialysis Department:**

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.

**4,617**

Dialysis Sessions were Administered



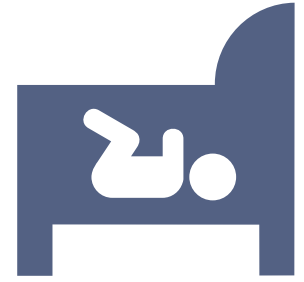


## F- Pediatric Surgery Department:

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.

# 7,342

Medical Services



إنعاش طفل حديث الولادة يعاني من زلات تنفسية في قسم جراحة الاطفال بمشفى باب الهوى / ريف إدلب

## G- Diagnostic Department:

### 1 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.

# 28,062

Beneficiaries of diagnostic services



### 2 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.

# 13,281

Blood bank services were provided



التقاط صورة شعاعية لمريضة تعاني من آلام في القدمين في مشفى باب الهوى / ريف إدلب



فحص عينات الدم باستخدام المجهر الضوئي في مشفى باب الهوى / ريف إدلب.

**3 Pathology Laboratory:**

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

**1,085**

Beneficiaries in Pathology Laboratory



**4 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.

**30,249**

Ecography and X-Ray Images



**5 CT/CAT Scan Imaging:**

This department contains a high accuracy, multi-slice imaging device (16 slices) with or without dye injection.

**16,564**

Images done



**H- Outpatient Clinics:**

Contains 15 clinics providing the following services: General Surgery, Vascular Surgery, Pediatric Surgery, Orthopedic Surgery, Neurosurgery, Thoracic Surgery, Urology, Gastrointestinal, ENT, Maxillofacial surgery, Cardiology, Echography, and Ophthalmology.

**15**

Clinics



**2- The 6 other hospitals:**

By December 2019, UOSSM started to support 6 different hospitals which are Kewan, al-Hwash, Qalb Louzeh, Alhikmeh, Shanan, and Jisr al-shoughour hospitals. These 6 hospitals were very important as secondary health care providing centers. they collectively served 1.004.483 patients during 2019.

**06**

Hospitals with various specialties



Total numbers of beneficiaries during 2019

**1,004,483**

patients

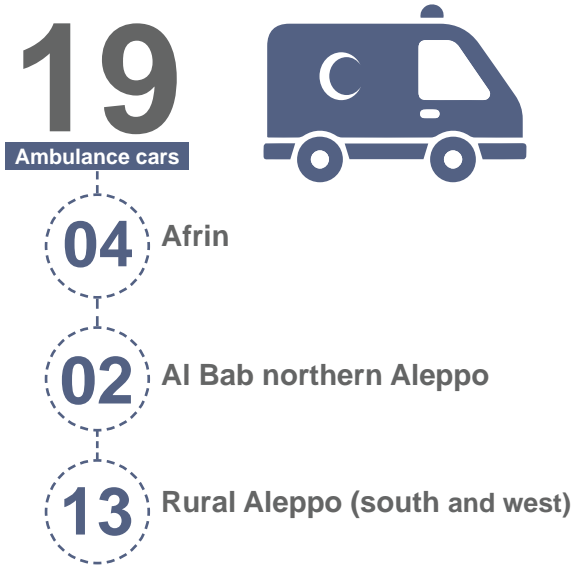
We will mention here the most important impact statistics for December 2019 only because this was the period that UOSSM supported the hospitals in. All 5 hospitals (except Jisr al-shoughour) served collectively about 17.010 patients with 20.002 different medical services.

In Dec. 2019 only these 5 hospitals provided 10.601 out-patient services. 2.417 ops-gyno consultations, and 2.819 pediatric consultations. In addition to 2.383 lab analysis and 609 radiographic images have been provided.

Among all these 5 hospitals, Al-Hwash Hospital provided the highest number of services to 6.715 patiens. While al-Hikmeh hospital 4.875 patients. Qalb louzeh hospital and shanan hospital served 3.542 patients and 1.743 respectively. Finally, Kewan Hospital served 135 patients.

### 3- Ambulance System:

UOSSM has supported a total of 19 ambulatory vehicles in partnership with Syrian Health Directorates, 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 residents as well as those who are part of the displaced community.

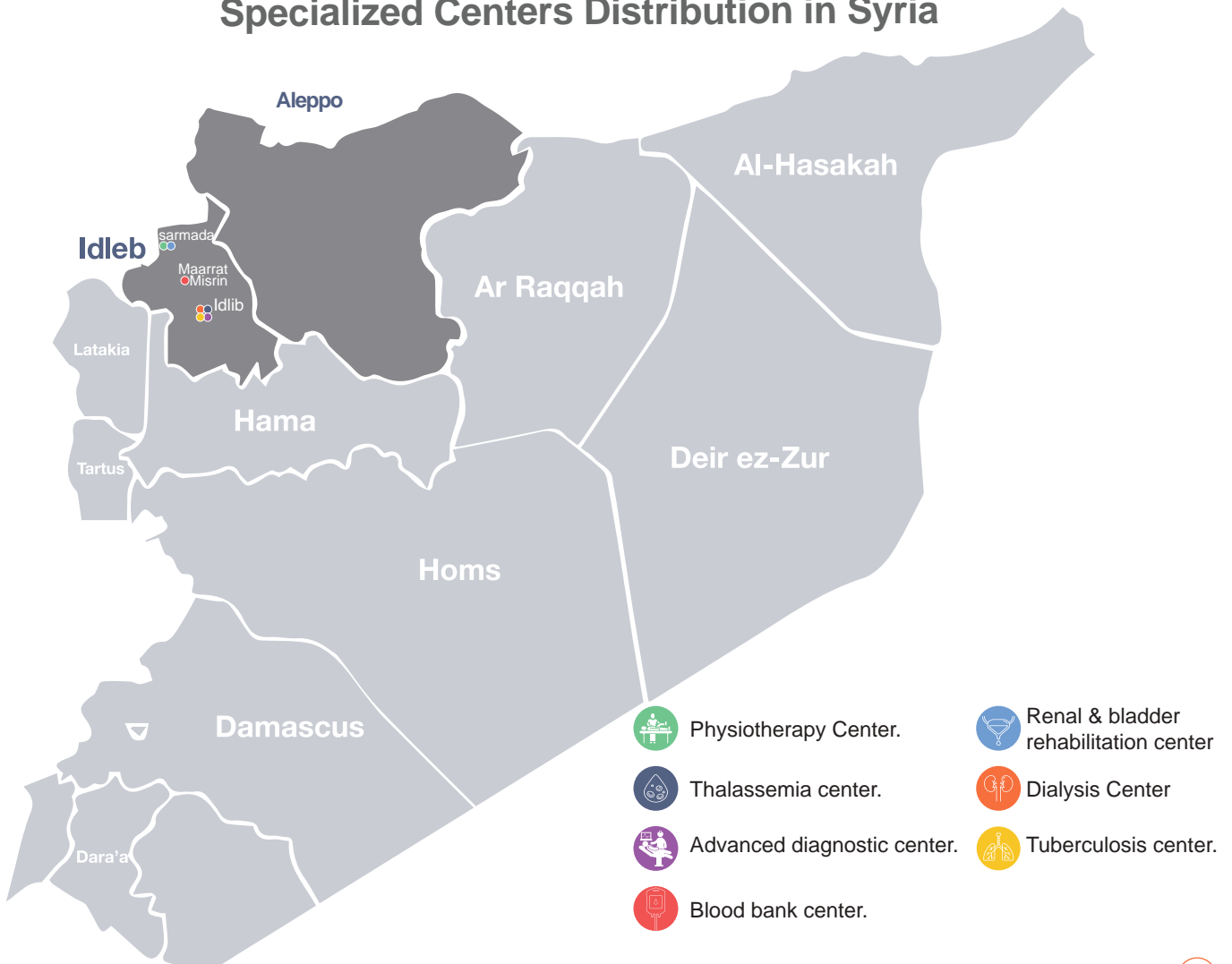


### Second: Tertiary Health Care:

Tertiary healthcare includes specialized services. During 2019 UOSSM has supported the following service centers:

- ◆ Renal and bladder rehabilitation center.
- ◆ Physiotherapeutic/Rehabilitation Center.
- ◆ Thalassemia curing center.
- ◆ Blood bank center.
- ◆ Dialysis Center.
- ◆ Advanced diagnostic center.
- ◆ Tuberculosis center.

### Specialized Centers Distribution in Syria





### 1- 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.

The center provided pathophysiology and nursing services. In addition to patient's transportation, physiotherapy sessions and consumables services. The center has provided 11.615 services 2.236 out of them were physiotherapy sessions.

### 2- Urology rehabilitation center:

This is the only clinic of its kind in Northern Syria which led to its high demand and provided 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.

During 2019 urology clinic provided health services to 6.136 patients as the following details: 1.287 surgeries, 16.068 medical consultations, 13.040 echographs, 569 bladder pressure measurements, 9.678 laboratory services and 4.443 consumables services.

#### During 2019 Physiotherapy center provided

**2,236**  
physiotherapy sessions



**11,615**  
Medical services

#### During 2019 Urology clinic provided

**6,136**  
patients



**45,085**  
Medical services



### 3- Other specialized Centers:

By the beginning of Dec. 2019, UOSSM has started supporting the 5 other specialized centers with different specialties in tertiary healthcare services. These 5 centers provided special services to 37.107 patients collectively during 2019. We will mention here the statistics for the period that UOSSM has directly support to them.

Only in Dec. 2019, these 5 centers provided services to 3.736 patients. Advance diagnostic center served 2.440 patients, blood bank served 654, TB center served 264, dialysis center served 216, and Thalassemia center served 162 patients.

#### Number of beneficiaries in Dec. 2019

Center Name	Beneficiaries
Tuberculosis center	264
Advanced diagnosis center	2,440
Dialysis center	216
Thalassemia center	162

### Third: Coordination:

The partners and the donors that contributed to the improvement of medical services was 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.

### Fourth: 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.

«بحب العب بالحارة مثل  
باقي الولاد بس هن بخافوا  
مني لما ايجي العب معهن  
وبطلت حب اطلع برا البيت»  
الطفل مصطفى الأسعد نازح  
من ريف ادلب وقيم حالياً  
مع أهله ضمن مدينة عفرين  
« كنت عم العب جنب البيت  
وأمي عم تطبخ جوا لما  
سمعت صوت الطائرة وركضت  
عالبيت وأنا مرعوب ووقعت  
على الطنجرة يلي كان فيها  
زيت».

يعاني مصطفى نتيجة  
الحادثة من حروق من  
الدرجة الثالثة ويشكي من  
حكة وحساسية في بعض  
مناطق جسمه.

راجع الطفل مركز عفرين  
للعناية الصحية الأولية حيث  
قام الطبيب خايل بفحصه  
ووصف الأدوية المناسبة له  
بعد التأكد من استقرار حالة  
الحرق لدى مصطفى.



# Mental Health and Psychosocial Support



**101,132**  
beneficiaries



**16,691**  
mental health  
consultations

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 is 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 Syrian cities, which meet the increased need for these types of services among male and female of all ages.

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.







## 1. Mental Health and Psychosocial Support Facilities

UOSSM is operating mental health and psychosocial support programs by providing a variety of activities and interventions, either through specialized facilities for mental health or through integrating MHPSS service with primary health care facilities.



- \_ Acute mental health unit, with an internal residence (Inpatient) system for beneficiaries (Sarmada).
- \_ Four Mobile mental health clinics in Idlib district.
- \_ Standalone mental health center in Karameh Camp in rural Idlib.
- \_ Integrated MHPSS service with 8 PHC clinics in Northern Syria.
- \_ School health System by integrated MHPSS activities in 105 schools in Northern Syria.

## 2- Mental health and psychosocial support services

- 1- Provide psychiatry management including a psychotropic medication intervention when needed.
- 2- Outpatient clinics for the other beneficiaries with common MH disorders by general physicians trained on MHGAP program.
- 3- Structured/sustained psychosocial support activities and programs by the team of the psychosocial workers PSWs.
- 4- Awareness raising campaigns includes group sessions, distribution of MHPSS messages among the community.
- 5- Create and secure referral pathways with the others humanitarian actors of other complementary services.

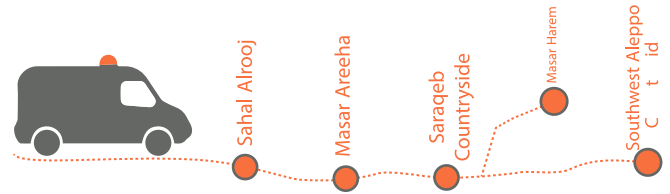


The innocence of a child is mixed with the colors of artwork after an enjoyable activity in the Mental Health Center/Gaziantep

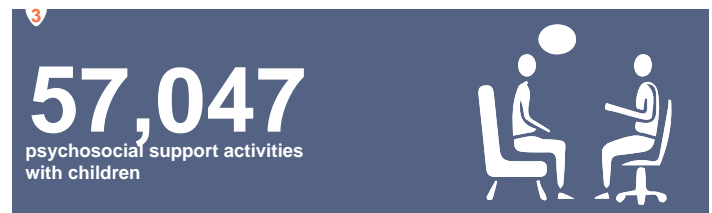
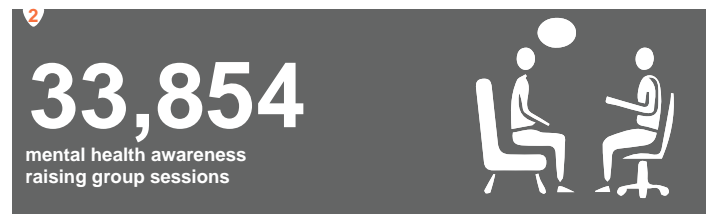




**The distribution of mobile clinics in Northern Syria:**



**MHPSS achievements in Syria 2019:**



**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 and an essential member since 2015 in the health sub-cluster, Mental Health and Psychosocial Support Technical Working Group MHPSS-TWG hosted by WHO that includes all MHPSS actors in northern Syria.



The TWG which is a Coordination platform that its main achievements over the last 5 years in Northern Syria are as follows:

- TWG has developed a PSS hand book manual that included all needed standards, basic skills, knowledge for the psychosocial workers PSWs must be equipped to be able to provide an efficient MHPSS service that go with the “Do no harm” PSS principle

- Package of trainings has been provided for all MHPSS practitioners in the north, hosted by WHO as follows: Coordination with other clusters: by sharing experiences, 4Ws, services mappings, MHPSS needs assessment results with protection, and health clusters and sub-clusters. In addition to create an argent Coordination during emergencies such as massive displacements, heavy shelling..ETC, with the other clusters during emergency responses.

## 4- 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:

- ◆ Psychological first aid PFA.
- ◆ Detection and referral of cases with mental health disorders.
- ◆ Communication and interview skills.
- ◆ Facilitating support groups.
- ◆ Problems management plus PM+.
- ◆ Teaching recovery techniques for children TRT.
- ◆ stress management, Self-Staff care strategies.



Shy smiles in a fun activity in the Ameen Child Protection Center  
Afreeen/Idlib Countryside





Innocence on children's faces in the Albarra Center celebration of World Children's Day/Idlib Countryside



# Protection



**44,772**  
Beneficiaries



**37,031**  
Beneficiaries of  
Child Protection

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 2019, 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.







## 1- Protection Facilities:

UOSSM has developed several types of intervention for the implementation of activities related to the protection sector in accordance with the international recognized standards and guidelines of UNICEF, UNFPA, UNHCR and SOPs of the protection cluster and sub-cluster.

UOSSM also provides protection services through the following facilities:

- ◆ **Child Friendly Spaces (CFS):** UOSSM founded and operated 5 child-friendly spaces in Qah, Kafr Nabl, and 2 centers in Harem in the Idlib governorate, as well as a child-friendly space in Afrin, Aleppo.
- ◆ **Women Girl Safe Space (WGSS):** Through 1 center in Atmah in the north of Idlib governorate.
- ◆ **Men and Youth Club (MYC):** Center for men and adolescent boys in Atmah in the north of Idlib governorate.



A special needs child learns colors and shapes in the Atma Child Friendly Space Atma/Idlib Countryside

## 2- 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 children's rights and protection concerns, and the establishment of community child protection committees trained in minimum standards for child protection and referral mechanisms.
- 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.







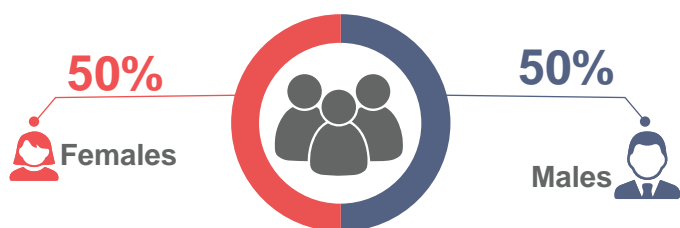
Children proud of their artwork being displayed in the Albarra school, part of the mental health support program Albarra/Idlib Countryside

### 3- 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:

The total number of those who received protection training reached 146 trainees, including 45 volunteers and 51 trainees Inter-Agency training from outside of UOSSM. Hence 50 trainees from UOSSM staff. The percentage of females were 50% of the total trainees

**146**  
Trainees



**95** Trainees

From outside UOSSM

**50** Trainees

From UOSSM

### 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)



#### 4- Coordination Activities:

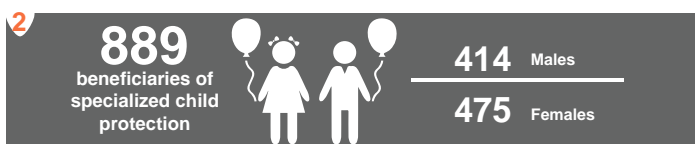
With the importance of working in high coordination with all parties and institutions operating in the protection sector in mind, and to increase the actual humanitarian response, UOSSM participates in coordination with the protection sector, the child protection sub-sector, and the community-based violence 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.

UOSSM also participates in the working group of Child Protection Case Management, where UOSSM contributes, in coordination with other partners, to the development of SOPs in line with the Syrian context and child protection minimum standards at the same time.

#### Number of Beneficiaries:







# Human Resources



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

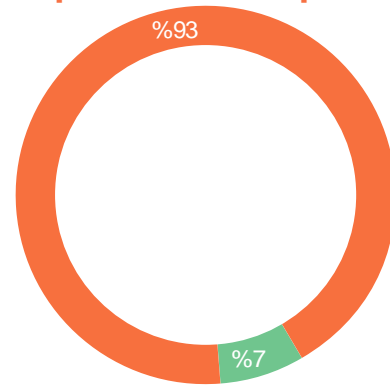


### Human Resources Statistics for UOSSM's Mission in Gaziantep/Turkey in 2019:

These numbers and statistics include UOSSM's mission only and does not include the staff of member organizations. By the end of 2019, UOSSM had 1,445 employees, 1,345 of which work inside Syria, and 100 work in Turkey.



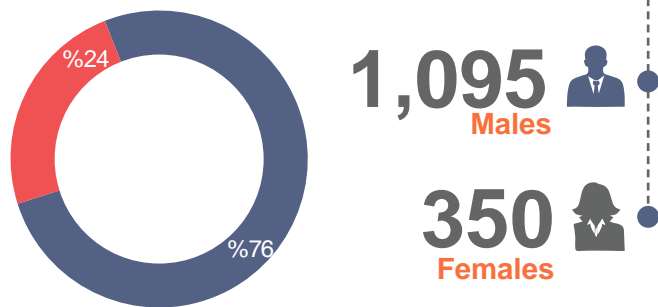
### Distribution of the mission's staff per areas of operation



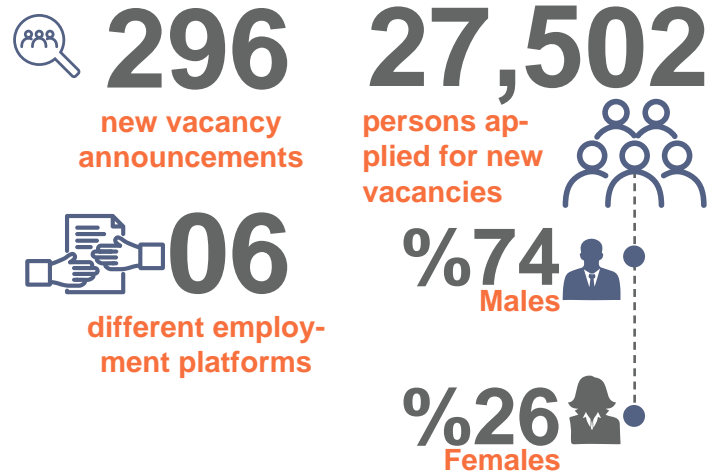
● 1,345 employees in Syria ● 100 employees in Turkey

### The mission's recruitment statistics in 2019:

296 new vacancy announcements were published during 2019 through 6 different recruitment platforms. 27,502 people applied to these vacancies, 74% of them were males and 26% were females.

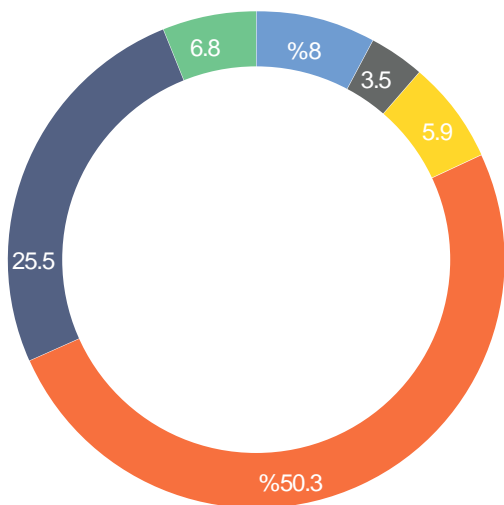


UOSSM's human resources are distributed based on the mission's activities. Employees of the primary, secondary, and tertiary healthcare sector make up 727 of the mission's total employees. The employees of the primary healthcare sector are 368, and 115 employees work in the mental health and psychosocial 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 2019.

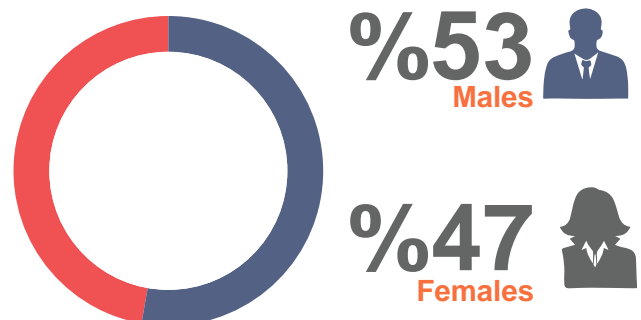


### The distribution of the mission's staff per program

The mission contracted with 283 new employees during 2019. 53% or them were males while females percentage was 47%



- Mental health employees
- Secondary and tertiary healthcare employees
- Protection employees
- Central administration employees
- Primary healthcare employees
- Nutrition employees



# Financial Management Summary

# 20,933,203 \$

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

# 15,948,398 \$

Financial (fund raising) Events

# 4,984,805 \$

In-kind Expenses

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.

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.

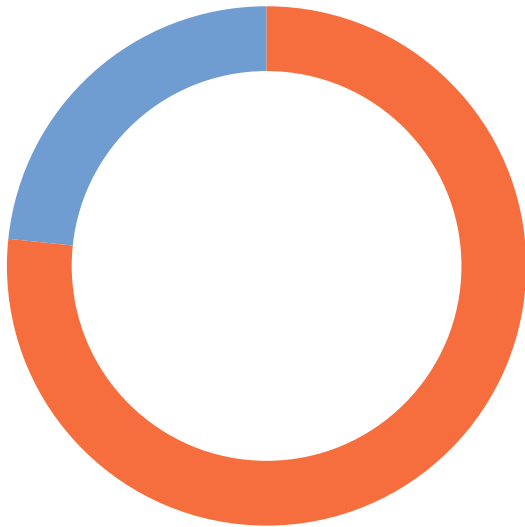






### How was the money spent?

In the year of 2019, the magnitude of mission’s work in humanitarian and medical relief was **\$20,933,203** in total (expenses). The breakdown of this total is shown below:



■ Fundraising (financial) events **76.18%**

■ In-kind Expenses **23.82%**

#### In-kind Expenses:

Mission’s in-kind expenses totaled \$4,984,805 (23.82 % of the total expenses) in 2019. 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 \$15,948,398, which is 76.18% of the total work.

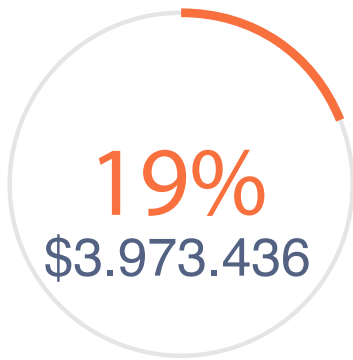
**90¢**

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

**2019**



## Mission's costs per operation type



Secondary and tertiary healthcare



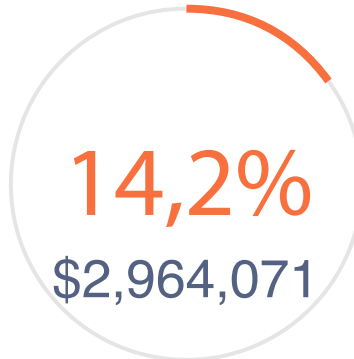
Primary healthcare and nutrition



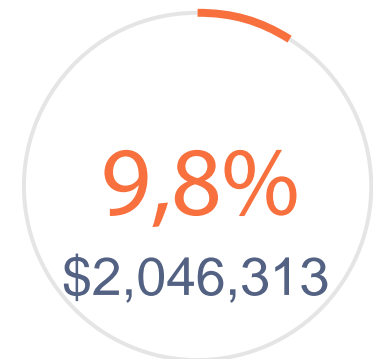
Protection, mental health relief, and social/mental support



Non-medical services



Medical Governance support



Management and executive



In-kind work



External Sources



Vaccinations

# Supply



**403,170 MT**  
is the weight of 99  
shipments that have  
been transported and  
distributed



**1.211**  
buyer  
transactions

With a value of

**3.64**  
million dollars



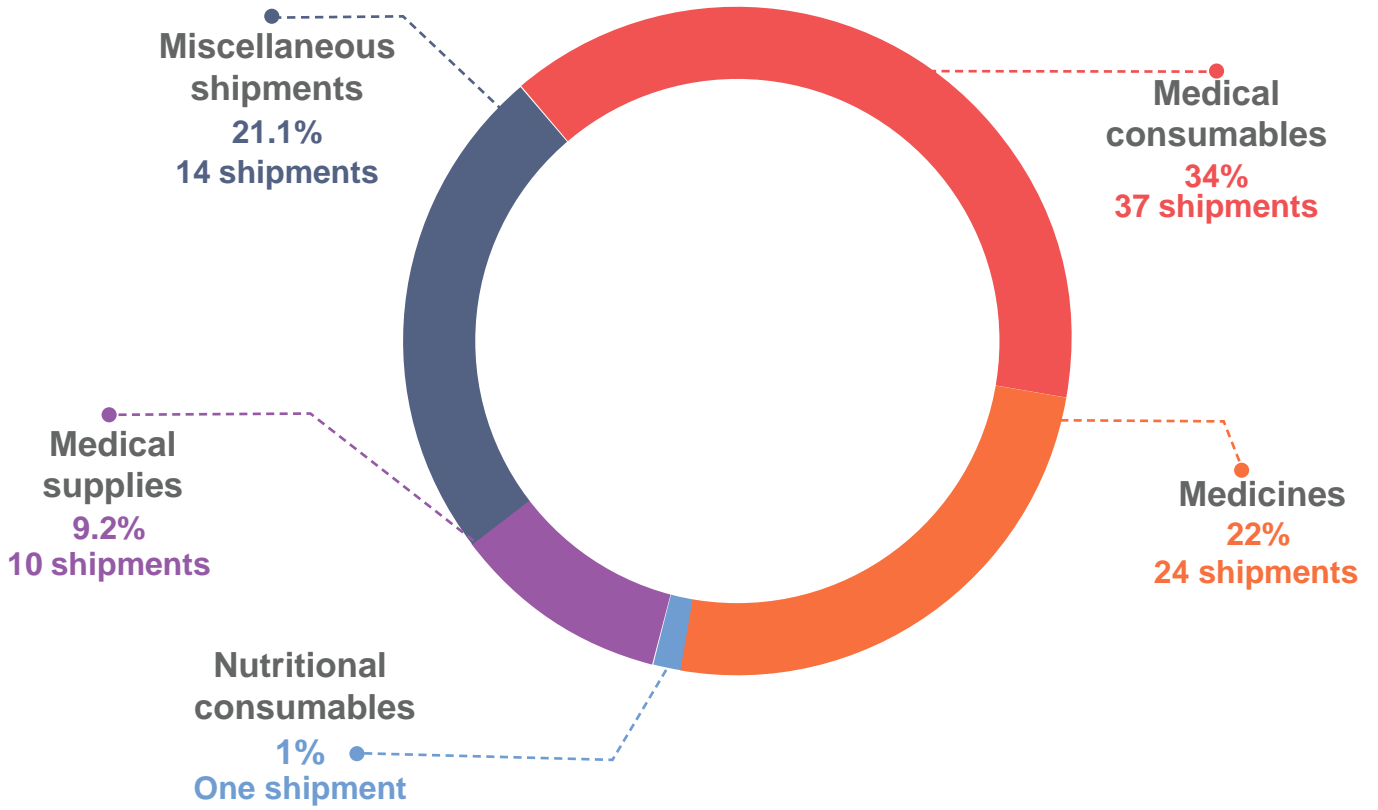




### 1- Logistics:

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 99, with a total weight of 403,170 metric tons, and have been distributed in the following way:

The details of the shipments, of which the mission has supervised its transportation and distribution in 2019



## 2- Warehouses

The mission has received 133 delivery invoices valued at \$4.984 million. and transferred shipments to partners valued at \$3.819 million with 1.354 invoices.

### Received Shipments:



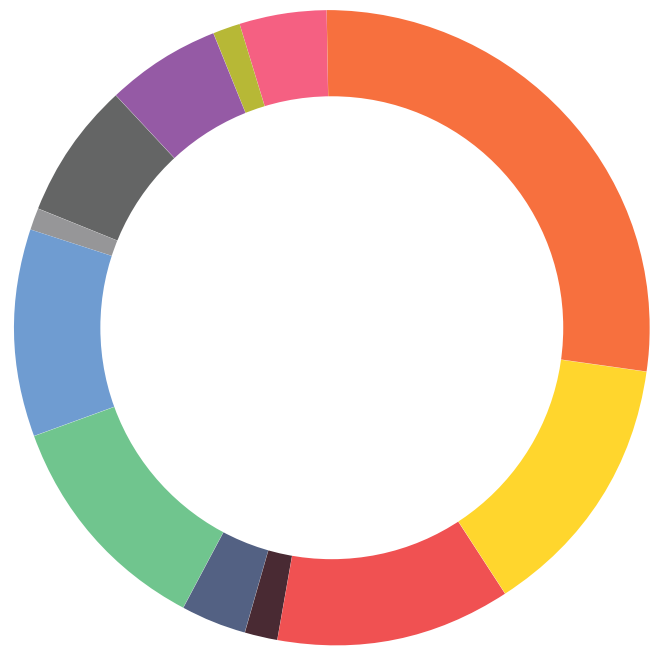
### Shipments Transported to Partners:



## 3- Purchases

The mission carried out 1,211 buyer transactions totaling approximately 3.64 million, 11 of them were open bidding covering 13% of the total (\$503,087).

Medications, consumables, and medical supplies made up 44.14% (\$1,605,157) from UOSSM's buyer transactions.



Electronic Devices %6.96	Medical Supplies %3.47	Medicines %27.05
Fuel %5.93	Services %11.47	Medical Consumables %13.62
Furniture \$1.55	Vehicles %10.71	Other %12.03
Printing and stationery %4.49	Toys and Educational Tools %1.05	Non-Medical Consumables %1.67





## 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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Together,  
Saving  
Lives &  
Building  
HOPE