WHO Syria, Week 45, 3 – 9 November 2018

General developments & political & security situation
The security situation across the country remains volatile and unstable, while the main hot spots remain As-Sweida, Deir Ezzor, Hama, Aleppo and Idlib governorates.

- In **northwest Syria**, the military situation remains volatile and unpredictable with focus on the Demilitarized Zone agreement. Sporadic hostilities in Hama and rural Aleppo were reported during the week. The humanitarian crossing point between NSAG-GoS at Abu Thohour in Idleb has been closed since 1 November.
- In the **north and northeast Syria**, the escalation of hostilities between Turkish Army-Kurdish forces from the Euphrates river eastwards to Tal Abyad since 30 October has continued this week. In the, several asymmetric attacks were witnessed across NES over the past week, including in and around Deir Ezzor city and Raqqa city. The United Nations remains deeply concerned over the safety of civilians in Deir-ez-Zor Governorate following continued reports of hostilities. On 5 November, airstrikes on Islamic State (ISIL)-controlled Adha’afa reportedly killed three internally displaced children from Mohassan village. People reportedly displaced northwards from the area, although the movement of civilians from ISIL-controlled areas reportedly continues to be highly restricted.
- On **Rukban camp**, during a five-day mission from 3-8 November, UN and SARC teams delivered multi-sectoral assistance, including food, water, sanitation and hygiene materials, nutrition supplies and health supplies and other emergency items for 50,000 people. Despite the welcome completion of this delivery, many people continue to live in dire conditions in makeshift or semi-permanent shelters. Some have been in Rukban camp for as long as three years now.

OVERVIEW

**KEY HEALTH ISSUES**
Health response to multiple and simultaneously evolving emergency situations across the country:
- Sustained health access for the re-establishment of public health service provision across locations that have recently changed hands (e.g. Eastern Ghouta, northern rural Homs, Southwest Syria and, in future, the Northwest).
- Advocacy for the protection of patients, health workers and health facilities during transitional phases.
- Increased attention to vulnerability to disease outbreaks given recent population movements within the country and lack of access to basic services, including poor water and sanitation.
- Regular approvals from national authorities for road deliveries and convoys of health supplies to all parts of Syria based on needs.
- Sustained donor commitments will be essential to sustaining health response in the country, well beyond the end of the conflict itself and regardless of areas of control.

**KEY GAPS & CHALLENGES**
- Urgent funding for Damascus hub scale-up of emergency operations in Northwest Syria.
- 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 and to newly accessible areas.

**OPERATIONAL UPDATES**

1. **Coordination:**
   - No update for week 45.

2. **Information and planning:**
   - Weekly update on shift of control, functionality status of public HFIs, and control areas for regained areas in the south of Syria
   - Shared Damascus hub WoS KPIs from Jan to Sep 2018
• Workshop attended by 80 participants from MoH in Damascus to discuss and launch SARA results.
• A Joint technical meeting between WHO and MoH to review inputs on analytical report of stage 1 of Primary Health Care Information System (PCIS)
• Developed maps on: Distribution of AD cases in Deir-ez-Zor governorate; Health sector coverage areas in North-east Syria as of 01 Oct 2018; CMAM, MoH health centres.

3. Health operations:

Northern Syria response:

Coordination
• Aleppo sub-National health working group meeting conducted on 8 November 2018. Items discussed included Polio campaigns, Winterization Plans, NWS updates, rural Eastern Aleppo.

NW response readiness:
• Following the GoS request to UN agencies to increase humanitarian assistance to Abu Thuhour, the RC/HC has requested from MOFA further details of locations expected to receive IDPs. In parallel, a sub-national relief committee formed a field team made up of governmental authorities, Syria trust and SARC to assess three locations on the area: Tal Ed Damman, Uklet Al-Bwaider, and Brid.
• Abu Thuhour crossing has re-closed since 1 November. The majority of those who crossed returned to northern-eastern Hama governorate (70%) and others to southern rural Aleppo (15%) and Idlib/Sinjar district (15%).
• This week, as part of the sub-national polio campaign ongoing from 4-8 November, 8 DOH Hama mobile teams crossed the Abu Thuhour crossing point to vaccinate children in GoS controlled areas of Idlib Governorate.
• WHO-supported mobile medical teams (MMTs) are providing outreach services, including MHPSS, as part of WHO’s NWS response (providing 10,696 primary health services since August to communities in NWS that have returned to GoS areas):
  - From Aleppo, 2 WHO-supported MMTs have provided 2,558 PHC services have been provided (since 16 August 2018) and 23 children under five were screened for their nutritional status in the last week in 5 villages around Abu Thuhour.
  - In Hama, the 3 Mobile health teams supported WHO have temporarily paused activities while the WHO support modality is reviewed.
• During September and October, as part of its preparedness and response, WHO Syria distributed approximately 48 tons / 202 cubic meters of life saving medicines, supplies and kits to Directorates of Health, SARC, NGOs and directly to health facilities serving NWS. These supplies will provide approximately 151,114 treatments and serve 1,255 trauma cases.

Trauma:
• No war-wounded were reported by Aleppo DoH in the mentioned period.
• 50 Oxygen cylinders delivered to Al-Razi Hospital.

TB/HIV:
• HIV screening see below.
• A new TB case detected in Fafin area this week, the total number now are 30 cases in Fafin area, all under treatment.

Latakia response:
• Received 4 generators ( One 250KVA, Two 150 KVA, One 45 KVA )
• Dispatched medical equipment to Deir Ez-Zour, Aleppo and Damascus.

Damascus, Rural Damascus
• Some 24,000 internally displaced people reportedly returned to their areas of origin in eastern Ghouta in October. Around 200,000 people are now estimated to reside in eastern Ghouta, which is about half of the estimated population before the area changed control in May this year.
• While most of eastern Ghouta is considered accessible, Duma and Zamalka remain hard-to-reach. WHO supplies eastern Ghouta through several modalities including MOH/DOH, SARC and WHO-supported NGOs.

• Syrian media also reported that an official decision will allow return of all residents to their homes in Al-Yarmouk Camp and that the Damascus Governorate will rehabilitate infrastructure in the camp.

East Ghouta response in numbers from 15 March – 31 Oct 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 699 reports produced and 34 alerts.
• 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), 33 were operational in the past month. 18 malnourished children have been hospitalized in stabilization centres.
• 13 WHO-supported NGOs deployed for the response, with 2 NGOs operating in the past month through 7 mobile teams. 408,744 patients have been assisted by national NGOs including 18,183 in the past month.
• 21 MHPSS mobile teams deployed, with 18 operating in the past month, and 71 static medical points provide integrated MHPSS services. 33,908 basic psychological interventions have been provided to people.
• 4,240 patients hospitalized in public hospitals.
• 55,525 children under 5 vaccinated (polio and EPI), including 729 in the past month.

Homs response/ Northern Rural Homs:
• On 1 November HWG coordination meeting was conducted in presence of UNA agencies at Homs Hub, DOH and local NGOs in Homs.
• Field Monitoring visits were conducted to Talbiseh and Rastan PHCs, as part of the polio campaign.
• Dispatched Insulin to local NGO and Permethrin 1% Cream to NGO in Damascus.

Al Rukban camp
An IA convoy completed its mission to Rukban on 3 – 8 November. Over 3 tons of medicines and medical supplies for 31,601 treatments were successfully delivered by WHO to the health personnel working in the camp. The health situation in the camp was assessed and highlights include:
• There are no certified doctors in the camp. Services are provided by nurses and/or midwives. It is estimated that there are a total of 50 health workers but it is not clear on whether all are qualified/certified.
• Only very basic health care is available in the camp, including maternal and child health services for the high numbers of women and children under 5.
• The health service providers for residents include the “UN clinic” (located on the Jordanian side of the border) and 5 or 6 private health “clinics” and 40 “pharmacies” inside the camp.
• The team was informed that only one health “clinic”, “Sham clinic”, provides free-of-charge of services to all people regardless of affiliation. The working hours are 24/7 with 2 nurses on night shift. The clinic maintains a basic registry to record cases - 125-150 patients a day. The clinic has no electricity, nor running water.
• 4 or 5 other “clinics” offer fee-based services.
• There are no ambulance services in the camp. High mortality is reported (100 people reported to have died during the last month).
• No disease outbreaks were reported to the team.
• A vaccination campaign was implemented by UNICEF with MoH/DoH. A team of 20 DoH vaccinators began vaccination from 4-7 November to reach over 5,000 children vaccinated against polio and other diseases.

Northeast Syria (Al-Hasakah; Ar Raqqa; Deir-ez-Zor) response
Coordination
• Health Sector meeting: Ar-Raqqa IA-Mission plan and the last update on the closed Primary Health centers and access to education situation in Al-Hasakah city were addressed.
• Conducted a field visits to 7 PHCCs in Qamishli city and rural Qamishli to follow up the ongoing Polio campaign.
• Conducted the health working group in Ain Issa camp in coordination with all the health actors, the main gaps were discussed regarding Ar-Raqqa city and Al-Tabqa city.
4. Technical Expertise  (See Annex 2 for capacity building activities this week)

**Non-Communicable diseases / Primary healthcare**
- Supported a seminar held at Doctors’ Syndicate in Damascus with NCDs guidelines: Preventive Medicine with focusing on NCDs”, and ensured the need to advocate public health to new graduates and strategic action plans to support preventive approaches and alleviate the burden of disease.
- Advocated NCD workshop; 6-8 November, on “Chronic Respiratory Diseases. 25 Participating medical staff from DOH in Damascus, Aleppo, Latakia, Tartous, Rural Damascus ,Hama & Homs.
- Dispatched 14,565 life-saving primary healthcare treatments.

**Immunization:**
- The sub national polio campaign was conducted from 4-8 November in all governorates targeting 912908 children under 5, the campaign focused on:
  - Districts with PCM less than 80% in October national campaign
  - Districts not reached in October national campaign
  - Districts with low polio3 coverage rate in the routine vaccinations activities.
- Results will be reported in detail in week 46.

**Mental health program:**
- Site visits were conducted to 3 PHC and community health centers in Hama to follow up on the implementation of MHGAP programme. The WHO mental health professionals provided the needed technical support to 14 health professionals previously trained on MHGAP-Intervention Guide.
- Meeting with director of school health in MOE to discuss starting mhGAP training for health providers in school health directory.

**Nutrition and child health:**
- Two capacity building activities as follows:
  - Managing complicated Severe Acute Malnutrition in hospital for 25 participants in Homs
  - Nutrition surveillance Growth Assessment and IYCF counseling in Hama for 25 trainees.

**Secondary health care program:**
- Delivered 22,371 treatments of live saving and essential medicines needed for surgery, emergency care, and NCD treatment in different health facilities and NGOs in Aleppo and Homs.
- Delivered (2) Ventilators , (2) Incubators, (2) Intensive care beds, (2) Portable ventilator to hospitals in Aleppo, Homs, Rural Damascus, and Dier Ez-Zour
• Agreed with the National Cancer Committee on the interpretation of findings resulted from the assessment of patients’ views of cancer care.

Trauma:
To enhance the capacity of health facility in trauma care management, WCO distributed medicines, medical supplies and equipment to health facilities in Aleppo, Homs, as follows:
• 1 surgical kit to Aleppo DOH (100 trauma cases).
• 1000 treatments of trauma medicines to a national NGO in Homs.

Disease surveillance and response and WASH:
• See weekly EWARS bulletins at http://www.emro.who.int/syr/information-resources/ewars-weekly-bulletins-2018.html

Acute Jaundice Syndrome, among Afrin IDPs, Aleppo Governorate.
• Between 21 July to 4 November is 597 cases predominantly among schoolchildren under 15 years. See separate sitrep for further details.

Acute Jaundice Syndrome, Dar’a Governorate
• An increase of suspected Hepatitis A cases has been reported in Dar’a governorate since week 35. The increase reported mainly from the eastern rural areas. The cumulative number of cases reported since week 35 is 593, in week 43 and 44 the number of reported cases was 84 and 35 respectively. Most of the cases (75%) were above 5 years old, and 37% of cases were males.
• On 5 November a WHO and DoH rapid response team conducted field investigation in Hrak district (eastern Muleha town), in response 50 AJs cases reported from the school in the town. The team confirmed 3 AJs cases, visited the health centre and the only private lab in Hrak. Between 8 to 23 October 207 Hepatitis A were documented in the laboratory register (SGPT results above 50).
• A water quality assessment was carried out to three main wells in the area; field testing was carried out by using the bioluminescence method. Preliminary laboratory water quality analysis showed no contamination in the water of wells, water tankers and reservoirs. The wells are monitored and chlorided by the water institution, the team also tested the availability of free chlorine in the water of tankers, and found the chlorine tablets were added to water of tankers.

HIV screening activities among IDPs
• The implementation of HIV screening has started on the 1st of November. RDTs will be offered to an estimated 15,000 IDP/previously besieged families across the country.
• Field work phase will continue for 35 days. WHO teams accompanied DoH team during household visits.
• To ensure on the continuity of the functionality of HIV and viral hepatitis lab, WHO supported the public health laboratories with needed lab kits for lab confirmation of HIV and Hepatitis B and C.

National NGO coordination:
• A meeting with the Ministry of Social Affairs and Labor to discuss delays in approvals for NGOs, Lessons learnt and reflection on updated SOPs in 2019 was attended.
• DFID / TPM planned field visit to the supported PHC center in Deir Ez Zor in collaboration with St. Ephrem Patriarchal Development Committee.
• WHO Third monitoring party conducted 2 field visits to 2 NGOs in Damascus.
• The full list of MOUs is in Annex 1.

External Relations and Communications:
• Attending the Consecutive workshops WTS-FCA at the American University of Beirut from 6-9 November, 2018.
• Communicating officially with MoFA & MoH concerning: Analyzing Disrupted Health Systems in Countries in Crisis (ADHS) from 02-14 December, Tunis; Syria Private health sector assessment; WHO Global Code of Practice on the International Recruitment of Health Personnel – Syria.
• WCO achievements prepared to be published in the bi-weekly UNCG “UN Syria in Focus”.
Following up on WHO-Syria Twitter account, posting several tweets about WHO interventions and health response.

**Operational support and logistics:**
Dispatched 16.2 tons of medical supplies, equipment, hospital beds, health kits and ICT equipment - covering 7 governorates (Deir Ez-Zor, Aleppo, Al-Hasakeh, Homs, Tartous, rural Damascus & Damascus). The recipients included 13 MoH facilities, 2 MOHE facilities and 2 NGOs. Total number of treatments is 39,752 and 100 trauma cases. The dispatched supplies included:

- 4 Fetoscope ATOM- Model 108 ultrasound foetal Doppler, 4 ICU ventilators ACOMA - Aivation ALV 3000, 4 Incubators for new born ATOM, 6 intensive care bed PARAMOUNT - model KA64230E + KE-791S, and 6 portable ventilators KOHKEN funded by the Japanese government have been donated to 7 hospitals in Deir Ez-Zor, Aleppo, Homs, Tartous and rural Damascus governorates.
- 50 Patient beds (hospital beds) delivered to Al-Luluwa Hospital in Al-Hasakeh governorate.
- ICU equipment delivered to MoH central warehouse in Damascus.
- ICU equipment delivered to MoH central warehouse in Damascus in favour of drug control program.
- 2 Cholera kits, 1 surgical supply kit, 5 pneumonia kits A and different types of EWARS, mental health, PHC & STHC medical supplies and printing materials were delivered to Aleppo DoH.
- 180 pcs of transport tube with swab - 1ml Amies medium delivered to MoH – public health labs in Damascus.
- Different types of office and ICT equipment delivered to Aleppo TB centre.
- 150 bottles of Gelofusine delivered to MoHE - Obs/Gyn Hospital in Aleppo.
- 300 bottles of Gelofusine, 400 vials of human erythropoietin 4000 IU, 400 bottles of Paracetamol 120 mg / 5m, 500 ampoules of heparin sodium 5000IU/ml in 1 ml and 100 vials of human albumin infusion 20%, in 50ml delivered to MoHE – Aleppo university hospital.
- 500 bottles of sodium chloride intravenous infusion, 4 pneumonia kits A, 427 Fresenius haemodialysis sessions for adults and different types of EWARS, PHC, STHC and trauma medical supplies delivered to 2 NGOs in Homs.

**RESPONSE PRIORITIES**
NWS/Afrin, North-East Syria and Rural Homs (Rukban).

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**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, Al Zahera, Ruken Al Din</td>
<td>5</td>
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<tr>
<td>Rural Damascus</td>
<td>Dahyet Qudsayeh - Hai Al Wourood - Bludan, Madaia, Sargayah, Sasaa , Kharbet Al Ward, Kharbet</td>
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<td></td>
<td>Al Shaiaab, Al Qutaifeh</td>
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<td>EG Response</td>
<td>Adra Electricity shelter, Herjaleh shelter, Dweir Shelter, Al Nashabyeh, Bludan, Madaia, Sargayah,</td>
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<td>Sasaa, Kharbet Al Ward, Kharbet Al Shaiaab, Najha rown, Harjalleh twon , Sbaineh, Harasta ,</td>
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<tr>
<td></td>
<td>Douma,Kafar Batna , Ain Tarma, Hamouryeh, Saqba, Al Muadamyeh, Hejeira and Al Bouayd shelters</td>
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<td>Salah AL-Deen - AL-Mshatia - Bostan AL-Zahra - Al-Villat - Menbej - Agior , Deir Hafer and</td>
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<td></td>
<td>surrounding villages ((Babiri -Upper Babiri , Babiri -Lower Babiri , Rasm Elbokhar , Kayariyieh ,</td>
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<tr>
<td></td>
<td>Big Habbuba , little Habobieh, Southern Rasm Elharmal )</td>
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<td>NES</td>
<td>Al Hasakeh - Qamishli - Deir ez-zor</td>
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Annex 2: WHO supported capacity strengthening (Supported 11 activities for 280 participants).

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<tr>
<th>Date</th>
<th># participants</th>
<th>Details/Field</th>
<th>Program</th>
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<td>04-06/11/2018</td>
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<td>To improve utilizing and investing the collecting HeRAMS data using office program in Damascus</td>
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<td>05-06/11/2018</td>
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<td>04-07/11/2018</td>
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<td>Diagnosis, case management &amp; ongoing health care for NCD patients in Qamishli</td>
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<td>06-08/11/2018</td>
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<td>Asses &amp; manage the risk factors for Chronic Respiratory Diseases in Damascus</td>
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<td>03-06/11/2018</td>
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<td>Basic Trauma Life Support in Damascus</td>
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<td>Basic Trauma Life Support in Qamishli</td>
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<td>08-10/11/2018</td>
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<td>Immediate Life Support in Damascus</td>
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<td>08-11/11/2018</td>
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<td>Hazmat management and evacuation of buildings in Homs</td>
<td>Trauma</td>
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Annex 3: outpatient consultations provided to Afrin IDPs
Not provided in week 45.

Annex 4: Nutrition activities for Aleppo-Afrin IDPs
Not provided in week 45.

Annex 5: WHO Supported Health services in Aleppo city
Not provided in week 45.

Annex 6: WHO Supported Health services in northern and eastern Hama
Not provided in week 45.

Annex 7: WHO Supported Health services in NES

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