



People for development

“Open hospitals” in Aleppo and Damascus in Syria



Update Report May-June 2018

The Syrian Context

In 2018, the Syrian crisis continued to drive one of the largest humanitarian crises in the world, with over **5.4 million Syrians registered as refugees** in Turkey, Lebanon, Jordan, Iraq and Egypt. The living situation for many refugees across the region continued to be extremely challenging, with many lacking the necessary resources to meet their basic needs. Even if the Islamic State has lost ground and has been almost defeated, the conflict has not ended yet creating victims, new refugees and evacuees: even today, in many cities and villages, it is impossible to live in security.

The UN has calculated that more than 80% of the population are living in permanent conditions of severe poverty, with an unemployment rate reaching 57% and almost 12 million people living without any income. These are the consequences of a war that seriously damaged the country's economy. In particular, the health crisis is now very critical. The latest estimates of OCHA underline that **13.5 million Syrians** are in need of aid. Among them, almost **11.5 million people**, of whom **40% are children**, have not received any type of medical assistance and have no access to hospitals treatment. In the last 5 years, life expectancy in Syria has reduced of 15 years for men and 10 years for women. Both in Aleppo and in Damascus, the demand for medical treatment is extremely high: respectively 2,237,750 and 1,066,261 people who do not have access to medical treatments.

More than half of Syria's public hospitals and first aid centers are inoperative (it is estimated that about 58% of public facilities have been destroyed, damaged or otherwise no longer functioning) and about 2/3 of its qualified personnel left the country. The conflict has increased the demand for health services and medical treatments, creating very long waiting lists in the remaining public facilities.

The small number of health institutions still operating are making a huge effort that often exceeds the resources available and that are exacerbated by the factors listed below:

- Lack of medical and paramedical staff due to massive emigration;
- Lack of medicines due to the destruction of the main pharmaceutical industries or their inability to function regularly for the absence of specialized human resources (consequences of emigration from Syria) and raw materials (due to the international embargo);
- Difficulties in keeping healthcare equipment operative due to the closure of Syrian production companies, the emigration of Syrian technical personnel, the fear of moving of people who remained in the country, the deny of technicians operating in the neighboring countries to travel to Syria;
- Limited access to basic services provisions like electricity, clean water and fuel;
- Lack of Government contributions to private institutions that generally do not have other financial resources other than their income and that cannot give access to medical treatments for the poorest.

The poorest are the most affected by this crisis: they cannot find a place in public healthcare facilities and they cannot afford the expense of going to the few private facilities still operational. The chronically ill, people with disabilities, the elderly and children cannot even afford medicine for the most common illnesses, which often worsen until causing death. Even the treatment of trivial diseases (pneumonia, appendicitis and so on) is now complicated by the Syrian context and is unfortunately one of the main causes of death of the civilian population. To this are added, of course, the pathologies directly related to the conflict (war wounds, amputations, prosthesis, etc.). Moreover, according to recent estimates, 600,000 people are suffering from severe mental illness

and the number of people that need psychological support is sharply increasing. Only 10% of primary health centers offer basic mental health care.

In response to this situation, and from an initiative started by His Eminence Cardinal Mario Zenari, Apostolic Nuncio in Syria, the “Open Hospitals” project has been launched with the aim of ensuring the free access to medical care for the Syrians most in need. This will be possible through the restore of three private and non-profit hospitals who were not heavily damaged by the conflict: the Italian and the French Hospital in Damascus and the St. Louis hospital in Aleppo.

The Apostolic Nuncio in Syria gave AVSI the project’s technical and fundraising role, while the Agostino Gemelli Polyclinic Foundation will contribute as a scientific and healthcare partner offering training and financial support. The purpose is to treat at least **40,000 people** in three and a half years, prioritizing those who are most in need. The main objective of the project is to support the improvement of the psycho – physical conditions of the most vulnerable populations in Aleppo and Damascus by enabling access to the health care services supplied by the Hospitals. This will be possible through the quantitative and qualitative improvement of healthcare services provided and the improvement of the structural conditions of the hospitals involved.

Project Description

The project was launched on July 1st 2017 and it take places in two phases: from July the 1, 2017 to December the 31, 2018; and from January the 1, 2019 to December the 31, 2020. Following a preparatory phase establishing agreements both with congregations managing the three hospitals and directly with the hospital, AVSI has begun to



select and recruit the staff assigned to the project. The second step was to find providers, establish the budget and buy some of the essential medical equipment installed in the hospitals in September 2017. In the meantime, AVSI has prepared and structured **3 Social Offices** (see the paragraph below on the

Social Offices System) to receive medical treatment requests and identifying the patients most in need to ensure that they will be prioritized to get free access to the medical treatments. Both the **Ethical** and the **Technical Committee** meetings have been held, on October the 24 and 25, in Damascus. The attendees to the Ethical and Technical Committees were: the Apostolic Nuncio Cardinal Mario Zenari, Giampaolo Silvestri – AVSI Secretary General,



Monsignor Segundo Tejado Muñoz - Undersecretary of the Department for Promoting Integral Human Development, the directors of the three congregations owning the hospitals and the directors of the hospitals. In this meeting, the Technical Committee sets the common goals and the criteria and procedures for vulnerable patients to have access to medical care or to have reimbursed the medical expenses. Since November 2017, in each hospital, the first patients have been treated free of charge.

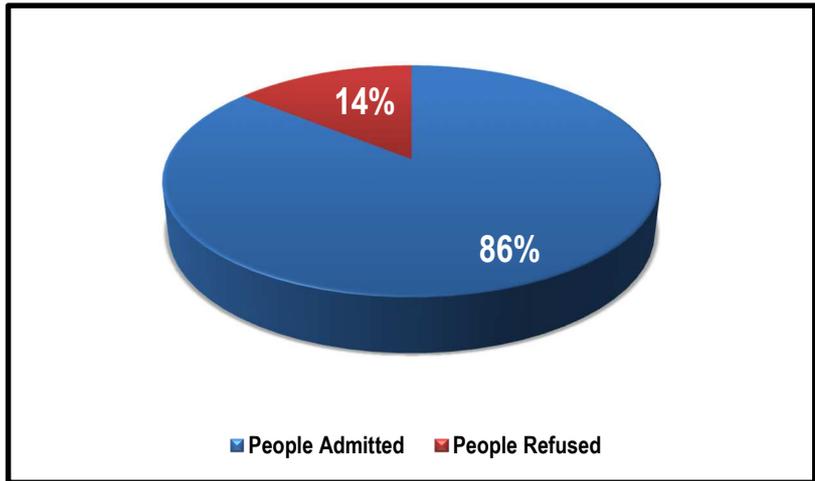


The second meeting of the project's Ethical Committee was held on February 1 2017, in Damascus. The committee noted with satisfaction that the project was well received by the Government and that there is an excellent degree of cooperation among

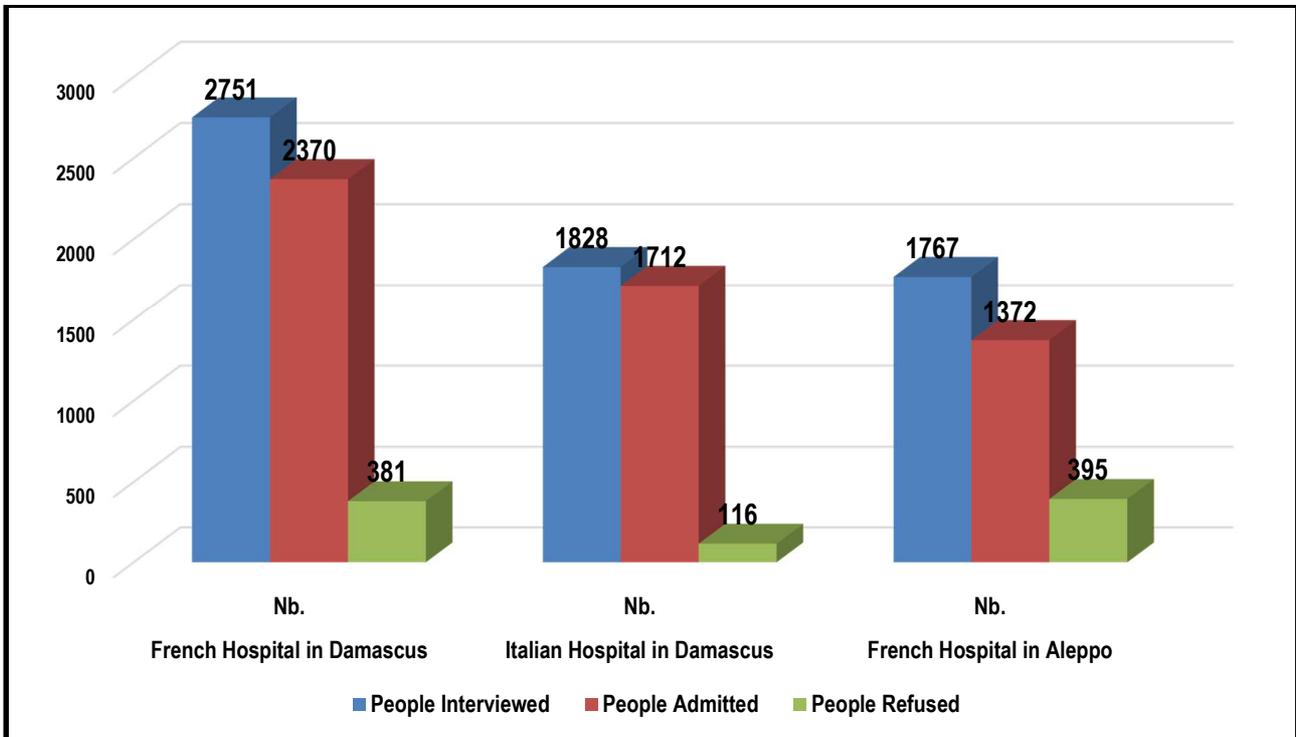
the three hospitals. Many **patients benefitted from the project and received free medical care**, with more surgical procedures carried out than diagnostic tests or outpatient treatments. In the first 7 months, the statistics show that almost 50% of patients had routine surgical operations: **hernia, appendicitis, bone fractures, gastrointestinal tract surgery, angioplasty, cardiac catheterization and bypasses**. For the rest, the diseases treated were mostly common pathologies that however, especially in elderly and children, if not treated can lead to death (pneumonia, bronchitis, infections of various kinds). The other treatments were mainly X-rays, other diagnostic and laboratory tests, and various consultations. To increase the number of patients cared for by the project, the Ethical Committee decided to improve awareness-raising action and increase clinical and diagnostic activities.

Social Offices System

As mentioned above, AVSI created and structured three Social Offices (one in each Hospital) to receive and identify the medical treatment requests from the beneficiaries. The patients' selection takes place in 3 steps: the Social Assistants employed in the three facilities meet the patients in difficulty; then, they verify their economic situation through interviews, family visits and information gathering through a widespread social network (for instance with the religious institutions on the territory); finally, they establish a vulnerability profile of the beneficiaries, and check, together with the medical staff, who is entitled to get free access to the medical treatments within the Project. So far, the three Social Offices have done in total **6.346 interviews** to vulnerable beneficiaries to check their entitlement to have access to free medical treatments. Among them **5.454 (86%)** were admitted to get free access to the treatments and **892 (14%)** were refused (see the Graphic below).



The Graphic below shows the results of the people interviewed, admitted and refused, in the three Hospitals.

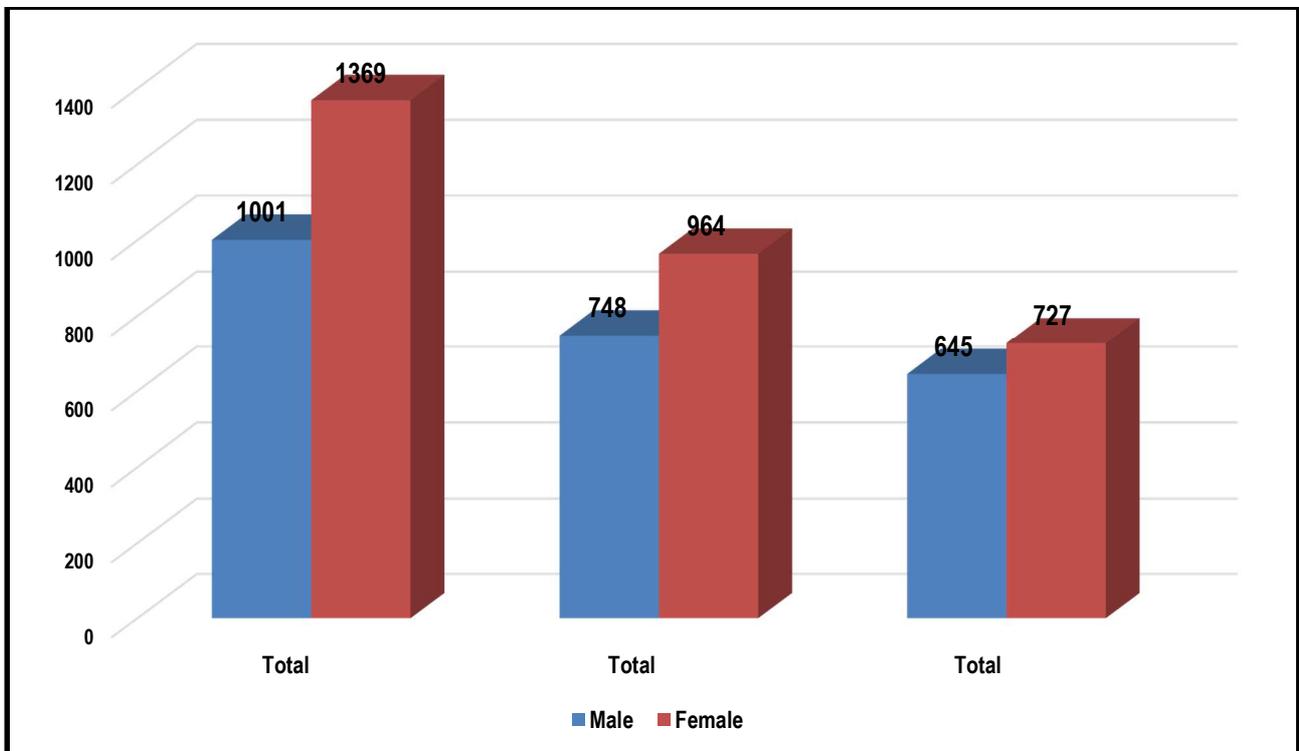


Patients Assistance

As of June 3, 2018, the patients accepted and treated free of charge are 5,347 broken down among the three centers, as shown in the following table:

	French Hospital Damascus	French Hospital Aleppo	Italian Hospital Damascus	Total Nb. of Accepted Cases
From 06 Nov to 03 Dec	127	97	N/A	224
From 04 to 31 Dec	181	119	64	364
From 01 to 28 Jan	209	165	117	491
From 29 Jan to 25 Feb	244	183	201	628
From 26 Feb to 25 Mar	381	203	246	830
From 26 Mar to 29 Apr	514	288	307	1.109
From 30 Apr to 03 Jun	537	221	567	1.325
TOTAL	2.295	1.344	1.708	5.347

With regard to the *Gender composition* of the patients', **3,062 were female** (56%) and **2,391 male** (44%). The graphic below, shows the gender distribution among the Three Hospitals.

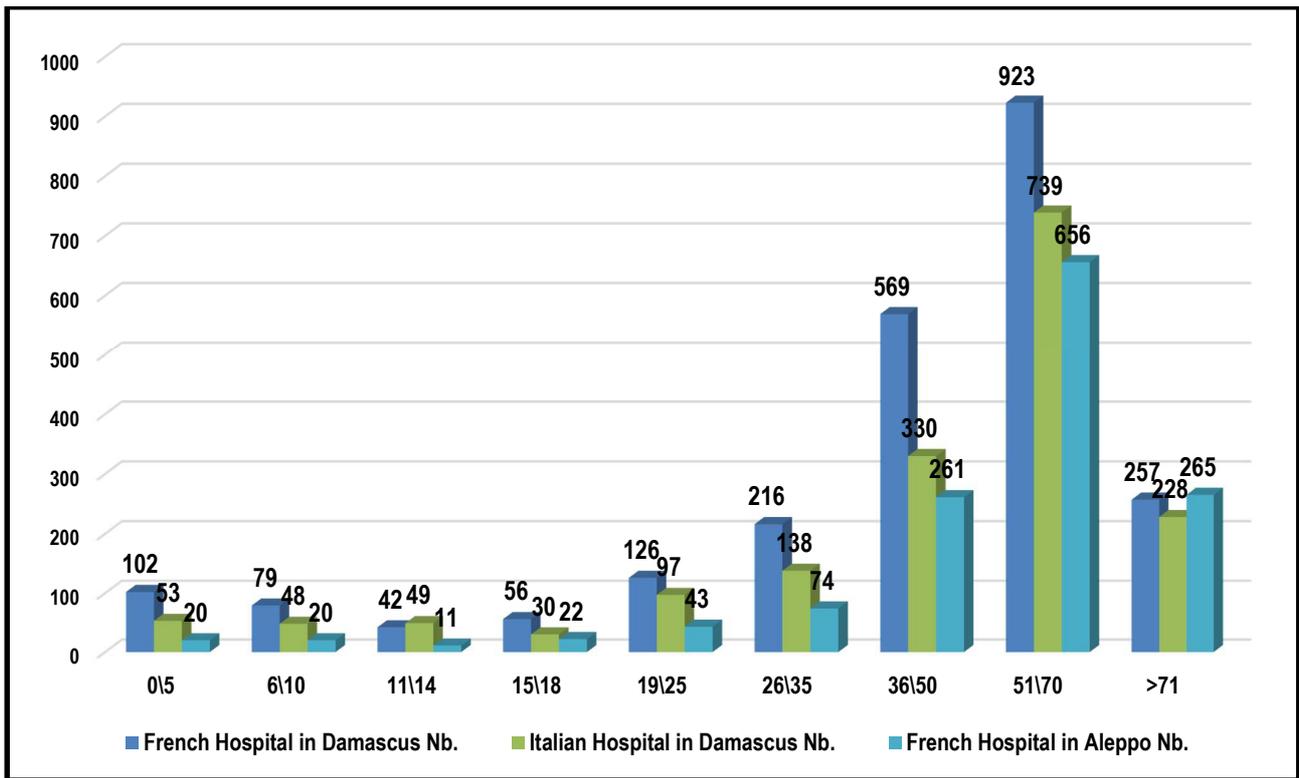




With regard to the Age distribution of the patients':

- 532 were between 0-18 (9,7%);
- 694 were between 19-35 (12,7%);
- 1.161 were between 36-50 (21,2%);
- 2.318 were between 51-70 (42,5%);
- 748 were over 71 (13,7%).

The graphic below, shows the gender distribution among the Three Hospitals. As showed in the Graphic, we considered 9 age groups (0\5, 6\10, 11\14, 15\18, 19\25, 26\35, 36\50, 51\70, >70).



Technical Equipment for the Hospitals

Considering the increased volume of activities and the consequent greater need of electro-medical equipment, the hospitals specified their detailed priorities for the technological adaptation. Therefore, after a careful selection of suppliers and quotations, the necessary medical equipment was purchased: endoscopes, ultrasonic Doppler, blood gas analysis, echocardiography, CT scans, artificial respirators, equipment for operating theatres and consumables. The following table shows the equipment supplied to the hospitals, starting from September 2017:

Italian Hospital Damascus	Status
Equipment for high definition digestive endoscopy	Supplied and Installed
Equipment for surgery department	Supplied and Installed
Equipment for operating theatres	Supplied and Installed
St. Louis Hospital Aleppo	Status
Endoscopy surgery equipment	Supplied and Installed
Operating theatre lighting system	Supplied and Installed
Blood Gas analysis	Supplied and Installed
Ultrasound Eco-Doppler	Supplied and Installed
French Hospital Damascus	Status
Complete system for measuring bone mineral density	Supplied and Installed
Echocardiography	Supplied and Installed

Our Staff

Managerial Staff

AVSI put in place a structure comprehensive of managerial, technical, administrative, medical and social staff throughout the three Hospitals in Damascus and Aleppo. The Table below shows how is articulated the Managerial, Technical and Administrative staff, inclusive of the Social Assistants, and what responsibilities they have in order to ensure the correct implementation of the project.

Role	Responsibilities
Regional Manager	Based in the Regional Office of Beirut, their main task is to coordinate, supervise and evaluate the project's activities, each of them with their specific competencies. They carry out regular missions to Damascus (at least 2 per month) in order to accomplish their tasks.
Regional Program Manager	
Regional Operation Manager	
Regional M&E Manager	
Regional Communication Manager	
Financial/Accounting Manager	He is responsible to manage the project accounting, relating with the Administrative Bureaus in the Hospitals. He also check the payment bills for the expenses covered by the project.
Program Coordinator	Based in Damascus, he coordinates, supervises and runs the planned activities of the Social Offices, Logistics and Administration. He relates with the Apostolic Nunzio, Hospitals' Directions and AVSI Regional Office.
Logistician	They mainly support to the activities, each of them with their specific competencies.
Administrator	
Cash Controller	
Liaison Officer	
Compliance Officer	
Secretary	
Drivers	
Social Assistants	Based in Syria, the Social Assistants (7 in total for the three Hospitals) are responsible for the selection of the beneficiaries following the modalities explained in the paragraph dedicated to the Social Offices System.



Medical Staff

The medical staff is composed by the Doctors and Nurses working in the Hospitals and that are directly in charge of the care of patients. The Table below shows how they are divided through the Hospitals as well as by gender.

	French Hospital in Damascus			Italian Hospital in Damascus			French Hospital in Aleppo		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Doctors	30	17	47	18	8	26	16	2	18
Nurses	63	76	139	23	31	54	16	28	44

Our Stories

Nelly's Experience



Nelly Abd-Alaziz Najaresian was born in 1962 and is currently affected by a Hysterectomy. She was living with her husband in Raqqa, where he was working as electrician (they had a house and a shop). They have been in Raqqa during the siege of the city and then they were forced to follow the new laws and rules of the Islamic State, as well to pay them a tribute. In 2017, when the International Coalition started to bomb the city intensively, they moved to Aleppo, leaving in Raqqa everything they have. The bombing destroyed all their

properties. Now they are living in her sister's house. Her husband now is unemployed, trying a way to find a job, but without success (he is 65 years old). She needed a hysterectomy surgery operation but they cannot afford it. When they knew about our association in Saint Louis Hospital in Aleppo, they came to us and asked for help. We accepted the case the day after.



A meeting of the project Ethical and Technical Committee



Fahdi Al Khouri e Manal Al Mosh, war wounded, Damascus French Hospital



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