



People for development

# “Open hospitals”

*Report updated on December 2021*



“Among the many praiseworthy initiatives promoted by you, I would like to mention the great work this year to support the return of Christian communities to the Nineveh plain in Iraq, and the health care provided to so many poor people in Syria, in particular through the project “Open Hospitals”.

*Address of the Holy Father Francis to the participants at the working meeting on the crisis in Syria and the neighboring countries, Vatican City, September 14 2018*



## 1. The Syrian context and the origin of the project

To date December 2021, the Syrian crisis continues to drive one of the largest humanitarian crises in the world, with over **5.6 million Syrians registered as refugees** in Turkey, Lebanon, Jordan, Iraq and Egypt, and over 6.2 million of IDP (data OCHA January 2020). 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. Tension and open fronts in the North of the country (specially in Idlib province and in the Turkish border) will probably continue in the coming period, increasing the number of victims, refugees and displaced people.

The UN has calculated that more than 83% 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 **11.7 million Syrians** are in need of aid. Among them, almost **11.3 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;
- 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 with the collaboration of three private and non-profit hospitals that 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 role, while the Agostino Gemelli Polyclinic Foundation will contribute as a scientific and healthcare partner offering training and financial support.



**Medical staff in the surgery of the Italian Damascus Hospital**



## 1.2 Changes in the project context

Since the project started in the last months of 2017 until now, the control of the government over the areas previously controlled by opposition groups has increased. Particularly, the area surrounding Damascus has been secured, and consequently the security situation in Damascus –until the month of March 2018 the city was being targeted by mortars- has improved.

The economic situation in the country, however, remains critical. The international embargo is further worsening an already weakened economy, extremely affected by the loss of infrastructure and decrease of local production. The economic crisis has consequences on many levels.

On the one hand, this affects the health system – already in a critical situation because of the destruction of infrastructure and the lack of competent staff - in terms of supply and maintenance of medical equipment and pharmaceuticals available.

Obviously, the deterioration of the economy has had a deep impact in the financial situation of the families: many people lost their job and/or their houses, and many were internally displaced losing their income generation means. After 8 years of conflict the families cannot longer rely on savings, and meeting the daily basic needs is becoming increasingly difficult. For this reason, even though many areas of the country are now considered safe zones, the population is still in an extremely vulnerable situation.

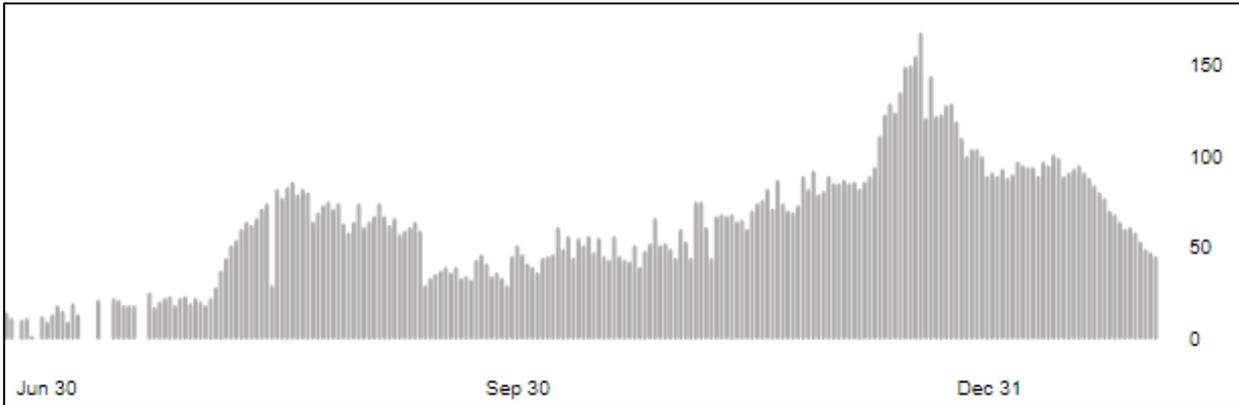
Summarizing, the increase of the safety conditions mentioned above supposed a positive change in the life situation of the targeted groups, now less exposed to life-threatening incidents related to the armed conflict. But this does not change the fact that the medical infrastructure and system, both public and private, are deteriorated and unable to cope with the demand of medical treatment of a deeply vulnerable and impoverished population. The majority of the patients assisted through the project are not affected by war injuries but from regular diseases, that cannot access the medical treatments due to the situation provoked by the war. Therefore, even if the positive impact of the improved security situation cannot be denied, the bigger challenge remains the support to the most vulnerable population and the reconstruction of the health system (in terms of infrastructure, equipment, skilled staff, supplies, organization...).

**The outbreak of COVID-19 pandemic poses a big challenge for many countries, especially those already in crisis, such as Syria, where the consequences of the virus expansion could be catastrophic due to lack of medical capacities (hospital beds, isolation spaces and ICU beds), increasing the mortality of the virus.**

**When WHO declared global pandemic, Syria tried to stop the expansion of the virus through the implementation of certain measures: schools, universities, restaurants and shops closure, partial curfew and borders' closure among others. These measures, together with the partial isolation of Syria due to the conflict, delayed the arrival and expansion of the virus. By the end of May 2020 the measures were lifted due**

to the high economic impact in an already critical economic situation. During the summer (July and August) it took place the first wave of COVID-19, and even if the data available was limited the expansion of the virus was clear on the field. Public hospitals collapsed and the three catholic hospitals were receiving many suspected cases. The second wave started at the end of November and was stronger than the first one.

The below graphic, prepared by the WHO with official data from the Syrian Ministry of Health shows the daily confirmed COVID-19 cases in Syria, and allows to clearly identify the two waves.



To face this critical situation, Open Hospitals project is supporting the hospitals, helping them to continue working in safe conditions, including the treatments for vulnerable people supported by the project, and whenever possible supporting also the treatment for COVID-19 patients through a home-care program for mild cases.

## 2. The project

### 2.1 Objectives

The project's **main objective** 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 3 private hospitals involved. **The project, originally planned with a duration of 3 and half years (from July 2017 to December 2020), in agreement with the nuncio Card. Zenari, given the protracted Syrian crisis and the urgent health needs of the poor people,** was extended first to the end of 2021 and then to the end of 2024 (see the Ethics Committee section below).

- The first project's specific objective is to improve quantitatively and qualitatively the healthcare services provided to vulnerable persons by the hospitals involved. It is expected to provide free of charge hospital and outpatient services to **at least 50,000 vulnerable patients**, prioritizing those who are most in need. The objective was later expanded to **100,000 vulnerable patients**, according with the extension of the project.
- The second specific objective is to improve the structural conditions of the three hospitals, through two main line of activities:
  - ✓ The upgrade of the medical equipment available and information system, justified by the increase of activity in the hospitals
  - ✓ The retention of hospitals' medical staff through the provision of a salary bonus



## 2.2 Organizational Structure and Human Resources

The project was launched on July 1<sup>st</sup> 2017 and it takes place in two phases: from July the 1, 2017 to December the 31, 2018; and from January the 1, 2019 to December the 31, 2021. Following a preparatory phase establishing agreements both with congregations managing the three hospitals and directly with the hospitals, AVSI selected and recruited 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 about 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.

### Ethical and Technical Committees

Both the **Ethical** and the **Technical Committee** meetings were held on October the 24 and 25, 2017 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 Dicastery for the Service of the 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 2018, 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 actions and increase clinical and diagnostic activities.

The **third meeting** of the project's Ethical and Technical Committee was held on July 26 2018, in Damascus. All the stakeholders were very happy with the project, how it is going, the growth in the number of patients treated, also thanks to the opening of the outpatients facilities, and the profitable collaboration that has been established.

Some of the topics discussed were: a) the need to reinforce the staff of the project, especially the social workers and a dedicated project leader; b) the importance to try to increase as much as possible the beneficiaries children; c) the need to adjust the reimbursement fee established for certain types of treatments; d) the opportunity to establish guidelines for the evaluation and management of the so-called "special cases", i.e. those requests for care whose cost exceeds the set ceiling of 1,500 USD per treatment; e) and finally the need of the improvement of administration and financial management of the Hospitals, both through the installation of a new IT system identical for the three hospitals and the training of administrative staff.

The **forth meeting** of the Ethical and Technical Committee was held on February 12, 2019. The meeting's main objective was to review the results of the project during the first phase and to agree in the activities of the second phase. The general conclusion of the first phase is positive: the number of treatments provided is above expectations, and the project processes are functioning. Some decisions were made for the upcoming phase: 1) It was decided to increase the salary bonus that the hospitals' staff is receiving through the project, with the objective of promoting the retention of the skilled medical staff (one of the problems of the health system in Syria is the lack of doctors and nurses), 2) the activity of upgrading the information and accounting system will be implemented in the second phase of the project, 3) the monitoring and evaluation tools will be improved, including an accountability mechanism.



The **fifth meeting** of the Ethical and Technical Committee was held on September 10, 2019. The results of the project were presented, including the Patient Survey developed in the first half of 2019, as an accountability and monitoring mechanism. Considering the inflation that affects the Syrian economy some issues were discussed, such as the prices established for the treatments and the salary bonus for the staff, but it was agreed not to modify the established rates. Moreover, the discussion was focused in three activities to be implemented during 2020: 1) medical equipment to be purchased at the hospitals, 2) medical trainings for the hospitals' staff, and 3) the update of the information management system of the hospital.

The **sixth meeting** of the Ethical and Technical Committee had place on the 10th of February, 2020. The main objective of the meeting was to agree on two financial measures that the changes in the context made necessary: due to the devaluation of the Syrian pound, the syrian government approved a preferential exchange rate of 700 SYP/USD, and it was consequently agreed to apply it to the project. At the same time, the inflation that affected the prices had an impact on the cost of the treatments provided by the hospitals, so the prices were reviewed considering these changes. The meeting was also the occasion to discuss activities such as the installation of the information management system at the hospitals and the training o medical staff. Finally, it was announced the decision to include in the project **two medical dispensaries managed by religious institutions linked to the Greek-Catholic Church (Mar Yousef and Ibrahim Khalil)** located in the surroundings of Damascus.

During the summer 2020 two **extraordinary Committees** took place. **The first one**, on the 29<sup>th</sup> of June, had the objective of revising the costs of the medical treatments and to find a solution to the crisis caused by the devaluation of the Syrian Pound (SYP) in the period May-June (the SYP reached a value of 3.000 against the USD, being the official rate 700 SYP/1 USD).The production and import of many basic goods, including medicines, was affected and even stopped during some weeks. The devaluation of the Syrian Pound was officially recognized on the 16<sup>th</sup> of June, when the Central Syrian Bank officialized the new exchange rate: from 700 SYP, the new value of the USD was set as 1256 SYP. Two measures were then approved by the Committee: the update of the treatments' costs agreed with the hospitals, and the increase of the Salary Bonus to ensure a living wage for the hospitals' staff.

**The second extraordinary Committee (height from the start)** was held on the 19<sup>th</sup> of August, organized when the Covid-19 situation started a rapid deterioration. The goal of the meeting was to find solutions to help the people infected by the virus. Below a recap of the decisions made:

- The project wants to strengthen the capacity of the hospitals, improving their prevention capacities against the expansion of the virus. On the one hand through the purchase of necessary PPE, to ensure that the



hospitals' staff is working in safety conditions. On the other hand, supporting the hospitals in the triage of the patients and in the immediate isolation of those infected, something essential to guarantee the safety of the other patients. Also the social offices are relocated in order to limit the patient flow within the hospitals, but at the same time ensure that the support to the vulnerable people supported by the project continues in this difficult period.

- Furthermore, the project wants to support the infected people through home-care attention. It is currently being analyzed whether the hospitals have the capacity to manage the hospitalization of Covid-19 patients. In this regard, thanks to a donation of the Holy Father through ROACO, 10 ventilators have been purchased and the procedures of import into Syria are being finalized.

**The ninth Ethics Committee** was held on the 23<sup>th</sup> of April 2021. Below is a summary of the main decisions taken:

The Project does not end in 2021, but will continue until 2024 in a different modality. This extension is motivated by the persistence of a situation of severe poverty and serious health crisis and takes into account as well the difficulty of continuing to raise important sums of money as happened in these years: the budget for the treatments will be limited, the salary bonus will be reduced to 50% compared to the value of 2021 and no other equipment will be purchased. In the next period, the patient / budget limits for each hospital will be established more specifically.

Support for the two dispensaries (Ibrahim Khalil in Kashkoul and Mar Yousef in Dwela) will be strengthened starting in 2022. In addition, at least two other dispensaries will be included in the project.

## 2.3 Project's 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.

Following the decisions taken by the Ethics Committee in July 2018, the staff was strengthened to respond to the increase in activities volumes. The number of social assistants has risen from 6 to 8, a second administrative operator has been hired and finally a dedicated project manager has been identified, to improve the coordination of the project and the supervision of the activities.

Role	Responsibilities
<b>Regional Manager</b>	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.
<b>Regional Program Manager</b>	
<b>Regional Operation Manager</b>	
<b>Regional M&amp;E Manager</b>	
<b>Regional Communication Manager</b>	
<b>Financial/Accounting Manager</b>	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.
<b>Program Manager</b>	Based in Damascus, she supervises the project activities and coordinates the support activities (medical equipment, M&E, info system updates). She follows up the financial and narrative reporting with the financial manager and the regional staff. In coordination with the Program Coordinator, Relates with the Apostolic Nuncio, Hospitals' Directions and AVSI Regional Office.
<b>Program Coordinator</b>	Based in Damascus, he coordinates, supervises and runs the planned activities of the Social Offices, Logistics and Administration. In coordination with the Program Manager, relates with the Apostolic Nuncio, Hospitals' Directions and AVSI Regional Office.
<b>Logistician</b>	They mainly support to activities, each of them with their specific competencies.
<b>Administrator</b>	
<b>Cash Controller</b>	
<b>Liaison Officer</b>	
<b>Compliance Officer</b>	

Secretary	
Drivers	
Social Assistants	

## 2.4 Hospitals' Staff

The hospital's staff is composed by the Medical staff (doctors and Nurses working in the hospitals and that are directly in charge of the care of patients) and administration and support staff. Last, there is the project staff in charge of the social offices. The table below shows how they are divided through the hospitals as well as by gender.

	French Hospital Damascus			Italian Hospital Damascus			French Hospital Aleppo			total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
<b>Medical Staff</b>	116	103	<b>219</b>	49	42	<b>91</b>	47	50	<b>97</b>	<b>407</b>
<b>Admin staff</b>	41	45	<b>86</b>	8	18	<b>26</b>	19	11	<b>30</b>	<b>142</b>
<b>Total</b>	157	148	<b>305</b>	57	60	<b>117</b>	66	61	<b>127</b>	<b>549</b>

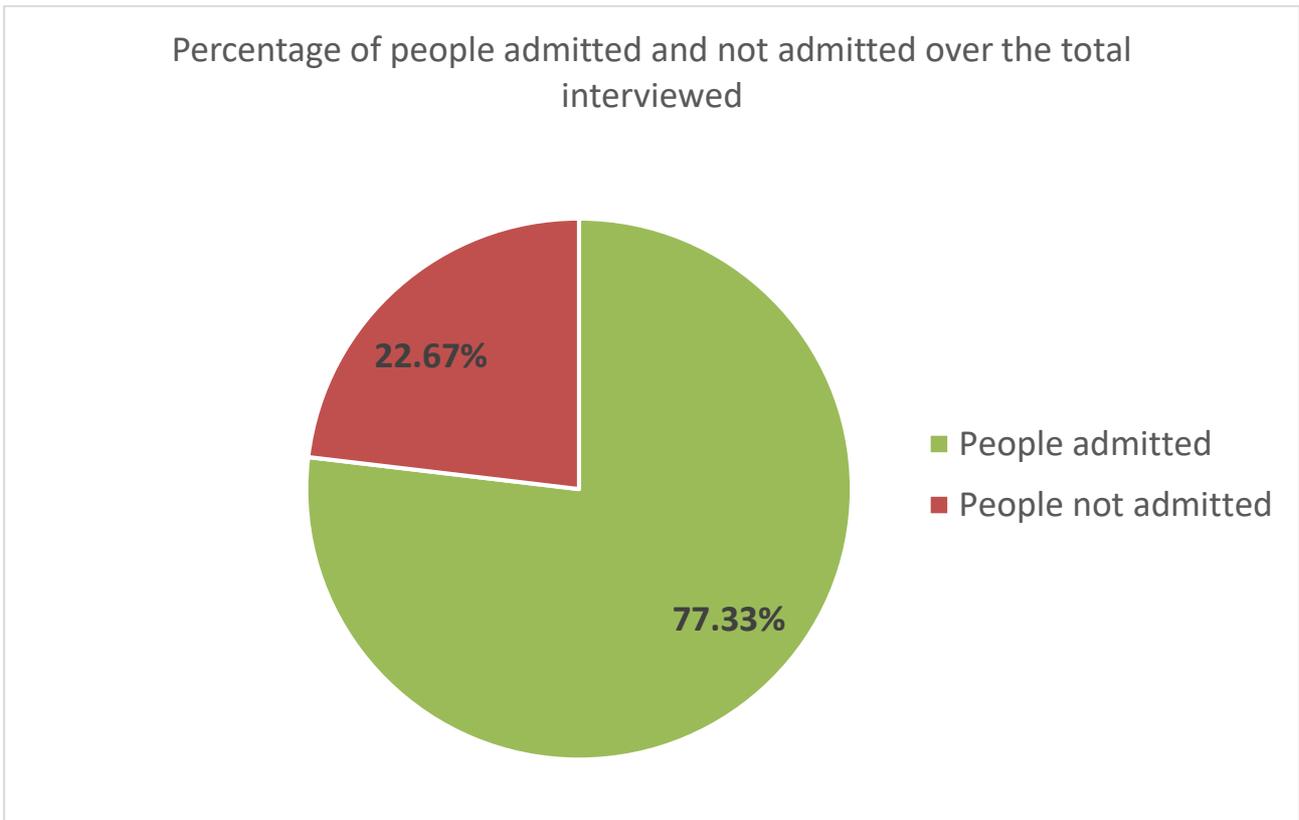


### 3. Description of activities and results achieved

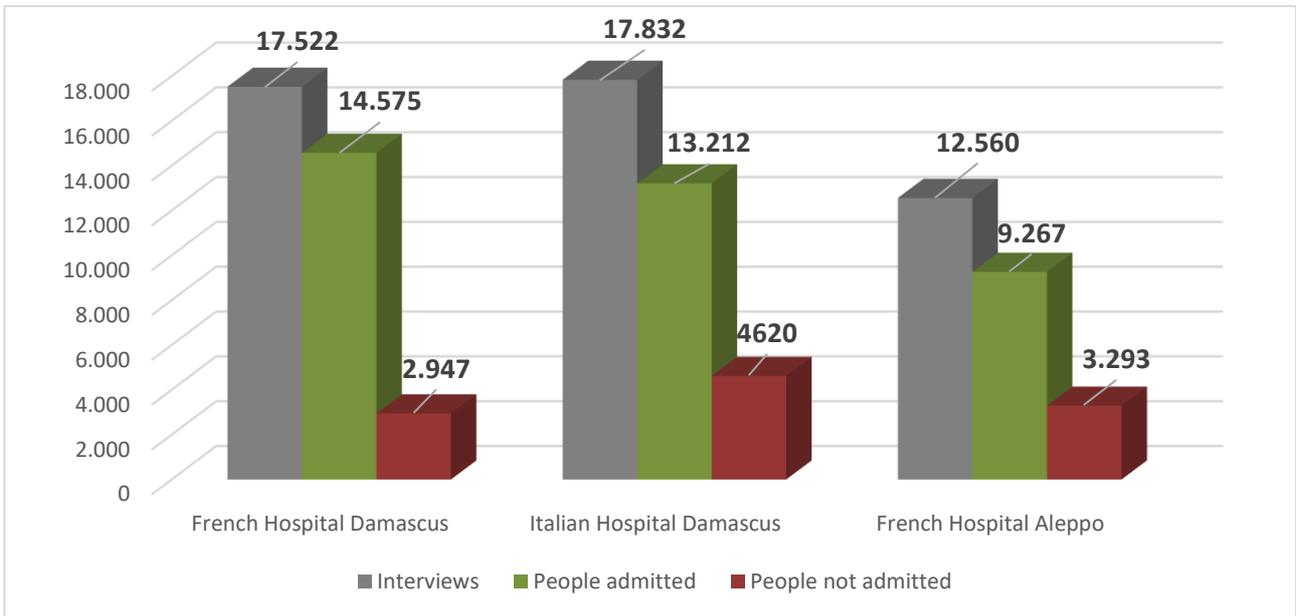
#### 3.1 Establishment and implementation of three Social Offices

AVSI created and structured three Social Offices (one in each Hospital), whose task is to identify, in collaboration with project partners, the vulnerability criteria and certify the poverty status of people requiring treatment.

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. As of **October 30<sup>th</sup> 2021**, the three Social Offices have conducted a total of **47,914 interviews** to vulnerable beneficiaries to check their entitlement to have access to free medical treatments. Among them **37,054 (77.33%)** were admitted to get free access to the treatments and **9,411 (22.67%)** were refused.



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

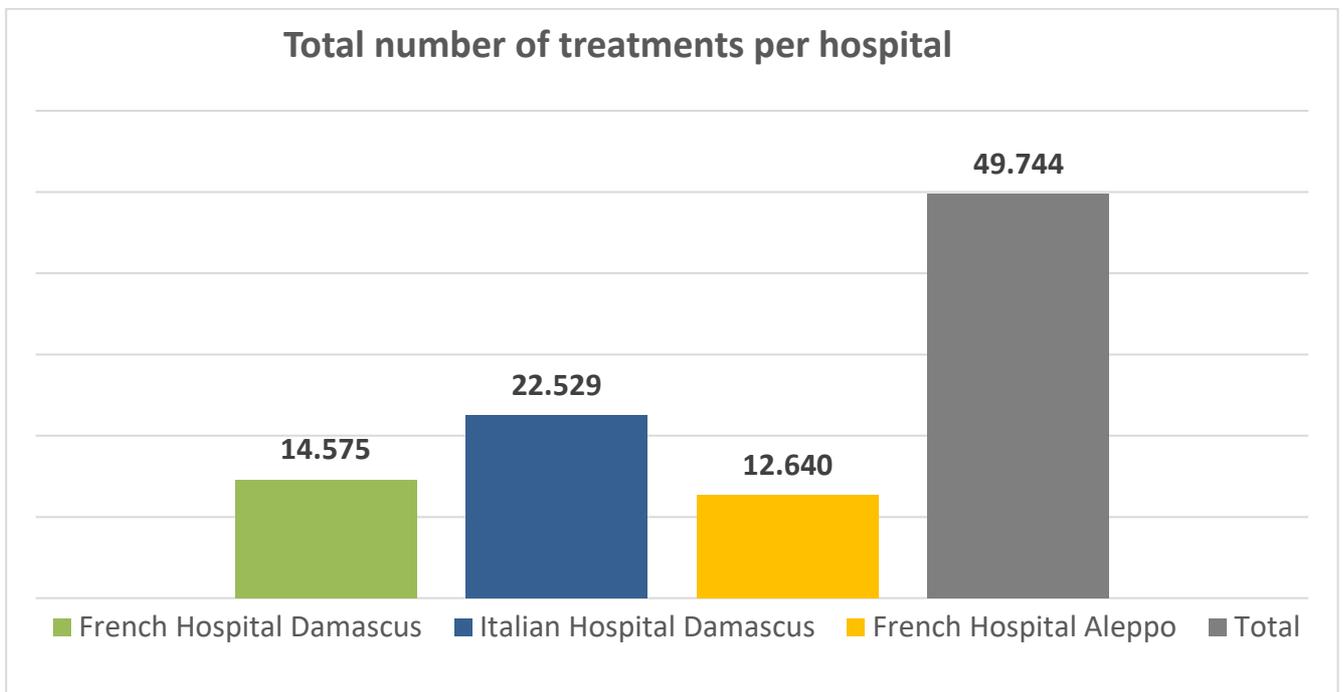


Administration office, Italian hospital of Damascus

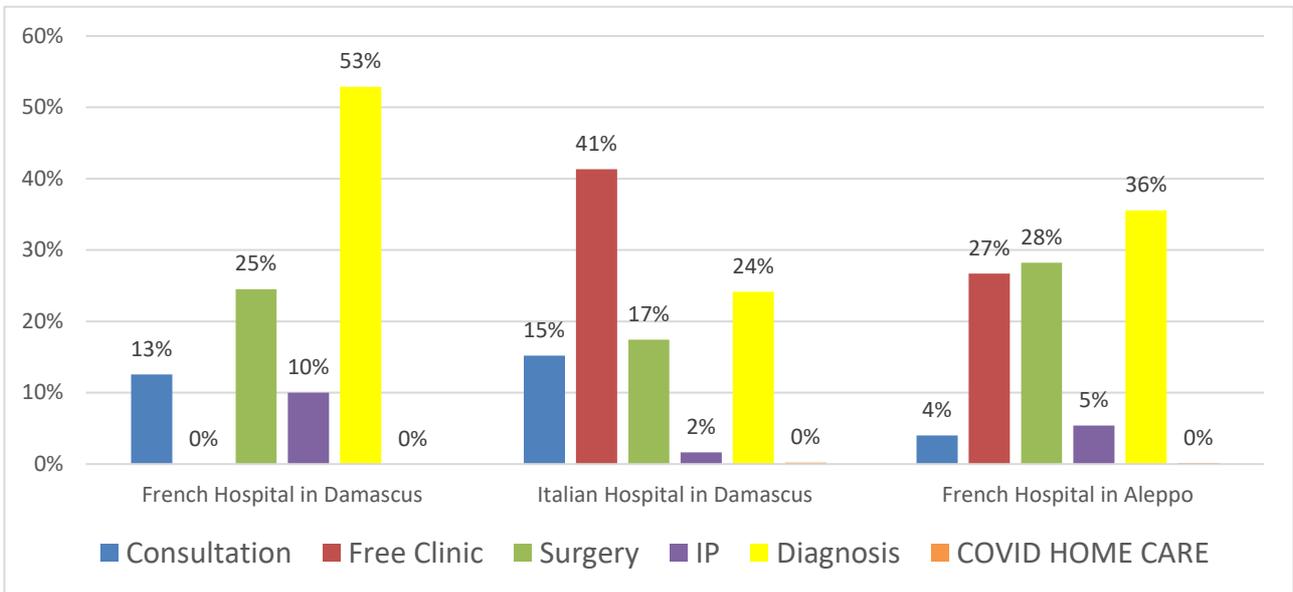
### 3.2 Coverage of the operating costs related to services provided to patients identified as "poor" in the hospitals

As of **October 31<sup>th</sup>, 2021**, the free medical services provided amounted to **49,744** for the three hospitals. This includes the normal treatments and the free clinic visits, which don't require previous approval by the social offices.

The following graphic shows the total number of medical services provided in the 3 hospitals in the period November 2017 – October 2021.



The graphics below show a general comparison of the treatments, both among the hospitals and by type of treatment:

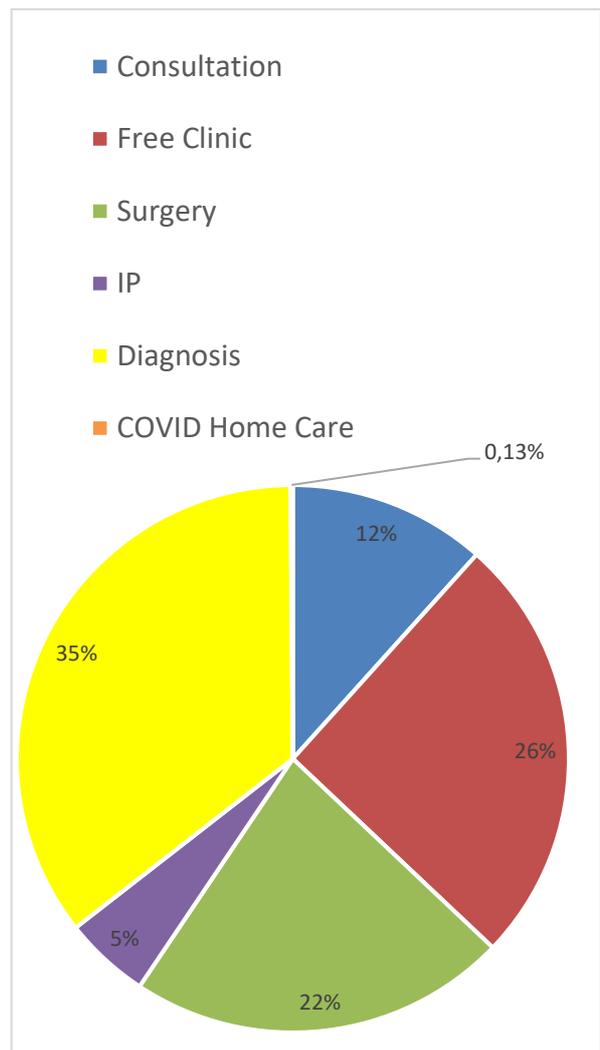


**Legend:**

- Consultation:** medical consultation by the specialist doctor.
- Free clinic:** free general consultation mode for all patients, available in the Italian hospital and in the French hospital in Aleppo.
- Surgery:** surgery.
- IP (Inpatient care):** hospital treatment with admission.
- Diagnosis:** X-ray, TAC and laboratory analysis among other
- COVID Home Care:** home care program for mild COVID cases.

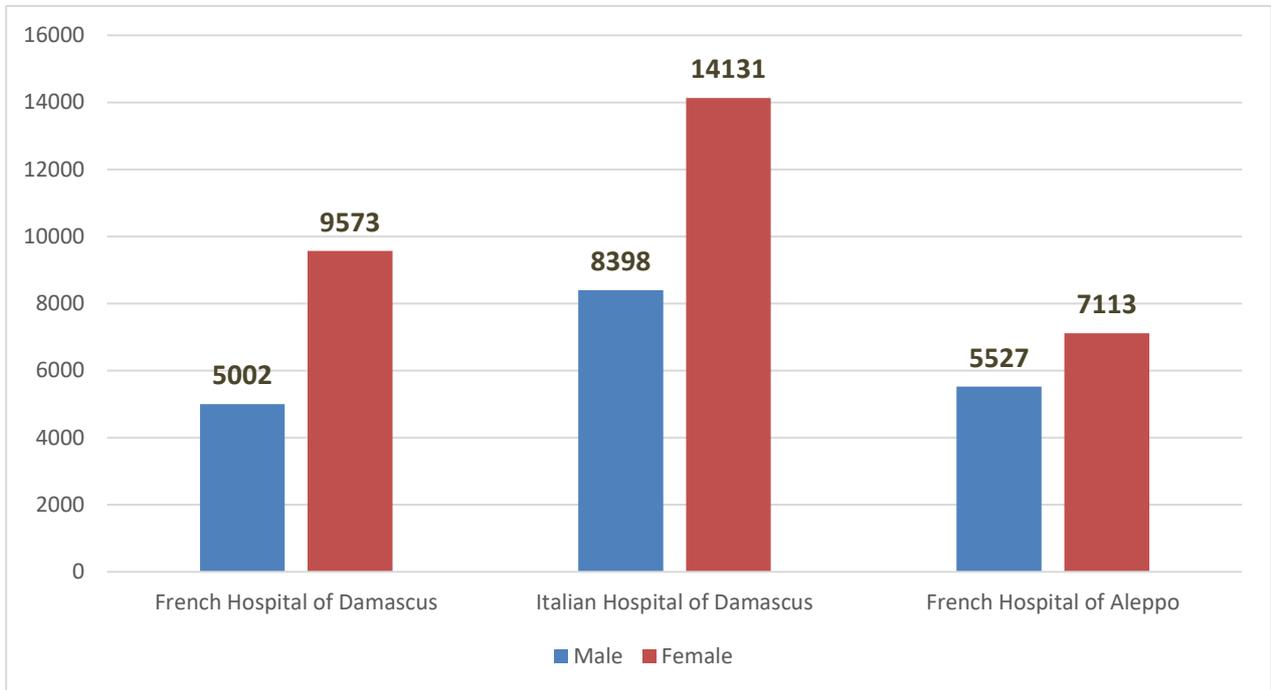
The graphic on the right shows the distribution by typology of treatments regarding the total of treatments.

The consultations are 12%, free clinic 26%, surgeries are 22%, the hospitalization days are 5% and the diagnosis tools (XRAY, TAC, laboratory analysis and others) are 35%. The COVID home care program, which started on January 2021, represents only the 0.13% of the treatments provided for the moment.

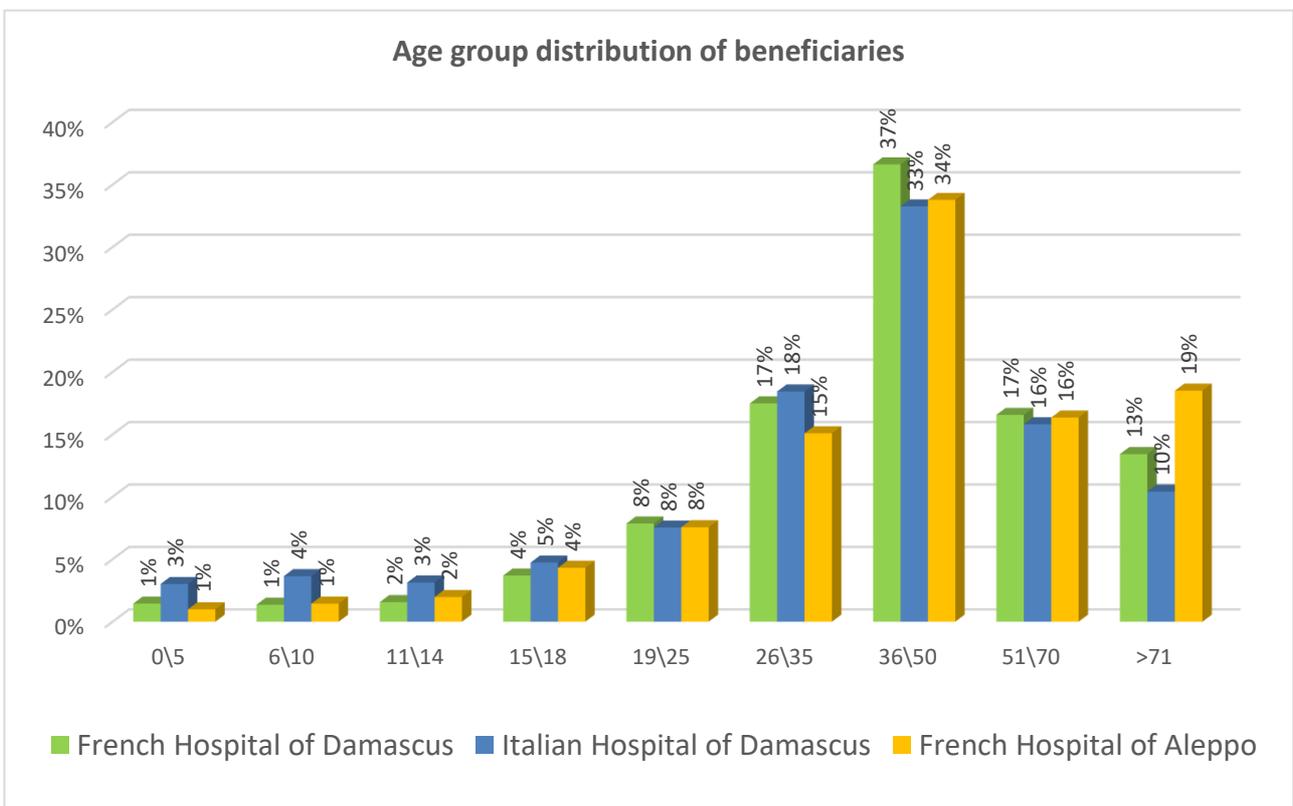
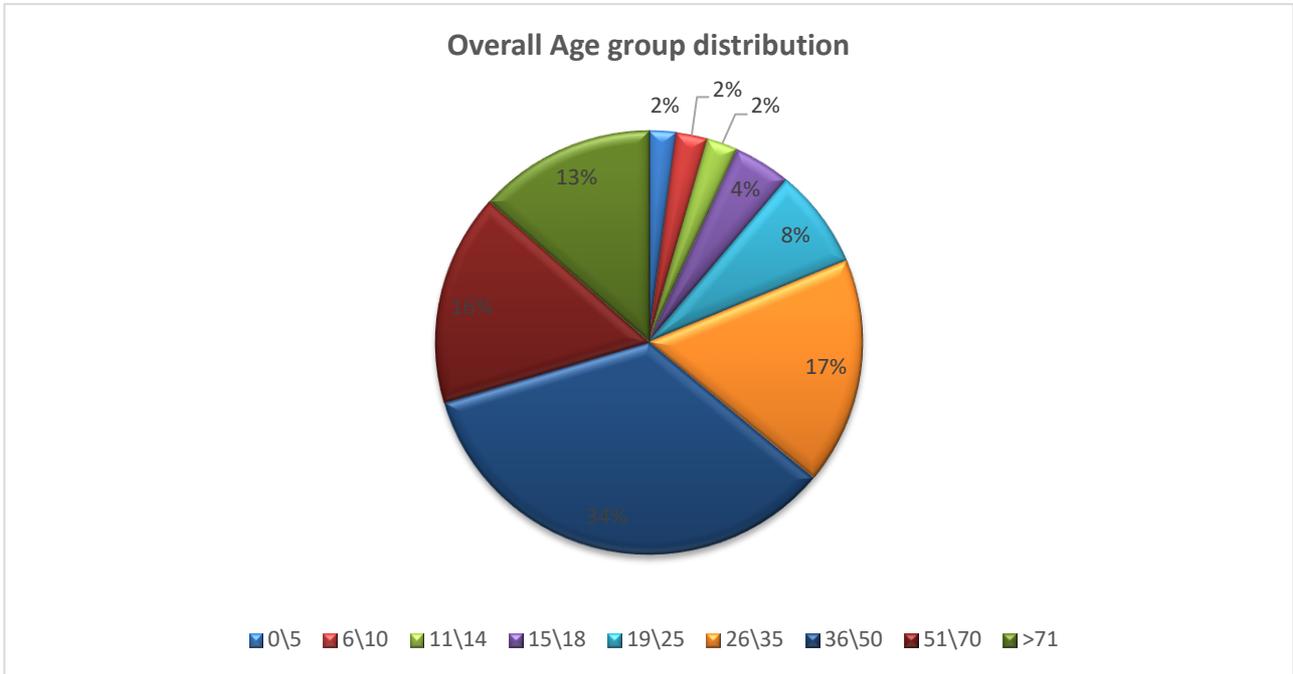




With regard to the Gender composition of the patients', **30,817** were female (62%) and **18,927** male (38%). The graphic below, shows the gender distribution among the three Hospitals.

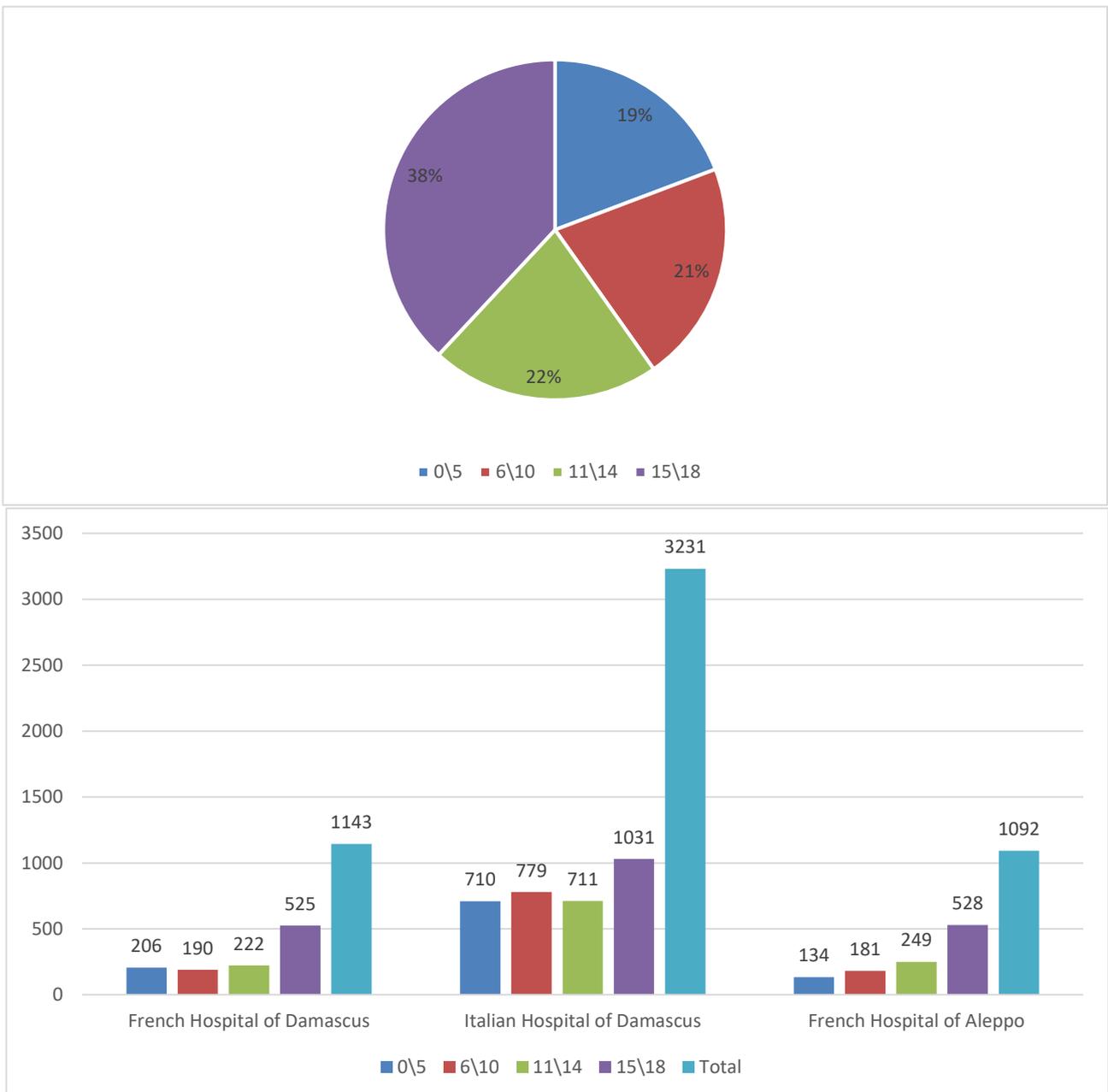


The graphics below, shows the age groups distribution overall and among the three Hospitals. A total of 9 age groups were considered (0\5, 6\10, 11\14, 15\18, 19\25, 26\35, 36\50, 51\70, >70).



### Focus on Children and Youth

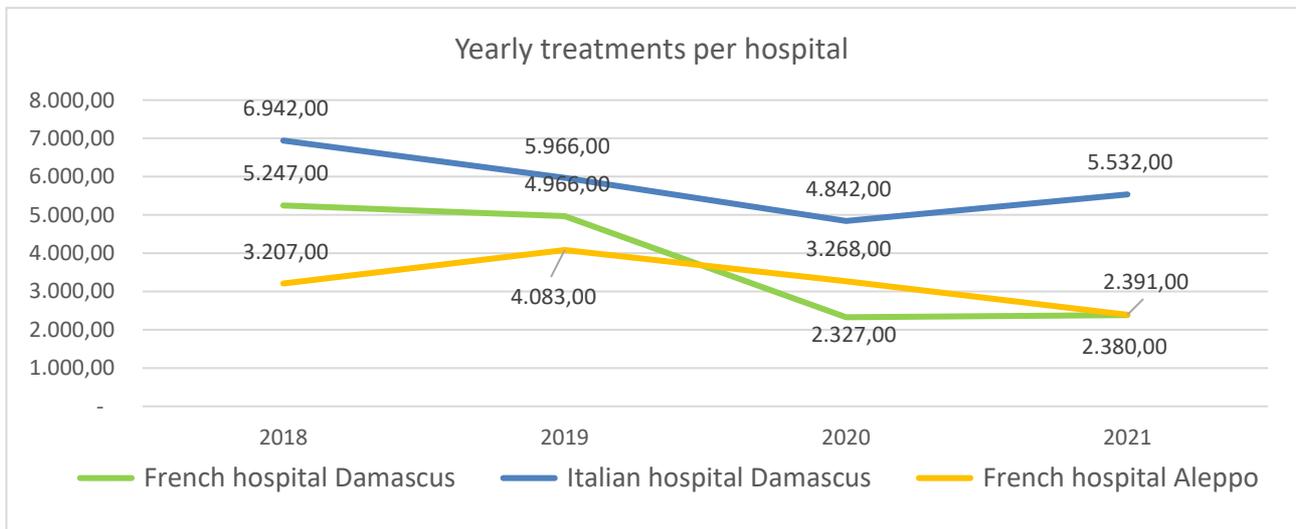
Concerning children aged between 0 and 18, the total number of people who benefitted from free treatments reached until now **5,466** people. As the graphic below shows, the distribution among the four ranges of age (0-5, 6-10, 11-14, 15-18) is quite balanced, with a prevalence of children aged between 15 and 18 years old (38%). Follow children between 11 and 14 (22%) and the ones aged between 6 and 10 (21%) and finally 0 to 5 years old (19%). Among the three Hospitals, the one that (of all) has hosted the higher number of children and youths is the Italian Hospital in Damascus (3.231), followed by the French Hospital in Damascus (1.143) and the French Hospital in Aleppo (1.092).



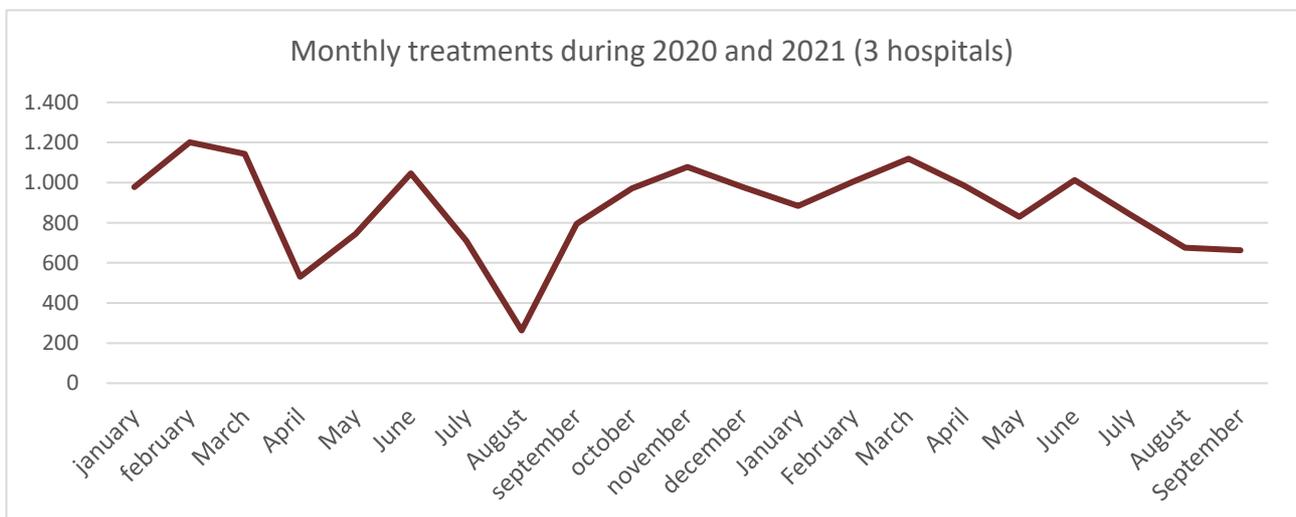
## Impact of COVID-19: 2020-2021

As it can be observed in the graphic below, the number of treatments of 2020 and 2021 was lower than previous years. was caused by the COVID-19 pandemic; during certain critical periods non-critical treatments were postponed or cancelled in the three hospitals.

However, it is not only the number of treatments that has been reduced, but also the number of interviews: this (together with the fact that the percentage of approval has not changed) implies that the number of people looking for medical treatment has also dropped, and it was not only a hospital decision. In fact it has been noticed that people generally refuses going to the hospital if it is not for critical issues, and doctor visits have been reduced. This aligns with many studies that analyze the impact of the pandemic and its management in the health care systems, and particularly how it has provoked skipping of treatment and late diagnosis of many diseases.



A more focused look on the monthly data allows to clearly identify the key moments of the pandemic: in late march the Syrian government imposed very strict measures for the prevention and control of the virus. Later on,



on July, the first wave of COVID-19 hit the country: in the graphic the consequent reduction of treatments in the three hospitals is very clear. The second wave arrived in late November, and also in this case the reduction of treatments can be noticed in the last two months of the year. The impact of the waves in 2021 has been lower but it is still noticeable in the graphic.

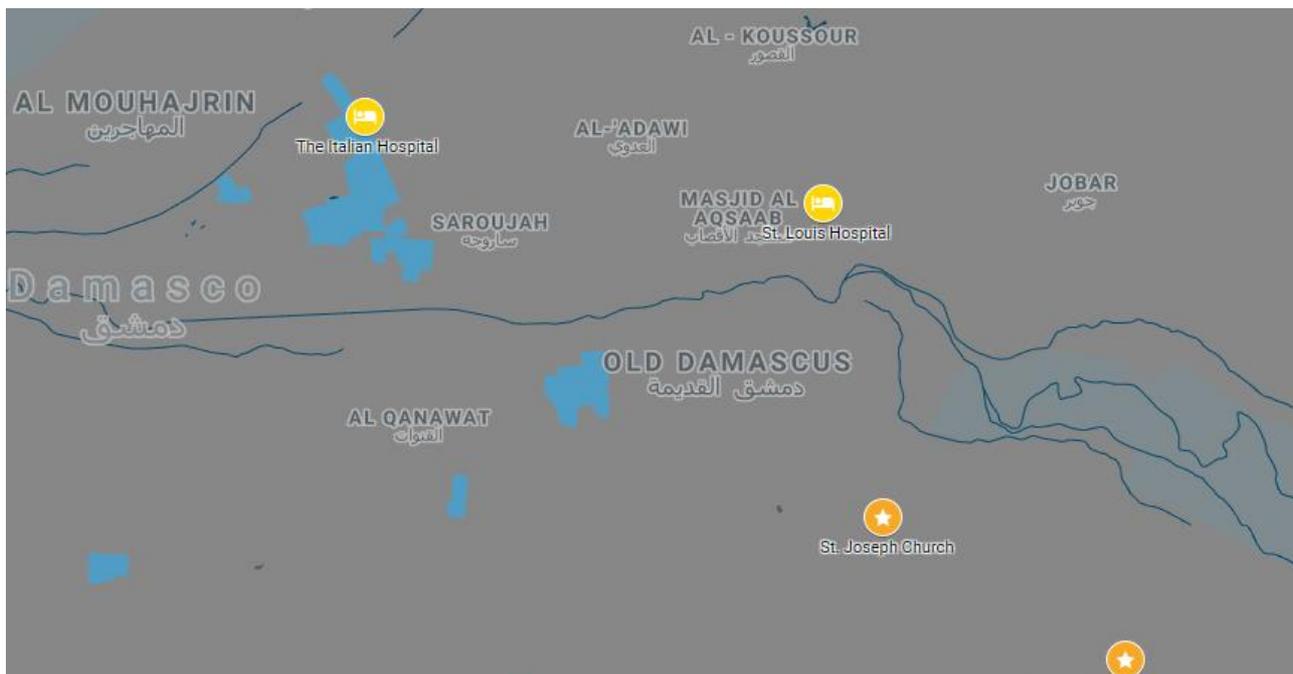
Since April 2020, when the firsts COVID-19 cases were confirmed in Syria, Open Hospitals project has engaged in supporting the three catholic hospitals in the prevention and control of the virus through different actions:

- Purchase of necessary Personal Protection Equipment (PPE), to ensure maximum safety for patients and hospitals' staff. The project has covered the purchase of PPE for a total amount of 136.345,05 USD.
- Supporting the hospitals in the triage of the patients and in the immediate isolation of those infected, something essential to guarantee the safety of the other patients.
- The project covers the costs related to the necessary tests used to diagnose COVID-19 (XRAY, CT Scan, Laboratory analysis). The lack of testing capacity in Syria (PCR laboratory test) poses a big challenge to the hospitals, that have to use alternative ways to detect and isolate on an early stage the infected people.
- The social offices of the project were relocated in order to limit the patient flow within the hospitals, but at the same time ensure that the support to the vulnerable people supported by the project continues in this difficult period. This relocation was done in each hospital according to infrastructure possibilities.
- In January 2021, a home care program for COVID mild cases started at the Italian Hospital of Damascus and at the French Hospital of Aleppo. This program offers medicines and medical follow-up, including oxygen therapy if necessary, for mild cases that are not accepted at the hospitals due to the lack of beds. So far, 65 patients have been cured through this modality of care.



### 3.3 Support to the dispensaries (medical centers)

Since July 2020, two dispensaries located in the periphery of Damascus were included in the project: the dispensary of Ibrahim Khalil in Kashkoul, managed by the order of the sisters basiliennes chouerites, and the dispensary of the parish of Saint Joseph (Mar Yousef) in Dwela. The two institutions belong to the Melkite Greek catholic Patriarchate.



*Map of Damascus showing (from left to right): The Italian Hospital, the French (Saint Louis) hospital, the dispensary of Mar Yousef in Dwela and the dispensary of Ibrahim Khalil in Kashkoul).*

The dispensaries offer:

- a) medical consultations in different specialties thanks to volunteer doctors;
- b) medical equipment and diagnosis tools: if necessary, once diagnosed the patient can be referred to the hospital for secondary care;
- c) medicines to people without resources.

The project is supporting them through the reimbursement of medicines on a monthly basis and the purchase of necessary equipment and materials to increase the quantity and quality of medical services provided.

- Regarding the equipment, in 2020 each dispensary received an echo machine. In 2021, each dispensary purchased different tools and materials, part of it related to care for COVID patients.
- In the period July 2020 to October 2021, 8.463 patients were visited in the two dispensaries.

Month	Ibrahim Khalil	Mar Yousef	Total
July	130		130
August	98		98
September	209	72	281
October	40	28	68
November	60	24	84
December	98	109	207
January	170	168	338
February	155	323	478
March	250	356	606
April	300	158	458
May	410	455	865
June	523	585	1108
July	431	416	847
August	265	624	889
September	524	544	1068
October	488	450	938
<b>Total</b>	<b>4151</b>	<b>4312</b>	<b>8463</b>

- o The chronic patients represent 61% of the beneficiaries reached by the dispensaries.
- o The majority of the beneficiaries (60%) were female.

### 3.4 Coverage of the costs required to update technological equipment and the information system.

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
Operation table	Supplied and Installed
Lab equipment	Supplied and Installed
Surgery tools	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
Endoscopy billaires	Supplied and Installed
Chirurgical equipment	Supplied and Installed
Artificial respirator	Supplied and Installed
Camera and Video for Operation Room	Supplied and Installed
Washing machine	Supplied and Installed
Pousses seringues	Supplied and Installed
Surgical electrical motorized table	Supplied and Installed
Anesthesia machine	Supplied and Installed
Shaver for endoscopic arthroscopy	Supplied and Installed

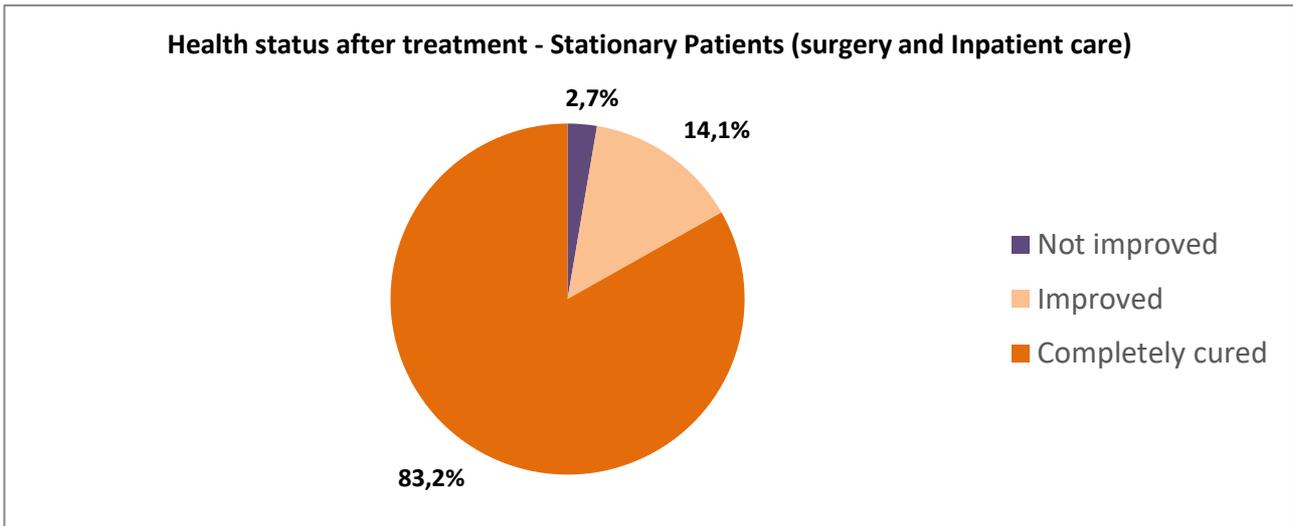
French Hospital Damascus	Status
Complete system for measuring bone mineral density	Supplied and Installed
Echocardiography	Supplied and Installed
Radiography and Fluoroscopy Room	Supplied and Installed
Anaesthesia Machine	Supplied and Installed
Generator	Supplied and Installed
Mobile XRAY unit	Supplied and Installed
Dispensary of Mar Yousef (Dwela)	Status
Ultrasound echo machine	Supplied and Installed
Dispensary of Ibrahim Khalil (Kashkoul)	Status
Ultrasound echo machine	Supplied and Installed



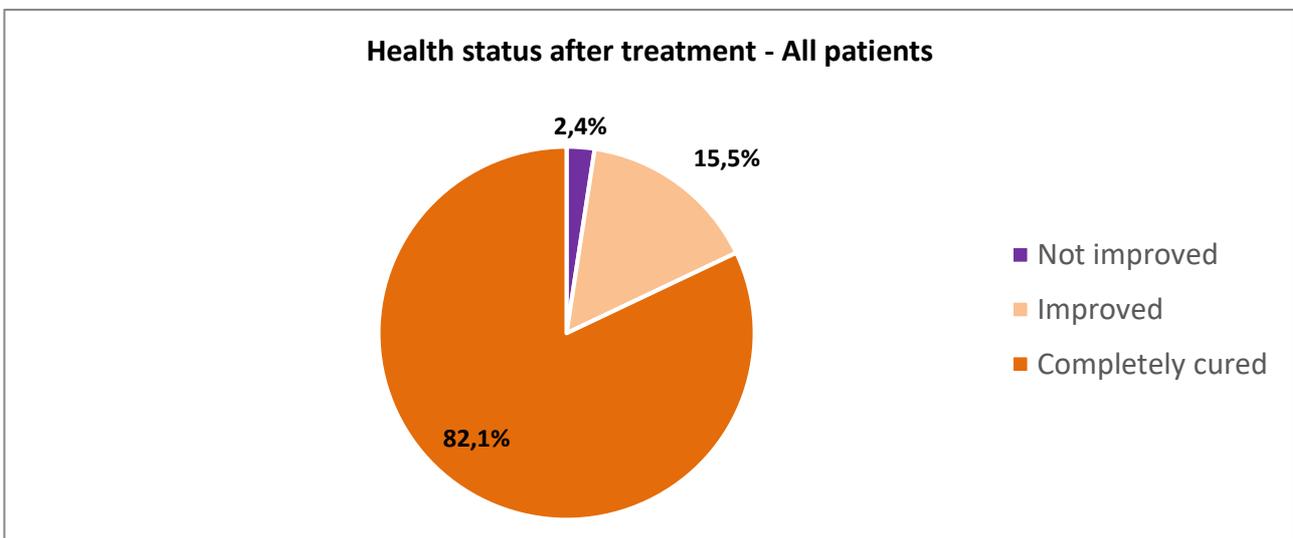
Staff and patients in the radiology room of the Italian hospital in Damascus

### 3.5 Qualitative assessment of medical services provided

A monthly survey is conducted on a sample of treated patients, with the aim of evaluating the impact of the project considering two factors: a) detecting the percentage of patients whose reported impression was that of a healing or improvement after receiving the services; b) assess patient satisfaction with respect to the medical services received and with respect to the service provided by the social offices.



Considering the most serious cases (surgery and / or treatment with hospitalization), 97,3% of them declared an improvement or to be completely cured after the medical services received.



Considering all the patients interviewed, 97,6% declared an improvement in their state of health or declared that they were completely cured after the medical services received.

Regarding satisfaction with the medical services received, the great majority declared to Strongly Agree (67%) or to Agree (32%) to positive statements regarding 1) the quality and good condition of the equipment and infrastructure and 2) the skills of the medical staff.

In relation to the service received from the social offices, 3 aspects were evaluated:

- a) kindness and respect from the staff;
- b) clarity of the information provided;
- c) response time.



On average the degree of satisfaction with the service of the social offices is very positive: when asked to which level they agree to positive statements regarding the social offices, 66% of the patients declared to Strongly Agree, 33% to Agree and 1% to Disagree.

## 4. Budget

The Project duration has been extended in response to the worsening of the humanitarian situation: the project, supposed to finish by December 2021, has been extended until the end of 2024.

The total value of the project including the extension is € 16,958,921. The fundraising campaign has now ensured the coverage of most of the costs.

We are now looking for funds for the remaining of the second phase, which amount to around € 1.8 millions. The goal is to guarantee another **50,000 medical treatments** in the phase 2022-2024, for a total of 100,000 medical treatments for the entire project period. The budget is reviewed and updated every three months, based on the verification of the level of expenditure and needs of the hospitals and dispensaries involved and the beneficiaries of the project.



## 5. Our Stories

### Mounira's Experience



*"Mounira was going to school. I remember that day I had a premonition of what would happen. "Abdallah, 24, is sitting next to his sister as he tells that afternoon three weeks earlier in Aleppo, Syria. "We heard a big bang. When I arrived at the explosion site, I found my sister lying on the asphalt, wounded. The missile had fallen less than 8 meters from her. She was lucky ".*

After the accident, Mounira was operated on the arm at the St. Louis of Aleppo. She was treated free of charge thanks to the Open Hospitals project.

*Mounira, wounded in war, and her brother Abdallah Maghrebi, St. Louis hospital, Aleppo*



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



**A meeting of the project Ethical and Technical Committee - Damascus**



People for development

## 6 For more on this subject contact

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