



Since 16-17 of March for the current year ,and because of the indiscriminate bombing and intensive shelling by Turkish aircraft and artillery on residential buildings in the center of the city of Afrin, which is densely populated and displaced in villages and areas targeting infrastructure, service institutions, vital centers, furnaces, hospitals, dispensaries , dam Maidanki and water purification plant ...) with hundreds of civilian deads and wounded, Which led to a mass displacement of civilians from Afrin towards Shirewa, Al Shahbaa (Til Rifeat), Nabal and Zahra areas, where thousands of residents (according to OCHA report 137.000 were registered) left in a state of panic , and some cases of civilian deaths on the road of displacement were seen lying on the road for several days without burying them.

Since Shahbaa area was cleared and liberated from isis not for long time ago, and destruction of the infrastructure, residential and service buildings still have damages, The cases of mine bombing of displaced civilians were monitored and documented "a case in Kafr Naya and two cases in Tel Shaer, as follows:

- 1- Fatima Mahmud (45 years old) Aleppo origin, the place of infection Kfarnaya, was assisted at "Ahras" point (left foot amputation and right hand injury and many shrapnel in the body).
- 2- Barakat Shaaban (15 years old), a mine explosion on the Tel Shaer road (fracture of th right forearm, shrapnel in the abdomen and injury to the pubic and femoral artery) displaced from Afrin.
- 3- Ahmed Hanif Suleiman (16 years old), a mine explosion on the Tel Shaer road (face injury - shrapnel in the head and jaw injury and blood vessels) displaced from Afrin.

Thus, the area is not eligible mainly for the reception hundreds of thousands of displaced people. Some of them were housed in schools, mosques and half-destroyed houses. Some of them live in their cars and the majority live in the open or on the roads . Children in this miserable situation are deprived of the basic elements of life (shelter - Milk - water - food - clothing – vaccine.....)

With this tragic situation for the displaced, the Kurdish Red Crescent with its very modest means. Because of the mass displacement attacks from Afrin city.

2 ambulances and 1 mobile clinic were brought to al-Shahb area and some medical and relief equipment for the displaced. Where we were opening three medical points in Al-Shahba to provide medical service (internal - children - women - first aid - medicine) as follows:

Vavin point – Der Gamal point and Al-Shahbaa camp



But when we faced many difficulties to open it because of the medical equipment and the insistence of the members of the Kurdish Red Crescent team and despite their displacement and suffering, and the difficulties :

- 1- The risks that threaten the medical staff to work in some medical points exposed to Turkish shelling and dangerous transport on the roads.
- 2- Lack of medical staff and members
- 3- Lack of mobility mechanisms
- 4- .Lack of medical equipment
- 5- Lack of mobile clinics
- 6- Lack of ambulances
- 7- Lack of availability of generic and quality medicines, children's medicines and vaccines
- 8- The lack of electricity and clean water, where Al-Shahbaa area was provided by one public well in Kafraah , and a well in Til Rifaat covers 20 to 30% of the needs of the population and a well in Til Kadah water is low, The other wells either have been subjected to drought "Kafraah" or need electrical equipment to draw water from these wells (Ahris-(Um AlHoush)

These wells, which did not cover the needs of the people in the region previously, how will cover hundreds of thousands of displaced people, in addition to the wells have not been a chemical analysis or bacterial since 2013.

And the source of pollution, the incidence of diseases, infections and spread in the event that the water is contaminated, not valid or not suitable for drinking, especially for the children and the acute drought and death due to lack of clean water and medical care Toffler.

- 9 - Lack of relief items (infant formula, tents, sponge, etc)
- 10- The absence of a field hospital to provide the medical and therapeutic services
 - Operations room
 - A labor room
 - Hospital room for patients
 - Trying to rehabilitate a medical point to a field hospital with limited potential and little medical staff.



11- the lack to kind way even for deads to transport and bury them (coffin - car to transport the deads.....)

Despite the previous difficulties, the Kurdish Red Crescent team has been worked continuously (24 hours) despite the deterioration of the living conditions of the members, where most of them were live at the medical points.

The work was as follows (medical – Relief)

Firstly: Medical team

Medical service (diagnosis - first aid - distribution of medicines to the displaced) was - 1 provided to the residents of the village

After that, we rehabilitated the Kurdish Red Crescent Point in El-Barad village on 18-3-2018 until 21/3/2018. The village and the surrounding villages were targeted by Turkish shelling. The medical team then moved to Burj Al-Aas to provide medical service there for two days only due to targeting surrounding of The villages of Burj al-Aas with missiles and the team was forced to move to the area of Al-Shahba .

Numbers of cases that received at medical points

- Kayar point (300) cases, the point came out of service because of the occupation
- Brad point (212) cases, went out of service because of the occupation
- Burj Al-Aas point (30) cases
- Aqiba Point (40) cases
- Alzawq Alkabir Point (254) cases
- Ahras point(2420) case
- The establishment of Salamia medical point and the delivery of drugs to this point on 28-3 to begin its work.
- A medical Haboba point was established on 27 - 3 to relieve pressure on the medical vavin point.
- Camp Point (Barkhodana) and (resistance) were established and supplied with medicines and medical staff over the course of 24 hours.



2- A medical mobile team visited all these regions (Huleysa – Wardia – Gharnata farms – Huleysa farms) on 18 - 3 only for three days because of finishing of the medical stockpile of the team .

Secondly : Relief team

1 - The team distributed relief materials (blankets - inventory - sponge) on 16 of March diligently and only for one day , it was coordinated with the Council of Shahba and the stock was handed over to them for distribution to the displaced by them.

2- The team began distributing baby milk on 21 - 3 to displaced children (from birth to year and six months)

(Ahras- Zayara - Aqiba - Haleysa - Fattin – Haleysa farms –Gharnata farms - Haseba - Tal Sousan - Keshtar - Binh - Tal Refaat - Deir Jamal - Alhasjp - Maqala - Nirmia - Wardia - Marteh - Nabas - Tal Qarah - Wahsha - Umm al-Hawsh - Harbel – Wahshya Farmer - Sheikh al-Hafe) has been covered .

A total of 12133 milk cans were distributed until 28 - 3 – 2018

The monitoring was carried out by the medical team for the following cases in Al-Shahbaa and Sherawa:

1- **Cases of patients not available for treatment in the region (Thalassemia - renal insufficiency - need for dialysis.....)**

(renal failure) Hana Ali Qader 25 years

(Blood cancer) Cedra Khalil Murad 9 years

(pancreas Cancer) Hussein Mohammed Habash 20 years

(throat Cancer) Nuri Osman 25 years

(renal cancer) Amina Zakaria Habash 3 years and a half

(Widespread uterine cancer) Amina free 32 years

(Tlasimia) Rokaya Mohammed 11 years, Ahmed Mohammed 7 years



2- the outbreak of diseases, especially among children (bronchitis pneumonia - gastroenteritis associated with diarrhea)

(Pulmonary bronchitis) Total cases of the disease 733 cases of children

(Gastroenteritis) Total cases of the disease 150 cases of child

3- the spread of communicable and infectious diseases (tuberculosis - jaundice - hepatitis), some of which need to be isolated and treated

(Hepatitis 2) Falak Khalil Shaker (60 years), Rabia Abdulla (24 years)

(Jaundice) 20 cases of children

(tuberculosis) Khaleda Hanan Fakhri / 10 years / interruption of treatment

Spread of measles) 50 cases of children.

4- Neurological diseases (epilepsy – convulsions)

5- Psychiatric diseases: The incidence of cases of stress syndrome (syndrome) These are associated with suicide, disorders of vital functions and anxiety cases with depression and intensified by the psychological trauma resulting from the events of the current explosions.

(Post-carb anxiety syndrome) between the ages of 20 and 35 years

(Progressive disorders - strikes / night urine / under the age of 18 years as a result of traumatic dreams.

(Manic or schizophrenic states that were in a state of psychological and motor retirement due to trauma and lack of medication).

Cases of knowledge disorders and inability to concentrate due to the sudden rise of (adrenaline

(Food suppression, bowel syndrome, and pulmonary embolism, especially in women)

All the diseases that have been reported have not been treated in the region because of the severe shortage of medicines.

Monitoring the following psychosocial events and date 28-3

- Phobia Votes: 13 cases / most of them under the age of 15 years/

- Psychological attack: 9 cases / most of them under the age of 15 years /



- Anxiety attack: 8 cases
- Anxiety syndrome: one case
- Suicide attempts: one case
- Depression: One case
- Food shortage: 2 cases, all under the age of 15 years
 - Abstinence and fear of society: one case / under 10 years /
- Psychological confusion: two cases / without 15/
- Convulsion: one case
- Mania: Two cases

Coordination with SARC on 14 - 3 - 2018 regarding the patients and the injured of the displaced Al - Shahba and the absence of a field hospital in the area and transfer them to Al - Zahra Hospital, but because of the increasing number of cases in need of treatment in the hospital compared to the size of the hospital was absorbed a limited number of them Just.

On 15 -3-2018 medical and relief assistance was received by the Kurdish Red Crescent on - the island (tents, medicines, food baskets, women's health baskets, baby milk, clothes, (sponges, bread, blankets

Donated by the Health and Tribal Councils of the island - Cominates - local councils in the North of Syria - the Parliament of Southern Kurdistan - the region of Karamian in KRG - the Kurdistan Red Crescent Organization in Europe and the organization of Rojava- Medico international)

This modest aid is still near the destitute compared with the massive numbers of displaced people in Shahba and Shahrúa. Despite our repeated and repeated calls since the beginning of the Turkish occupation of the city of Afrin.

We call upon the international community to take urgent steps without delay, shoulder its moral and humanitarian responsibilities towards the deteriorating general situation of the displaced, press the relevant political parties to open the crossings and allow the humanitarian organizations concerned with the situation of the displaced persons to ensure the safety of the world's health and provide health, relief and preventive assistance. Infectious and infectious diseases.

We call on the international community to return the people of Afrin to their city and end the tragedy of their displacement.



Medical needs for PHC are:

- 1-Antibiotics
- 2- Chronic diseases medication (Diabetes- heart diseases- Asthma....)
- 3- Matrnity medication
- 4-Pediatric Medication

Medical equipment and supplies for secondary health Respnose (due to the difficulties in Referal to Aleppo) the basic needs is to support the local Trauma Stabilization point made by the Health comitee and supported by KRC,

basic Secondary health Care Needs :

- 1- Anesthesia machine
- 2- sucking device parts (4)
- 3- Coagulation device (2)
- 4- section table for patients
- 5- Surgical bone tools
- 6- General surgical instruments
- 7- a simple ray device
- 8- Arc ray device
- 9 - Vascular surgery tools
- 10- Artificial respirator (4)
- 11 – section Table
- 12- A table for sorting the tools of section
- 13 - Boxes for surgical instruments
- 14- cans for bars
- 15- Surgical cavities of different measurements



- 16 - Surgical thread Nylon in all measurements - Fryl all measurements - Cromic - Silk - Silk (simple - rounded needle - and cut)
- 17- Sibkash Links
- 18- Cottry pens
- 19 -Osteoporosis devices
- 20- Wet sterilization devices(2)
- 21 - Dry sterilization devices (4)
- 22- Shanat different measurements
- 23- Section apheresis
- 24- beds for patients
- 25- Prisoners of care
- 26- Patient examination table(6)
- 27- Materials for the development of films and fasts rays different measurements
- 28- Oxygen generators
- 29- Oxygen cylinders
- 30- Sterile gauze
- 31- Compression bonds of different measurements
- 32- Gauze bindings
- 33- urinary catheter different measurements
- 34 - Paul collection bags
- 34- Proline yarns 0.4-0.5-0.6 .
- 35- cans of rounded notes named especially for the vascular
- 36- Latix's coffins have different proportions
- 37- tube trowel different measurements
- 38- Defebrinlinator Different measurements .



- 39- dressing tables
- 40- Blood Oxygen measurement devices
- 41- Children's huts and submarines
- 42- Oxygen and spinal catheters
- 43 - Compression devices - medical headsets
- 44- Sterilizers for operating room surfaces
- 45- Povidone skin sterilizers
- 46- Medical alcohol
- 47- Serums
- 48- Disappointed
- 49- Laboratory materials
- 50- Blood transfusion bags (at least 50)
- 51- Blood transfusion apparatus
- 52-Specific drugs (insulin, blood pressure, cardiopulmonary, respiratory, antimicrobial, epileptic).