COMMUNITY HEALTH NEED ASSESSMENT

Eastern Rural of Idleb, Syria

January, 2018

Prepared by:
Hand in Hand For Syria
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Executive Summary

Since the beginning of the crisis in Syria in 2011, tell now, people are suffering from more disasters because of the armed conflict between the forces in Syria, especially north of Syria. Idleb governate, many of displacement movement happened to this area, 308K persons have arrived to the governate in displacement movement in 2017 from many areas (Homs, Hama, Aleppo, Darayya, Rural Damascus, Deir-Elzor and Al-Raqqa). These increasing numbers of displaced persons, in addition to the continuation of military actions which damaging the social and economic infrastructures in the region have created a great burden on the available services provided, especially in the health sector.

Syria is the most dangerous country in the world to be a health worker. Health service delivery has been critically undermined by approximately 107 attacks on health workers and facilities during the first half of 2017. According to Humanitarian Need Overview issued in 2018 report 46% of public hospitals were damaged, of which 14% were reported as fully damaged and 32% as partially damaged. It was also reported that 25% of public health centers were damaged, of which 7% were reported as fully damaged and 18% as partially damaged. This protracted situation caused a burden on health centers and hospitals in safer areas, making it imperative to support available health centers and hospitals in this area.

Two planned needs assessment surveys in January 2018 (key informant interviews and household survey) to outreach diversified groups in the targeted communities, including women, elderly and persons with impairments through face-to-face focus group discussion and structured individual interviews. However, given the escalation of insecurity and operation suspension in the Idlib Governorate between the last week of December 2017 and the first week of January 2018, forced the us to scale down the planned needs assessments. These surveys have limitations in terms of the respondent diversity and lack of additional information, yet, major findings are consistent with the needs survey findings conducted 10 months prior, February 2017. Thus, confident level on these surveys are reasonably high.

This report was prepared to identify major health needs in the eastern countryside of Idleb governorate. The data was collected directly from the field through interviews with local councils, assessment of available medical facilities and conducting surveys with householders. This report will help to Ensure that scarce resources are allocated where they can give maximum health benefit.
Community Defined

Saraqab is an urban city in northwestern Syria, administratively belonging to Idleb district, located to the east of Idleb. The estimated population in Saraqab is 16,076 including approximately 6,500 IDPs.

Maar Dibsi: is a rural village in Saraqab sub-district to the south of Saraqab city. More than 10,000 people living in Maar Dibsi from them 40% are IDPs.

Lof is a rural village located in Saraqab sub-district. The estimated population in Lof is 2,680 including 550 IDPs.

Mardikh is a rural village located directly to the south of Saraqab city. The estimated population in Mardikh is 5,642 including approximately 1,300 IDPs.

Sheikh Idris contains estimated population of 6,974 persons with more than half of them are IDPs. Shiekh Idris administratively is belonging to Saraqab sub-district.

Kafr Omeim is a rural village located in Saraqab sub-district and is a home for a total of 6,424 persons including roughly 3,762 IDPs.

<table>
<thead>
<tr>
<th>Village</th>
<th>Estimated Population</th>
<th>Estimated Local</th>
<th>Estimated IDPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skeikh Idris</td>
<td>6,974</td>
<td>5,130</td>
<td>1,844</td>
</tr>
<tr>
<td>Lof</td>
<td>2,680</td>
<td>2,130</td>
<td>550</td>
</tr>
<tr>
<td>Mardikh</td>
<td>5,642</td>
<td>4,350</td>
<td>1,292</td>
</tr>
<tr>
<td>Kafr Omeim</td>
<td>6,424</td>
<td>2,662</td>
<td>3,762</td>
</tr>
<tr>
<td>Maar Dibsi</td>
<td>10,012</td>
<td>6,212</td>
<td>3,800</td>
</tr>
<tr>
<td>Saraqab</td>
<td>16,076</td>
<td>11,576</td>
<td>4,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community</th>
<th>0-4</th>
<th>5-17</th>
<th>18-39</th>
<th>40-59</th>
<th>60-&gt;</th>
</tr>
</thead>
<tbody>
<tr>
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<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Skeikh Idris</td>
<td>476</td>
<td>375</td>
<td>1,560</td>
<td>1,468</td>
<td>948</td>
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<tr>
<td>Lof</td>
<td>183</td>
<td>143</td>
<td>600</td>
<td>563</td>
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<tr>
<td>Mardikh</td>
<td>385</td>
<td>303</td>
<td>1,262</td>
<td>1,188</td>
<td>767</td>
</tr>
<tr>
<td>Kafr Omeim</td>
<td>439</td>
<td>345</td>
<td>1,436</td>
<td>1,352</td>
<td>873</td>
</tr>
<tr>
<td>Maar Dibsi</td>
<td>683</td>
<td>538</td>
<td>2,240</td>
<td>2,107</td>
<td>1,360</td>
</tr>
<tr>
<td>Saraqab</td>
<td>1,097</td>
<td>864</td>
<td>3,596</td>
<td>3,384</td>
<td>2,184</td>
</tr>
</tbody>
</table>

1 All the numbers are from the final population data, HNO 2018.
Purpose of the Needs Assessment

Need assessment report provides a roadmap for improving and stabilizing health situation in the targeted communities. The need assessment will enable HIH and partners to plan and deliver the most effective care to those in greatest needs and to identify most common health problems of population. Moreover, determine the availability of resources that adequately overcome health problems. With the information provided in this report, stakeholders can develop and ensure that intervention addresses community health priorities, improve existing medical facilities and build capacity of available staff.

Methodology:

Process Overview
The monitoring and evaluation team of Hand in Hand for Syria conducted the health need assessment in eastern countryside of Idleb directly in the field to address the most common diseases, estimate major health problems and measure ability of getting medical services in these
areas. The assessment process started by the beginning of January, 2018. The team consists of three members; one male officer and two female officers. After collecting the data from the field, data was sent to the MEAL officer based in Turkey by whom data cleaned and analyzed. Then the report was prepared in coordination with HIH health program.

**Data Collection Tools**

To collect the data, we used qualitative and quantitative methods which are: interviews with key informants, health facility assessment and surveys with householders.

**Sampling**

**Key informant interview**

The key informant questionnaire was conducted with the local council’s officers of four villages in the eastern countryside of Idleb. These officers were selected as they have clear information on the health situation in the targeted area. The four interviewed officers are male since there is females in the local councils in the targeted areas for culture reasons.

**Medical facility assessment**

The health facilities assessed in four locations. Which are marked as significant health centers for the local community and the nearest communities.

**Household Surveys**

The field team surveyed 150 householders from both genders males and females. The householders were selected randomly, and the sample size was determined using online sample size calculator with the following parameters:

- Confidence level: 95%.
- Margin of error: 8%.
- Population size: 47,808
- Response distribution: 50%
Major Findings

Evaluating Available Health Services

Quick facts

- 112 respondents were male, 38 were female.
- 138 respondents were local, 12 were IDPs.
- 87% of respondents were the head of household.

Outline:

The surveys and interviews conducted in the villages near Saraqab sub district.

The main health problems recorded in these villages during the last month were:

- Skin diseases. (75% answered)
- Acute respiratory infection (75%)
- Chronic diseases affecting children under 5 years. (50%)

It was noted that regarding to elderly people the most common health problems were:

- Acute respiratory infection. (25%)
- Chronic diseases (diabetes, hypertension, heart and blood vessels). (75%)
For women
- Pregnancy related diseases (100%)
- Skin diseases (25%)
- Acute respiratory infection. (25%)

Disabled people:
- Lack of disability care (75%)
- Acute respiratory infection (50%)
- Injuries. (25%)

Regarding to the children under 17 years old:
- diarrhea (25%)
- skin diseases (25%)
- malnutrition (25%)
- acute respiratory infection. (75%)

Moreover, the assessment shows that no availability of specialized service such as physiotherapy, prosthetic service, no assistive device, and potentially no continuation of required medical treatments for their injuries.

In addition, the previous survey raised one concerning point – increased fear of malnutrition, indicating food insecurity among the households with persons with impairments due to loss of their employments and livelihoods.

Health facility Accessibility
Most of the respondents said that they can reach the available health facility in the area and the distance to reach it is less than 5 Km.

1% of the respondents said they could not visit the facility because of the security situation.

Drugs availability:
- 57% of respondents said there is a need for a specific type of drugs periodically and they can secure this medicine.
- 54% secure the drug from free pharmacy, 46% said they pay to secure drugs.
- 63% said the price is high.
- No one from interviewed people receive medical assistance from any organizations.
Respondents comments and suggestions:

- Providing free medicines to patients.
- Having a medical center in the area providing free services and including (neurologic clinic - ophthalmic clinic - dental clinic - ENT (Ear-Nasal-Throat) clinic).
- In our area there is many disabled and injured people in need of help (physical therapy - artificial limbs - wheelchairs).
- Providing medical aid for families who are in need.
- Distributing baby milk and baby diapers.

The details of each village are as follows:

**Sheikh Idris:**

There are three health problems recorded last month in Sheikh Idris village:

- Malnutrition.
- Acute respiratory infection.
- Chronic diseases affecting children under 5 years.

The most health problems and the health care services needed in the village are:

- For Elderly people: chronic diseases (diabetes, hypertension, heart and blood vessels).
- For Women: Pregnancy related diseases (women in this village give birth in hospital).
- For Disabled people: lack of disability care.
- For children under 17 years old: acute respiratory infection.
- For children under 5 years: chronic diseases affecting children under 5 years.

The most health needs in the village:

- Antenatal care
- Normal delivery by skilled provider.
- Disabled people need more health care, like assistive devices, rehabilitation, drugs and home visits by health professionals.

People in the village are facing the following difficulties to get the healthcare services:

- Lack of transportation (long distance to facility)
- Security concerns because of traveling long distances to reach health facility.

There is a functioning pharmacy in the village and the drugs are available. The drugs are being purchased from the local drugs factories in Syria.

**Lof:**

The most common health problems during the last month in Lof are:

- skin diseases
- acute respiratory infection
- chronic diseases affecting children under 5 years.

Regarding to elderly people, the most common health problem was chronic diseases (diabetes, hypertension, heart and blood vessels).
They faced some difficulties to get the healthcare services like: lack of transportation/long distance to facility - no health facilities available in the area.

- The needs are: drugs - services related to chronic diseases.

Regarding to women, the most common health problems were pregnancy related diseases - acute respiratory infection.

- They faced some difficulties to get the healthcare services like: high cost of transportation to health facility - security concerns to enter/remain in the health facility - no health facilities available in the area.

- The needs are: antenatal care - drugs - surgical care - delivery by skilled provider.

- Women in this village give birth in hospital.

Regarding to disabled people, the most common health problems were lack of disability care - acute respiratory infection.

- They faced some difficulties to get the healthcare services like: high cost of transportation to health facility - no health facilities available in the area - health care services are too expensive.

- The needs are: assistive devices - rehabilitation - drugs - psychiatric care.

Regarding to the children under 17 years old, the most common health problem was acute respiratory infection.

There is no functioning pharmacy in the village because there are no pharmacists, the drugs are purchased in Syria.

**Mardikh:**

The most common health problems during the last month in this village: skin diseases - acute respiratory infection.

Regarding to elderly people, the most common health problem was acute respiratory infection.

- They faced some difficulties to get the healthcare services like: lack of transportation/long distance to facility - health care services are too expensive.

- The needs are: drugs - services related to chronic diseases.

Regarding to women, the most common health problem was pregnancy related diseases.

- They faced some difficulties to get the healthcare services like: lack of transportation/long distance to facility - no health facilities available in the area - high cost of transportation to health facility - security concerns around travel to health facility.

- The needs are: antenatal care - drugs - delivery by skilled provider.

- Women in this village give birth in hospital.

Regarding to disabled people, the most common health problems were acute respiratory infection - injuries

- They faced some difficulties to get the healthcare services like: lack of transportation/long distance to facility - high cost of transportation to health facility - security concerns around travel to health facility.
- The needs are: assistive devices - rehabilitation - drugs - home visits by health professionals.

Regarding to the children under 17 years old, the most common health problem was acute respiratory infection.

There is a functioning pharmacy in the village, the drugs are available, and it purchased in Syria.

**Kafr Omeim:**

The most common health problems during the last month in this village: skin diseases - lack of disability related care - fever.

Regarding to elderly people, the most common health problem was chronic diseases (diabetes, hypertension, heart and blood vessels).

- The needs are: drugs.

Regarding to women, the most common health problems were pregnancy related diseases - skin diseases

- The needs are: drugs.
- Women in this village give birth in hospital.

Regarding to disabled people, the most common health problem was lack of disability care.

- The difficulties to get the healthcare services was no health facilities available in the area.
- The needs are: drugs - home visits by health professionals

Regarding to children under 17 years old, the most common health problems are: (diarrhea, skin diseases, malnutrition).

There is a functioning pharmacy in the village, the drugs are purchased in Syria.

**Additional Information regarding People with Disability:**

In Saraqab area, 24 identified persons with temporary or permanent physical impairments were outreached through in-depth needs assessment in October 2017.

- Not be able to afford or no availability, no specialized service for their needs.
- Among 24, 6 people got amputation, 3 people with paralysis (12%), 2 people with visionary impairment.
- 50% with no employments, no one is receiving financial aids, 45% are dependent on the humanitarian assistance, 75% stated that they could not meet their family needs. Some reporting their children are working.
- 9 people (37%) are receiving rehabilitation, 9 people (37%) with no need of medical follow up, while 6 people (25%) cannot receive medical assistance despitess their needs due to lack of fund, lack of access or no availability of service.
- The difficult financial situation prevents them from accessing needed health care, food, and medical consumables such as dippers and medicines.
- Psychosocial well-being of the survivors is a great concern, where 25% of the surveyed feeling sad always and 45% feeling sad sometimes. And they are feeling angry always (12%) or sometimes (45%). Over 50% feeling hopeless (always - 8%, sometimes - 46%),
while the survivors have little hobbies/something they like to be engaged in (A lots of things - 20%, some - 25%, very few - 33%, Nothing - 20%).

- Due to their physical conditions, often they don’t have a chance to meet their peers, or even chose to be isolated, on order to avoid being seen their conditions, and progressively falling into socially inactive.

**Medical Facilities Assessment:**

**Outline:**

The available medical facilities in the area:

- Saraqab hospital
- Kafr Omeim PHC
- Maar Dibsi PHC
- Shiekh Idrees primary health care center.

The main provided services in these facilities are:

- Expanded Program on Immunization (EPI).
- Antenatal visits—weight, height measurement.
- provision of family planning methods.
- Treatment of anemia.
- Normal delivery.
- Caesarean section.
- Surgeries.

Major needs in these facilities:

1. Drugs.
2. Consumables.
3. medical devices.
4. Provide support to cover all the employees’ salaries.

More details are described in the following:

**Saraqab hospital:**

The hospital located in Saraqab city, it serves 600,000 of catchment population including more than 30% of IDPs.

The hospital is field hospital and it works 24 hours.

The hospital receives support from more than one organization explained in the following table:

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Name of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>SAMS - Islamic Relief – USSOM – SIMA – IHH - Doctors Without Borders – Madad Humanitarian - Idleb Health Directorate</td>
</tr>
</tbody>
</table>

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2 Saraqab Hospital, also known as ‘Oday Hospital’, reported to be out of service after the assessment because of heavily damage caused by airstrike in 4th and 21st of January 2018.
Health information system available in the hospital:
- Number of patients.
- Drugs consumption / pharmacy stock.

Main health problem in the hospital:
The major problem in the hospital is the unstable support, currently the support is partial and does not cover the entire hospital even though the hospital provides services to locals and IDPs, who are increasing day by day.

Main needs:
Drugs – consumables - medical devices - non-medical equipment – staff salaries.

The staff:

<table>
<thead>
<tr>
<th>MANAGEMENT</th>
<th>PHYSICIANS</th>
<th>Other Medical Experts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Director</td>
<td>Surgeons</td>
<td>Midwifes</td>
</tr>
<tr>
<td>Nursing Director/ Chief Nurse</td>
<td>Orthopedic Surgeons</td>
<td>Ward nurses</td>
</tr>
<tr>
<td>Administrator</td>
<td>Anesthesiologist Doctor</td>
<td>Physiotherapist</td>
</tr>
<tr>
<td></td>
<td>Obstetrician and Gynecologist</td>
<td>nurse assistant</td>
</tr>
<tr>
<td></td>
<td>Pediatrician</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internal Medicine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>General practitioners (nonspecialized)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ophthalmologist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nephrology Doctor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neurological Doctor</td>
<td></td>
</tr>
</tbody>
</table>

There is no ENT (Ears Nose Throat), cardiologist, dermatologist and dentist doctors in the hospital.

Provided Services:
- Surgeries: 150 per month.
- Number of outpatients: 150 per month.
- IPD (In-Patient Department): 16 beds for male – 6 beds for female.
- Normal delivery.
- Caesarean section.
- Antenatal visits - weight, height measurement.
- Treatment of anemia.
- Resuscitation of the newborn.
The structure:
The building consists of basement, ground floor and first floor.
- Basement: 3 operating rooms - archiving room – 2 ICU (Intensive Care Unit) rooms - resuscitation room – changing room.
- Ground floor: ward (6 rooms) – laboratory – 4 emergency rooms – reception and information department - nursing room in the in-patient department.
- First floor: 2 recovery rooms – 2 laundry rooms - examination room - accounting room - management room - media office.
- Building status: it needs small scale rehabilitation in some places.

Kafr Omeim PHC:
The PHC is Level 2 located in Kafr Omeim, it serves approximately 23,000 people in total.
The PHC works all days except Friday, 6 hours per day.
The PHC receives support as follows:

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Name of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>Idleb Health Directorate (not permanently)</td>
</tr>
<tr>
<td>Consumables</td>
<td>Idleb Health Directorate (not permanently)</td>
</tr>
<tr>
<td>Equipment</td>
<td>None</td>
</tr>
</tbody>
</table>
| Salaries     | PHC staff: Idleb Health Directorate
              | Vaccine staff: violet organization
              | Staff of leishmania: volunteers                  |

Information system used in the PHC:
- Number of patients.

Main health problems in the hospital:
There is no support for drugs to cover patients’ needs.

Main needs:
Drugs – medical consumables - medical equipment.

The staff:

<table>
<thead>
<tr>
<th>MANAGEMENT</th>
<th>PHYSICIANS</th>
<th>Other Medical Experts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>General practitioners (nonspecialized)</td>
<td>Midwifes</td>
</tr>
<tr>
<td></td>
<td>Dentist</td>
<td>ER (Emergency Room) and OPD (Out Patient Department) nurses</td>
</tr>
</tbody>
</table>

Provided Services:
- (EPI) Expanded Program on Immunization.
- Antenatal visits—weight, height measurement.
- provision of family planning methods.
- Treatment of anemia.
The structure:
The building consists of 6 rooms and pharmacy.
Two vaccine rooms - dental clinic - women's clinic - public clinic - management room.

Notes:
- There is no generator.
- Lack of blood pressure device.
- There are no health awareness team.

Maar Dibsi PHC:
The PHC is Level 3 and located in Maar dibsi village, it serves approximately 12,000 of population including local population and IDPs.
The PHC works all days except Friday, 7 hours per day.
The PHC receives support as follows:

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Name of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>drugs</td>
<td>Hand in Hand for Syria</td>
</tr>
<tr>
<td>consumables</td>
<td>Hand in Hand for Syria</td>
</tr>
<tr>
<td>equipment</td>
<td>Hand in Hand for Syria</td>
</tr>
<tr>
<td>Salaries</td>
<td>Hand in Hand for Syria</td>
</tr>
</tbody>
</table>

Information system used in the PHC:
- Number of patients.
- Drugs consumption / pharmacy stock.

Main health problems in the hospital:
In clinics: patients with chronic diseases - bronchitis (especially the children).
In women’s clinic: the echo device is very old - no obstetric services available.

Main needs:
Having a delivery department – radiology section – specialized clinics (Ophthalmology – Dermatology – ENT (Ears-Nose-throat)).

The staff:

<table>
<thead>
<tr>
<th>MANAGEMENT</th>
<th>PHYSICIANS</th>
<th>Other Medical Experts</th>
</tr>
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<tbody>
<tr>
<td>Medical Director</td>
<td>Obstetrician and Gynecologist</td>
<td>Midwifes</td>
</tr>
<tr>
<td>Administrator</td>
<td>Pediatrician</td>
<td>Ward nurses</td>
</tr>
<tr>
<td></td>
<td>Internal Medicine</td>
<td>ER (Emergency Room) and OPD (Out Patient Department) nurses</td>
</tr>
<tr>
<td></td>
<td>Dentist</td>
<td>nurse assistant</td>
</tr>
</tbody>
</table>

Provided Services:
- Number of outpatients: 4000 per month.
- (EPI) Expanded Program on Immunization.
- Antenatal visits—weight, height measurement.
- provision of family planning methods.
- Treatment of anemia.

The structure:
- The building consists of two separate buildings.
- The second building: reception room - vaccine room

Condition of the building:
The building is not fully closed so it is somewhat cold.
No enough place for waiting where the patients waiting in the corridors and the number of chairs is not enough.
The toilets need more caring about the cleanliness and make the water available all the time.

Notes:
The emergency department is far from the entrance of the PHC.

Sheikh Idris PHC:
This PHC is level 4 attached with mobile clinic as PHC level 1, it is located in sheikh Idris village. It provides service to more than 30,000 individuals in the region, 20% of them are IDPs.
The PHC works 24 hours during 7 days per week.
The PHC receives support as follows:

<table>
<thead>
<tr>
<th>Support Type</th>
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</tr>
</thead>
<tbody>
<tr>
<td>drugs</td>
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<tr>
<td>consumables</td>
<td>Hand in Hand for Syria</td>
</tr>
<tr>
<td>equipment</td>
<td>Hand in Hand for Syria</td>
</tr>
<tr>
<td>salaries</td>
<td>Hand in Hand for Syria</td>
</tr>
</tbody>
</table>

Information system used in the PHC:
- Number of patients.
- Drugs consumption / pharmacy stock.

Main needs:
Drugs – medical consumables - medical equipment.

The staff:

<table>
<thead>
<tr>
<th>MANAGEMENT</th>
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<td>Pediatrician</td>
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<td>Nursing Director / Chief Nurse</td>
<td>Internal Medicine</td>
<td>Ward nurses</td>
</tr>
<tr>
<td>Administrator</td>
<td>General practitioners (nonspecialized)</td>
<td>ER (Emergency Room) and OPD (Out Patient Department) nurses</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Dentist</td>
<td>Nurse assistant</td>
</tr>
</tbody>
</table>

**Provided Services:**

- Number of outpatients: roughly 3,000 patient monthly.
- IPD (In-Patient Department): 8 beds for male – 8 beds for female.
- Provision of supplementary feeding for MAM (CMAM).
- Basic Child Care (Integrated Management of Childhood Illness).
- Normal delivery.
- Antenatal visits - weight, height measurement.
- Provision of family planning methods.
- Treatment of anemia.
- Resuscitation of the newborn.

**The structure:**

The building consists of 18 rooms, three kitchens, four bathrooms, generator room and guards room.
Annex

The following are photos from Maar Dibsi PHC:

Figure 6 - The Main Entrance

Figure 7 – Laboratory
Figure 8 - Vaccine room