PETRA
FOR REAL ESTATE INVESTMENTS
شركة البترا للاستثمارات العقارية
DAMASCUS · SYRIA



FEASIBILITY STUDY · SEPTEMBER 2026 · FOR HOSPITAL GROUPS, FOUNDATIONS AND DEVELOPMENT-FINANCE INSTITUTIONS

The Care District. A Medical Campus on the Damascus Airport Corridor.

A 350-bed general hospital, specialist centres, outpatient diagnostics and staff housing in a healing landscape — 75,000 m² on 103,066 m² of single-title land, 7 km from central Damascus.

A hospital the city can trust again.

103,066 m²	350	≈ 35,000 m²	200	7 km
Registered area · one title · one owner	Beds · 75,000 m² GFA in three phases	Healing gardens · roughly a third of the site	Staff units · nursing school on site	Central Damascus

The proposition. An institutional medical campus rather than a single building: a 350-bed general hospital at the centre with ten theatres, ICU, maternity and imaging; specialist centres for oncology, cardiac care and rehabilitation beside it; outpatient clinics and diagnostics on the highway side where ambulances and day patients arrive; a nursing school and 200 staff units at the quiet northern end; a helipad; and healing gardens on a third of the site. Three phases, one title, room to grow for thirty years.

Why now. Health facilities are among the most damaged public infrastructure in the World Bank's US$216BN assessment; 15.6 million people are in need; more than 3.3 million refugees and displaced Syrians have returned since December 2024 and name health services as a condition of return. The capital has no modern tertiary hospital built to international standard on a site that can expand. Sanctions relief has reopened equipment, operators and development finance.

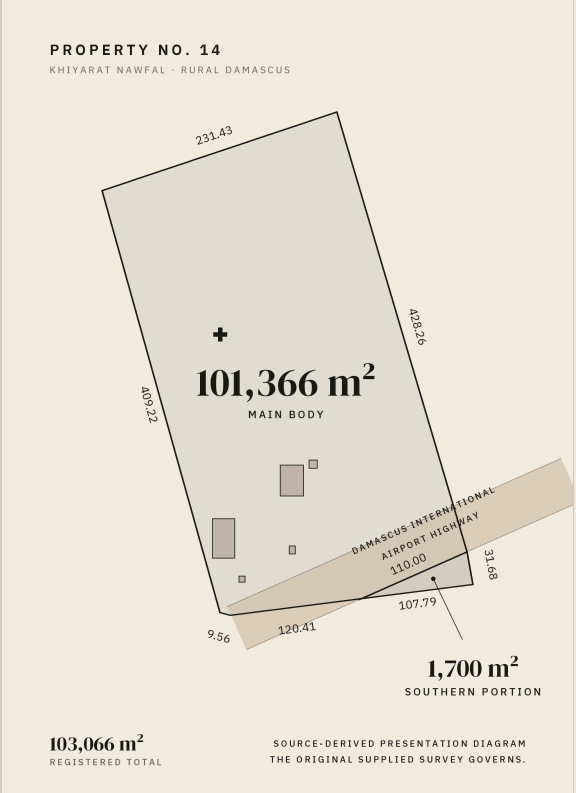
The asset. 103,066 m² registered and held in full by PETRA for Real Estate Investments: a near-rectangular main body of 101,366 m² with highway frontage reachable by ambulance from the whole south-east of the city, and a 1,700 m² southern portion. Open land, quiet, and one signature.

Three routes. (A) A hospital group acquires the land and builds and equips its own flagship. (B) A 40–50-year ground lease: PETRA retains the land and the operator's capital goes into beds; the route we recommend. (C) A public–private partnership with the Ministry of Health or a development-finance institution, with the land contributed as equity or lease.

What must be verified. Ministry of Health licensing and the national hospital plan; permitted use; utility resilience; operator interest and staffing. This study is a basis for conversation, not an offer or investment advice.


CONCEPT VISUALISATION · NOT A PHOTOGRAPH

One registered property.
One specific geometry.



ITEM	DETAIL
Property	No. 14, Khiyarat Nawfal, Rural Damascus Governorate, Syria
Registered area	103,066 m² (10.31 ha · 25.5 acres)
Main body	101,366 m² north of the Damascus International Airport highway
Southern portion	1,700 m² across the highway, within the same property
Frontage	Damascus International Airport highway (survey line 110.00 m)
Shape	Near-rectangular: ≈ 231 m across, 409–428 m deep
Owner	PETRA for Real Estate Investments — held in full
Condition	Open land; no structures requiring relocation
Location	maps.app.goo.gl/vQzMSnBKpf5MP9EP6

Why ownership matters here

Land at this scale on the Damascus corridor is almost always held in fragments — inherited shares, co-owners, adjoining plots that must be assembled. Property No. 14 is held in full by one owner. For an institution planning a fifty-year presence, that removes the single largest schedule risk in a land transaction: assembly — and a ground lease or PPP rests on a title that needs no explaining.

The presentation diagram is rebuilt from the supplied cadastral survey for clarity. The original supplied survey governs; it is available in the data room together with ownership documentation.

Reachable by ambulance from half the city.

1.2 km
Jaramana — the catchment next door

4 km
Sayyida Zainab — pilgrimage and residential population

7 km
Central Damascus — referrals, medical school links

10 km
Damascus International Airport — regional patients and transfer

Access without the centre. The airport highway lets ambulances from Jaramana, Sayyida Zainab and the whole southern and eastern city reach the hospital without crossing central Damascus — the difference between fifteen minutes and forty-five. A dedicated emergency entrance sits on the highway side of the site.

Quiet, air and room. Seven kilometres out, on open land, a hospital can have the healing gardens, single-storey wards and staff housing that no city site allows — and add wings and centres for thirty years.

Transfer and tourism. A helipad on site; the airport ten kilometres away for emergency transfer, visiting surgeons and, as card payments and flights return, regional patients from Iraq, Jordan and the Gulf who once travelled to Beirut or Amman.

ROAD DISTANCE FROM PROPERTY NO. 14	APPROX. RELEVANCE TO THE CARE DISTRICT
Jaramana — 1.2 km	Primary catchment; staff housing demand
Sayyida Zainab · International Exhibition Centre — 4 km	Population; pilgrimage visitors; medical conferences
Central Damascus — 7 km	Referrals; university and medical-school links
Damascus International Airport — 10 km	Regional patients; equipment and pharmaceuticals; transfer

Distances are stated from the property boundary, as in the supplied PETRA investment material.



PROPERTY NO. 14 · AERIAL VIEW

Demand that does not wait.

3.3 M
Returned since Dec 2024 (UNHCR, March 2026)

15.6 M
People in need of assistance (2026)

US$216BN
Reconstruction estimate; health among the most damaged sectors

0
International-standard tertiary hospitals on an expandable site in the capital

Need

Fourteen years of conflict left the health system damaged and overstretched; the World Bank counts health facilities among the most affected public infrastructure, and UNHCR reports facilities that are damaged or overwhelmed in return areas. Returnees name health services among the conditions of coming home. Demand for a modern hospital in the capital does not depend on the wider recovery — it is the recovery.

Supply

Damascus has public hospitals under strain and a handful of private hospitals in old buildings on constrained city sites. Those who can afford care travel to Beirut, Amman or Istanbul. There is no international-standard tertiary hospital in the capital on a site that can expand, and none with a helipad, staff housing and a training school.

Payers

Three payer groups: private and diaspora patients paying in hard currency; insured employees of returning companies, NGOs and international organisations; and contracted public patients under Ministry of Health agreements.

Operators and finance

Regional hospital groups from the Gulf, Jordan and Türkiye are the natural operators; foundations and diaspora physicians are natural partners; development-finance institutions fund hospitals in reconstruction markets through PPP structures they already know. Sanctions relief in 2025 reopened medical-equipment supply and international finance; card payments returning in 2026 make regional medical tourism possible.

What this means for the district

The first international-standard hospital in the capital sets the reference for a country of 24 million. The operator that builds it earns the reputation; the study is written to make that decision easy.


DAMASCUS

What the land would hold.

COMPONENT	INDICATIVE SCALE	NOTE
General hospital	350 beds · 40,000 m² GFA · 5 floors	Emergency, 10 theatres, 30 ICU, maternity, paediatrics, imaging, laboratories, pharmacy
Specialist centres — oncology, cardiac, rehabilitation	15,000 m² GFA · 3 floors	Phase 2; linked to the hospital
Outpatient clinics and diagnostics	10,000 m² GFA · 3 floors	Highway side; day patients; emergency entrance beside it
Staff housing and training school	10,000 m² GFA · 4 floors	Nursing school; 200 staff units; phase 3
Healing gardens, courtyards	≈ 35,000 m²	Roughly a third of the site
Parking	≈ 1,200 bays	800 at grade; 400 beneath the hospital
Helipad, ambulance bay, service yard	Included	Emergency transfer; deliveries and waste
Gross floor area above ground	**≈ 75,000 m²**	**Plot ratio ≈ 0.75 · 3–5 storeys**

Specification

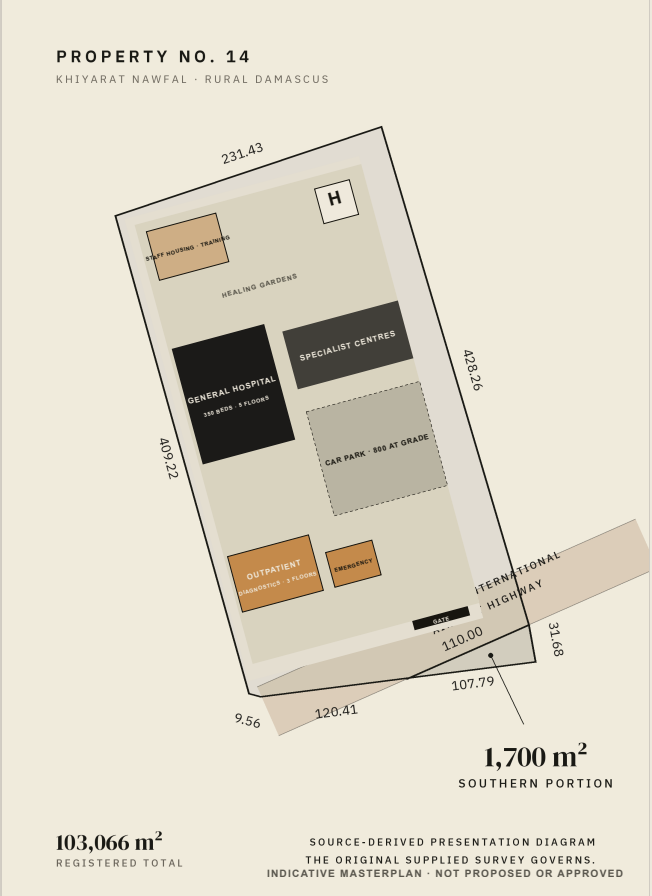
Structure	RC frames, 3–5 storeys; seismic design to code; vibration-controlled imaging floors
Clinical	10 theatres with laminar flow; 30 ICU beds; cath lab; MRI/CT suites; central sterile services
Resilience	N+1 generation with 72-hour fuel; rooftop PV; medical-gas plant; 3-day water storage; on-site treatment
Wards	Single and twin rooms, garden-facing; family space in every ward
Standards	Designed to international accreditation standards (JCI-type) from the outset
Landscape	Healing gardens, shaded courts, walking loops for rehabilitation

Phasing

PHASE	SCOPE
1	Hospital (350 beds), outpatient and diagnostics, emergency, helipad, utilities, gardens, at-grade parking
2	Specialist centres — oncology, cardiac, rehabilitation
3	Staff housing and training school

The hospital opens first; the specialist centres follow case-mix; the school secures the staffing pipeline.

One hospital, a garden around it.



- **General hospital — 350 beds · specialist centres**
  Hospital at the centre; specialist centres linked to the east
- **Outpatient and diagnostics · emergency**
  Highway side; ambulance bay and day-patient drop-off
- **Staff housing and training school**
  Quiet northern end
- **Helipad**
  Emergency transfer
- **Healing gardens**
  Between every building; roughly a third of the site
- **At-grade car park**
  800 bays; 400 more beneath the hospital

Site metrics

Main body	101,366 m²
Building footprint	≈ 21,000 m²
Site coverage	≈ 21%
Healing gardens	≈ 35,000 m²
At-grade parking and yards	≈ 25,000 m²
Expansion reserve within the title	≈ 20,000 m²

The parcel outline is the source-derived presentation diagram of the supplied survey; the blocks are indicative and drawn for discussion. Emergency access and helipad approach to be confirmed with the roads and aviation authorities.

Three ways this can be done.

A hospital is an operating business, not a rental asset. The study is written for a regional hospital group, a Gulf healthcare investor, a foundation, and the development-finance institutions that fund hospitals in reconstruction markets — and it proposes a ground lease as the route that fits all of them.

ROUTE A

Operator acquires and builds.

A hospital group buys the land and builds and equips its own flagship on an expandable freehold.

ROUTE B · RECOMMENDED

Long ground lease.

PETRA retains the land and leases it for 40–50 years to an operator or foundation that builds and runs the district. The operator's capital goes into beds, not land; PETRA holds an indexed income and the reversion.

ROUTE C

Public–private partnership.

The Ministry of Health or a development-finance institution contracts the hospital as a PPP: a private consortium builds and operates against availability and service payments; PETRA contributes the land as equity or on a ground lease into the consortium. The model international lenders know.

DFI

Concessional finance route

Land in

as equity or lease

The operator's view

Hospitals are built for reputation and for thirty years, and their first years are never their best. The question an operator asks is whether the site, the standard and the tenure will carry a flagship for a generation. Route B answers it: the land costs beds nothing on day one, and tenure is fifty years on one title. Route C brings the Ministry and the lenders into the same structure.

What could go wrong.

RISK	MITIGANT	RATING
Ministry of Health licensing; alignment with the national hospital plan	Engage the Ministry first; size and clinical mix agreed with the plan; the PPP route makes the Ministry a partner	High — gating
Operator and clinical staffing	Regional hospital group with a training pipeline; on-site nursing school; diaspora physicians returning; international clinical partnerships	High
Payer mix is untested	Phase one sized at 350 beds; mix of private, insured and contracted public patients	High
Power, water and medical-gas resilience	N+1 generation with 72-hour fuel, rooftop PV, 3-day water storage, on-site treatment and medical-gas plant — included	Medium — mitigable
Medical equipment cost and import	Operator-funded; sanctions relief reopens supply; phased procurement	Medium
Construction cost inflation and import conditions	Lump-sum packages for MEP and theatres; phased build	Medium
Political and compliance risk; targeted sanctions remain	Counterparty screening; DFI participation; international arbitration; political-risk insurance	Medium — external
Emergency access and helipad approvals	Roads-authority consent for the emergency entrance; aviation approval for the helipad; both designed in from the outset	Medium — gating

What this study is and is not

This is a feasibility-level concept prepared by the landowner to open a conversation with hospital operators, foundations and financiers. It is not an offer, a planning submission, a clinical plan or investment advice. Independent legal, planning, clinical, technical, environmental and financial review is required before any decision. Nothing in this document creates any obligation on PETRA for Real Estate Investments.

The sequence from here.

#	STEP	WHAT IT PRODUCES
01	NDA	Access to the data room
02	Data room	Title, survey, ownership documentation
03	Site visit	Walk the frontage, the access and the highway
04	Planning & access confirmation	Permitted use; highway access consent; utility capacity letters
05	Operator and Ministry requirements	Clinical brief; bed numbers; licensing; PPP or lease structure
06	Indicative terms	Route A, B or C; heads of terms
07	Design	Concept design; technical review
08	Documentation & approvals	Legal, technical, compliance; investment-authority approvals
09	Transfer / ground lease / PPP agreement	Closing

Who this is for

- Regional hospital groups — Gulf, Jordan, Türkiye
- Healthcare investors and Gulf sovereign funds
- Foundations and diaspora medical associations
- The Ministry of Health (PPP route)
- Development-finance institutions funding hospitals in reconstruction markets
- Medical-education partners

A direct line

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Investment · Partnership · Diligence
Investment contact for PETRA for Real Estate Investments

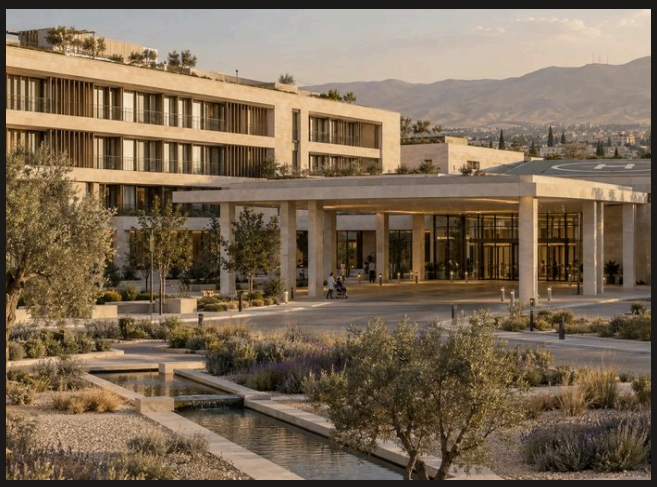
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Confidential access is subject to qualification and approval.

THE CARE DISTRICT, VISUALISED

What a patient would see.







Concept visualisations of the indicative masterplan — the campus and its gardens, the main entrance with the ambulance bay and helipad, and a single patient room facing the garden. Not photographs of the property; the land is open today.

APPENDIX

Sources and notes.

1. World Bank — Syria Physical Damage and Reconstruction Assessment 2011–2024, October 2025: US$216BN; health facilities among the most damaged.
2. UNHCR — Syria Operational Update, March 2026: over 1.5 million refugees and 1.8 million IDPs returned since December 2024; 15.6 million in need.
3. USA for UNHCR, July 2026 — health facilities damaged or overstretched in return areas.
4. The National, 26 August 2026 — visitor arrivals 3.52M in H1 2026; international card payments returning.
5. Arab News, 12 May 2026 — first Syrian-UAE Investment Forum; Gulf interest across services and infrastructure.
6. U.S. Department of State — Executive Order 14312 (30 June 2025); Caesar Act repealed (18 December 2025).
7. PETRA for Real Estate Investments — supplied cadastral survey and investment material for Property No. 14.

Nothing in this document is an offer or investment advice. Independent legal, planning, clinical, technical and financial review is required.