WHO Syria, Week 29, 14 – 20 July 2018

General developments & political & security situation
- The security situation across Syria remains volatile and unstable with the main hot spots in the governorates of Dar’a, Quneitra, Deir Ez-Zor, Ar-Raqqa and Idlib.
- In the northwest, a deal was reached in Idlib for the evacuation of people from the besieged towns of Foah and Kefraya in return for the release of 1500 detainees in GoS prisons. On 18 July, an estimated 6,900 individuals were evacuated people from Foah and Kefraya proceed to Mahalej transit shelter in Aleppo city.
- In southwestern Syria military operations continued for the fourth week. New hostilities in Quneitra and northwestern and western Dar’a led to further displacement towards areas further south and closer to the Golan area, with the overall numbers fluctuating on a daily basis and currently estimated at some 140,000 individuals. Military operations were reported on 19 July between GoS forces and ISIS on the outskirts of Teseel and Adawan towns.
- In the northeast, ongoing SDF and International Coalition operations continued to focus on ISIL pockets around Hajin.

OVERVIEW

KEY HEALTH ISSUES
Health response to multiple and simultaneously evolving emergency situations across the country:
- WHO’s response for south-west Syria has increased with the escalation of conflict and displacements witnessed during the week. IDPs in Quneitra require an urgent humanitarian response.
- Responses to displacements from Afrin district, in East Ghouta (an estimated population of 140,000 in communities), in northern rural Homs 150,000 people remain in areas largely inaccessible to health assistance.
- Continued disruption to health services across the country, including the severe interruptions in services occurring during and after localized military offensives or truce agreements.
- Ongoing and increased risk of disease outbreaks across the country.

KEY GAPS & CHALLENGES
- Attacks on health care facilities, health workers and patients must cease. The targeting of health facilities means that injured people, including children, have practically no access to health care.
- Humanitarian convoys bearing all essential life-saving and life-sustaining supplies must be allowed to proceed immediately to provide medical assistance across conflict lines.
- The government and all parties to the conflict must let critically ill and wounded civilians be immediately evacuated for life-saving treatment. Evacuated patients and accompanying family members must be able to return safely to their homes upon completion of treatment, without fear of reprisals.

OPERATIONAL UPDATES

1. Coordination:
   - Produced daily health sector update on the evolving emergency situation in the southern Syria.
   - Provided health sector inputs to the Periodic Monitoring Report (PMR) of 2018 HRP.

2. Information and planning:
   - WoS Information Management and EWARS quarterly meeting in Beirut-Lebanon 16-17 July 2018.
   - Daily monitoring of shift of control, functionality status of public HFs, in SW Syria.
   - Site-visits to MoHE hospitals in Damascus: Al-Mwasat University Hospital, University Cardiovascular Surgical hospital, General Authority for Pediatric Hospital under national HIS-hospital project.
   - Developed map on functionality of the public health facilities and SARC health facilities per governorate, July 2018.

3. Health operations:
Northern Syria response:

Foah and Kefraya Response

- 6,900 individuals were evacuated by bus and accompanied by SARC ambulances from both villages to Mahalej transit shelter in Aleppo city. SARC, DoH, and AUH management are coordinating ambulatory services, first aid squads, and WHO supported mobile clinics are ready to be deployed.
- 17 emergency cases were referred to Aleppo University Hospital.
- 2 IEHK supplementary kits were dispatched to SARC Aleppo on 18 July. Health sector sub-national partners in both hubs in Lattakia and Homs are mobilized. Links are established with local health authorities and SARC branches. Health partners are ready to dispatch additional health supplies in coordination with the authorities.

Afrin Response:

- 26,494 families/138,807 individuals remain displaced from Afrin, in addition to 1,257 families /6,616 individuals registered from the host community as a people in need. Small scale movement reported out of the towns and collective shelters toward either to the former Kurdish held areas (Tal Refaat, Fafin, and surrounding areas) or to Aleppo city and Afrin. Returning movement to Tall Refaat is still expected (from Euphrates shield areas), as well as returning movement to Afrin (from current IDPs) if controlling parties allow.
- 9 WHO supported mobile medical teams are active in providing essential health service through 5 NNGOs.
- 2 fixed posts supported by WHO serve Nabul, Zahraa, and Fafin (PHCs).
- SARC reported no transported cases to Aleppo health facilities from IDPs locations over the past week.

Eastern rural Aleppo response:

- 6 WHO supported mobile medical teams deployed to Maskaneh, Al-Khafseh and surrounding villages.
- 1 fixed post is supported by WHO in Deir Hafer (PHC) with a capacity of 3 specialist, 3 nurse and 4 health workers.
- Referral system is supported. Transportation of cases (to Aleppo facilities) is a challenge, while obstetrics deliveries are supported in Deir Hafer local hospital

Regular program:

- Active tuberculosis case finding in IDPs settlements and host communities is kicked off in Aleppo (will continue for 35 days), 4 teams and 3 supervisors were deployed in Aleppo the city, collective shelters in Jebrin, Nabul, and IDPs camps in Fafin.
- Dispatched 0.7 tons of medical supplies via 2 shipments to SARC and Aleppo University Hospital.

Lattakia response:

- Readiness among health sector partners in Lattakia and Tartous for the influx of IDPs from Foah and Kefraya, Idlib Governorate. A response plan developed by WHO, Lattakia DOH and Rasoul al-Azam NGO includes: hosting the evacuees at Al-Basset and Al-Madina area (Squbeen and Senjwan); primary health screening; mobile teams; health assessments; and Referrals processes. WHO is preparing stocks for mobile teams.
- Conducted an assessment field visit to two recently activated NGOs, Early breast cancer diagnosis NGO and tender heart NGO. The NGOs described their work, structure and geographical coverage in the coastal area, and highlighted their main needs and health gaps.

Damascus, Rural Damascus

- The national measles campaign, which runs from 15 July for two weeks, includes a strong focus on Rural Damascus and, particularly eastern Ghouta. Field work was conducted by DOH mobile teams in addition to fixed medical points in Saqba, Douma and Irbin,

East Ghouta response in numbers from 15 March – 15 July 2018:

- 17 delivered shipments containing 797,841 medical treatments delivered accounting for 74 tons of health supplies.
- 48 EWARS sentinel sites reporting surveillance information, with 374 reports produced and 29 alerts investigated and responded to.
- 58 field assessment missions to shelters (IA and WHO) conducted by WHO staff
- 34 nutrition surveillance DoH mobile teams supported by WHO (with operational costs), 27 in the past week.
- 18 malnourished children have been hospitalized in stabilization centres.
- 17 educational nutrition sessions have been conducted by WHO-supported NGOs.
• 13 WHO-supported NGOs are deployed for the response, with 9 NGOs operating in the past week through 14 mobile teams. 307,497 patients have been assisted by national NGOs including 12,182 in the past week.
• 9 MHPSS mobile teams deployed, with 5 operating in the past week, and 71 static medical points provide integrated MHPSS services. 9,912 basic psychological interventions have been provided to people.
• 2,395 patients hospitalized in public hospitals.
• 47,519 children under 5 vaccinated (polio and EPI), including 1,403 in the past week. WHO has supported 32 DoH mobile teams.

Southwest Syria (Dar’a, Quneitra, Sweida)
• A separate update is prepared on the implementation of the WHO Southwest Syria response plan.
• On 12 July WHO participated in an inter-agency convoy to Sahwa and Kahl, East Rural Dar’a.
• On 15 July, WR Syria participated in a high-level mission to recently accessible areas in southwest Syria. The delegation included of UN HC/RC, UN Heads of Agencies and ICRC and was accompanied by a convoy of food supplies delivered by SARC.
• On 17 July 2018, the National Hospital of Nawa was reportedly damaged as a result of the latest military campaign.
• On 18 July WHO deployed a third mobile clinic in and around Da’el in western Dar’a. WHO supports 2 static medical points, 3 mobile clinics in Dael, Dar’a city, in IDP shelters and in Jbab.
• On 19 July a planned inter-agency convoy and assessment mission from Damascus to the Tal Shihab area was postponed.

From the beginning of the response and until now:
• DoH Dar’a teams provided more than 13,612 primary health care consultations in IDP shelters, crossing points and newly accessible areas.
• Vaccination response has been put in place, but coverage is high as routine immunization had continued across southwest Syria despite the conflict.
• 3,131 total children under five years screened for nutritional status from 27/06/2018 and 14/07/2018
• 52 public health facilities shifted to GoS controlled areas.
• 183 surveillance sentinel sites in the 3 southern governorates report to EWARS program. In Dar’a where there are 66 sentinel sites, only 36 are currently reporting due to ongoing military operations.
• 80 mental health professionals 200 health workers provide integrated mental health support. In addition to a group of 25 community psychosocial support workers is ready to support.
• 7,956 medical consultations and medication provided for IDPs of Dar’a and Jbab.
• 258 referral cases to Darra and Damascus health facilities.
• 189,203 treatments/48.6 tons delivered by WHO to SARC Dar’a, DOH and Swieda national hospital. (5 medical shipments).

Homs response/ Northern Rural Homs:
Northern Rural Homs
• On 15 July WHO participated in an IA convoy in Al Houla & Harbanifse. The convoy included WHO supplies for 13,272 treatments, and 200 trauma cases. Medicines corresponding to 133 treatments were rejected.
• 3 mobile health teams supported by WHO now operate in the in 21 villages across Northern Rural Homs. The teams have provided 2246 consultations, 1964 treatments, and screened 584 children for their nutritional status.

Regular program:
• Starting on 15 July, WHO supported the national measles campaign in Homs Governorate. In particular Tadmour, Rastan, Qabu (including Al-Houla area) and HD3.
• Follow up TB screening activity program in hard to reach areas and shelters to identify TB patients.
• Follow up Insulin distribution to Diabetic patients by 3 local NGOs.

Northeast Syria (Al-Hasakah; Ar Raqq; Deir-ez-Zor) response

Coordination
• Meeting held with ICRC, UNICEF, Al-Hasakah Health directorate.
• Inter-agency visit to Al-Hasakah directorate.
• WHO field visits to GOPA community center in Al-Hasakah City, Al-Areesha Camp to supervise and assess health needs.

Health operations
• Measles vaccine campaign implemented from 15-26 July by Al-Hassaka DOH in cooperative with WHO & UNICEF.
• DOH teams in coordination with WHO initiated active TB surveillance in Al-Hasakah Governorate, camps and all high risk areas. The surveillance will continue up to 35 days from 15 July 2018.
• Followed up and secured Insulin needs in Tal Abiad and Al-Tabqa districts.
• Delivered urgently 125 hemodialysis sessions to Tal Abiad hospital.
• Distributed Chemical Personal Protective Equipment to several locations in Al-Hassaka; Ar Raqqa; Deir-ez-Zor.

National NGOs coordination:
• GOPA, 7 medical mobile teams and Al-Hikmah private hospital are WHO’s ongoing partners.
• Informed all our partners to stop using the valsartan medicines after an alert from MOH.
• Annex 5 contains number of beneficiaries of partners in NES.

4. Technical Expertise (See Annex 2 for capacity building activities this week)

Non-Communicable diseases / Primary healthcare
• TOT workshop on Malnutrition program among Elderly People, 16-19 July, in cooperation with MOH /PHC Directorate under JPRM program. Total number of DOH trainees 25. Participating governorates: Damascus, Rural Damascus, Homs, Hama, Deir Ez-Zor, Lattakia, Tartous, Aleppo, Quneitra, Dar’a and Sweida.
• Engineering report finalized for the rehabilitation of Al Sanamain PHC center in Dar’a governorate, and technical assessment is under process at WCO.

Immunization:
The National measles campaign started on 15 July 2018 for a period of two weeks in targeted governorates: Rural Damascus, Aleppo, Homs, Hama, Al-Hasakah, Ar-Raqqa. Rural Deir-ez-Zor is postponed to next week, as approvals are still in process.
The main findings are:
• Lack of communication activities in Hama, Homs and Al-Hasakeh governorates
• 196,897 children were vaccinated in the first two days (16% from the total target).
  o 10,122 children were vaccinated in Rural Damascus four districts (Darayya, Douma, Harasta and Nashrabiye) and 5 IDP shelters.
  o 41,904 children were vaccinated in Ar-Raqqa governorate covering (Raqqa city, Tal Abyad, Al –Tabqa, Karameh, Madan, Debsi Afnan) in addition to 8,782 children in Ain al Arab district.
  o 8387 children were vaccinated during the first 3 days in Homs and the target for mobile teams in northern rural Homs is high, as they are providing all kind of vaccines including measles for dropout children.
  o 50,000 children were vaccinated in Al-Hasakah.

Mental health program:
• Updating the Self-Help Plus (SH+) materials (audio recording and facilitating guide) based on the results from the cognitive interviewing workshops to continue piloting the program at WHO-supported community centers in cooperation with several NGOs.
• Meeting was conducted with the management of Syria Pulse NGO to include all community workers working at the educational community centers related to this NGO in the WHO School Mental Health Program.

Nutrition and child health:
• As part of WHO’s response to IDPs from Afrin, a nutrition screening was conducted for 220 children under 5, detecting 3 cases of MAM.
• Conducting trainings on computerized data collection Nutrition Surveillance and Stabilization Centers program for 25 trainees in Damascus governorate.

Secondary health care program:
• Delivered about 30,885 treatments of essential and life-saving medicines mainly insulin, hemodialysis sessions, IV fluids, analgesics, and antibiotics to Tabqa hospital in Ar-Raqqa, SARC Dar’a, SARC Rural Damascus, Homs SARC, and Diabetic NGO in Damascus.

**Trauma:**
• 57 Chemical PPE kits delivered to health facilities in NES: Tal Abiad (16), Tabqa hospital in Ar-Raqqa (19), Al-Kasr Hospital in Dier-ez-Zour (10), and for KRC in Al Hasakah (12).
• Delivered trauma kits and supplies for 4,103 trauma cases to health facilities as follows: DOH Dar’a, SARC Rural Damascus (Beit Jan, Beitma, Bait Sabr and Kafr Hoor), Bab al Sebaa NGO in Homs and SARC Homs (IA convoy).

**Disease surveillance and response:**

**Typhoid cases in Al-hole camp, Al Hasakeh:**
• The number of suspected typhoid cases continues to re-increase, with 92 new cases reported in week 28 (data collected from two KRC medical points). Total number of suspected cases up to week 28 is 1,630.
• Blood specimens were collected from 5 suspected cases and tested at WHO reference lab in Beirut. Results for the 5 samples were negative for salmonella typhi.

**TB active case finding in IDPs settlements and hosting communities:**
• The implementation of TB active case finding activity in IDPs settlements and hosting communities has been initiated this week to identify TB patients in hard to reach areas, among IDPs settlements, and to enhance the detection rate and implement effective control actions. The activity will be implemented in 11 governorates.
• More than 120 health workers are participating in the field work of this activity; they were trained on screening methodology. In parallel WHO is planning to conduct household TB screening in NES camps to ensure all TB cases are identifies and referred to MoH NTB program.

**WASH:**
• No update provided this week.

**National NGO coordination:**
• A new medical mobile team was deployed in Ibta’a /Dar’a to provide primary health care services (medical consultation and medication).
• Preliminary coordination to deploy medical mobile teams in Rural Al Quneitra is under process.
• Preliminary coordination to update the supported allowances to project team members under grant agreement with NGOs is under process.

**External Relations, Coordination and Communications:**
• Engaging with UNDP to prepare joint projects for hospital rehabilitation in Rural Damascus and Deir-ez-Zor.
• Submission of Quarterly progress report to DFID.
• RD’s visit to Syria, 17 July 2018: participating in official meetings the RD held with the Prime Minister, Deputy Minister of Foreign Affairs, Minister of Health, Minister of Higher Education and SARC President as well as the field visits to two public hospitals in Damascus.
• Preparing media coverage concerning RD’s meeting with the Syrian Officials and sharing it with EMRO communication unit to be tweeted.
• Following up closely with MoFA and MoH concerning the importing of Two MRI equipment to be handed over to the directorate of health in Homs governorate and to Al Mwasat university hospital in Damascus requesting the preparation of the two sites to start the installation process.
• Preparing a press release on WCO program “ Caring for the Newborn at Home “.
• Following up on WHO-Syria Twitter account, posting several tweets about WHO interventions and health response.

**Operational support and logistics:**
• Dispatched 17.9 tons of medical supplies, equipment, health kits and printing materials covering 7 governorates (Al-Hasakeh, Raqqa, Damascus, Dar’a, Deir Ez-Zor, Homs and Rural Damascus). The recipients included 5 MoH facilities, 2 NGOs, KRC, SARC, 3 IA convoys, 2 non-governmental hospitals and a health centre.
The total number of treatments is 50,531 treatments. The dispatched supplies included:

- 125 Fresenius Hemodialysis sessions, 12,000 insulin needles, 16 PPE kits delivered to Tall Abiad national hospital – Raqqa.
- Blood safety examination parts delivered to Al-Hasakeh DoH.
- 9,660 tablets of Rifampicin 75mg & Isoniazid 50mg to MoH central warehouse in favour of TB program.
- 8 boxes of ElA Measles /Rubella (Enzygnost Anti-Measles/Rubella Virus/IgM) and 4 Enzygnost supplementary reagents kits delivered to MoH – public health labs – measles lab.
- Different types of polio lab supplies and consumables delivered to MoH – public health labs – polio lab.
- 25 PPE kits delivered to – Al-Hasakeh and Al-Kasra hospital – Deir Ez-Zor.
- Insulin and different types of trauma medical consumables delivered to 2 NGOs in Homs and Damascus.
- 1 M7 diagnostic ultrasound system delivered to police health centre in Al-Hasakeh.
- 8 Italian emergency kits A, 3 Italian emergency kits B, 720 vials of Paracetamol 10 mg/ml Solution for Infusion in 100ml, 6,000 vials of Hydrocortisone {sodium succinate USP (Lyophilized and buffered)} 100 mg and 1,000 ampoules of Adrenaline 1mg/1ml were delivered to SARC branch in Dar’a.
- 2 Italian emergency kit B, 2 Sphygmomanometer adult cuff, 2 examination beds and different types of Trauma, EWARS, Nutrition, PHC & STHC medicines and consumables delivered to Homs as an IA convoy.
- 1 Italian emergency kit B, 1 Italian emergency kit A, and different types of Trauma, EWARS, Nutrition, PHC & STHC medicines and consumables delivered to rural Damascus - Beit Jan, Beitima Bait Sabr and Kafr Hoor as an IA convoy through SARC support.

RESPONSE PRIORITIES
Afrin, Eastern Ghouta and South Damascus, Rural Homs, North-East Syria and Southwest Syria.
### Annex 1: Current WHO agreements with national NGOs

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Location of current of ongoing MOUs</th>
<th># of ongoing MOUs</th>
<th># of MOUs in preparation</th>
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<tbody>
<tr>
<td>Damascus</td>
<td>Dummer Al Balad - Al Midan - Mezzah/Kiwan</td>
<td>4</td>
<td>4</td>
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<td>Rural Damascus</td>
<td>Dahyay Qudsayeh - Hai Al Wourood - Bludan, Madaia, Sargayah, Sasaa, Kharbet Al Ward, Kharbet Al Shaib</td>
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<tr>
<td>EG Response</td>
<td>Herjaleh, Harasta, Kfer Batna, Ein Terma</td>
<td>4</td>
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<td>Homs</td>
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<td>Efrin Response</td>
<td>Nubbol, Tal Ref'at, Kafr Naseh, Meskan, Kafer Naya, Tanab, Kashtar, Abin, Deir Jmal, Fafin, Fafin Camps, Tal Jbeen and Al-Zahraa</td>
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<td>Dara'a</td>
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<td><strong>TOTAL</strong></td>
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### Annex 2: WHO supported capacity strengthening (Supported 19 activities for 501 participants)

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<thead>
<tr>
<th>Date</th>
<th># participants</th>
<th>Details/Field</th>
<th>Program</th>
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<tbody>
<tr>
<td>15-17/07/2018</td>
<td>25</td>
<td>Communication with disable person in Damascus</td>
<td>Disability</td>
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<tr>
<td>15-17/07/2018</td>
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<td>Improve utilizing and investing the collecting HeRAMS data using office program in Damascus</td>
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<td>15-18/07/2018</td>
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<td>follow up workshop at governorate level for SARC FPs and Data entry in Homs</td>
<td>HIS</td>
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<tr>
<td>15-19/07/2018</td>
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<td>2 activities on School mental health program in Lattakia and Damascus</td>
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<tr>
<td>18-19/07/2018</td>
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<td>Mental health GAP-intervention guide- phase 1-Part 3 in Damascus</td>
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<td>15-17/09/2018</td>
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<td>infection control team at public health facilities and NGOs health facilities in Aleppo</td>
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<td>Electronic data entry for nutrition surveillance in Damascus</td>
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<td>15-17/07/2018</td>
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<td>Monthly reporting in Hama</td>
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<td>Orientation session to raise the awareness of the Surveillance program for Medical corps in Children' hospital in Damascus</td>
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<td>17/07/2018</td>
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<td>Orientation session to raise the awareness of the Surveillance program for Medical corps in Children' hospital in Damascus</td>
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<td>18/07/2018</td>
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<td>Polio Follow-up Committee in Damascus</td>
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<td>19/07/2018</td>
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<td>Orientation session to raise the awareness of the Surveillance program for Medical corps in Children' hospital in Damascus</td>
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<td>16-18/07/2018</td>
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<td>3 Leadership and strategic management activities in Hama, Damascus and Lattakia</td>
<td>SHC</td>
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<td>16-20/07/2018</td>
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<td>War Wounded Injuries Management “WWIM” in Damascus</td>
<td>Trauma</td>
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<td>Burn Management “BM” in As-Sweida</td>
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<td>War Wounded Injuries Management “WWIM” in Hasakeh</td>
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**Annex 3:** outpatient consultations provided to Afrin IDPs
Not provided in week 29.

**Annex 4:** Nutrition activities for Aleppo-Afrin IDPs
Not provided in week 29.

**Annex 5:** WHO Supported Health services in Aleppo city
Not provided in week 29.

**Annex 6:** WHO Supported Health services in NES

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<tr>
<th>Governorate</th>
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<th># of outpatient consultations</th>
<th># of beneficiaries reached with the medicines</th>
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