**SUPPLEMENTARY**

**RESAULTS**

The study population included all Syrian children who were treated as outpatients at Galilee Medical Center between January 2016 and September 2018. A total of 4,163 Syrians were treated in Israel during the humanitarian endeavor named ‘The Good Neighbor Program’12. Among these, four hundred seventeen children with their caregivers were transported by bus across the border from Syria to Galilee Medical Center. They were admitted to our hospital as part of the HOPE program, with proper personal documentation. After a retrospective inquiry of the patient's electronic files, 46 patients were excluded due to insufficient information for further statistical analysis for this article. Therefore, 371 children were eventually included for demographic and clinical analysis. The average age was 6.4 years, and 53% of which were male. About a third (34%) were 3 years old or below. For the purpose of this study, further analysis was conducted for 199 patients for whom detailed hospital evaluation was available. Caregivers who accompanied the children were either a parent (52%), chaperone with no family proximity (35%), grandparent (10%) or a distant family relative (3%). 36% arrived with unknown or no prior medical treatment. Most (92%) medical conditions were not war-related. The vast majority (86%) needed only one visit, 11.5% were admitted twice and only 2.5% had three admissions (Figure 2). Almost a third (31%) of the children underwent advanced ancillary evaluation (CT, MRI, hearing tests, EEG, or visual tests) and 33% underwent laboratory tests as part of their evaluation. Management included various non-operative treatments such as physiotherapy, and fitting hearing or visual aids (29%), new pharmacological protocols (15%), and 12% required surgical treatment. Of the 23% of children admitted for further evaluations and treatment, the average number of hospitalization days was 10.98, and the maximal hospitalization period was 75 days.

The study was approved by our medical center institutional review board.



Figure 2. Demographic and clinical data of the HOPE patients and medical

interventions.