

The White Helmets Work Report

July 2024

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Executive Summary:

The White Helmets volunteers continued their humanitarian operations and responses to save lives in northwest Syria during July. They provided diverse services in the areas of emergency response, ambulance services, healthcare, and awareness-raising within 516 communities and 607 camps.

The volunteers carried out 131 emergency response operations to military attacks, during which they recovered the dead bodies of three men, and rescued 22 injured individuals, including five women and 11 children.

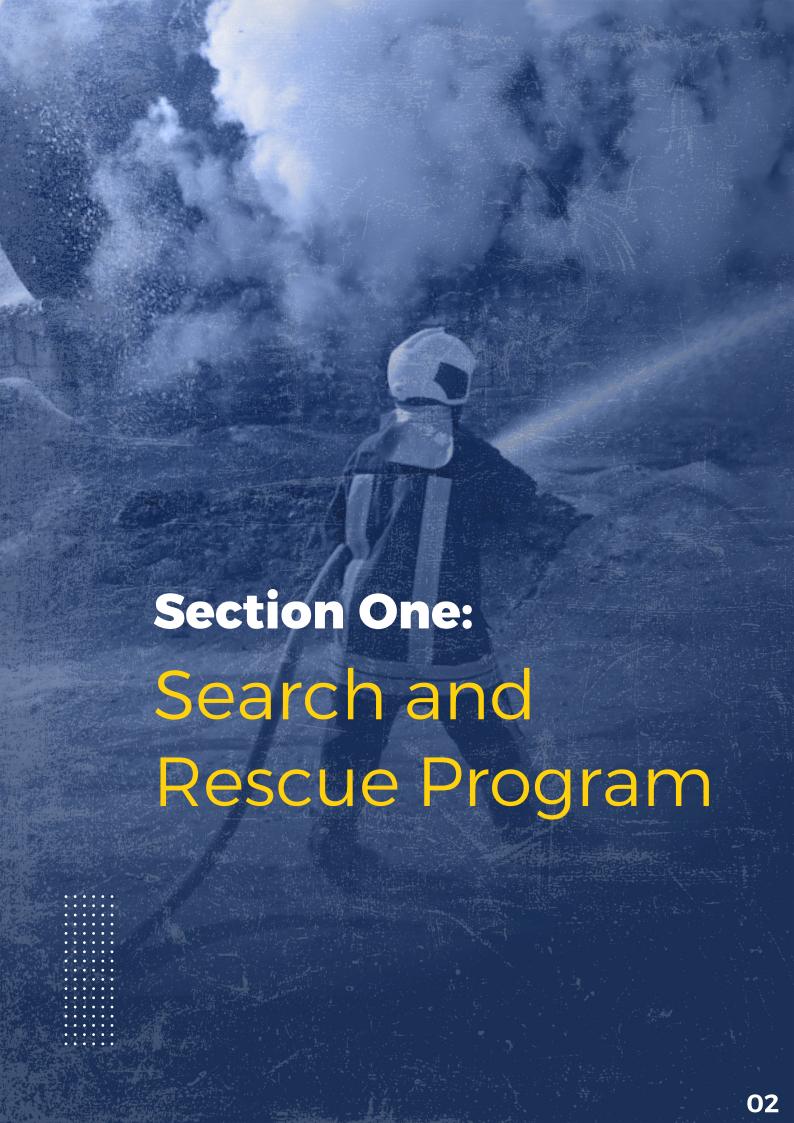
Firefighting teams successfully controlled 508 fires in 207 communities, rescuing five injured men. Additionally, the volunteers responded to 148 traffic accidents in 85 communities, providing assistance to 142 injured individuals, including 20 women and 33 children. While five persons, including two children passed away due to traffic accidents. Meanwhile, water rescue teams rescued 17 people, including a woman and ten children, and recovered the bodies of ten drowned people, including seven children.

In the healthcare sector, the ambulance system transported 13,059 patients, including 5,533 women and 3,183 children. Moreover, 15,464 individuals, including 10,062 women, 2,319 boys, and 1,823 girls, benefited from healthcare services provided by Women and Family Healthcare Centers. Community health teams also organized 7,521 awareness activities benefiting 9,907 individuals, including 7,305 women, 624 boys, and 1,071 girls.

On the other hand, the White Helmets volunteers conducted 1,378 community resilience activities in 238 communities and 126 camps. Ensuring the delivery of these humanitarian responses to all segments of society, especially vulnerable groups such as women, children, and persons with disabilities, was a priority.

The Protection Program conducted 128 awareness sessions attended by 1,462 individuals, including 1,119 women, 46 boys, and 49 girls.





Emergency Response to Military Attacks

The search and rescue teams persisted in delivering quality emergency responses to military attacks targeting northwest Syria. The response included life-saving first aid for the wounded both at the site of injury. This also included retrieving the deceased and conducting technical interventions for victims. Moreover, our firefighters extinguished fires caused by bombardments or explosions, ensuring the safety of the sites.

The White Helmets teams conduct their life-saving operations with strict compliance with the International Humanitarian Law, and full respect for neutrality as a core value, ensuring that all victims receive assistance based only on their humanitarian needs, without any discrimination.

The White Helmets volunteers responded to 131 military attacks in July, bringing the total number of emergency response operations to military attacks during the year to 547. The volunteers recovered three deceased men, and rescued 22 injured persons, including five women and 11 children.

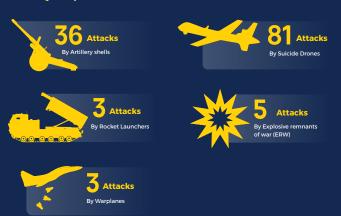
Figure 1: Civilian casualties during responses to military attacks



Syrian regime forces were responsible for most of the attacks, 114 attacks. Russian forces carried out three attacks, and Syrian Democratic Forces (SDF) carried out one attacks. Additionally, six attacks originated from areas controlled by the Syrian regime and SDF, along with seven anonymous attacks.

The largest number of attacks were carried out by suicide drones (81 attacks), while 36 attacks were conducted by artillery shells, and three attacks conducted by warplanes.

Attacks by weapon used



Escalation of Syrian Regime's Suicide Drones Attacks

Syrian regime forces escalated their use of suicide drones in July. White Helmets volunteers responded to 81 suicide drone attacks targeting civilian homes, vehicles, and agricultural fields. The most severe attack occurred on July 21, when 13 drones struck multiple targets in Sarmin and Al-Nayrab.

Since the beginning of 2024, these attacks have targeted the countryside of Hama, Idlib, and Aleppo, causing significant harm to civilians and disrupting daily life. The continued use of these drones poses a serious threat to the population in these areas.



Noteworthy Operations

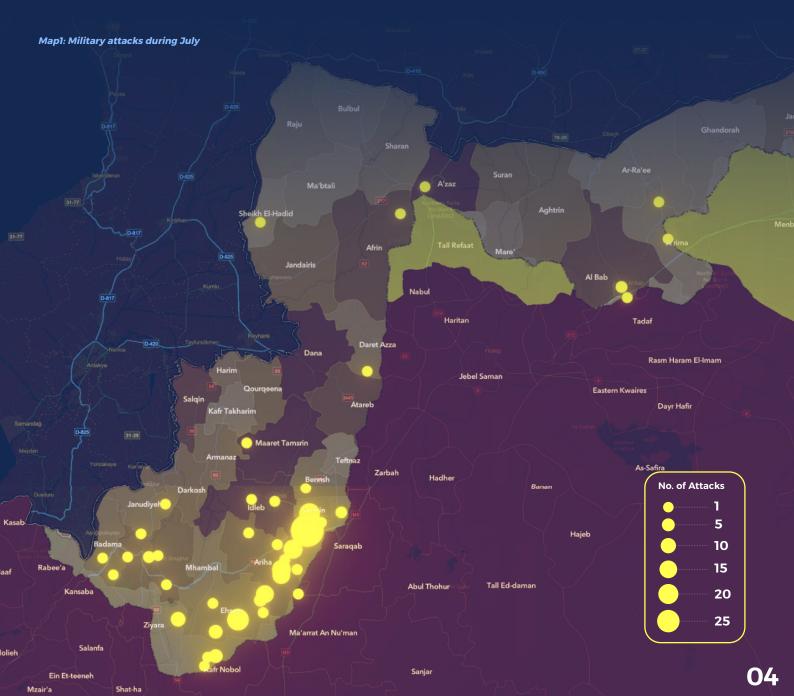
Syrian regime forces targeted civilian neighborhoods in Sarmin in Idlib eastern countryside on July 3, injuring six civilians, including four women and two children.



Two men were killed and four other civilians, including a child, were critically injured on July 14th, when an unidentified explosive device detonated inside a refrigerated truck. The truck was carrying vegetables and was being unloaded at a warehouse in Tadef, a town in the eastern Aleppo countryside. The victims were workers at the warehouse.



Search and rescue operations in response to the military attacks covered 43 communities spanning cities, towns and villages. Notably, the village of Al-Nayrab experienced the highest number of attacks (23), followed by the village of Sarmin (11).



Firefighting Operations:

WH volunteers extinguished 508 fires in 207 communities. During these operations, five injured men were rescued. Of these, Idlib city experienced the highest number of fires (25), followed by Al-Bab city (21 fires). The volunteers extinguished 242 fires in fields, 77 fires in homes, 55 fires in forests, and 39 fires on roads. The majority of the fires, %91 were due to unidentified causes while %6 were caused by electrical short circuits.

Figure 3: Firefighting operations by location of the fire



Response to Traffic Accidents

The White Helmets teams responded to 148 traffic accidents in 85 communities, during which they aided 142 persons, including 20 women and 33 children. Notably, the highest number of traffic accidents (six accidents) was recorded in each of Idlib city and Al-Mastuma.

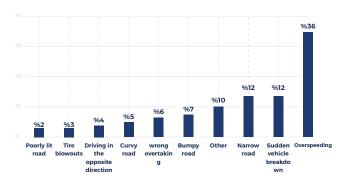
Figure 4: No. of people rescued during traffic accident response operations



Motorcycle accidents accounted for the highest percentage of accidents at %45, followed by car accidents at %41, while truck and heavy machinery accidents accounted for%12.

The causes of traffic accidents varied. The most common cause was overspeeding, at %36, followed by sudden vehicle breakdowns at %12, and narrow roads at %12.

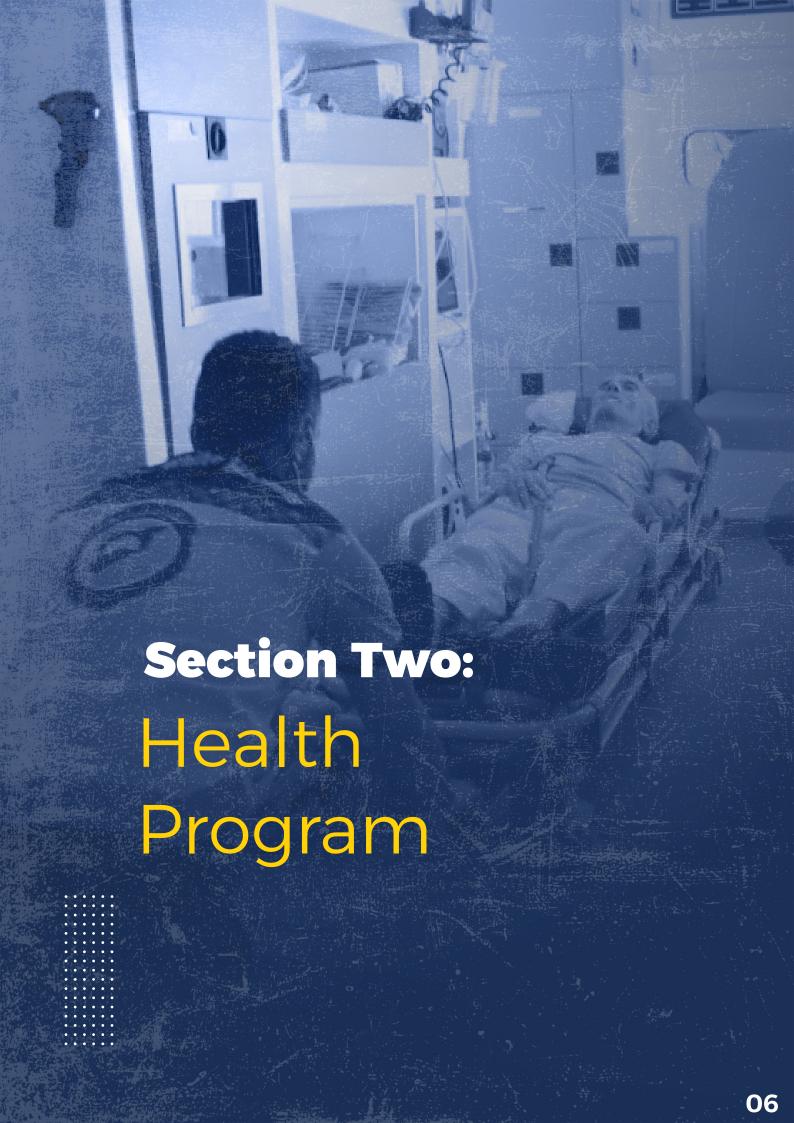
Figure 5: Causes of traffic accidents



Response to Drowning Incidents:

The White Helmets water rescued 17 persons, including a woman and ten children, and retrieved the bodies of ten drowned victims, including seven children.

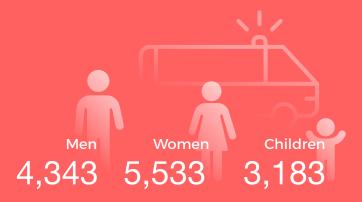




Ambulance Services

The White Helmets ambulance service reached 13,059 patients, including 5,533 women and 3,183 children in 407 communities.

Figure 6: No. of ambulance service beneficiaries by gender and age



From a diagnostic perspective, 4,199 patients benefited from being discharged to their homes after receiving treatment. Additionally, 3,333 patients with internal diseases and 1,130 patients with injuries and trauma were served.

Figure 7: No. of ambulance operations by type of ailment

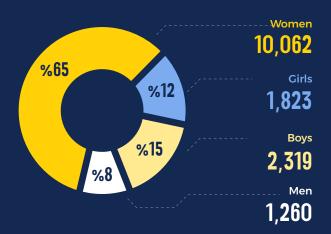


The volunteers continued to transport patients and those in need of ongoing medical care, such as kidney failure patients for dialysis sessions, and return them to their homes. Many dialysis patients require multiple sessions per week. In this context, our volunteers transported 4,663 dialysis patients and discharged 4,516 dialysis patients, returning them to their homes after treatment.

Health Services at Women and Family Healthcare Centers

The Women and Family Healthcare Centers continued providing primary health services, catering to general community health and specialized maternal and child care. These centers provided health checks and consultations for 15,464 beneficiaries, including 10,062 women, 2,319 boys, and 1,823 girls.

Figure 8: No. of beneficiaries at Women and Family Healthcare Centers by age and gender



Reproductive health services were the most frequently provided health services, with 7,091 women, including 373 under 18 years of age, followed by dressing and follow-up treatment services, which were provided to 4,655 patients, including 1,195 women, 1,746 children, and 805 girls, followed by nursing services, which were provided to 3,781 patients, including 2,185 women, 582 children, and 656 girls.



The majority of the health examinations, %95 were conducted in Women and Family Healthcare Centers. The volunteers also provided services in many places, including schools, homes, and camps, as part of the periodic visits made by the volunteers to identify cases that are unable to reach the centers. The services included the elderly and patients with mobility difficulties due to their health conditions.

1,664 people, including 951 women, 219 boys, and 490 girls, benefited from psychological support sessions, through individual and group sessions that included psychological first aid, individual psychological education, awareness sessions, PSS structured sessions for children, and various activities and events. Moreover, 295 people also benefited from physical rehabilitation, including 173 women, 67 boys, and 55 girls.

The Women and Family Healthcare Centers surveyed their beneficiaries to measure satisfaction with the health services provided, aiming to continually improve their service delivery mechanisms.

The findings revealed that the main factor influencing the choice of these centers was the high standard of services offered at a rate of %49, followed by the positive interactions experienced by beneficiaries with the female staff at these facilities at %24. Other factors included the availability of free services and the fact that the center serves as the sole medical facility in the area.

Figure 9: Survey results illustrating the reasons for beneficiaries choosing Women and Family Healthcare Centers

The quality of services	%49
Good treatment	%24
Free services	%12
The center is the only medical center in the area	%11
Its proximity to the place of residence	%3

Community Health

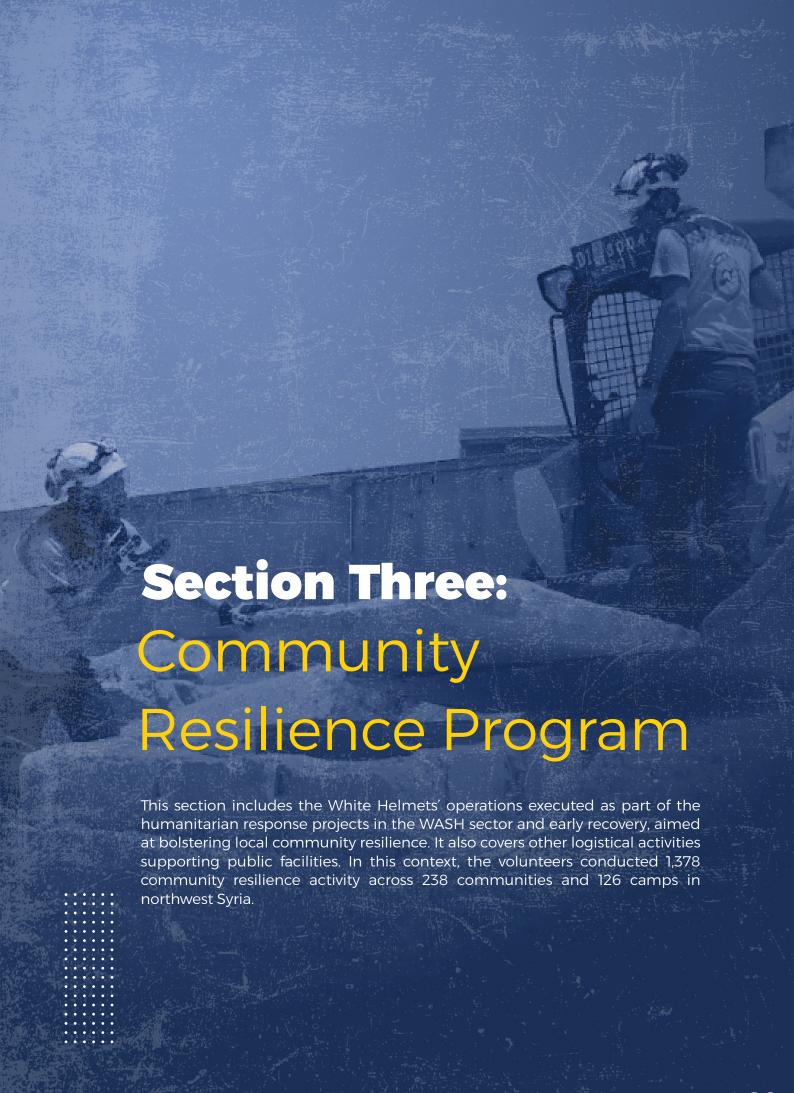
Community health teams organized 7,521 awareness activities that benefited 9,907 people, including 7,305 women, 624 boys, and 1,071 girls. These awareness-raising activities aim to strengthen the role of the centers within the community. The centers utilize their effective reach to community members, especially women and children, to deliver awareness messages in the areas of preventive health care. This is done through specialized training kits that are constantly updated. The awareness-raising activities included individual awareness, group awareness, household visits, and school awareness. The awareness topics included non-communicable diseases, communicable diseases, healthy lifestyle, and nutrition guide.

School Health Activity

White Helmets volunteers continue providing healthcare services in schools. The program involves deploying mobile health teams equipped with first aid and hygiene supplies, in addition to conducting thorough medical examinations for students. The aim is to promote a culture of health within the school community and create a safe and healthy learning environment for students and staff alike.

192 female students and teachers and 154 male students and teachers within 31 schools benefited from the healthcare services in schools. Respiratory diseases were the most common diagnoses, followed by skin diseases and digestive diseases.





The White Helmets volunteers conducted

ground leveling and graveling operations, covering 114,000 square meters across 104 communities and 58 camps.

266

excavation operations that included digging technical trenches, and foundations within 59 communities and 33 camps.

131

rehabilitation operations that included schools, centers and facilities in 22 communities.

92

road opening operations spanning 32,000 meters in length in 61 communities and five camps.

sewage network excavation operations covering 12,000 meters within 58 communities and 24 camps.

99

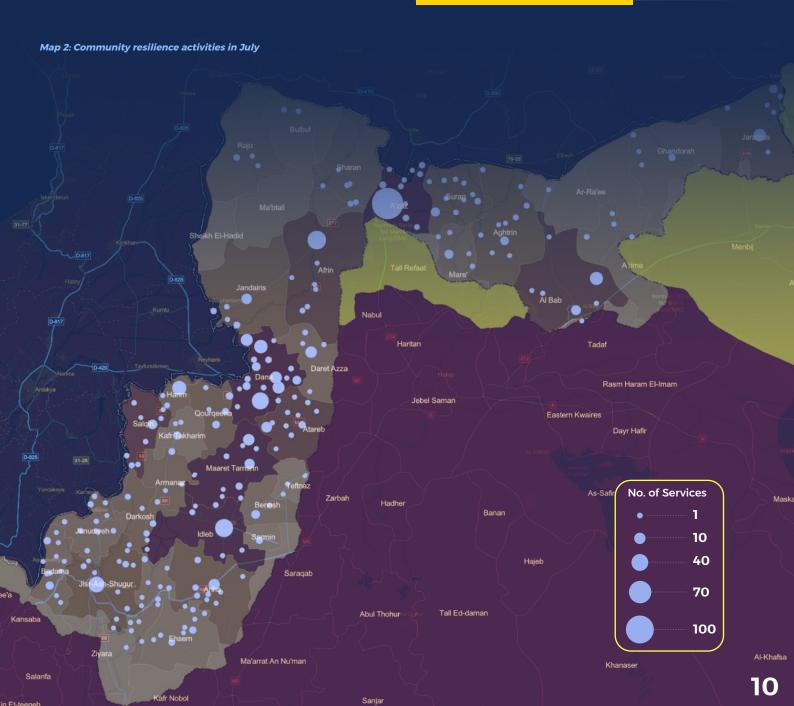
107

diverse logistical community services in 44 communities and six camps.

98

exam logistical services in 17 communities and two camps.

155



White Helmets volunteers have completed the following infrastructure projects:



Rehabilitation of water networks with a total length 2620-meters from Sijer to Al Fidaa Camp and from Kafruhin to Bishmaroun Camp.



Rehabilitation of the 6-kilometer-long road from Namra intersection to Bal'a.



Rehabilitation of the sewage network in Azaz covering 7,695 meters.

White Helmets volunteers also continue working on the following projects:



Construction of the Cancer Treatment Center in Afrin City.



Construction of the Khalid bin Al-Walid School in Jandairis.



Rehabilitation of the 8.5-kilometer-long Ain al-Beida-Qandaria road.



Winter response work, including land leveling and graveling in more than 50 camps affected by floods.



Rehabilitation of water (3300 meters) and sewage (5050 meters) networks in Al-Bab City.



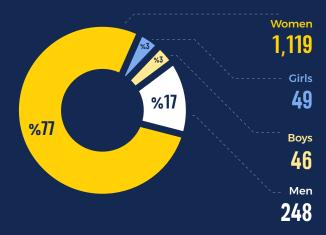
Rehabilitation of 22 Schools.

Section Four: Protection Program

Awareness Activities

The protection program conducted 128 awareness sessions that were attended by 1,462 people, including 1,119 women, 46 boys, and 49 girls.

Figure 10: No. of beneficiaries of protection sessions by age and gender



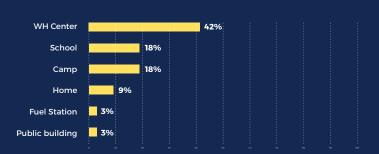
%77 of the activities were dedicated to introducing the sentry service. The awareness activities included several topics, most notably the use of hand extinguishers and dealing with home fires.

Figure 11: Topics of awareness activities



The locations where protection sessions were provided varied to ensure the widest participation from all segments of society. %42 of the sessions were provided within White Helmets centers and Women and Family Healthcare Centers, %18 of the activities were directed to the IDPs within their camps, and %18 of the activities were provided in schools. The locations also included civilian homes, fuel stations, and popular markets.

Figure 12: Protection activities according to the location of the activity





Mine Action

Non-technical Survey Operations

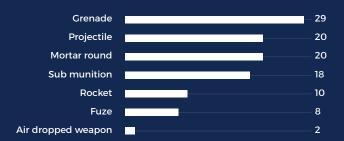
Non-technical survey operations contribute to the protection of civilians by identifying areas contaminated with unexploded ordnance. Non-technical survey teams work to identify the locations of ordnance in contaminated areas and inform final disposal teams of their locations, who carry out the final disposal and secure these locations.

UXO clearance teams carried out 112 non-technical survey operations in 101 communities, confirming the presence of 53 areas contaminated with UXO. These areas included 43 within agricultural lands. In addition to urban areas (public squares and residential buildings), a mountain, an educational institution, and a roadside. This proactive identification and mapping of contaminated areas helps protect civilians and guides UXO removal efforts.

UXO Removal

Based on non-technical survey operations and civilian reports, final disposal ordnance teams carried out 68 disposal operations of unexploded ordnance in 62 communities in northwest Syria, during which they safely and successfully disposed of 107 unexploded ordnances. This count included 29 grenades, 20 projectiles, 20 mortar rounds, 18 submunitions (cluster bombs), ten rockets, eight fuzes, and two air-dropped weapons.

Figure 12: Breakdown of the unexploded ordnance removed by type



Breakdown of UXO Removal by Location

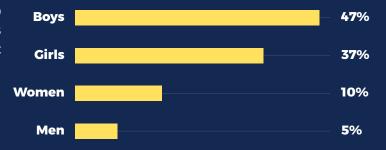
UXO removal operations included 81 operations in agricultural lands, seven operations in homes, four operations on the sides of the roads, three operations in factories, and three operations on roads. The efforts of the survey and removal teams helped enable hundreds of farmers to safely return to their land and resume their agricultural activities.

Mine Action Awareness Raising

Awareness-raising teams on the dangers of mines unexploded ordnance carried out awareness-raising activities to educate the community about the dangers of remnants of war and unexploded ordnance. These sessions, which focused on school students, aim to reduce the number of victims by teaching participants the appropriate procedures for dealing with unexploded ordnance, and providing them with the knowledge they need for the standard procedures for dealing with explosive remnants of war (ERW) to reduce casualties and to be able to report the presence of unexploded ordnance to the UXO teams.

A total of 6,585 people benefited from these awareness-raising activities, including 689 women, 3,112 boys, and 2,433 girls. The awareness-raising sessions targeted children because of the great risks to their lives due to playing with or approaching these objects or unexploded ordnance. The sessions provided included 122 sessions in schools.

Figure 13: No. of the beneficiaries of the awareness activities led by the UXO teams





Section Five: Advocacy Activities

Direct advocacy

This month, we held a meeting with the UK Deputy Permanent Representative to the OPCW to discuss our work on chemical accountability, a meeting with the new OCHA Head of Office in Gaziantep to share information about our work in northwest Syria and a meeting with the Syria Desk at the UN Department of Political and Peacekeeping Affairs to discuss the situation in northwest Syria, stabilisation and the future of UN engagement in the region.

Reports

The White Helmets launched a report in <u>Arabic</u> and <u>English</u> analysing our documentation on the use of suicide drones against civilians in northwest Syria.

Events

In a major success for the White Helmets' work on the documentation of chemical attacks, a White Helmets representative spoke for the first time during an event in the official building of the Organisation for the Prohibition of Chemical Weapons (OPCW). The event, titled "Chemical Terrorism: Lessons Learned from Civil Society", focused on the use of chemical weapons by non-state groups.

As the co-chair of the new Mine Action Working Group, the White Helmets coordinated three meetings to kickstart the work of the new group: first, a workshop for group members to map out the current context, agree on priorities with regards to land release, explosive ordnance risk education and victim's assistance, and set our recommendations to guide the future work of the Mine Action Working Group; second, a workshop with the coordinators of relevant clusters to highlight the cross-cutting nature of mine action; and finally, a meeting with mine action donors to highlight needs and gaps in funding.

