

AR-RAQQA'S

HEALTH TRAGEDY

20 JUNE 2018

ISSUED BY :

Al-Ameen for Humanitarian Support



Al-Ameen for Humanitarian Support:

Al Ameen, short for Al-Ameen for Humanitarian Support, is a non-profit organization, established in 2012 in Northern Syria. Starting as a group of activists with a mission of helping all conflict-affected people of Syria, Al-Ameen had to grow and expand in order to deal with huge and poorly satisfied humanitarian, rehabilitation, and development needs of conflict-affected communities throughout the country.

An expanding scope of military operations, increased displacement of Syrian people and lack of centralized government to provide administration and services in many areas of the country, provided background for the organization's expansion and growth as it worked vigorously to support people and communities in dire need.

Al Ameen implements number of programs in the different non-regime-controlled areas across Syria.

Ar-Raqqa city center which is one of the districts of Ar-Raqqa Governorate is accessible for Al-Ameen although the high risk of injury from remaining mines, booby traps and unexploded ordinances.

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GENERAL INFORMATION:

13.1 million people are in need of humanitarian assistance in Syria, including 6.1 million IDPs. Conflict has killed over 400,000 people and caused large-scale displacement. Protection concerns are widespread. access to health services is high priority. Syria's healthcare system has been severely affected by 8 years of conflict. Before the conflict, 77% of deaths were caused by non-communicable diseases. In 2009, the infant mortality rate was 17.9 per 1,000 live births, and the under-five mortality rate was 21.4 per 1,000 live births. In 2010, Syria had a contraceptive coverage of 54%.

1. Introduction

In 2012, main causes of death were conflict (43%), heart disease (17%), and stroke (7%). Over 25,000 people are injured each month.

As of 2018, 11.5 million Syrians lack access to basic healthcare services. Attacks on health facilities, displacement and death of health workers, and fuel shortages have severely impacted access. Local production of pharmaceutical has dropped by 50%, and prices of medicine have increased by 50%. More than 400,000 people in and around ar-Raqqa governorate face increasingly limited access to health services.

Between November 2016 and October 2017, the campaign to expel the group known as the Islamic State of Iraq and the Levant (ISIL) from Ar-Raqqa governorate in North East Syria led to an escalation of conflict across the area. Conflict resulted in multiple phases of significant displacement of civilians and resulted in high levels of need of both the displaced and those that remained in areas of direct conflict. Furthermore, the ability of host communities across Ar-Raqqa governorate to absorb internally displaced persons (IDPs) became increasingly stretched as their number grew. With conflict reducing across the governorate, thousands of IDPs will return to their communities of origin, likely to locations in need of post-conflict reconstruction and with severely limited basic services.

The whole population of Ar-Raqqa over 375,000 persons were displaced within and from Ar-Raqqa governorate between November 2016 and September 2017. IDPs fled to territory that came under control of the Syrian Democratic Forces (SDF) in previous phases of fighting. All of Raqqa suffered intense airstrikes by the U.S.-led coalition, the infrastructure was destroyed, as were 85 percent of civilian homes.

Following the cessation of fighting in Ar-Raqqa city and complete evacuation of civilians, in Apr-2018, it is likely that 110,000 IDPs returned to areas of origin with limited access to health services and in severe need of de-mining and repairs to shelters, roads and other infrastructure as well as they have multi sectorial needs.

To assess the health situation in Ar-Raqqa (available health services, needs & requirements) and propose optimal response modalities and develop operational plan there, Al-Ameen Organization conducted health facilities assessment in Ar-Raqqa governorate during Mar-2018 assessing 91 Health facilities. All areas of Ar-Raqqa were assessed excluding Ma'adaan and Al Sabkha sub-districts which are under the control of the Syrian regime.

2. Ar-Raqqa city, timeline of recent major events

- **2013- March:** Ar-Raqqa is the first major city in Syria to be taken by Armed Opposition Groups (AOGs) & militants from Al-Nusra Front and other groups (including the Free Syrian Army).
- **2014- January:** ISIL takeover Ar-Raqqa Governorate.
- **2016- October:** US Defense Secretary said that an offensive to retake Raqqa from ISIL would begin within weeks.

Operation to expel the so-called (ISIS, ISIL, or Daesh), from Northeast Syria commences by the SDF, supported by coalition- start taking villages/towns surrounding Raqqa city

- **2017- June:** Offensive on Ar-Raqqa city starts, heavy aerial bombardment and ground conflict.
- **2017- October:** Raqqa city completely evacuated of civilians, more than three thousand civilians were killed and thousands wounded by the conflict and most of them by indiscriminate and intensive air strikes, which also led to destruction of most of the city, including civilian infrastructure. Some 270,000 people who fled Raqqa couldn't return yet due to the destruction of the city and the lack of services, and now Raqqa, is captured by the U.S.-Backed Forces.

3. Methodology

Al-Ameen developed the assessment form to collect data from Key Informants (KIs) during the information collection. The form is designed to be filled for each 1 health facility.

Fieldworks started on 20-Mar-2018 and were completed on 5-Apr-2018. After receiving the raw data, the Data Need Assessment Unit /DNA/ in Al-Ameen began the data validation and cleaning process, which took approximately 7 days. Next, the data analysis & translation process started.

The functioning health facilities that provide public and specialized health services were targeted (all types of health facilities are included).

The assessed geographical area is limited to areas that are accessible by Al-Ameen enumerators. /all the areas of Ar-raqqa excluding Ma'adaan and Al Sabkha sub-districts which are under the control of the Syrian regime/.

The assessment was provided to the enumerators on smart phones and tablets for onsite completion using Kobo-Collect software, all interviewees were instructed to provide answers to the best of their knowledge about the topics.

The primary data collection methods used include key informant interviews and direct observations. Several enumerators covered each sub-district. The enumerators identified key informants and conducted interviews using the questionnaire as a basis to record information, or a notebook if a questionnaire was unsafe to carry. The enumerators noted observations to verify key informant information and obtained evidence of records where possible for further verification and improvement of confidence level. Then, the enumerators submitted the collected data of the questionnaire to the health department through Kobo-Toolbox.

The total number of enumerators who participated in the assessment was 8 enumerators; all of them were health workers. Sub-district population was estimated based on population figures by the local councils.

Upon consolidation of the collected data, the /DNA/ team proceeded with data visualization by identifying the required tables, graphs, and maps which will feed into the analysis of assessment findings. Data visualization was conducted using MS Excel program. Further in-depth analysis of specific variables was conducted to elaborate the key findings presented in this report. Data analysis shaped the structure of the report and informed the development of the priority health needs outlined in the conclusion.

The health department actively disseminated the findings through the release of the final report and presentations with relevant stakeholders.

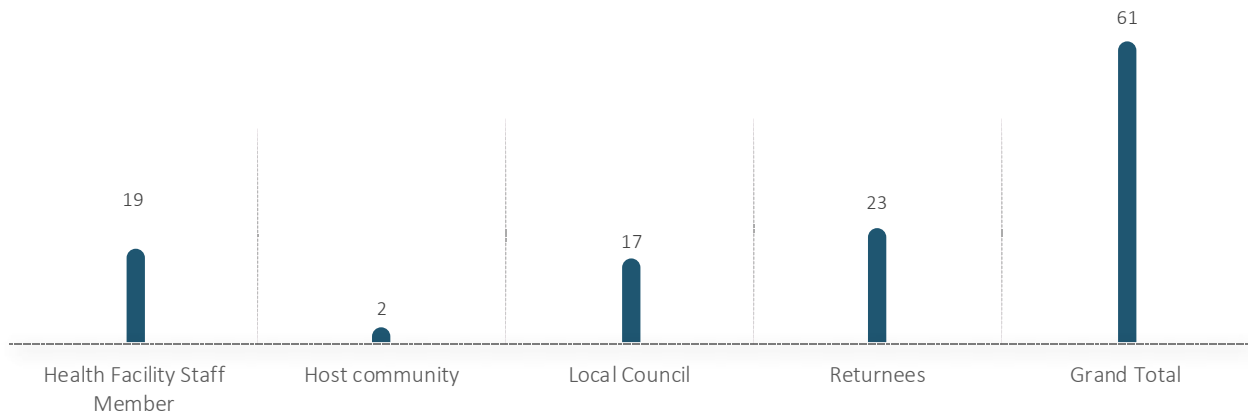
4. Findings:

4.1 Source of information:

The information source is the person, and place from which information came, raised, and obtained. That source informed Al-Ameen field staff about the assessed health facilities and provided knowledge about it.

They key sources of information which Al-Ameen field staff interviewed are:¹

Source Of Information:



19 health facility staff members were interviewed, which equals 31 % of the total interviews during the data collection process.

a total of 25 interviews were conducted with host community and returnee people to provide information regarding the closed centers and doesn't have medical equipment. While 17 interviews were conducted with members of the local councils.

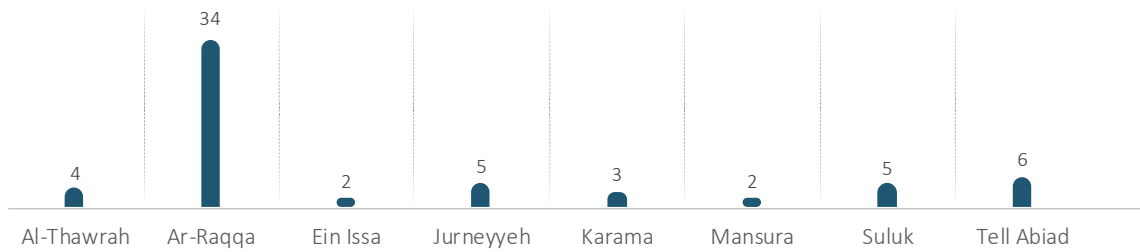
4.2 Assessed Health facilities:

Assessment targeted health facilities are the places that provide health care. They include hospitals, clinics, outpatient care centers, and specialized care centers, such as birthing centers and psychiatric care centers in Ar-Raqqa Governorate. In total Al-Ameen team assessed 61 health facilities in Ar-Raqqa Governorate, divided in 8 Sub-Districts. 34 of them in the district of Ar-Raqqa which includes Ar-Raqqa center and nearby rural.

The assessment area covered 80% of the total number of sub districts of Ar-Raqqa, the other 20% of the Sub-districts are: Ma'adaan and Al Sabkha were excluded because they are in areas under the control of the Syrian regime, the health facilities are divided according to the following areas:



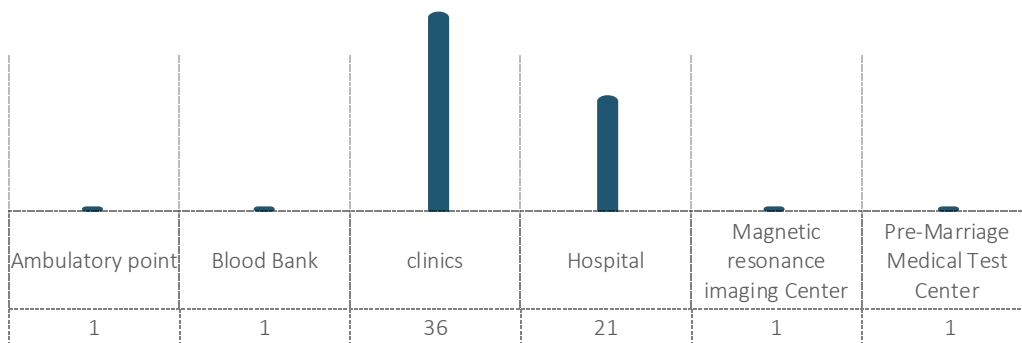
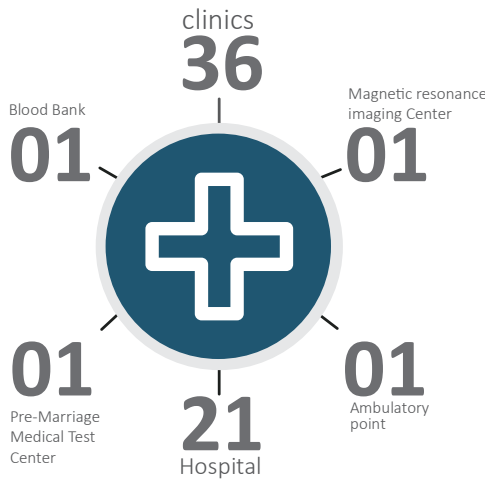
Number of Health Facilities Per Sub-District



4.3 Types of Assessed Health Facilities:

Understanding the differences between the various types of functioning and non-functioning health facilities in Ar-Raqqa is crucial when trying to make an informed decision about medical care. In total, 36 Clinics, 21 Hospitals were assessed by the team as well as 1 blood bank 1 first-aid point 1 pre-marriage test center and 1 magnetic resonance imaging center.

Types Of Assessed Health Facilities:



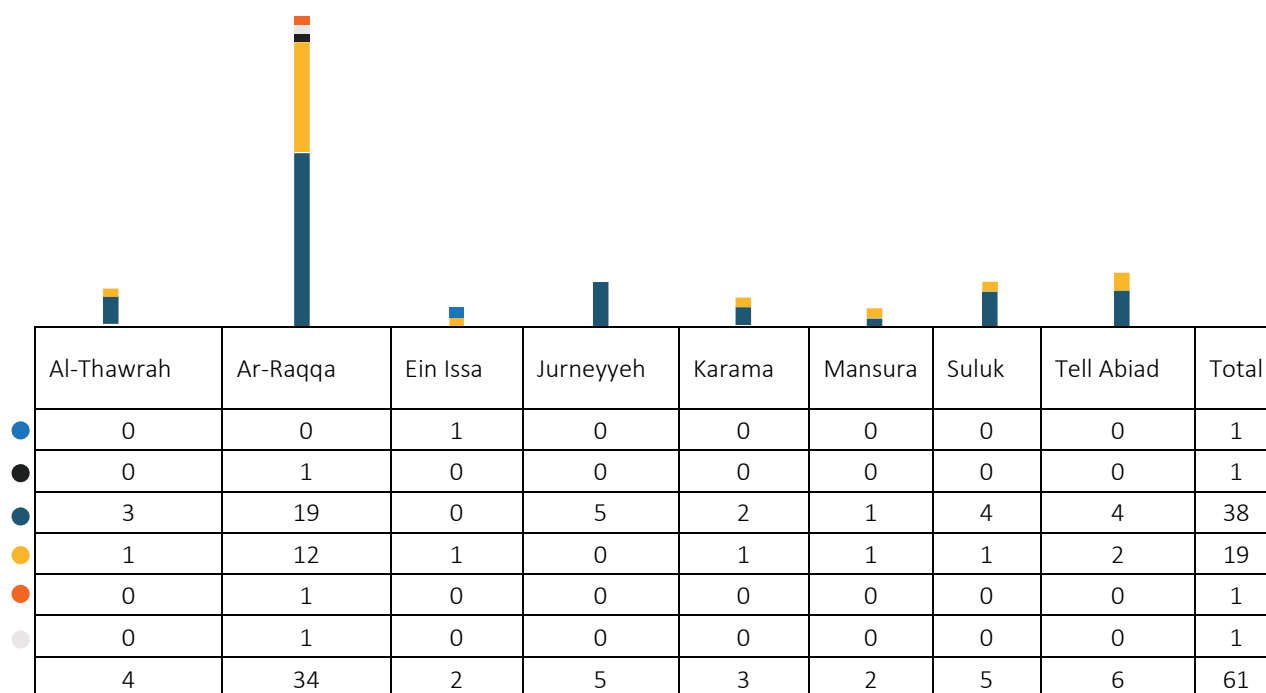
4.4 Type of health facilities divided by sub-District:

Having the knowledge about the Healthcare facility (HCF) location has attracted considerable attention from the humanitarian actors during the last years as one of the most important strategic issues in healthcare systems, disaster management, and humanitarian logistics.

Healthcare infrastructure is essential for effective operations of healthcare systems. An efficient facility location can save cost and improve the facility utilization.

The below chart shows the number of assessed health facilities divided by their types and areas on the Sub-district level:

Health facilities by sub-district :



4.5 Health Facilities Service Condition:

Healthcare centers, including clinics, doctor's offices, urgent care centers and first-aid surgery centers, serve as first point of contact with a health professional and provide outpatient medical, nursing, dental, and other types of care services. But the conflict in Ar-Raqqa has resulted in a weakened public & private health care system. Across the governorate, number of health facilities have been destroyed or are only partially functioning. As health needs increase, many facilities that remain open are overwhelmed, reporting shortages in health staff, medicines and medical supplies. Within this context, information on the status of health care services is critical to identifying gaps and needs and prompting an appropriate response.

According to the assessment, 39 of 61 health facilities in the governorate of Ar-Raqqa are out of service. While other 22 facilities are functioning.

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Health Facilities Services Condition:



As figures shows, around two third of health facilities are out of service for different reasons, Ar-raqqa district is known to already have a weak health infrastructure, which will directly reflect the load and the quality of work in the remaining health facilities, in addition to the inactivity of specialized health centers like dialysis centers and magnetic resonance imaging center.

4.6 Reasons of non-functioning:

During the Assessment, Al-Ameen collected data for the reasons that led the health facility out of service, according to the findings, 10 facilities were destroyed, 9 under control of non-health agency, 18 doesn't contain the required equipment and 2 are not getting the required support.



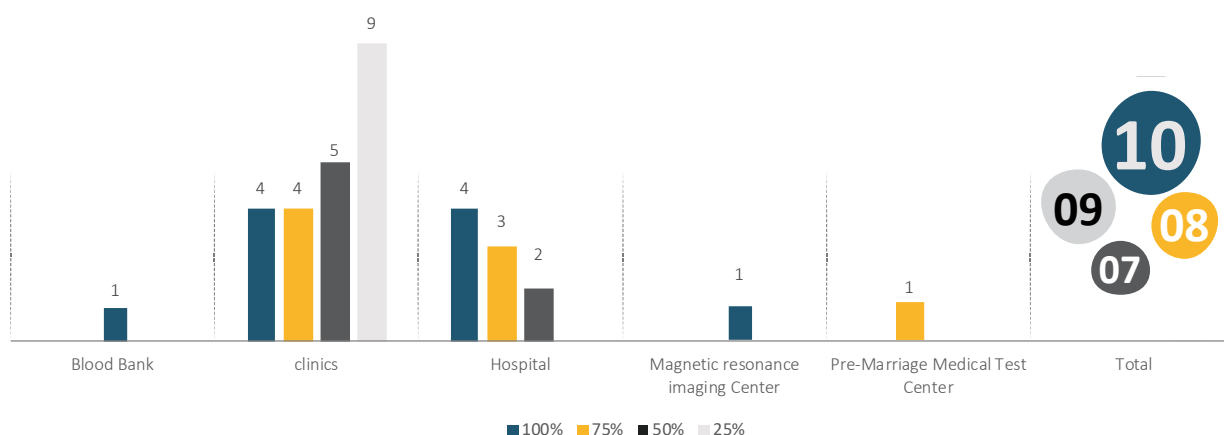
4.7 Health facilities infrastructure destruction:

Attacks on the health sector have continued at an alarming level in the past year in the governorate of Ar-Raqqa. Seven years of conflict have devastated Ar-Raqqa’s healthcare system. More than half of the Governorate’s public hospitals and healthcare centers are closed or only partially functioning. 10 Health facilities were completely destroyed, while the infrastructure of other 8 affected 75 %, other 7 affected 50 % and 9 affected 25 %.

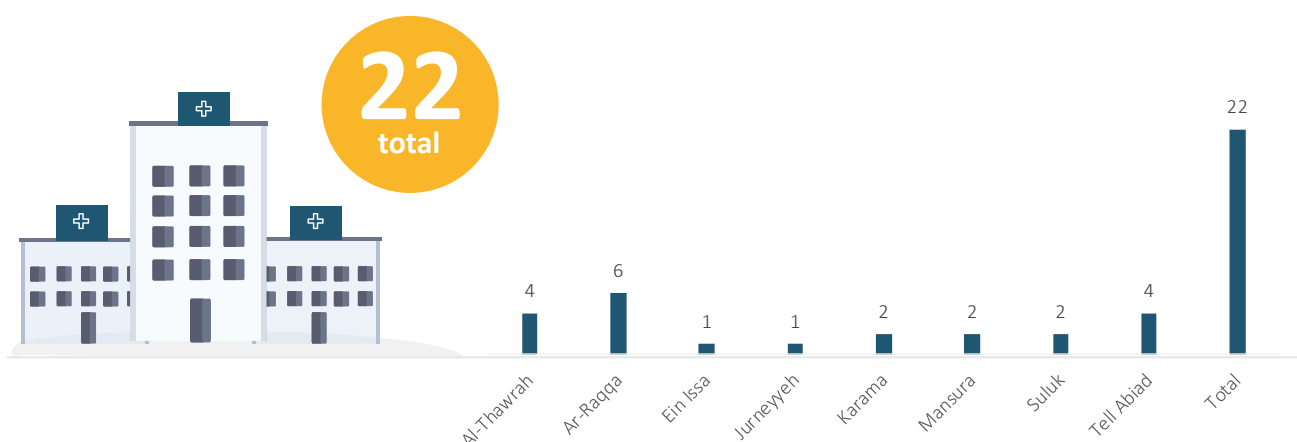
4.8 Types of health facilities affected by the destruction:

According to the collected information, all kind of health facilities had been targeted and had some kind of destruction, which will directly affect the presence of services, the below chart shows the different types of the health facilities affected by destruction, and Percentage of damage of the buildings,

Health facilities infrastructure destruction:



4.9 Number of Functioning health facilities divided per type & Location:



the above chart shows 6 health facilities functioning in Ar-Raqqa sub-district and 4 in Al Thawrah, 4 in Tell Abiad, 2 in Suluk, 2 in Mansura, 2 in Karama, 1 in Jurneyyeh, and 1 in Ein Issa.

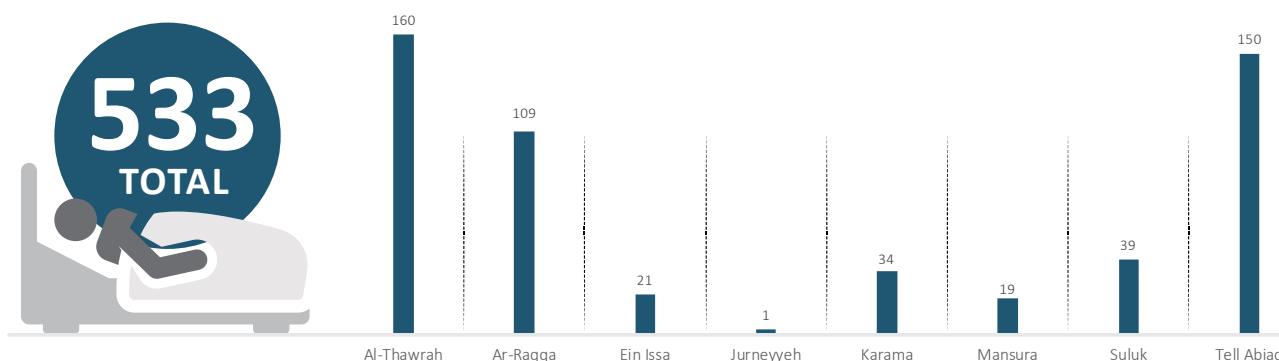
TYPE OF FUNCTIONING HEALTH FACILITIES:

The below table shows the type & location of the functioning health facilities.

4.10 Number of Beds Available in the functioning Health Facilities:

A total of 533 beds are available in the assessed functioning health facilities divided per sub-districts as per the below chart:

Number of Beds Available in the functioning Health Facilities



4.11 Supported health facilities:

A total of 12 functioning health facilities do receive support, 2 of them are supported by local authorities while other 10 are supported by NGOs.

The other assessed 49 health facilities existing in the Governorate, does not receive support.

Supported health facilities



4.12 Medical staff:

The following table is representing the medical staff members and their presence in different sub-district, the information is collected from health facilities but it's not necessarily reflecting the number of physicians in the area, due to the fact that each physician may work in different facilities and in different sub-district.

Medical Staff in the Health facilities per Sub-District:	Jurneyyeh	Karama	Mansura	Suluk	Ein Issa	Al-Thawrah	Ar-Raqqa	Tell Abiad	Total
Surgeons	0	4	6	4	3	25	15	10	67
General Medical Doctor	0	1	2	2	3	9	6	4	27
Pediatrician	0	2	2	3	2	9	9	12	39
Anesthesiologists	0	0	1	0	0	9	2	11	23
Obstetricians	0	3	4	4	2	19	19	13	64
Medical assistants	1	1	2	1	2	15	15	16	53
Nurses	1	23	8	28	8	104	56	104	332
Midwives	1	4	2	6	2	23	14	13	65
TBAs / CHWs	2	16	9	20	4	78	42	168	339
Pharmacist	0	1	3	3	1	5	4	5	22
Radiologists	0	0	0	0	1	0	0	0	1
Laboratory	0	1	1	1	2	6	6	9	26
Radiography technicians	0	0	2	0	2	9	4	0	17
Pharmacist Technician	0	1	0	1	0	0	0	0	2
Anesthesia Technician	0	1	0	1	1	0	2	0	5
Dentist	0	0	0	0	0	0	1	0	1
									1083

4.13 Services

4.13.1 Curative services:

Curative services which are available in the functioning health facilities are divided in the Sub-District Level:

curative services are available in the health facilities in the Sub-District Level:	Jurneyyeh	Karama	Mansura	Suluk	Ein Issa	Al-Thawrah	Ar-Raqqa	Tell Abiad	Total
Antenatal care program	0	0	1	1	0	1	3	3	9
Delivery program	0	0	1	1	1	3	6	4	16
Family planning	0	0	1	1	0	1	2	4	9
EPI Routine Vaccine Program	0	0	0	1	0	1	3	3	8
Child Care Clinic	0	0	0	1	0	1	3	3	8
Feeding program	0	0	0	1	0	1	2	3	7
Vaccination services	1	0	1	1	0	1	2	3	9
General medicine	1	2	2	2	1	4	4	4	20
Pediatrics	0	1	2	2	1	4	6	4	20
Surgery	0	1	1	1	1	2	3	2	11
Neonatal care Obstetrics/gynecology	0	1	0	1	1	2	2	2	9
ICU	0	1	1	1	0	2	1	1	7
Trauma: Emergency Surgical services (general surgery-orthopedic surgery)	0	1	1	1	1	2	3	2	11
Plastic surgery							1		1



The curative services which are available in the functioning health facilities are divided per the type of health facility:

curative Services	clinics	Hospital	Total
Antenatal care program	8	1	9
Delivery program	7	9	16
Family planning	7	2	9
EPI Routine Vaccine Program	7	1	8
Child Care Clinic	6	2	8
Feeding program	6	1	7
Vaccination services	8	1	9
General medical	10	10	20
Pediatrics	8	12	20
Surgery	0	11	11
Neonatal care Obstetrics/gynecology	0	9	9
ICU	0	7	7
Trauma: Emergency Surgical services (general surgery-orthopedic surgery)	0	11	11

4.13.2 Diagnostic Services:

Diagnostic Services which are available in the facilities in the sub-district level:

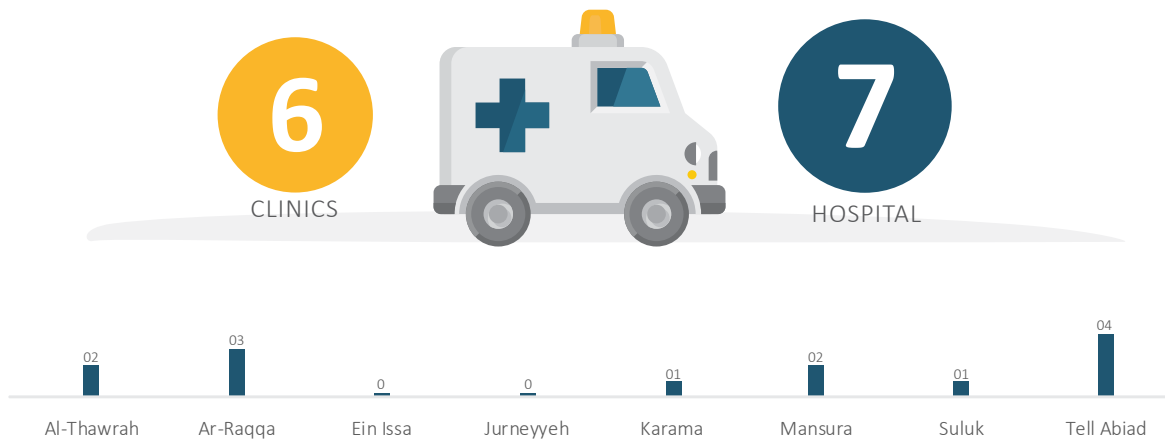
Sub-District:	Jurneyyeh	Karama	Mansura	Suluk	Ein Issa	Al-Thawrah	Ar-Raqqa	Tell Abiad	Total
Laboratory	0	1	1	1	1	3	3	2	12
X-ray	0	0	1	0	1	3	3	1	9

4.13.3 Referral System Availability in the Active Facilities:

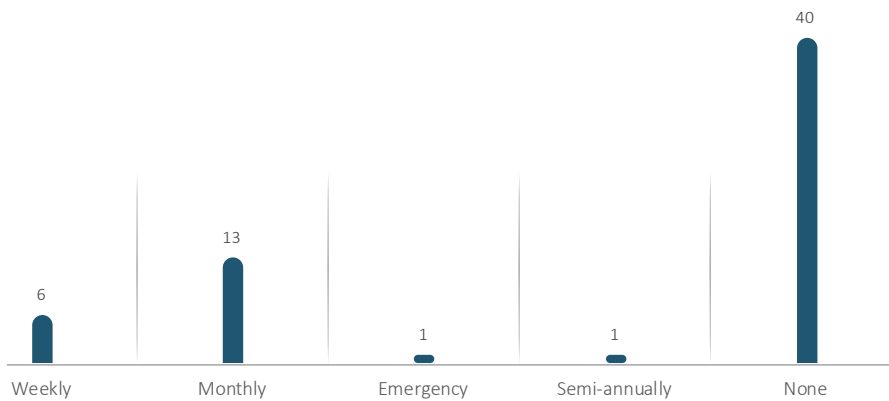


4.13.4 Ambulance Service Availability:

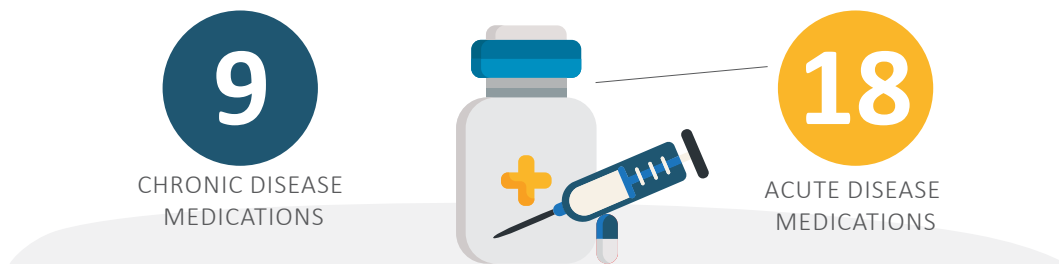
13 health facility divided per facility type as below:



4.13.6 Periodic supply of materials and consumables for the functioning health facilities:



4.13.7 Number and Type of Medications which are available in the functioning health facilities:



4.13.8 Number of facilities providing free medicines:

Sub-District:	Jurneyyeh	Karama	Mansura	Suluk	Ein Issa	Al-Thawrah	Ar-Raqqa	Tell Abiad	Total
	1	0	1	1	0	2	3	3	11

4.13.9 Number of facilities

where vaccines being provided periodically on the sub-district level:

Sub-District:	Jurneyyeh	Karama	Mansura	Suluk	Ein Issa	Al-Thawrah	Ar-Raqqa	Tell Abiad	Total
	1	0	0	1	0	1	3	3	9

4.14 Medical devices:

Medical devices available/Simple equipment stethoscope, oxygen, blood pressure devices. Etc divided per type of health facility:

Values	First-aid point	Blood Bank	clinics	Hospital	Magnetic resonance imaging Center	Pre-Marriage Medical Test Center	Total
Simple equipment stethoscope, oxygen, blood pressure devices.. etc	0	0	12	12	0	0	24
Surgical equipment	0	0	2	10	0	0	12
Anesthesia Equipment	0	0	0	10	0	0	10
medical Automatic vent	0	0	0	3	0	0	3
Birth medical equipment	0	0	4	11	0	0	15
Care Equipment-Baby cots	0	0	0	8	0	0	8

4.15 Needs:

4.15.1 Medical devices needed per Health facilities:

	First-aid point	Blood Bank	Clinics	Hospital	Magnetic resonance imaging Center	Pre-Marriage Medical Test Center	Total
Simple equipment stethoscope, oxygen, blood pressure devices. etc	1	1	24	11	1	1	39
Surgical equipment	0	1	10	12	1	1	23
Anesthesia Equipment	0	1	0	11	1	1	14
medical Automatic vent	0	0	0	10	0	0	10
Birth medical equipment	1	1	29	10	1	1	43
Care Equipment-Baby cots	0	0	0	5	0	0	5
Computed tomography				2			2
Complete equipment		1	24	9	1	1	36

4.15.2 Medical devices needed per Sub-District Level

	Al-Thawrah	Ar-Raqqa	Ein Issa	Jurneyyeh	Karama	Mansura	Suluk	Tell Abiad	Total
Simple equipment stethoscope, oxygen, blood pressure devices. etc	1	26	1	4	1	0	3	3	39
Surgical equipment	2	26	0	1	0	1	3	3	36
Anesthesia Equipment	1	17	0	0	0	0	0	1	19
medical Automatic vent	3	3	1	0	0	1	0	2	10
Birth medical equipment	2	28	1	4	1	1	4	2	43
Complete equipment		28		4	1		2	1	36
Care Equipment-Baby cots	2	0	0	0	0	1	0	2	5
Sum of Computed tomography					1		1		2

Number of facilities which has a lack of Medical devices per sub-District:

Number of facilities which has a lack of Medical devices per sub-District:	Jurneyyeh	Karama	Mansura	Suluk	Ein Issa	Al-Thawrah	Ar-Raqqa	Tell Abiad	Total
	5	3		3	2	3	32	3	51

RECOMMENDATIONS

- There is a need for expanded, systematic needs assessment to provide an increasingly accurate and timely picture of needs that will allow relief actors to save lives.
- Establish essential health services for child and women care in some sub-districts like Jurneyyeh and Karama.
- Ensure to expand coverage for EPI in to cover all sub-districts.
- Infrastructure rehabilitation of the partially affected health facilities buildings is recommended.
- In depth assessment to the total number of physicians and their specialties, getting over the duplication of counting physicians who work in different locations.
- Establish a mobile health clinic in the rural & urban areas.
- Support secondary health care services, as most of it provided by the private sector, only two hospitals are providing free medical services in the whole governorate.
- Establish a good referral system, as a part of strengthening the existing health system.
- Advanced medical services are considered a need as well, like CT Scan, Cath lab etc.
- Improve the functioning of the existing health facilities and provide them with the required supplies and equipment.



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