I often feel guilty for leaving my country, as we doctors have pledged not to leave at times of war, but the security situation left us no choice. The day the war ends I will return to Syria.

Dr Media Rasheed, now working for MSF in Darashakran Camp in Iraq

While millions of Syrians need assistance for their survival, among some of the armed parties to the war, the very idea of independent humanitarian presence is rejected. We should be running some of the largest medical programmes in MSF’s history; but in the current environment our capacity to respond is painfully limited.

Dr Joanne Liu, MSF International President
The conflict in Syria is deepening with continued fragmentation of opposition groups and increasing numbers of frontlines. It has brought about huge movements of populations. According to UN estimates, 6.4 million people are internally displaced and around 2.9 million Syrians have sought refuge in the neighbouring countries. The health system has collapsed in Syria and responding to the medical needs has become extremely difficult. Following the abduction of five staff, who are now all released, MSF had to close two hospitals during the first semester 2014 and to reduce some activities. Nevertheless MSF is determined to provide a medical assistance wherever possible and is looking for ways to provide the needed support. MSF is currently running four hospitals, two OPD clinics as well as mobile clinics inside Syria.

Aleppo Governorate
MSF runs three health facilities in the Aleppo province. One of the main corridors for the Syrians fleeing the war in the north of the country goes from Aleppo city northwards to the Turkish border crossing points. MSF runs one hospital (26 beds) in a rural area where the team performs surgical interventions and attends deliveries, treats people with acute and chronic diseases and provides outpatient consultations as well as mother and child care. Patients’ referrals are done with a fleet of five ambulances. In the outskirts of Aleppo city, MSF runs a medical emergency center which had to be relocated twice due to insecurity.

Another hospital (30 beds) offers outpatient medical consultations to patients living in the town or coming from the surrounding area. In the emergency room, MSF team sees around 900 patients each month. The maternity was recently closed and the surgical activity reduced to burn dressings and external consultations, due to the lack of the required medical staff.

Idlib Governorate
When the hospital was opened in June 2012, the focus was on trauma surgery. Then the treatment of burn patients requiring skin graft, multiple dressings and physiotherapy sessions became the main activity. The 15 bed hospital has an emergency room where MSF treats as well medical cases and a psychological support is provided to the patients.

MSF runs also outreach activities mainly in the IDPs camps in the area, hosting around 75,000 people, consisting of surveillance by community health workers and routine vaccination.

Al Hasaka Governorate
Al Hasaka governorate is home to a sizable share of the country’s Kurdish minority. For almost a year clashes are on the rise in the area. The border with Iraq has been closed since end of September 2013. Since June 11, it is opened only for Syrian returnees from Iraq.

MSF supports a trauma ward through HR and supply of drugs, in a hospital providing pre and post-operative care. MSF also supports the maternity ward through rehabilitation, equipment and HR. MSF has also started to run two clinics offering OPD and mother and child care services. Since August 2013, MSF runs mobile clinics to provide general health care services and mother and child care services to IDPs and host communities on the Syrian side of the border with Iraq. In parallel, MSF supports a mass vaccination as well as routine polio campaign.

Remote support to medical facilities
Since August 2011 MSF has been providing a support in the most vulnerable and war affected locations in Syria through donations of medical supplies and essential relief items. This support - mainly addressed to Syrian medical networks and field hospitals - also includes two ambulance services and a programme of training and providing technical medical advice. During the first semester, more than 100 medical structures, including 58 field hospitals and 54 medical posts have been supported in eight governorates, both in government-controlled and in opposition-controlled zones.
Almost three million Syrians (2,928,025 people) are registered or awaiting registration as refugees in Syria’s neighbouring countries (UNHCR July 2014). Given the magnitude of the crisis the overall aid response to the refugee situation is severely lacking. The capacity of Lebanon and Jordan to absorb and meet the basic needs of the increasing numbers of refugees is almost exhausted, and tensions are rising. The situation for thousands of Palestinian refugees who have fled from Syria is also worrying.

JORDAN
607,443 Syrian refugees are registered in Jordan (UNHCR July 2014), most of them arriving in 2013. The majority of the refugees (over 75%) are living outside of refugee camps, putting pressure on existing services and increasing prices for Jordanian citizens as well as refugees. The Jordanian health system is becoming increasingly overburdened, reducing access to healthcare for Jordanian citizens. Syrian refugees in host communities often face difficulties in accessing services. Syrian doctors and clinics (especially in Amman) are also starting to lose their capacity to serve Syrian refugees as their funds are running out.

An assessment of the health situation of Syrian refugees living in the Jordanian community showed needs for mother and child healthcare, particularly in Irbid governorate. The Irbid mother and child project started activities in October 2013 to support Syrian refugees as well as underprivileged locals. Irbid governorate has one of the highest concentrations of Syrian refugees outside the camps, at over 140,000 (UNHCR July 2014). Over 1,000 deliveries have now taken place at the project. In June, there were 950 ANC consultations and 1,079 paediatric OPD consultations.

An upgrade to provide complicated deliveries including C-sections, improved neonatal care, and mental health for children, is in the process of being implemented.

The Reconstructive Surgery Project in Amman provides orthopedic, maxillofacial and plastic surgery, as well as physiotherapy and psychosocial support, for victims of violence in the region. The project opened in 2006 for Iraqi patients and started to accept wounded from Syria in 2011. 582 Syrian patients have since arrived at the project, with Syrians representing 60% of arrivals in June.

Ramtha lies on the border with Syria’s Dara’a governorate, which continues to see some of the heaviest fighting in Syria. The majority of war wounded arriving in Jordan go to Ramtha Hospital, an MoH structure, located less than 3 miles from the border. MSF supports an emergency surgical care facility inside Ramtha hospital since September 2013, closely co-operating with the MoH. MSF has conducted over 1,000 surgeries in 2014, including 212 surgeries in June. Most patients need multiple interventions, particularly for amputations and severe abdominal, chest and orthopaedic injuries.

MSF also runs a post-operative care facility in Zaatari refugee camp, mainly for patients in Ramtha who need medical follow-up or future surgeries. In addition, MSF is treating patients for psychosocial consequences of conflict and trauma, and has so far conducted 800 individual mental health consultations in Ramtha hospital and Zaatari.

IRAQ
Most refugees who have arrived in Northern Iraq over the past three years are ethnic Kurds. The Kurdish Region (KRG) has been hosting the vast majority of the 217,192 Syrian refugees currently in Iraq (UNHCR July 2014), but with the current turmoil in Iraq, the burden on KRG is increasingly high. Over the past month, the spread of violence across Iraq has led some Syrian refugees to return to Syria.

MSF is the main health provider in Domeez camp, working in close collaboration with the local health authorities since May 2012. Initially designed to host 1,000 families when it opened in April 2012, the camp is now hosting 45,000 refugees. Overcrowding and poor living conditions have led to a deterioration in refugees’ health. MSF carries out around 3,000 medical consultations per week (including chronic diseases, mental health, and reproductive health). The main illnesses that patients present with are upper respiratory tract infections, acute watery diarrhea, chronic diseases, and non-communicable diseases. MSF recently opened a new maternity ward inside the camp.

MSF opened projects in Erbil governorate in Kawargosk camp (13,000 refugees) in September 2013, and Darashakran camp (8,000 refugees) in March 2014, providing primary healthcare and mental health services. So far, over 60,000 OPD consultations have been conducted, as
well as over 500 mental health consultations. MSF also uses community health workers to disseminate health messages in the camps, especially on chronic diseases.

LEBANON
The situation in Lebanon remains highly volatile. The refugee influx has had significant economic and social impact, increasing poverty and unemployment, increasing social fragmentation and political tensions, and straining public services. The number of Syrian refugees registered and awaiting registration is 1,132,706 (UNHCR July 2014). Living conditions are worsening as more and more refugees are staying in unsuitable shelters. The main health concerns are access to secondary health care, safe deliveries and chronic disease medications. MSF has, to date, provided over 270,000 primary healthcare consultations for Syrian refugees in Lebanon.

The Bekaa Valley is the main crossing point for people fleeing Syria. Primary healthcare provision started in March 2012, including treatment of chronic diseases and a comprehensive reproductive health package, through four clinics in Hermel, Arsal, Baalbeck and Majdal Anjar. In Aarsal, MSF is also supporting a clinic run by a Lebanese NGO, and is in discussion with the MoH about opening a trauma surgical facility for refugees who arrive with severe wounds.

Tripoli, North Lebanon, hosts a large number of Syrian refugees. MSF has worked in Dar al-Zahraa Hospital since February 2012, providing basic healthcare, treatment for chronic diseases, family planning, antenatal care and postnatal care for Syrian refugees and vulnerable Lebanese.

MSF has also been working in Al-Zahraa dispensary in Jabal Mohsen district since November 2012 and Al-Dawa dispensary in Bab al-Tabbaneh district since April 2013, providing primary health care, including treatment for acute diseases and reproductive health. In Jabal Mohsen, MSF provides support for light surgery to stabilize patients while waiting for transfers to a hospital.

Since April 2011, MSF has provided mental health services for Palestinian refugees and vulnerable populations residing in Ein-el-Helweh camp, near Saida, and surrounding areas. From June 2013, primary healthcare consultations were also provided at Human Call Hospital in Ein-al-Helweh camp for Syrian refugees.

MSF has been working since September 2013 in Beirut, in Chatila camp where Palestinian refugees have gathered, focusing on primary healthcare, chronic diseases and mental health services. The team has also set up a system for supporting patients with emergency surgical needs, referring them to two hospitals with which MSF has agreements. The focus is on unregistered refugees who are not eligible for official assistance, or for registered refugees with emergency surgical needs that fall outside the UNHCR’s shortlist of eligible injuries. A maternity department is in the process of being opened.

In Southern Lebanon, MSF is providing primary healthcare, chronic disease and mental health support for refugees in three health centres, and is ready to scale up if there is a large influx of refugees into this area.

“I am a surgeon but I am also a human-being and [I am] affected by what I see in my work. I feel pain when I am face-to-face with innocent children and older men and women whose lives have been forever changed by man-made conflict. But as a surgeon, I am in a position to treat these vulnerable people, to make them smile and enjoy a sense of independence again.”

Dr Ali Al-Ani, Orthopedic Surgeon at MSF’s Amman Reconstructive Surgery Project