

HEALTH AND MEDICAL  
SITUATION OF DISPLACED

# WOMEN AND CHILDREN IN SHAHBA REGION



🕒 August 15, 2018

📍 Shahba,  
Northern Syria

THE DEMOCRATIC  
SELF ADMINISTRATION OF  
**AFRIN**

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# 01

## INTRODUCTION

Since the first Turkish bombs fell on Afrin on January 20th, 2018, hundreds of thousands of people have been forced to leave their homes, with most fleeing to the Shahba region. War, displacement, and occupation have severely threatened the health of many of these people. Health is defined by the WHO as:

***A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.***

It is clear that the displaced people of Afrin do not live under these conditions.

This document particularly considers the women's health situation. Women face unique threats in conflict situations: their specific health needs cannot be met, and they are often exposed to brutal femicidal practices at the hands of invading forces. In Afrin, Turkish-backed jihadists have used violence against women as a part of their occupation strategy: many women have been raped, tortured, killed, kidnapped, and disappeared. Others have been forcibly married to members of the invading Islamist forces. All women in Afrin are forced to submit to oppressive rules regarding freedom of movement, clothing,

and civil and political rights. This violence and oppression has had severe negative impacts on the mental and physical health of Afrin's women.

Non-stop violence was the main threat to the health and safety of Afrin's people during the war. In addition to the probability of being hit by a rocket or an airstrike and losing one's life, the fear of losing loved ones shaped the people's minds. To reduce the risk of being targeted, families lived underground in overcrowded cellars for weeks on end. When fleeing the city, people were exposed to constant shelling with heavy weaponry. Marching out of Afrin city without any belongings, women carried small children on their backs, as many children weren't able to walk on their own.

It is clear that health has material determinants rooted in overall life conditions: low-quality food or housing, unsafe water, and poor sanitation all facilitate diseases. The displaced people of Afrin now living in Shahba have to face unacceptable life conditions, which are already causing malnutrition and infections.

Apart from the immediate deterioration of physical health, the mental burden of worrying about access to basic human needs also causes health challenges. Unemployment and lack of schooling are additional stressors. Many people also have to worry about family members still living in Afrin, who are constantly at risk to be captured by occupying Islamist groups. The stress and uncertainty of war conditions can influence the neuro-endocrine, autonomic, metabolic and immune systems. Many displaced people counter the stress by smoking, which can lead to respiratory problems and cancer. At the same time, most of the displaced people, especially women, are not exercising at recommended level due to safety concerns— ISIS mined the area years ago, and many neighborhoods are still very dangerous.

Social conditions also play an important role in public health. Women who are oppressed and disempowered, whether in occupied Afrin or under conditions of displacement in Shahba, are at greater risk for heart diseases and mental illnesses. Women are also generally more likely to experience anxiety, depression and psychosomatic complaints. Before the invasion, the democratic self-administration and numerous autonomous women's organizations had struggled against patriarchal patterns in society, like early marriage and overload in domestic work, that had negative effects on the mental and physical health of women. The democratic self-administration, based on principles of women's liberation and ecology, sought to remove the structural causes for women's inequality in a long-term process and transform patriarchal social norms that harmed women's well-being.

When speaking about women's health, it is crucial to address reproductive health concerns, like maternal and child health, genital health and breast health. Women of reproductive age face unique health challenges. Pregnancy and childbirth can endanger the life of both the woman and the child, especially during conflict situations.

Changes in hormonal activity can affect the physical and mental health of women. A majority of mothers in Shahba are not able to breastfeed their babies due to psychological shock. Many mothers suffer from anemia caused by pregnancy as well. Appropriate amounts of medicine and vitamins for the mothers are not available. The challenges that these women face mean that their children will begin life at a disadvantage.

Displaced doctors, health workers and volunteers work nonstop to address the health situation in Shahba. A small hospital has been built in Fafin. It receives at least 500 patients a day. The Kurdish Red Crescent (Heyva Sor a Kurd) established medical points in different villages, and provides medical services in Berxwedan Camp in Fafin and Serdem camp in Til Sosin. Their work is constrained by lack of medicine and equipment and by unsafe roads.







# 02



## KURDISH RED CRESCENT REPORT

In mid-March of 2018, intensive Turkish bombing of civilian targets in Afrin City displaced hundreds of thousands of people, causing them to flee to Shahba, Nubul, Zahra, and other areas. All of these people suffered from the shock, fear, and stress of war. Several civilians were killed while fleeing the city— in Taranda and Jabal Al Ahlam. Their bodies were left unburied.



Research shows that women suffer the most from violent conflict. Women and children are strongly affected by displacement, as they bear the brunt of the loss of property and housing, psychological and physical exhaustion, and the risk of abduction and rape.

Families living in camps lack food, housing, water, and health care. Conflict and displacement threaten women's health in a number of ways: physical wounds caused by war-related injuries; vulnerability to illness, malnutrition, displacement; and damage to the health care system.



## Landmines

**S**hahba was liberated from ISIS over a year ago, but the damage to infrastructure caused by the war remains. 27 landmines have gone off since the mass displacement of refugees

from Afrin to Shahba. The victims included 11 women (2 of whom required amputations) and 10 children (who suffered multiple injuries to their heads and faces). 17 displaced people were killed by landmines.

Here are the names of the landmine victims:

| Name                   | Age         | Location of Mine | Type of Injury  | Date of Injury                 |
|------------------------|-------------|------------------|---|--------------------------------|
| Samir Shiek Issa       | 8           | Tel Kirah        | Shrapnel in both feet                                     | 20/4/2018                      |
| Fatema Mehmoud         | 45          | Kafr Naya        |   | Transferred to Zahara hospital |
| Bereket Shaben         | 15          | Tel Sha'ir       | Right leg broken; shrapnel injuries in stomach and thigh. |                                |
| Ahmed Henif Sulieman   | 16          | Tel Sha'ir       | Injuries to the face; shrapnel wounds to the head.        |                                |
| Berivan Hebesh         |             | Ma'ret Musilmiya |   | 5/4/2018                       |
| Kawa Mohemmed          |             | Ma'ret Musilmiya |   | 5/4/2018                       |
| Fatema Ibrahim         |             | Ma'ret Musilmiya |   | 5/4/2018                       |
| Fahima Henan           |             | Ma'ret Musilmiya |   | 5/4/2018                       |
| Liala Ahmed            | 42          | Tel Kirah        |   | 25/4/2018                      |
| Abed Al-Hamid Mustefa  | 11          | Tel Kirah        |   | 25/4/2018                      |
| Shiyar Heftaro         | 10          | Tel Kirah        |   | 20/4/2018                      |
| Ala' Tewarshy          | 12          |                  |   | 5/4/2018                       |
| Sadika Sido            | 55          | Tel Kirah        |   | 20/4/2018                      |
| Aziza Hemza Osman      | 27          | Fafin            |   | 25/4/2018                      |
| Zienab Mohemed         | 45          | Fafin            |   | 25/4/2018                      |
| Zienab Mohemed's kid   |             | Fafin            |   | 25/4/2018                      |
| Ahmed Sulieman         |             | Tel Shai'r       |   | 13/4/2018                      |
| Fatema Alo             | 23          | Tel Rifat        | Pregnant woman. Shrapnel injuries in legs.                | 8/6/2018                       |
| Kibar Shiek Kenber     | 19          | Tel Rifat        | Injury to the eyes; multiple shrapnel wounds              | 8/6/2018                       |
| Newroz Fawzi Alo       | 13          | Tel Rifat        | Injury to left foot; shrapnel wounds.                     | 8/6/2018                       |
| Zakiya Mohemmed Bekir  | 55          | Tel Jibeen       | <b>Death</b>  | 11/4/2018                      |
| Newroz Menan Heyder    | 33          | Tel Jibeen       | <b>Death</b>  | 11/4/2018                      |
| Welat Mohemmed Bekir   | 6           | Tel Jibeen       | <b>Death</b>  | 11/4/2018                      |
| Newjeen Mohemmed Bekir | 8           | Tel Jibeen       | <b>Death</b>  | 11/4/2018                      |
| Fidan Khalil Rashid    | 65          | Tel Jibeen       | <b>Death</b>  | 11/4/2018                      |
| Shireen Hemdo Shieko   | 26          | Tel Jibeen       | <b>Death</b>  | 11/4/2018                      |
| Roheen Yesser Abdo     | 7<br>Months | Tel Jibeen       | <b>Death</b>  | 11/4/2018                      |
| Kedrat Mousa Sulieman  | 65          | Tel Jibeen       | <b>Death</b>  | 11/4/2018                      |

| Name                  | Age | Location of Mine | Type of Injury | Date of Injury |
|-----------------------|-----|------------------|----------------|----------------|
| Hamida Khalil Heso    | 22  | Te Jibeen        | <b>Death</b>   | 11/4/2018      |
| Mona Alo              | 12  | Tel Rifat        | <b>Death</b>   | 8/6/2018       |
| Gula Mustafa          | 50  | Tel Rifat        | <b>Death</b>   | 8/6/2018       |
| Newroz Mohemmed Alo   | 3   | Tel Rifat        | <b>Death</b>   | 8/6/2018       |
| Mohemmed Shiek Kenber | 14  | Tel Rifat        | <b>Death</b>   | 8/6/2018       |



Sameer Shiek Issa 8



Gula Mustafa 50



Muna Alo 12



Kebar Shiek Kenber 29



Newroz Shiek Alo 16



Fatema Alo 23



## Housing / Refugee Camps

**S**hahba is unfit to receive hundreds of thousands of displaced people. Some of the refugees from Afrin were housed in schools, mosques and semi-dilapidated houses; some lived in their cars; and most lived out in the open, lacking basic necessities like shelter, milk, water, medicine, clothing, and vaccines for dangerous diseases.

While many of these people have been accommodated in our three camps, some still live in dilapidated buildings and on the streets.



Here are the details of each camp:

### 1. Berxwedan Camp, Fafin (Census: June 20th, 2018)

There are 678 tents, housing 746 families. The camp houses 2865 people in total, including 1482 women. There are 161 children under the age of two, and 1,352 children between the ages of two and twenty.

### 2. Serdem Camp (Asr), Tel Susin (Census: 11.08.2018)

Here, there are 720 tents, housing 708 families. This camp houses 2,931 people, including 687 women. There are 295 children under the age of two, and 1190 children between the ages of two and twenty.

### 3. Afrin Camp (Comin Martyr Shoresah Afrin), Ehdas (Census: 06.08.2018)

In this camp, there are 104 tents, housing 77 families. 428 people in total live in this camp, including 95 women. There are 35 children under the age of two, and 194 children between the ages of two and eighteen.

Here are the problems that women and children are facing in these camps:

1. Families live, sleep, play, and cook in their tents. They often lack adequate kitchen equipment to prepare food, and fires from gas cylinders have affected at least three tents.





2. Tents lack fans, lanterns, and mosquito netting to keep insects out. Many are poorly installed, with some tents even fixed to the ground by stones.

## Water and Sanitation

Sewage systems in the villages of Shahba are either superficial or have been destroyed by the war. This has led to widespread pollution, which has caused diseases and infections in women and children in particular.



Baths and toilets in most areas of Shahba are not sanitary, which has led to the spread of lice and scabies in the region.

Shahba suffers from a shortage of potable water. Artesian wells are the main water source in the region. Clean, readily available water is essential for public health, and a lack of adequate sanitation causes disease. Wells

in Shahba have not been subjected to chemical and bacterial analysis since 2013, as there is no laboratory fit to do so. In addition, no sterilized water is available— there are no chlorine tablets or other methods of sterilizing water.

Well water is transferred from its sources to tanks, which cannot be adequately sterilized or inspected. These tanks are few in number, and many families do not have private water tanks in their homes.

Reservoirs are the main source of water for displaced people in Shahba's villages. However, most of these reservoirs are exposed to the elements, which causes water pollution. Women and children have to transport water from reservoirs, leading to many injuries, including back and knee strain.



The deteriorating water and sanitation situation in Shahba area has led to the following medical conditions, documented from April 1, 2018 to June 12, 2018:

### ● Berxwedan Camp Medical Point:

67 children with severe diarrhea and intestinal cramps, fever, and vomiting were documented; as well as 7 cases of dehydration, 2 cases of dysentery, and 4 cases of diarrhea with blood.

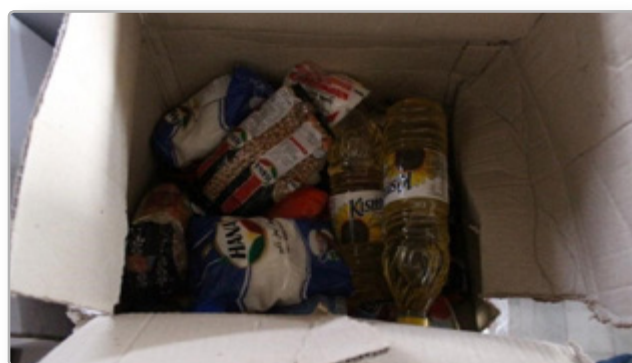
### ● Serdem Camp Medical Point:

45 children with diarrhea and high fever were documented; two of those children suffered from dehydration. There were 20 cases of diarrhea in adults.

### ● Ahras Medical Point:

47 cases of diarrhea and high fever.

The Kurdish Red Crescent's medical points are suffering from shortages of medicines to treat these conditions.



## Food Supply

Many people in Shahba are malnourished. Most can access rice, bread and other basic foodstuffs, but not vegetables or fruits, which contain essential vitamins and minerals. Nutritional supplements, especially those intended for children and pregnant women, are not available to make up this deficiency. The nutritional needs of vulnerable people, especially children, pregnant women, and medical patients, cannot be met.

The Kurdish Red Crescent has distributed infant formula, but it cannot provide formula to older children due to a shortage. Distribution is often interrupted for days at a time, which is especially dangerous for children.

## Education

Education is a human right; but children in Shahba do not have adequate school supplies. There is a teaching staff available to teach children, but they do not have proper training for psychological support. Children only have small areas to play in, and there are not enough people to provide psychological support to children affected by the war. Children suffer most from conflict and displacement, and have faced severe physical and psychological consequences.

## Special Diseases

The following conditions were detected at medical points both within the camps and in other areas, between April 1, 2018 and June 12, 2018.

1. One case of malaria.
2. 22 cases of pulmonary tuberculosis, in 9 children.
3. 23 cases of Hepatitis C and B
4. Cancer is the most prevalent disease in the world, and so far, no cure has been found. It affects many different people, with some forms specific to women, and survival rates are low. In Shahba, there are no specialized doctors and many patients have been cut off from chemotherapy treatments and specialist visits because the roads to other hospitals are closed for security reasons. Many patients sit on waiting lists for treatment, despite facing severe conditions. A total of 48 cases of cancer were documented. This includes 21 women, 3 with cervical cancer and 6 with breast cancer; as well as 4 children with thalassemia.



**Sungul Reshid Shiek Ibrahim, 34 years  
Cancer patient**

5. 5 cases of tuberculosis have been documented, and 4 suspected cases have also been detected.
6. 1709 people, mostly women and children, have been infected with Leishmania cases in Shahba and Sherawa areas.



**Leishmania**

7. There have been hundreds of cases of measles documented, 85% of them in children.
8. Neurological diseases, including epilepsy, mental atrophy, delayed growth, autism, paralysis of the limbs, half paralysis, and convulsions, have been documented.



**Patient in critical state, after throwing up blood multiple times the Syrian government still didn't permit to transport the patient to Aleppo hospital.**



**9.** Psychiatric diseases— including severe distress associated with suicide and loss of certain functions— have been documented. They include:

- Anxiety and depression, as well as trauma caused by loud explosions.
- Cases of anxiety in patients between 25-35 years of age.



**Horiya Mohemmed Maamo, 62 years**



**Narin Resho, 16 years**

- Nutrition disorders, including misoprostic disorders (night waning), occurring in patients under 18 years due to traumatic dreams.
- Knowledge disorders and inability to concentrate.
- Cases who have difficulty eating, cases of intestinal syndrome and irritation of the intestines, especially in women.

**10.** Pediatric diseases, including acute bronchitis, inflammation of the intestines and

stomach accompanied by diarrhea and fever, malnutrition and weight loss, dehydration, allergic symptoms including skin eruptions accompanied by itching and redness, allergic conjunctivitis allergic sensitization, and allergic bronchitis have all been documented.

We documented 127 cases of such diseases, among them 33 women and 30 children in the three camps.



**Left:** Ahmed Khaled Mehmaud, 9 months (skin allergy)

**Right:** Mustafa Hesen 8 years (eyes allergy)

**11.** The spread of women's diseases, including hormonal disorders, acute infections, allergic asthma, skin diseases, and allergic reactions in the face and hands.

**12.** 205 cases of lice and 2 cases of scabies have been documented in Berxwedan Camp only. There are likely more cases in the other camps.

**13.** 15 cases of renal insufficiency that require dialysis have been documented.



**Ali Mohemmed Mohemmed, 7 years**



## Special Needs

There are 90 people with special needs and disabilities in Shahba region, including 31 women and 27 children.

Here are the names of people with special needs:

| Name                        | Age | Location     | Disability            |
|-----------------------------|-----|--------------|-----------------------|
| Mohemmed Ali                | 7   | Ahras        | Physical              |
| Henan Alo                   | 15  | Fafin Camp   | Left leg amputation   |
| Keymat Ibesh                | 3   | Fafin Camp   | Half paralyzed        |
| Meryem Shiek Nassan         | 70  | Fafin Camp   | Paralyzed             |
| Zayida Mustafa              | 60  | Fafin Camp   | Disabled              |
| Fatema Abdo Husien          | 71  | Fafin Camp   | Blind                 |
| Zayda Mohemmed Osman        | 55  | Fafin Camp   | Disabled + diabetes   |
| Viyan Mohemmed              | 31  | Fafin Camp   | Paralyzed             |
| Halima Hussien              | 73  | Fafin Camp   | Disabled              |
| Zelawk Batal                | 13  | Fafin Camp   | Paralyzed             |
| Saniya Mohemmed Hemo        | 23  | Fafin Camp   | Broken thigh          |
| Shukirya Mehmoed            | 37  | Umm Al Hawsh | Disabled              |
| Gumana Mohemmed Hesén       | 19  | Ahras        | Brain paralyzed       |
| Hesén Guma Kor Hemdo        | 8   | Ahras        | Paralyzed             |
| Salih Khaled Horó           | 15  | Tel Shair    | Brain paralyzed       |
| Nazilya Oso                 | 60  | Ahras        | Broken thigh          |
| Amina Uromey                | 37  | Ahras        | Disc                  |
| Jody Mohemmed               | 20  | Tel Kirah    | Disabled              |
| Enad Mohemed Nour Al Ali    | 15  | Ahras        | Brain paralyzed       |
| Ali Mohemmed Nour Al Ali    | 12  | Ahras        | Brain paralyzed       |
| Arifa Rifat Amory           | 27  | Ehdas        | Mental disability     |
| Diyana Rifaat Amory         | 20  | Ehdas        | Mental disability     |
| Jamila Ridwan Mustafa       | 20  | Ahras        | Lower limbs paralyzed |
| Edham Jassam Al Ali         | 14  | Ahras        | Foot disability       |
| Nora Waheed Beyram          | 13  | Ahras        | Children paralyzed    |
| Aram Sabrey Henan           | 8   | Wehshiya     | Lower limbs paralyzed |
| Sawliya Meho Heso           | 70  | Kafr Naya    | Paralyzed             |
| Mohemmed Ali Hoto           | 12  |              | Paralyzed             |
| Amona Mohemmed Al Hemdo     | 75  | Fafin        | Disabled + has asthma |
| Ali Ibrahim Osman           | 15  | Herbil       | Disabled (war injury) |
| Alif Abed Al Kader Mohemmed | 77  | Helisa       | Disabled              |
| Jalal Diayz                 | 8   |              | Brain disability      |
| Shewket Mohemmed Hemo       | 18  |              | Half brain paralyzed  |
| Mohemmed Mustafa Horó       | 15  |              | Paralyzed             |

| Name                     | Age | Location          | Disability            |
|--------------------------|-----|-------------------|-----------------------|
| Raghad Kamis             | 13  |                   | Disabled              |
| Jamila Haj Yousef        | 22  |                   | Disabled              |
| Aiash Lokman Iso         | 20  |                   | Paralyzed             |
| Fadila Mohemmed Alosch   | 42  |                   | Disabled              |
| Sawliya Mohemmed Alosch  | 95  | Al Ziyra          | Disabled              |
| Tolin Henan Zino         | 35  | Al Ziyra          | Disabled              |
| Liala Abed Al Rhman Dado | 42  | Al Ziyra          | Disabled              |
| Husien Abdo Issa         | 18  | Al Ziyra          | Disabled              |
| Nayliya Ibrahim Jaffo    | 72  | Al Ziyra          | Blind                 |
| Edham Jassam Alo         | 14  | Ahras             | Foot disability       |
| Rema Guma Oso            | 21  | Al Ziyra          | Brain paralyzed       |
| Rengin Mohemmed Oso      | 18  | Al Ziyra          | Brain paralyzed       |
| Ali Mustafa Kilo         | 10  |                   | Brain paralyzed       |
| Abed Al Rhman Hemrosho   | 7   | Al Ziyra          | Brain Retraction      |
| Sozdar Taha Bashis       | 18  | Al Ziyra          | Physical disability   |
| Noura Weheed Ibrahim     | 13  | Al Ziyra          | Paralyzed             |
| Siymand Omar Mamo        | 11  | Umm Hosh          | Brain Retraction      |
| Zienab Salih Mohemmed    | 32  | Fafin             | Mental disability     |
| Fadila Hemo              | 60  | Al Ziyra          | Limb amputation       |
| Suaad Mohemmed Kezna     | 57  | Deir Jamal        | Disability + diabetes |
| Makbawla Mamo Bero       | 70  | Maa'ret Musilmiya | Paralyzed             |
| Madlin Mohemmed Menkawy  | 15  | Umm Hosh          | Half paralyzed        |

## Pregnancy and Child Birth

**P**regnant women have suffered even during normal births, as we do not have the proper equipment to protect women and babies. We have documented 81 pregnant women. We also documented 5 miscarriages, including one case of twins, caused by physical and psychological suffering and the lack of adequate medicine and equipment.

The Fafin Hospital receives normal deliveries, as well as women who need cesarean sections. However, the hospital cannot accommodate all of these cases, and some women are referred to Zahra Hospital— a modest field hospital that cannot always

accommodate such cases either. There is no intensive care room for women who face some emergency complications, like concussion or bleeding, nor are there cisterns or submarines for the treatment of children immediately after birth.

Due to our shortage of medical staff and the lack of necessary medical equipment, such as a vaporizer and oxygen tubes, two newborn children have died. Their names were:



**Left:** Amina Mohammed Nour, 6 days  
**Right:** Hamrin Youssef, 16 days



**Baby milk is distributed in Tel Qarah.**

The Kurdish Red Crescent, despite our modest means, was able to diagnose conditions, provide first aid, and distribute medicines. Because pregnant women desperately need obstetric care, we need a special center for women to give birth and all the relevant equipment.

Our members work non-stop, even though many of them face the stress and shock of displacement themselves. Most of our members sleep in the medical points because they lack housing.



**The Kurdish Red Crescent team visits the disabled child Abdorahman Isa to provide a wheel chair necessary for his ability to move.**

## Work Areas of the Kurdish Red Crescent in Shahba

The Kurdish Red Crescent's work has included:

1. Documenting and counting displaced people in camps and villages in Sherawa and Shahba and their health conditions.
2. Opening medical points in certain areas, which do lifesaving medical work.
3. Distribution of baby milk.



**The Kurdish Red Crescent team visits residents of the refugee camps to inform them about health risks and cleanliness in the refugee camp.**



## Relief Team

This group distributes formula milk to babies between 0-6 months, 6 - 12 months, and 12-18 months. We cannot supply milk to children any older than 18 months due to shortages, and sometime we are not able to supply any milk at all. A very limited number of diapers were distributed to the displaced.



### ● Aqibeh Point

- Medical staff: 1 general practitioner, 1 pharmacist, and 1 nurse.
- Existing equipment: 1 medical examination ticket, 1 medical headset, and 1 blood pressure device.
- This point serves between 80 and 100 patients daily.



Aqibeh Point

## Medical Staff

The Kurdish Red Crescent has managed to open the following medical points in the following areas:

### ● Sherawa Area:

The following medical points are no longer functioning due to Turkish bombing:

**Brad and Kimar points, destroyed in 22/3/2018.**  
**Zawek Al-Kabir point, destroyed in 15/4/2018.**

### ● Deir Jamal Medical Point

- Medical staff: 1 general practitioner, 1 midwife, 1 nurse.
- Existing equipment: 1 medical examination ticket, 1 female screening ticket, 1 medical headset, 1 blood pressure device.
- This point serves 60 patients per day, including 20 children and 15 women.



### ● Ahras Medical Point

- Medical staff: 1 general practitioner, 1 midwife, 1 ambulance technician, 1 pharmacist technician, 4 nurses.
- Equipment: 2 medical examination tickets, 1 female screening ticket, 2 medical headset and blood pressure devices, 1 oxygen tube, 1 nebulizer device, and 1 diabetes screening device.
- This point serves 80-120 patients per day, including 40 children and 40 women.



Ahras Medical Point

### ● Berxwedan Camp Medical Point

- Medical staff: 1 general practitioner, 1 midwife, 3 ambulance technicians, 1 pharmacist technician, 4 nurses.
- Equipment: 2 medical examination tickets, 1 women's test card, 2 medical headsets and blood pressure devices, 1 nebulizer, and 1 diabetes screening device.
- This point serves 100-150 patients per day, including 40-100 children and 40-70 women.



Mobile Support by Heyva Sor during a celebration at Berxwedan Camp.



Berxwedan Camp Medical Point





**Berxwedan Camp Medical Point**

### ● Serdem Camp Point

- Medical staff: one general practitioner, one midwife, one ambulance technician, one pharmacist technician, and six nurses.
- Equipment: 1 medical examination ticket, a mobile women's clinic with 1 female ticket, 2 medical headsets and blood pressure devices, one nebulizer, and one diabetes screening device.
- This point serves 70-120 patients per day, including 25-45 children and 40 women.



**Serdem Camp Point**

### ● Juba Point

- Medical staff: one general practitioner, one pharmacist technician, and one nurse.
- Equipment: one medical headset, one blood pressure device.
- This medical point serves 50 patients per day.

### ● Bebinis Medical Point

- Medical Staff: 1 doctor, 1 nurse, 3 pharmacists.
- Equipment: 1 medical ticket, 1 headphone, 1 blood pressure measuring device.
- The internal clinic serves 80 patients every day, including 30 children and 35 women.

**All of these medical points lack sufficient equipment and medication.**

**A**s a result of this tragic situation, we in the Kurdish Red Crescent are trying our best to alleviate the suffering of the displaced despite our limited resources. We appeal to civil society, and to humanitarian, relief, medical and international organizations, to carry out their moral and humanitarian responsibilities towards Afrin's refugees, especially children and women, by intervening immediately and quickly to reduce health disasters.





# 03

## FAFIN HOSPITAL REPORT



### Displacement From Afrin

Our medical staff was forced to leave Afrin in mid-March, due to intense Turkish attacks on Afrin city. Afrin Hospital was the last place providing medical care in Afrin at this time. The hospital had served as a model for the region in previous years, providing care to people from all parts of Afrin Canton. On the evening of March 16<sup>th</sup>, 2018, it was targeted by Turkish artillery.

After being displaced to Shahba, doctors and nurses continued to work to preserve the health of their people. Under the bombing and shelling, they managed to recover some modest medical equipment from Afrin, and they brought what they could to Shahba. With this equipment, the few medical staff began to take care of thousands of displaced patients.

In terms of health, the horrors of war did not end with the occupation of Afrin. People still suffer from physical illnesses and psychological shock due to the displacement. Experiencing extreme violence, as the people of Afrin did, leads to long-lasting health problems.

The living conditions of displaced people, their physical environment, and their perceived vulnerability also affect their health. Due to the conditions of war and displacement, our patients adopted coping mechanisms that also threatened their health, such as immoderate use of tobacco and poor diet.

### Foundation of Fafin Hospital

To be able to treat the masses of displaced in as professional and safe of a manner as possible, doctors and volunteers, along with Afrin's Health Council, established a tiny hospital in Fafin village, located about 15 KM





north of Aleppo. Here, despite the lack of medical equipment, medicines, and space, medical aid is provided daily to huge numbers of patients from all over Shahba. Every day, at least 500 patients come to the hospital. From 04/07/2018 to 08/01/2018, the hospital treated **59,825** cases.

The services of the hospital are free of charge and available to everybody seeking for help, without any prejudice or discrimination. The hospital operates under the principle that there should not be any financial barriers to health care, and that medical services are a common good. To provide care and treatment to all who need it is essential in a violent conflict situation.



Today, 4 months after its foundation, the Fafin hospital has arranged several departments to meet the needs of the people: a pediatrics department, an internal medicine department, a gynecology department, an orthopedic department, and an emergency room. Because of lack of space, some of these departments were first established in simple tents, though better space has become available in some cases.

In addition to these departments, we have managed to equip a surgery department with basic materials and devices: surgical tools, 2 anesthesia devices, an Arc device, a Cuttry device, and a simple operating table. An Intensive Care Room was built, including a ventilator, two monitors, and a shock device. However, this ICR can only host three patients at a time.

## Staff

In terms of professional health workers and doctors, we still do not have enough people to meet the needs of the patients. Right now, we have 13 doctors who work every day. Their responsibilities are distributed as follows:

- **Emergency Room: 4 doctors**
- **Pediatrics: 2 doctors**
- **Surgery: 2 doctors**
- **Orthopedics: 3 doctors**
- **Gynecology: 2 doctors**

The hospital has a total of 80 staff members, including nurses, drivers, administrators, and security guards.

## Most Common Diseases

The most common diseases in Shahba are caused by the circumstances of war and displacement, especially polluted water. Many of our patients suffer from:

1. **Bronchitis**
2. **Inflammation of stomach and intestines**
3. **Measles**
4. **Leishmania**
5. **Scabies**

Most of the patients suffering from these diseases are children.

Due to the lack of devices and medicine, patients with severe illnesses or injuries cannot be treated in the Fafin hospital. This is very dangerous, because severe conditions can quickly become life-threatening. Car accident victims and patients with myocardial infarction often cannot be saved, because we do not have appropriate equipment. We need at least an axial-coaxial device to address

these injuries. Examples of other conditions not treatable in our hospital are:

- **Blood tumors and cancer**
- **Kidney dialysis patients and renal insufficiency**
- **Neurological patients**
- **Patients with disc and spinal deformities**
- **Tuberculosis**
- **Hepatitis**
- **Psychological and mental diseases because there is a lack of medicine for those diseases.**

We are often denied passage through checkpoints, or forced to wait longer than is safe for the patient. Even in extreme cases, like heavy injuries from car accidents, ambulances requested from government-controlled areas have arrived too late.

The security approval for the transport is a complicated process, which requires permission from offices in both Aleppo and Damascus. As a result, many people lost their lives from otherwise treatable injuries.



The Internist and Paediatrist are working in containers.

Tooth problems and infections are very common among the displaced people, as they do not have access to adequate sanitary conditions. The Fafin hospital cannot provide dental services. There is one dentist in the Um Hosh medical point, but this dentist can only deal with emergency cases.

To solve the problem, we suggested to provide our own ambulance and driver who would be always available for urgent cases to transport them to Aleppo. Even though we fulfilled the official necessities and gave all of the required information to Syrian government forces, we did not receive any response to this suggestion.

## Transport of Severe Cases to Aleppo

Cases that cannot be treated in our hospitals must be transferred to the closest available clinic in Aleppo. The road to Aleppo is controlled by Syrian government forces, and so we often have difficulties transporting patients in a timely manner.

For patients who are admitted, there are still many restrictions. They cannot bring an accompanying person with them, regardless of the patient's age.

In cases when a parent intended to travel with a small child, both of them were stopped at the Syrian government checkpoint and sent back, and sick children were not allowed to cross again.



Observation Unit

## Situation of Women

Women require special health care because of specific biological and social conditions. It has been proven that conflict zones have the highest maternal and neonatal mortality rates<sup>1</sup>. Additionally, war causes psychological trauma to women. They live with constant feelings of insecurity, especially if they are pregnant and health-care service is disrupted. In Fafin hospital, we did our best to establish a women's department to address these problems. Many women's health issues are related to reproduction and sexuality, which means the functioning of systems involved in reproduction, pregnancy, childbirth and child rearing must be taken care of.

Right now, the services we can offer in Fafin hospital are not enough to meet women's needs. Skilled care during pregnancy, for example, includes regular check-ups to detect infections and other conditions, like anemia. For a safe childbirth, professional assistance is needed, including emergency obstetric care, proper medical equipment, and antibiotics, oxytocics, and anticonvulsants.

Our women's department also lacks appropriate chambers for infants, and there are not enough delivery rooms to ensure that women are given appropriate care: after they give birth, we have to send women home to make space for others. We do not even have enough space for a waiting room for relatives. Until today **333** women had a natural childbirth in our hospital, **133** were cesarian deliveries.

<sup>1</sup> Tracking progress in maternal, newborn, and child survival. The 2008 report. New York, NY, The United Nations Children's Fund (UNICEF), 2008





### Gynecology

With the necessary equipment and medicines, complications can be prevented and low birth weight and infections detected early. The current material scarcities in our department puts lives of mothers and newborns in jeopardy. We also know well that the earliest period of a human's life influences their health for the rest of their life, and so postpartum care is crucial as well. Many displaced women are not able to breastfeed their babies due to physical and psychological

stresses. This has a serious impact on the development of the child.

Older women often suffer from high blood pressure or high blood glucose levels. Many older female patients face chronic diseases, including asthma, heart disease and diabetes. The condition of these women often worsens when their medication is paused or stopped due to shortages.

### Numbers of Patients Listed by the Diagnosis and Field of Specialty

| Diagnosis      | Adults | Infants | Total       |
|----------------|--------|---------|-------------|
| Bronchitis     | 1782   | 2695    | <b>4432</b> |
| Hepatitis C,B  | 44     | 37      | <b>81</b>   |
| German Measles | 100    | 97      | <b>204</b>  |
| Tuberculosis   | 27     | 4       | <b>31</b>   |
| Leishmaniasis  | 2      | 13      | <b>15</b>   |
| Smallpox       | 5      | 15      | <b>20</b>   |

| Specialist    | Number of Examinations |
|---------------|------------------------|
| Internist     | 21351                  |
| Paediatrician | 10638                  |
| Gynecologist  | 7013                   |
| Surgery       | 1589                   |

| Specialist           | Number of Examinations |
|----------------------|------------------------|
| Admitted to Hospital | 728                    |
| Operations           | 356                    |
| Laboratory           | 5817                   |
| Radiography          | 3347                   |





Surgery



Intensive Care

## Conclusion

**B**etter health care is paramount to ensure that the displaced people of Afrin can survive. In addition to better resources and equipment in Fafin, we also need resources to create decentralized medical centers throughout Shahba, as many people cannot reach Fafin village in time. We need medical centers in places like Tel Rifat, which both hosts large numbers of displaced people and is far away from Fafin. People living in these places do not have access to health care, especially those with conditions that require urgent treatment. Pregnant women are in unique danger, as both mothers and children can die from complications if they are not immediately treated.



• • • • •



It is clear that this situation needs to be changed soon. Women and children have unique needs in health care, which must be taken into consideration under our principle of equality. We must improve the quality of our health care and ensure access to other professional hospitals in the region. Patients with exceptional diseases or complicated cases should be allowed to be transported to Aleppo immediately.

• • • • •

To achieve the goal of establishing proper health care for the displaced people in Shahba, we depend on outside support – from non-governmental organizations, human rights organizations, women's organizations and individuals who feel called to reduce the suffering of people who lost everything due to a brutal invasion. We need funding to buy necessary equipment and medicine, as well as political pressure on relevant regional actors to stop their inhumane policies against our patients.







# 04

## EXAMPLES

### Displaced Children at Fafin Hospital, Shahba

Illnesses such as flu, gastric and intestinal inflammation are common among children in Shahba for these reasons: Firstly, because of dense dust. Secondly, baby milk distributed by relief organizations is often expired.



**Name:** Bayram Dada  
**Age:** 1 year  
**Illness:** Meningitis  
**Place of Origin:** Afrin city  
**Current Residence:** Afrin Camp, Tel Sosin

**Name:** Agit Mostafa Tobal  
**Age:** 1 year  
**Illness:** Flu  
**Place of Origin:** Rajo, Afrin  
**Current Residence:** Tel Rifat, Shahba





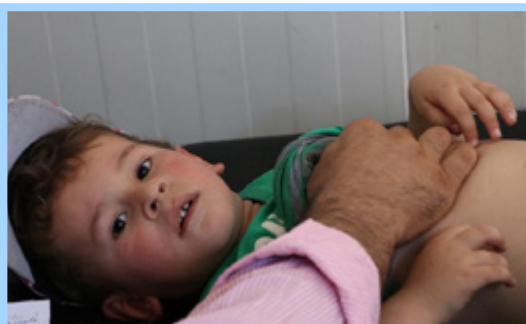
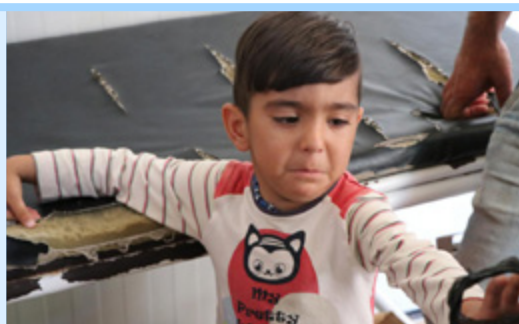
**Name:** Janyar Ali  
**Age:** 6 months  
**Illness:** Gastroenteritis  
**Place of Origin:** Demilia, Afrin  
**Current Residence:** Til Qarah, Shahba

**Name:** Nisrin Bozan  
**Age:** 15 years  
**Illness:** Sinusitis  
**Place of Origin:** Bab City displaced to  
Ashrafiya Neighbourhood, Afrin city  
**Current Residence:** Um Hosh, Shahba



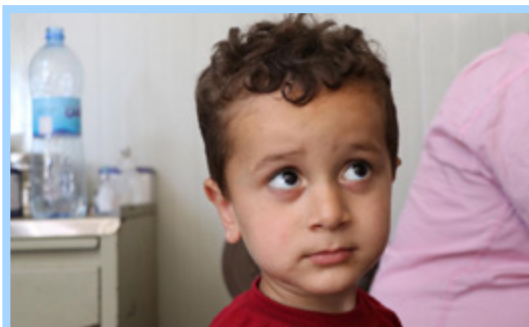
**Name:** Abdurrahman Suleyman  
**Age:** 6 months  
**Illness:** Bronchitis  
**Place of Origin:** Duraqlia, Afrin  
**Current Residence:** Harbel, Shahba

**Name:** Agit Alo  
**Age:** 3 years  
**Illness:** Tonsillitis  
**Place of Origin:** Hasandeira, Afrin  
**Current Residence:** Fafin, Shahba



**Name:** Mohammad Ramadan  
**Age:** 3 years  
**Illness:** Gastroenteritis  
**Place of Origin:** Badina, Afrin  
**Current Residence:** Babinis, Shahba





**Name:** Farouq Hamo  
**Age:** 4 years  
**Illness:** Gastroenteritis  
**Place of Origin:** Qoba village, Rajo, Afrin  
**Current Residence:** Babinis, Shahba

**Name:** Bahoz Hasan  
**Age:** 1.5 years  
**Illness:** Gastroenteritis  
**Place of Origin:** Aranda, Afrin  
**Current Residence:** Babinis, Shahba



**Name:** Avista Rashid  
**Age:** 4 months  
**Illness:** Gastroenteritis  
**Place of Origin:** Midana, Afrin  
**Current Residence:** Babinis, Shahba

**Name:** Abdurrahman Hasan  
**Age:** 3 months  
**Illness:** Gastroenteritis  
**Place of Origin:** Ashrafiya neighbourhood, Afrin  
**Current Residence:** Babinis, Shahba



**Name:** Agit Mohamed Mustafa  
**Age:** 4 years  
**Illness:** Bronchitis  
**Place of Origin:** Kefer Sefre, Afrin  
**Current Residence:** Ahdas, Shahba



**Name:** Shiyar Shewki  
**Age:** 13 years  
**Illness:** Tonsillitis  
**Place of Origin:** Jindiress, Afrin  
**Current Residence:** Ahdas, Shahba

**Name:** Fehime Eysa  
**Age:** 13 years  
**Illness:** Chest Inflammation  
**Place of Origin:** –  
**Current Residence:** –



## Displaced Women at Fafin Hospital, Shahba

**Name:** Nazliyah Mohammad Ghazi  
**Age:** 54 years  
**Illness:** Kidney failure  
**Place of Origin:** Afrin city  
**Current Residence:** Tel Rifat, Shahba



**Name:** Horiyeh Mosa  
**Age:** 43 years  
**Illness:** Kidney failure, Diabetes, Hypertension  
and high Cholesterol  
**Place of Origin:** Jobana, Afrin  
**Current Residence:** Fafin, Shahba



**Name:** Horiyeh Almosa

**Age:** 59 years

**Illness:** Due to severe Diabetes, her right foot had to be amputated.

**Place of Origin:** Afrin city

**Current Residence:** Ahras, Shahba

**Name:** Nadia Habib

**Age:** 40 years

**Illness:** Spasm due to severe psychological traumas and exhaustion caused by her family's difficult living conditions in Shahba.

**Place of Origin:** Shadirreh, Afrin

**Current Residence:** Um Hosh, Shahba



**Name:** Zeinab Al-Atrash

**Age:** 60 years

**Illness:** kidney failure and tumors in the feet.

**Place of Origin:** Draqlia, Afrin

**Current Residence:** Berxwedan Camp, Fafin, Shahba

**Name:** Mayyasa Zeinal

**Age:** 52 years

**Illness:** Hypertension due to psychological traumas she had during the Turkish war on Afrin.

**Place of Origin:** Shorba village, Afrin

**Current Residence:** Til-Qarah, Shahba



**Name:** Fahima Ahmad

**Age:** 50 years

**Illness:** Contracted asthma due to dense dust in Shahba.

**Place of Origin:** Demilia, Afrin

**Current Residence:** Kafr Naya, Shahba





**Name:** Khaton AL-Yahya  
**Age:** 30 years  
**Illness:** Fungo inflammation  
**Place of Origin:** The Arab village of Kawkab, Afrin  
**Current Residence:** Gharnata Farms, Shahba

**Name:** Kadija Mohammed  
**Age:** 55 years  
**Illness:** Nephritis  
**Place of Origin:** Afrin city  
**Current Residence:** Halisa, Shahba



**Name:** Naiima Aziz Bari  
**Age:** 48 years  
**Illness:** Gastroenteritis and Bronchitis  
**Place of Origin:** Bulbul, Afrin  
**Current Residence:** Babinis, Shahba

**Name:** Amina Hamo  
**Age:** 23 years  
**Illness:** Gastroenteritis  
**Place of Origin:** Qoba, Rajo, Afrin  
**Current Residence:** Babinis, Shahba



**Name:** Salwa Hamsholo  
**Age:** 70 years  
**Illness:** Bronchitis  
**Place of Origin:** Badina, Afrin  
**Current Residence:** Babinis, Shahba



**Name:** Jaylan Ibrahim

**Age:** 21 years

**Illness:** Kidney failure

**Place of Origin:** Hammam village, Jindiress, Afrin

**Current Residence:** Moslimiyeh, Shahba

**Name:** Fatima Nassan

**Age:** 14 years

**Illness:** Bronchitis

**Place of Origin:** Ashrafiyyeh Neighborhood, Afrin

**Current Residence:** Wahshiye, Shahba



**Name:** Hivin Omar

**Age:** 30 years

**Illness:** Tonsillitis

**Place of Origin:** Jindiress, Afrin

**Current Residence:** Tel Shair, Shahba

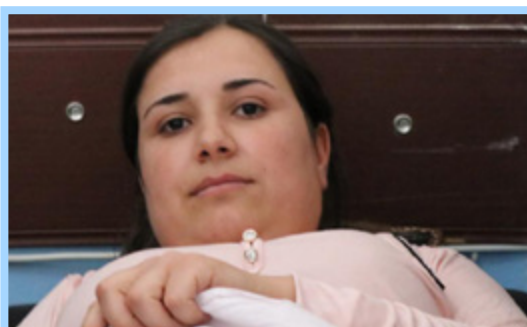
**Name:** Najiba Mostafa

**Age:** 30 years

**Case:** She is in the tenth months of pregnancy.

**Place of Origin:** Afrin city

**Current Residence:** Halisa, Shahba



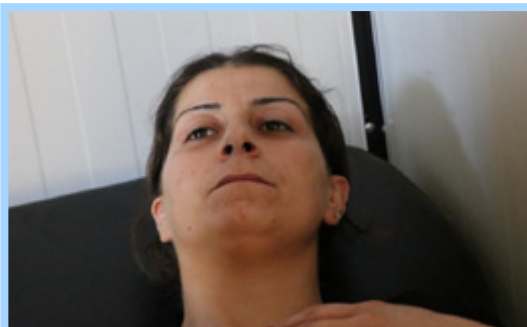
**Name:** Kawthar Ibrahim

**Age:** 23 years

**Case:** She is in the seventh months of pregnancy.

**Place of Origin:** Afrin city

**Current Residence:** Til Shair, Shahba



**Name:** Delal Shekho  
**Age:** 28 years  
**Illness:** Gastritis  
**Place of Origin:** Kefer Sefre, Afrin  
**Current Residence:** Ahdas, Shahba

**Name:** Kifoyat Sino  
**Age:** 70 years  
**Illness:** Stomach inflammation  
**Place of Origin:** Mabata, Afrin  
**Current Residence:** Tel Rifat, Shahba



**Name:** Fatma Abdorahman  
**Age:** 27 years  
**Illness:** Acute coryza  
**Place of Origin:** Jindiress, Afrin  
**Current Residence:** Tel Shair, Shahba

**Name:** Yildiz Mohamed  
**Age:** 17 years  
**Illness:** Cystitis  
**Place of Origin:** Jindiress, Afrin  
**Current Residence:** Tel Shair, Shahba



**Name:** Fehime Murad  
**Age:** 42 years  
**Illness:** Inflammation of the intestines  
**Place of Origin:** Afrin city  
**Current Residence:** Fafin, Shahba





**Name:** Zeyneb Alo  
**Age:** 28 years  
**Illness:** Otitis  
**Place of Origin:** Afrin city  
**Current Residence:** Fafin, Shahba

**Name:** Emine Xelil  
**Age:** 70 years  
**Illness:** Arrhythmias  
**Place of Origin:** Erebe, Afrin  
**Current Residence:** Berxwedan Camp, Fafin, Shahba



**Name:** Leyla Reshid Badro  
**Age:** 29 years  
**Illness:** Nephrolith  
**Place of Origin:** Nebi Huri, Afrin  
**Current Residence:** Muslimiye, Shahba



THE DEMOCRATIC  
SELF ADMINISTRATION OF  
**AFRIN**

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