HEALTH SECTOR Syria

HEALTH CLUSTER BULLETIN

August 2018

Syria Arab Republic

Emergency type: complex emergency
Reporting period: 01.08.2018 to 31.08.2018

11.3 MILLION in need of health assistance	6.1 MILLION internally displaced	2.9 MILLION with disabilities	1.5 MILLION in HTR locations	4.3 MILLION women of reproductive age

HIGHLIGHTS

Humanitarian actors remain concerned by the potentially catastrophic humanitarian implications for civilians if hostilities escalate in **north-west Syria.**

Health sector contingency operational plan for north-west Syria is developed in conjunction with the operational plan prepared by GZT hub.

The 2018 Humanitarian Response Plan (HRP) was approved.

Key advocacy points remain across the country.

Access for health partners for the western side of Dara'a and in Quneitra governorates, inside eastern Ghouta and northern rural Homs is of priority.

Increasing risks of outbreaks in north-east Syria.

Need to increase operational coverage in **67 sub-districts of severity level >3.**

HEALTH SECTOR

July	*4W indicator (PMR)*
726,670	Number of medical procedures
448,880	Number of treatment courses
33,181	Number of trauma cases supported
24,473	Number of children U5 immunized
1,048	Number of sentinel sites submitting weekly EWARS reports
2,607	Number of deliveries attended by skilled attendant
430	Number of facilities providing rehabilitation services
2	Number of reports monitoring violence against health (MVH)
1,431	Number of health care workers trained and re-trained
12	Number of reporting organizations into 4W
41	Number of implementing sector partners on the ground
94%	Districts are reached by health sector partners
33%	Reached sub-districts in HTR locations
23.9%	Treatment courses distributed in HTR locations
18.9%	Medical procedures supported in HTR locations
436.6	Required (US$ m), WoS
87.8	Funded (US$ m), WoS
20.1	Coverage (%)

SITUATION OVERVIEW

A further serious deterioration of the humanitarian situation in the north-west, with intense aerial bombardment and shelling reported in parts of **Idlib, Aleppo, Hama, Sweida, Deir-ez-Zor** governorates resulting in the death and injury of civilians, and damage and destruction of civilian infrastructure including schools and hospitals, placing more strain on humanitarian responders and vulnerable host communities.

Statement attributable to **the Spokesman for the Secretary-General on Syria** is released with *"… deep concerns about the growing risks of a humanitarian catastrophe in the event of a full-scale military operation in Idlib province in Syria. The Secretary-General once again reaffirms that any use of chemical weapons is totally unacceptable. The Secretary-General urgently appeals to the Government of Syria and all parties to exercise restraint and to prioritize the protection of civilians…"*

Humanitarian actors remain concerned by the potentially catastrophic humanitarian implications for civilians if hostilities escalate in **north-west Syria**. Close to 3 million people are estimated to be in the Idlib de-escalation zone, which comprises parts of Idlib, western Aleppo, northern Hama and eastern Lattakia governorates. This includes nearly 1.4 million internally displaced people and a total of 2.1 million people currently in need of humanitarian assistance. As such, scaling up support for response and preparedness interventions in areas that may witness an increase in hostilities and generate further displacement remains a priority. De-escalation in Idlib and surrounding areas is necessary to ensure safe, unimpeded and sustained humanitarian access, and to ensure the protection of civilians and civilian infrastructure.

The Government of Syria has now regained control over the vast majority of **Dara'a, Quneitra and As-Sweida** governorates. Large-scale return of internally displaced people has already taken place, and fewer than 60,000 people are now estimated to remain displaced across the three governorates.

Massive levels of humanitarian need persist and aid is provided in partnership with the Syrian Arab Red Crescent and other local organizations. As efforts to scale up protection and basic services continue, and more detailed needs assessments are also underway, sustained and expanded humanitarian access across the south-west is critical.

At **Rukban**, on the Syria-Jordan border, the current population is estimated to be approximately 45,000, of whom the vast majority is women and children. The provision of humanitarian assistance in the camp is increasingly urgent, with minimal aid delivered since January. Discussions on a humanitarian convoy to the area continue.

Close to 150,000 people are now estimated to have returned to **Raqqa city**. Unexploded ordnance and improvised explosive devices continue to pose a life-threatening and, alongside insecurity and resource shortfalls, to hinder the scaling up of assistance.

The United Nations continues to be concerned about the safety and protection of civilians in **eastern Deir-Ez-Zor**

governorate. Some 200,000 displaced people have returned to Deir-ez-Zor governorate since November 2017, and humanitarian assistance is being provided in a number of locations, but fighting has continued to impact civilians in the eastern part of the governorate in recent months, reportedly causing 20,000 people to flee to makeshift camps between July and early August.

The number of people who remain displaced from **eastern Ghouta** in sites in rural Damascus is reported to have reduced to just below 7,500. Returns to eastern Ghouta are reported to have continued, although access to the area remains limited, delaying efforts to scale up assistance.

World Humanitarian Day was held on 19 August, to pay tribute to aid workers and rally support for people affected by crises around the world. Syria remains among the most dangerous countries in the world for humanitarian workers and healthcare providers. Statement by Dr Ahmed Al-Mandhari. WHO Regional Director for the Eastern Mediterranean, http://www.emro.who.int/media/news/world-humanitarian-day-2018.html

"Today, on World Humanitarian Day, I reiterate WHO's call for the protection of health workers and health facilities under International Humanitarian Law, for immediate and sustained access to all people-in-need of health aid, and for peaceful political solutions to conflicts in the Region that have taken their toll on millions of innocent civilians. The time has come for people to rebuild their lives and their communities, for collapsed health systems to be restored, and for countries to start the journey to reconstruction and recovery."

The 2018 Humanitarian Response Plan (HRP) was approved. *"Under the plan, USD 3.3 billion is requested to meet the humanitarian needs of 13 million people across Syria this year. As of end of August, USD 1.4 billion (41% of requirements) have so far been reported against total funding requirements. Against this funding shortage, humanitarian actors operating in Syria have had to respond to an unprecedented convergence of crises in the first eight months of the year. An intensification of hostilities in East Ghouta, southern Damascus, Afrin, Idleb, and southwest Syria, have triggered some 1.3 million population movements between January and July 2018. An estimated 800,000 people – mostly IDPs – have also returned to their areas of origin during the same period."*

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

- Continued disruption to health services across the country, including the severe interruptions in services occurring during and after localized military offensives or truce agreements.
- Total IDP movements recorded in all governorates in 2018 is 1,299,393 with 107,637 in July (source: IDP task force).

Exposure to toxic chemicals/chemical events:

WHO' main concern is to deal with the health dimension of any reported event. The organization is not involved in the process of confirming or denying that a deliberate event has taken place. WHO will follow a standard public health assessment process, in line with the International Health Regulations (2005),using methodologies developed over many years. When an event is reported, WHO's role is to establish the public health impacts of the event, to determine its consequences on the health of affected populations, and to implement public health emergency response measures, as necessary. WHO will request access to assess the public health impacts of any suspected chemical events. WHO remain ready to deploy experts should the necessary clearances be provided. WHO does not conduct forensic investigations (establishing who did what) of these types of events, as this is the mandate of the OPCW. WHO is involved in three aspects of chemical preparedness and response: (a) supports public health preparedness (e.g. conducting trainings and supplying protection materials); (b) conducts a public health assessment in response to a reported event (establishing the health impact of the event – who was affected, where, when, symptom and signs consistent with known chemical agents, risk factors); (c) supports patient care.

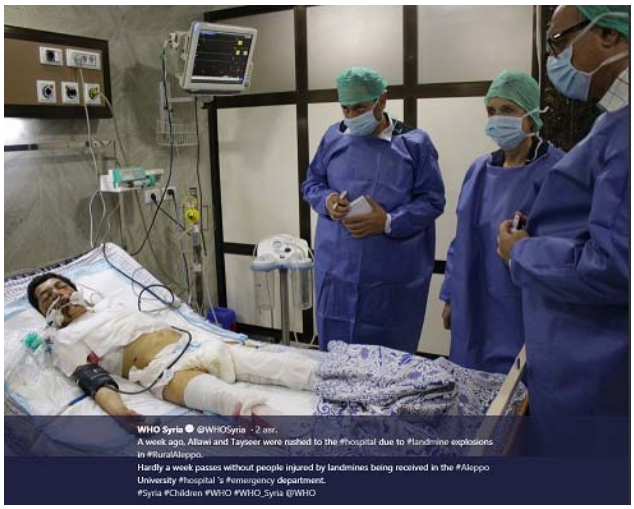
Focused and continued (1- 12 months) current emergency response:

- Eastern Ghouta
- Northern rural Homs
- Afrin displacement
- North-east Syria (Al Hassakeh, Ar Raqqa, Deir-ez-Zor governorates)
- South-west Syria (Dara'a and Quneitra)

Immediate planned emergency response (1-6 months):

- North-west (Idleb)

The objective is, in coordination with national authorities and health sector partners, **to recover the largely disrupted public health services system in the areas of displacement** focusing on key health priority response activities:



- Improve access to basic and advanced health care services.
- Revitalize public health care facilities.
- Deploy mobile medical teams/clinics.
- Provide routine vaccination for children.
- Provide reproductive health services.
- Detect, identify and respond to communicable disease outbreaks.
- Donate medicines, equipment and supplies to support diagnostic and treatment services in health care facilities and mobile teams/clinics.
- Train health care workers.
- Improve the emergency referral system in public health care facilities, and strengthen preparedness and response levels to improve the management of trauma and other patients.

Emergency health planning and response indicate that **needs remain the** same across the country, including:

- Acute shortages of health care staff and functioning health care facilities mean that people with life-threatening illnesses or injuries may not receive life-saving care.
- Unsafe water and poor hygiene practices among displaced people increase the risk of water- and foodborne diseases (e.g. typhoid).
- Unvaccinated children are at high risk of contracting life-threatening diseases such as measles and polio.
- Increasing incidence of communicable diseases such as acute diarrhea, upper tract respiratory infections, leishmaniosis, lice and scabies, helminths, etc.
- Sub-optimal referral services for seriously ill or wounded patients who require further hospitalization. (Even when referral services are working well, access issues may prevent the transfer of patients to hospitals in some areas).
- Inadequate antenatal care services for pregnant women, and lack of contraceptives (IUDs, oral contraceptives, injectable, male condoms).
- Lack of mental health and psychosocial support services for both children and adults.

Functionality of public health facilities:

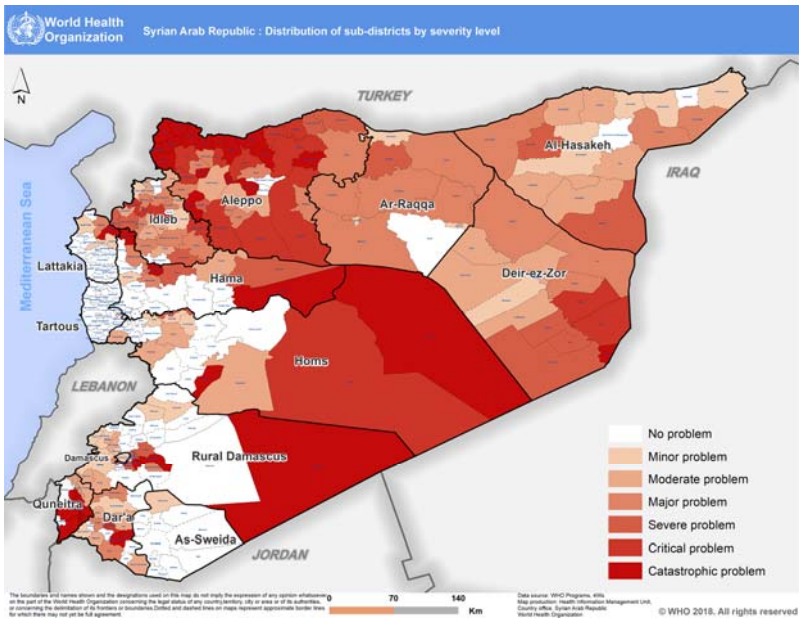
Public hospitals: 50% of public hospitals are either partially functioning or closed [56/111]. 45% of public hospitals are either fully or partially damaged [50/111].

Public primary health care centers:54% of health centers are either partially or not functioning [974/1,806]. 29% of health centers are either fully or/partially damaged [517/1,806]

Governorate	Total sub-districts	Total sub-districts by severity level							Total sub-districts (severity level >3)
		No Problem	Minor Problem	Moderate Problem	Major Problem	Severe Problem	Critical Problem	Catastrophic Problem	
Damascus	1		1						0
Rural Damascus	36	15	6	4	3	4		4	8
Aleppo	40	2		2	8	3	10	15	28
Idleb	26	3	2	8	7	3	3		6
Lattakia	22	17	3		1			1	1
Tartous	27	26	1						0
Homs	23	12	3	4		1	1	2	4
Hama	22	12	1	1	3	2		3	5
Al-Hasakeh	16	2	4	5	3	2			2
Deir-ez-Zor	14		1	4	3	3	2	1	6
Ar-Raqqa	10	1	3		5	1			1
Dar'a	17	5	2	4	3		1	2	3
As-Sweida	12	11	1						0
Quneitra	4			1				3	3
TOTAL	270	106	28	33	36	19	17	31	67

Key advocacy points remain across the country:

- Securing **cross-line and cross-border access** for supplies (medicines, consumables and medical equipment) to meet critical needs of all health facilities in the affected areas. **Complementarity nature of planning response under WoS function**.
- Agreeing on an **effective system for the evacuation of critical medical cases** to medical facilities outside the conflict zones;
- Agreeing on a more **effective system to enhance the protection of medical facilities and workers** inside the conflict zones;
- Agreeing on the **sustainability/transition of health actors/facilities** in case changes of control take place.



Of note, on medical evacuation/referral of patients in need of hospitalization across the conflict lines:

The key principles and modalities are reflected in earlier developed medical evacuation plans (specific for eastern Aleppo and eastern Ghouta experiences) put together mainly following discussions among health sector, WHO, OCHA, SARC, protection sector. The plans were designed to facilitate the evacuation of sick and wounded people who required treatment outside the conflict zones.

South-west Syria, eastern and northern Rural Homs gaps and challenges:

- Access to the IDP population and affected areas remains constrained by UN teams while access is granted for operational implemented partners. Access for health partners for the western side of Daraa and in Quneitra governorates, inside eastern Ghouta and northern rural Homs is of priority.
- Rapid changes in military operations and areas of control affected the access situation and needs on the ground.
- In regained areas the DoH PHC centers remain to be the main service providers. The services are very much disrupted (e.g. in Quneitra and western parts of Dara'a). Available supplies are limited. The current focus in these facilities is on vaccination activities. There is a need to provide more outreach PHC (including RH) services. The immediate needs are in re-functionalization of PHC centers, provision of life-saving and life-sustaining medicines, consumables.

- Information indicates the requirement to increase NCD/primary healthcare coverage and quality.
- Fixed and outreach teams should further enhance immunization activities.
- Mental health and psychosocial support services need to be largely enhanced.
- Clear referral systems for trauma and secondary/tertiary care should be established.
- A lack of specialized health care for patients with "neglected" health conditions (trauma, kidney failure, amputations, chronic RH conditions, congenital defects among infants, etc.).
- Early Warning and Response System for communicable diseases is to be expanded.
- Inadequate reproductive health services.
- A lack of doctors is a standing issue.
- Monitoring of "handover" of health structures/facilities, health and non-health supplies supported by XB partners to local health authorities and local administrations.

Some of the common operational constraints across the country:

- The current composition of health sector Syria hub indicates that in areas of change of control the response is largely led by UN agencies (WHO, UNICEF, UNFPA, UNHCR) and the network of their implementing partners. Humanitarian response is complemented to the efforts undertaken by the authorities.

- Receiving approvals from the authorities to implement new projects across the country remains a challenge.
- Capacity of health sector organizations requires continuous attention.
- Number of INGOs (Global Health Cluster level) should be increased upon the registration with MoFA.
- Sustainability of health sector response: majority of national NGOs depend on UN partnership and OCHA funds. The levels of "own" generated funds is at minimum.
- Protracted nature of emergency response: necessity to transform "quantity" into "quality" of the response by health sector partners.
- UN agencies have a developed assessment tool to measure capacities of entities being considered as potential implementing partners. Assessment criteria include the number of qualified staff and volunteers, years of experience, geographical distribution, number of inaugurated branches, annual budget, services provided, targeted

areas, number and type of health facilities managed, etc.

- For example, all WHO's potential partners undergo stringent internal vetting at HQ, Regional and county levels. This includes due diligence under the Framework of Engagement with Non-State Actors (FENSA). Among the different steps that are considered for the screening and due diligence is the UN "Consolidated United Nations Security Council Sanctions List" to that both the entity and its representatives (Governance) are checked. This process is obligatory for all agreements.

Review of health situation and service provision in Ar Raqqa city:

- There is a clear understanding to expand humanitarian health activities inside Ar Raqqa city.
- One of key pre-requisites of operational presence in Raqqa city is the availability of a level 2 medical facility (surgical and life-saving capabilities) at less than 2 hours driving distance.
- Related to the trauma capacity is the issue of blood supply which has remained a continuous challenge, especially in Ar Raqqa governorate, due the absence of a national blood bank as different from the neighbouring Deir-ez-Zor and Al Hassakeh.

Disease surveillance:

Average completeness of reporting: 79%. Total number of consultations is 225,703 (week 31); 250,964 (week 32); 196,840 (week 33). Out of the 673,507 total consultations, 69,599 EWARS notifiable cases were reported: Influenza like illness - 31,220 (45%), most cases from Deir-ez-Zor, Lattakia and Aleppo; Acute Diarrhea - 24,388 (35%), most cases from Lattakia, Deir-ez-Zor, Damascus; Acute Jaundice Syndrome – 1683, most cases from Raqqa, Deir-ez-Zor and Aleppo; Severe Acute respiratory infections - 530 cases, most cases from Damascus, Raqqa and Deir-ez-Zor; Suspected Measles – 262 and Bloody diarrhea – 338 cases, most cases from Raqqa, Hassakeh and Deir-ez-Zor; Acute Flaccid paralysis - 9 cases, from Damascus, Rural Damascus, Hama and Deir-ez-Zor. For other diseases category, 11,004 cases were reported such as: Leishmaniosis - 2107, Typhoid - 1592, Brucellosis - 1128, Mumps - 98, Pertussis - 191, Tuberculosis – 17.

Acute bloody Diarrhea in Deir-ez-Zor - As of 25 August 2018, 723 cases, including 12 deaths, of acute diarrhea have been reported since week 10. The hospital which has reported most of the cases confirmed that 95% cases met the EWARS case definition for acute bloody diarrhea. Most of the cases have been reported from 26 locations in Al-Husseinha district, while few cases reported from eastern Al-Mayadin district. Based on conducted lab tests conducted, Escherichia Coli is the causative organism, Laboratory testing to identify E. coli O157:H7 showed negative results. WHO and UNICEF implement a campaign for distributing aqua-tables and raising the awareness of approximately 20,000 households in 20 villages located in the eastern bank of Euphrates River in Deir-ez-Zor. The campaign will be implemented up till the end of September, the main objectives are: Secure safe drinking water to households by distributing aqua-tables to households in the affected areas and other villages along the Euphrates valley in Al-Husseinha district; Provide health education to household level in the affected areas and scaling up the hygiene promotion activities including: Increase awareness about hygiene practices especially hand washing and water preservation. Promote the knowledge of cleaning water tanks, and educate households on how to use chlorine tablets (including what to do if the smell of chlorine is strong). Emphasize on the importance of using, and how to use ORS, and encourage community to report and referral of cases of acute diarrhoea immediately to the nearest health facilities.

During week 33 and 34 total number 11,332 households were provided with aqua-tablets and health educations, in addition, health education sessions were also provided in mosques. The outreach teams have conducted also active surveillance for diarrhea cases. WHO and UNICEF plan to expand the targeted areas in Al-Mayadin district and to implement the campaign in 16 villages along Euphrates river.

Typhoid cases in Areesha camp - The increase of suspected Typhoid cases has been reported since 22 July. As of 25 August, 289 typhoid suspected cases were reported. Most of cases were among females above 5 years old. The initial

field investigations indicate to poor hygiene practices and the following observations: Leakage of sewage in the camp between the tents due to the obstruction of the latrines and the flow of sanitation water to the surface; Jerry cans used by residents are contaminated and unusable for clean water transport; Water tanks are exposed and left without any cover. WHO plans to increase the awareness of IDPs for water borne diseases by deployment of 4 health education teams to provide health education sessions.

Leishmaniosis in Aleppo - Due to the recent population movements in Aleppo governorate and the deterioration of environmental situation, an increase in Leishmaniosis cases has being reported since the beginning of 2018. Approximately 16,100 cases were reported during the first half of 2018. One of applied intervention is the use of the Long-Lasting Insecticidal Nets. WHO supports the control program in Aleppo by providing 51,000 bed Nets and covering the costs of their distribution in the most affected areas and among IDPs settlements. The distribution of bed nets has started from 15 August and will get completed by the end of September.

TB active case finding - WHO in collaboration with the National Tuberculosis Program and others health partners work to strengthen the surveillance and detection of TB among vulnerable population. Active case findings activity was conducted in 12 governorates. The screening of TB cases was also conducted in three IDPs camps located in Hassakeh governorate, and in two IDPs camps in Raqqa governorate.

HEALTH SECTOR ACTION/RESPONSE

- Health sector is delivering in Syria and across borders in all parts of the country. Health sector is committed to ensuring that people in all parts of the country have access to essential, life-saving health care.
- Limited access to public health services is a reality in Syria. The restoration of public healthcare facilities and services must be a priority.
- Funding is urgently required for health sector to continue to save lives and reduce suffering in Syria.
- Health sector strategy for SHF standard allocation is developed.
- Health sector preparedness and operational plan for north-west Syria is developed.
- Preparations put in place for the technical planning meeting with ECHO.

- Health sector is focused to improve and enhance:
    - Needs assessments to identify priority area of interventions / target population by health sector
    - Targeting criteria to assist those most in need
    - Monitoring and evaluation of the response by health sector
    - Risk mitigation measures in place, such as for diversion of assistance
- Issues of follow up and priorities include:
    - Situation and response in the southern Syria (response, needs, gaps and constraints);
    - Review of health situation and service provision in Ar-Raqqa city;
    - Health sector contingency operational plan for north-west Syria;
    - Health service availability in Arbin and Zamalka (eastern Ghouta);

- Submission of mandatory 4W inputs;
- Disease surveillance and response, vaccination;
- Follow up on the meeting with MOSAL on pending project proposals;
- Reproductive health.

Access and severity scale (Syria hub coverage of HTR vs non-HTR areas as well areas classified as "severity scale >3")

Severity scale methodology - The health severity scale is a cumulative tool constitutes a quantitative scale, in order to identify the scale and scope of the critical response required for the health efforts of the affected populations ranges from a minimum of 0 to a maximum of 6. The health severity scale is a WHO approach for Syria hub based on HeRAMS (Health Resources and services Availability Mapping System) for public health facilities across Syria which covers 100% of sub-districts, and is different from inter-sector and WoS severity scales, where WoS severity scale depends on multi indicators related to (Health Accessibility, Affected population, Access to the Area, Health Resource and Services Availability, Impact on population's health and Morbidity) using many resources (MSNA, OCHA, 4Ws, HeRAMS, MoH/WHO, INSO reports, SSA, population task force).

Severity scale methods - HeRAMS in Syria is a WHO project that aims at strengthening the collection and analysis of information on the availability of health resources and services in Syria at health facility level. The main HeRAMS tool for collecting data is a questionnaire that assesses the functionality status, accessibility, health infrastructure, human resources, availability of health services, equipment and medicines at primary and secondary care level. Two variables in HeRAMS were used to calculate the health severity scale (Functionality and Accessibility Status). For each variable, a mark was given, based on the weighting scales of 0 to 6, as follow:

Accessibility Status	Mark
Accessible	0
Hard to access	3
Inaccessible	6

At a sub-district level, total scores are calculated and divided by number of health facilities in the sub-district:

Mark	% of functional health facilities at sub-district level
0	93-100% available and functional
1	76-92% available and functional
2	75-59% available and functional
3	58-43% available and functional
4	26-42% available and functional
5	10-25% available and functional
6	0-9% available and functional

The final health severity scale was calculated using the average of accessibility mark and functionality mark per sub-districts. Based on a scale of 0 to 6, situation of sub-districts using the health severity scale was ranked, as follows:

Where: Catastrophic Problem 6, Critical Problem 5, Severe Problem 4, Major Problem 3, Moderate Problem 2, Minor Problem 1, No Problem 0.

Access: Health sector reached 219 (81%) out 270 sub-districts across Syria. 45 (21%) of reached sub-districts were in HTR areas. 174 (79%) of reached sub-districts were in non HTR areas. Out of reached 219 sub-districts, 45 (21%) of reached sub-districts are classified as "severity scale >3". 12 were classified as "severe problem", 13 as "critical problem", 20 as "catastrophic problem".

Medical procedures: 19% of medical procedures was provided in sub-districts classified as "severity scale >3". 17% of medical procedures were provided in HTR areas. 83% of medical procedures were provided in non HTR areas.

Treatment courses: 10% of treatment courses was provided in sub-districts classified as "severity scale >3". 24% of treatment courses were provided in HTR areas. 76% of treatment courses were provided in non HTR areas.

Reach of sub-districts ("severity scale >3"): 67 (25%) sub-districts are with "severity scale >3" out of total of 270 sub-districts. The largest number of 45 (21%) reached sub-districts with "severity scale >3" are in: Aleppo (19), Rural Damascus (6), Hama (4), Homs (3), Dara'a (3), Quneitra (3), etc.

Distribution of medical procedures provided in "severity scale >3" areas: Out of total of 853,795 medical procedures provided in areas of "severity scale >3", the largest number was for Rural Damascus, Aleppo, Ar Raqqa, Hama, Quneitra, etc.

Distribution of treatment courses provided in "severity scale >3" areas: Out of total of 414,423 treatment courses provided in areas of "severity scale >3", the largest number was for Rural Damascus, Aleppo, Ar Raqqa, Homs and Dara'a.

In **north-east Syria** the health sector response is focused on: Coordination and Information Management (XL and XB under WoS); Trauma and burns; Secondary care; Primary healthcare; Disease surveillance and response and WASH; Immunization campaigns; Reproductive Health; Routine Immunization; Malnutrition screening and clinical management; and Mental health.

In **south-west Syria**, **eastern Ghouta and northern rural Homs**, the health sector response is focused on: Provide outreach services through partner NGOs; Increase NCD/PHC primary healthcare coverage and quality; Increase immunization coverage through fixed and outreach teams; Increase Mental Health and Psychosocial Support Services; Establish clear referral systems for trauma and secondary/tertiary care; Implement nutritional screening for children and treatment centres for complications; Strengthen Early Warning and Response System for communicable diseases; Provide integrated reproductive health (RH) and gender-based violence (GBV) services.

North-west Syria planning and response: Health sector contingency operational plan for north-west Syria is developed in conjunction with the operational plan prepared by GZT hub. The plan highlights: Planning assumptions; Current health situation; Health facilities; Needs; Humanitarian impact; Complementarity with ongoing cross-border activities in north-west Syria; Key advocacy issues; Health sector objective; Health sector response priorities; Expected short-term and long term outcomes; Medical evacuation/referral of patients in need of hospitalization across the conflict lines; Health sector plan based on response priorities; Health sector funding requirements.

Health sector funding requirements for north-west Syria:

Name of the organization	Funding required	Total Funding Available	Current Gap
WHO	5,825,000	0	5,825,000
UNICEF	559,455	342,000	217,455
UNFPA	320,730	0	320,730
TOTAL:	**6,705,185**	**342,000**	**6,363,185**

Of note, **first time "success" to ensure a complementarity approach of cross-line with ongoing cross-border**

activities in north-west: As different from earlier responses to eastern Aleppo, eastern Ghouta and southern Syria, critically important information ***(for advocacy points, including protection of health, within the existing framework for continuity/transition of assistance and service delivery)*** was received on XB supported health services: Functioning health facilities in the area as per the planning assumption map; Functioning health facilities in the area of the planning assumption at a sub district level; Chemical response health cluster referral hospitals in the area of planning assumption; Number and breakdown of health professionals per location.

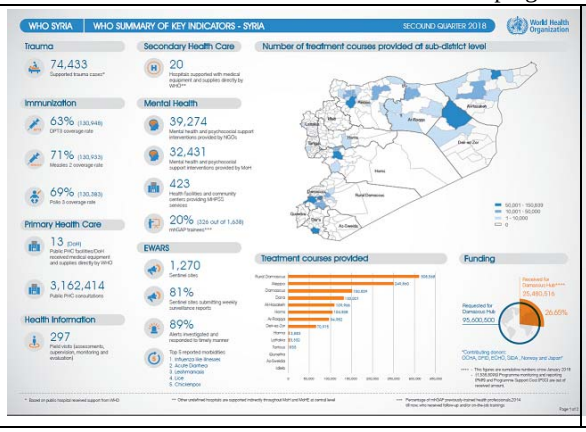
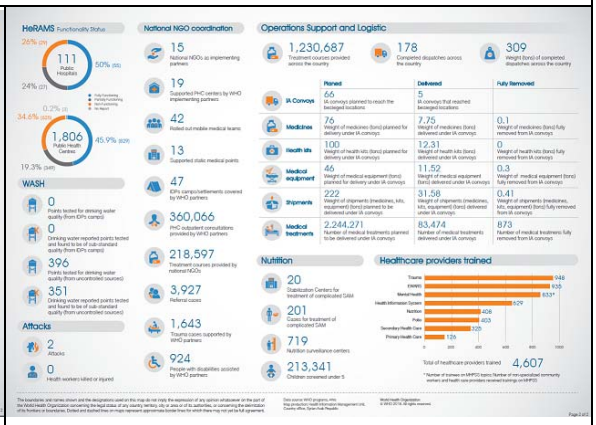
Availability of surgical and lifesaving capabilities in Ar Raqqa city: On 30 July 2018, WHO conducted site visits to Ar-Raqqa city to assess the capacity of five private hospitals: Al-Teb Al-Hadeeth "Modern Medicine", Al-Furat, Dar Al-Shifa, Mashhadani, and Al Resalah. A standard HeRAMS tool) was used to assess the availability of human resources, health services, equipment, medicines, and priority health needs. The aim of the site visits was to assess the hospitals' capacity to manage trauma and emergency cases including availability of blood transfusion, including the availability of specialized medical personnel, medicines, equipment, and medical supplies. In order to summarize the findings, a desk review was conducted to review the descriptive finding and the standard HeRAMS data collected from on-site visits.

All 5 private hospitals have the capacity to provide trauma care and blood transfusion services with varying levels. The ranking of hospitals in terms of providing trauma services and blood transfusion are as follows: 1 - Al-Teb Al-Hadeeth (the highest); 2 - Al-Furat; 3- Dar Al-Shifa; 4 – Mashhadani; 5 - Al Resalah. Of the five private hospitals, Al-Teb Al-Hadeeth hospital has the highest capacity to provide trauma services, blood transfusion, laboratory services and radiography. WHO Syria is currently preparing the second phase (second week of September), arranging an international expert to support a team of national professionals to undertake the assignment to explore further the existing capacity of all functioning hospitals in Ar Raqqa city and within 2 hours driving distance for surgical and lifesaving capabilities.

Updates by selected health sector organizations:

Organization	Activity
Child Care Association	Completing the project funded from SHF funds "Provision of health care and medical services for the vulnerable groups of IDPs and hosting community residing in Al-Raml Al-Janoubi ,the city, and the north rural of Lattakia governorate."
Dorcas	Supported three hospitainers – Aleppo (Al-Nayrab), Homs (Al-Baath University), Homs (Al-Meshrfeh). Supported two PHC centers in Suleimaniyeh, Aleppo (Beit-tel PHC, Mar-Asia PHC). The protection center Aleppo (Hanano) provides services, education- awareness sessions (RH), psychosocial support.
MSJM	Supported four hospitainers – Aleppo (Al-Nayrab), Homs (Al-Baath University), Homs (Al-Meshrfeh), Maternitainer (Deraa). 3 mobile clinics in Aleppo (Tal Refaat). 1 mobile clinic in Aleppo (Manbej – Al-Khafsa). 1 mobile clinic in Raqqa (Ath-Thawrah). 1 mobile clinic in Deir-ez-Zor. 3 mobile clinics in rural Damascus (Eastern Ghouta)- Dwyier, Adraa, Abo Al-Naser, Al-Fayhaa, Ein Tarma, Erbin, Zamalkah, Saqba, Kafarbatna, Haza, Duma. 1 mobile clinic in Daraa - Ezraa almhata, Zoneba, Hai algssanea, Ezraa alnaaerra, Mabar daeel. Two mobile hospitainers are fully equipped and being prepared for Duma and Dara'a.
IMC	Continued to implement programs for Syrian population in Damascus, Rif Damascus and Al Sanamen (Deraa), the programs includes two Mobile Medical Units (MMUs), One Mobile Medical Teams (MMT) in Damascus, two static clinics in Masaken Barzeh and Jaramana city, one clinic in Al Sanameen. Health intervention: medical consultations were provided in Damascus and Rif Damascus through: two static clinics, Barzeh and Jaramana, 1 medical mobile team in five shelters, 2 medical mobile units in Daraa though one clinic in Al Sanameen. From total of 13,074 consultations: 5,321 consultations were provided through static clinic in Barzeh. 5,475 consultations were provided through static clinic in Jaramana. 370 consultations were provided by one mobile medical team (MMT) in five shelters in Damascus. 2,533 consultations were provided by two medical mobile units (MMUs) in Rural Damascus. 2,606 consultations were provided through Al Sanameen clinic. 34 Cases were referred to private hospital.

UNHCR	13 PHCs supported by UNHCR in Damascus, rural Damascus, Homs, Hama, and Aleppo assisted around 36.000 IDPs (Estimated figure), during August with medical consultations, investigations, and medicines. UNHCR partners are supported to fulfill the needs of patients for emergency secondary and tertiary health case, Around 900 IDPs referred to hospitals through UNHCR emergency referral program. DoH Hama had almost finalized the rehabilitation works in Taybet Al Imam PHC. UNHCR is expected to contribute to equipment and furniture in the PHC. The contribution of UNHCR in the preparedness plan for Idleb response was shared with WHO after consultation with UNHCR Sub office Aleppo. The list of medicines (2018-2019) was launched, after the UNHCR health unit and HQ review and approval. UNHCR inputs on the checklist of mainstreaming GBV in health was shared with UNFPA.4 days Health counseling training course for the new staff (health counselors) in SARC, Al Tamayouz, and SCS PHC clinics in Damascus, rural Damascus, Homs, Aleppo, and Hama was conducted in SARC premises, the health counseling clinics are dedicated to health counseling/promotion and disease prevention activities. The electronic referral system – piloting of bills entry phase had been finalized in 6 out of 8 hospitals in Damascus and rural Damascus. It is expected to cover the rest 6 hospitals in Damascus, Lattakia, and Aleppo by the beginning of October. Two protocols for the psychotropic medicines in MHPSS clinics in SARC were developed by the health unit, as per the recommendation of HQ. The protocols will be shared with the SARC psychiatrists' team for inputs and discussion. Out of the 18 health points in the community centers planned in 2018, 9 are partially functioning in Aleppo & Homs. Other locations include rural areas in Hama, Tartous, Homs, Damascus, Hassakeh, Quneitra, and Dara'a are expected to start in the coming months. Around 2900 medical in kind assistance with assistive devices offered to IDPs through UNHCR partners/ community centers in 8 governorates.
UNICEF	UNICEF & WHO supported the Ministry of Health to implement a measles vaccination campaign from 15-27 July 2018 for children aged 6 months to five years in Raqqa, Deir-ez-Zor, Hassakeh, Aleppo, Homs and Hama. A total of 1,142,817 children were vaccinated, representing 86 per cent of the target (1,323,471). Another round for school children will be implemented in September. Tartous hub: UNICEF supported two medical mobile teams for three months to serve 5000 individuals returned to the newly accessible areas in Idleb (Sinjar and Abu Al-Dohor). These MMTs will provide children and women with integrated package of health services including immunization. UNICEF participated in IA joint mission to assess the situation of 3,100 evacuees from Fouaa and Kafraya. Evacuees settled in Ras Al-Baseet and Lattakia city. Rural Damascus: 6 Prefabs were installed in EG: Harasta, Kafr Batna, Nashabiyeh, Harran El-Awamid, Zibdin, and Mliha. The finalizing process was done by the Municipalities (connection to the nearest public sewage network, electricity and cleaning the surrounding areas). While, 3 prefabs are ongoing to be installed in Otiba, Bit Sawa, and Maida'a. UNICEF partners, Al-Sham NGO and Al-Qutaifah Health Charity, are still providing health services for PIN, and IDPs in 2 Shelters (Al-Fayhaa and Adra) and in 3 locations inside EG (Doma, Arbin and Hammouria). Sufficient Health supplies were delivered to Al-Sham NGO to support their interventions in three locations inside East Ghota (Duma, Erbin and Hammouria). After relocating IDPs from Hirjelleh to Ad-Dweir Collective shelter, various Health items were delivered to the Medical point in Ad Dweir shelter. Solar refrigerator to safe the vaccine was installed in Zamalka health facility in 7th Aug. Dar'a: UNICEF is supporting 3 H&N Rapid Response Teams to provide health services for PIN (out-patient medical consultations, vaccination, and maternal health and nutrition services), two for east countryside and one for west countryside including shelters in eastern countryside of Quneitra. With UNICEF support, the medical point in Jbab has been providing health services for IDPs 24 hours per day. SFPA NGO supported by UNICEF is still providing services through their mobile medical teams for IDPs in Jbab collective shelter and for IDPs from Deir Ezzor and Raqqa. UNICEF partner "Al-Birr NGO" started providing H&N services in Dara Al-Balad and some villages in the newly accessible areas in the countryside. UNICEF supported Rapid Response Team joined SARC Convoy to Ash-Shajara and Hit. UNICEF-supported Rapid Response Team in Nawa reached people in need in Al-Marj camp (Tents) in Eastern countryside of Quneitra, 358 children and women received medical consultations including 168 children U5 and 6 pregnant. 4 MAM cases were identified and supported. With UNICEF support, DoH Dar'a installed 3 Tents in Nasib border in addition to 2 Mobile Medical Teams to provide health services for People who are expected to come from Al-Za'atari Camp in Jordan. Quneitra: Mobile vaccination team of Dar'a DoH supported by UNICEF re-activated their routine visits to Quneitra, they provided routine vaccinations for children in Jbata Elkhashab and Tarnja. Qamishly: Regular project: a total of 9,742 children U15 and CBA women received outpatient consultations through NGOs supported by UNICEF. Emergency response including camps: 1,217 children U15 and CBA women received outpatient consultations. UNICEF will continue through its NGOs partners and DOH to provide H&N services for children and mothers, and will expand the services to the HTR areas and newly accessible areas in the NES. Aleppo: MSJM Simplified Program to respond to Afrin emergency was completely implemented. Leishmaniosis pesticide campaign is still ongoing, reports of July were received from DoH, and number of beneficiaries is 97,786 as health services and 100,570 as C4D activities (door to door visits \ awareness raising sessions). July Measles campaign C4D reports were received from DoH, number of beneficiaries from C4D activities is 375,517.

UNFPA	Health Operations - UNFPA-assisted partners provided 272,777 consultations reaching over 250,892 women and 21,885 men in Damascus, Rural Damascus, Homs, Hama, Aleppo, Deir-ez-Zor, Tartous, Lattakia, Sweida, Al Hasakeh, Raqqa, and Dar'a with reproductive health and GBV services. A total of 241 normal deliveries were conducted by our supported NGOs throughout the country. Through UNFPA's partners, 70 mobile medical units, were supported emergency response in hard-to-reach and newly accessible locations. Emergency response - Aleppo and Afrin response: Cumulatively, UNFPA through partners have provided over 46,982 integrated reproductive health services, across the shelters in the Afrin emergency since March 12th. In the August reporting period, 3 mobile clinics and teams from SFPA, MSJM and Al-Ihsan provided services to villages in Tal Refaat and surrounding IDPs camps. Additionally, Al-Ihsan charity launched 3 new static clinics in Nubul (north rural of Aleppo), Al Syfira (southern rural of Aleppo), and Al-Mshatieh (east of Aleppo city). SFPA started to provide RH services in Al-Zebdia center to serve PLWs referred from the joint program with WFP. Eastern Ghouta response: Since the onset of the emergency, UNFPA with partners have provided 240,354 services to internally displaced persons in East Ghouta shelters and the surrounding communities. The services provided include general consultations, and integrated RH/GBV services. Northern rural Homs response: Integrated reproductive health services continue to be provided with support from UNFPA by Aoun through 3 mobile medical teams reaching Houle, Rastan, Talbise, Zaafrane and Deir Foul. There exists one SFPA mobile medical clinic serving the beneficiaries from Rastan, and Ghanto. Furthermore, SARC has deployed 3 mobile medical teams providing services in Northern rural Homs including IDPs from Fouaa and Kafraya located in Der Baalbe once a week. A mobile from SFPA provides RH services in Hasya three days a week. South and East Rural Hama: In Hama, Salamieh and Masyaf, UNFPA has five static clinics in partnerships with SFPA and Masyaf. To increase the coverage UNFPA supports eleven mobile medical teams: three with Agha Khan, four with Al Birr Hama, two with Masyaf and two with SFPA, to provide RH and counselling services in Hama city and the surrounding rural areas. Lattakia Governorate: UNFPA was granted approval of DoH and Lattakia Governor to provide integrated RH and GBV services to the affected people through SFPA mobile team in Raas Al Basit twice a week and Slunfe once a week. In Lattakia city and, Jableh, UNFPA has 3 RH clinics in partnership with SFPA in addition to one mobile team with SARC. North-east response: In August, 764 RH services were provided in Raqqa, totaling to 11,251 since the beginning of the emergency. The services were provided in Qahtania, Al hol camp, Rural Qamishly, Rural Jazaa, Tal Hamis, Areesha and Areesha camp, Om Midfaa country side, Shadadi country side, Mabrooka and Mabrooka camp, Tapqa city, Qamishly city, Al Yarobia including country side, Amria, Twihina camp, Ain Issa Camp and Ras al Ain. South-west response: Three medical mobile teams (MSJM, SFPA and SARC) have been deployed, with a total of 8,801 integrated RH and PHC services provided. 3 static clinics (by SFPA) in Dara'a city provide integrated reproductive health services.
UNRWA	Provides health services in 15 health centers in UNRWA installations in addition to 9 health points in rented installations. The mobile clinic has visited Yelda, Rural Damascus. Launched E-health program in DTC and Al Husseinieh clinics. Started health education campaign about maternal health.
WHO	 
	EMRO site: http://www.emro.who.int/syr/information-resources/summary-of-key-indicators.html

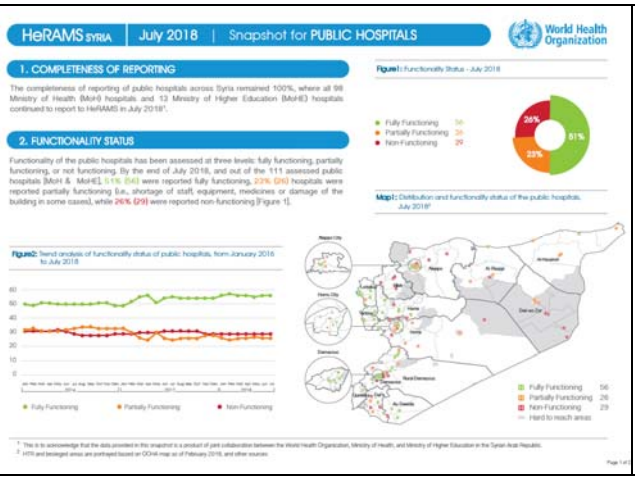
SUCCESS STORY

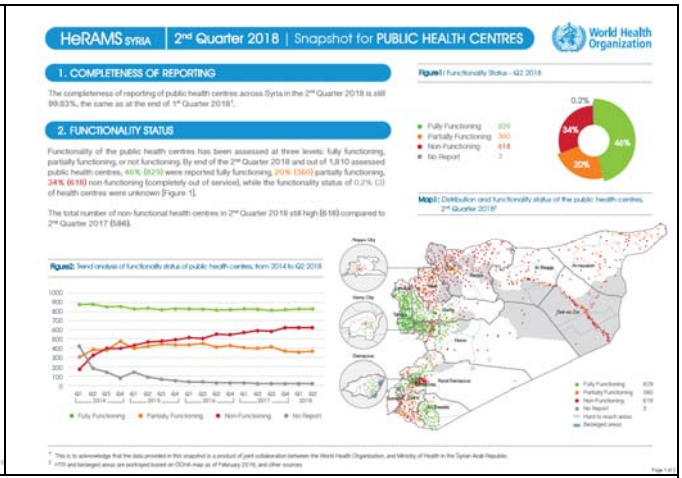
"Halima (not her real name), 21 years old mother of a one has been married for 3 years. She is from East Aleppo. She got displaced from her home to seek safety from the violence. As the situation stabilized, she was able to return to her home. When she realized that she was pregnant, she sought antenatal care from in Al Mashatiya reproductive health clinic, run by Al Ihsan with support from UNFPA. The clinic has a team of specialist including a gynecologist, a midwife and a nurse. As part of routine care, an ultrasound scan done revealed that she was expecting triplets. The medical team explained the outcome of the scan and informed her that this was a high risk pregnancy. Salma was given information on danger signs and how to protect her health and the life of her babies. She was closely monitored by the team of professionals during the entire duration of her pregnancy. When she was due, the gynecologist from Al Ihsan made arrangements for her urgent referral the hospital for a caesarean section. The surgery was successful. However, due to underweight, the infants needed emergency neonatal care and support, including incubators. This was provided by the organization. The mother and the triplets are doing well."

"My hearing aid broke a while ago. They told me that I will get another one today, which is great because now my grades will improve again", Nada said happily while sitting in the vendor's waiting room together with her mother to receive her new hearing aid. Her innocent words were so touching because she is not a typical twelve year old girl, and she knows exactly what it is like to face the severity of displacement, and the hardships of poor health. When she was only two years old, Nada was diagnosed with moderate hearing loss, which if not addressed, could have far-reaching consequences on her ability to perform in school and in life. Nada was lucky enough to have loving parents, who have always supported her in overcoming her impairment. Nada actually comes from a family of four children, originally from a village called Sbineh located in East Ghouta…The family was helpless and did not believe that there was a way out. One day, as Nada came with her mother to see a doctor at IMC clinic in As-Sanamayn, the doctor noticed that she is not responding to him – almost as if she could not hear his questions properly. The mother explained their issue to the doctor who then referred them to IMC clinic in Barzeh in late November 2017. He explained that so Nada could undergo a medical assessment and audiometry tests to determine what type of assistance she needs. On 11 March 2018, Nada was invited to Al Halabi co., an IMC-contracted hearing aid provider, which has finally delivered Nada's hearing aid. Nada has installed the mechanism as she was used to in the past. It was a day of tremendous joy for both; for Nada it was the beginning of her second chance regain an equal opportunity as healthy children to progress in education. "I want Nada to get higher education and do something worthwhile in her life. Hearing loss was the only barrier keeping her from that path and I am so happy that things can be better now" Nada's mother said happily."

"Mr. Deeb 66-year old started suffering two years ago from hoarseness and the diagnosis was laryngeal polyp. This has happened when Deeb and his family were fleeing from Deir-ez-Zor to Hassakeh. The physician requested an immediate referral for surgical intervention in Damascus. But one year later he was in need of second eradication of the Polyp, and it was not a benign tumor, he has received chemotherapy and there was a temporary improvement in his medical condition. Unfortunately, the symptoms were worse again, this time he had to undergo total laryngectomy. The cost was higher than the family could afford, the surgery was successfully done through SARC supported by UNHCR emergency referral program. The hope has revived again, "Deeb is recovering now and he will be able to restart his life and to respond to his responsibility to support his family", his wife says.

SELECTED INFORMATION MANAGEMENT PRODUCTS





HeRAMS reports http://www.emro.who.int/syr/information-resources/herams-reports.html
EWARS reports: http://www.emro.who.int/syr/information-resources/ewars-weekly-bulletins-2018.html
Health sector, Syria hub https://www.humanitarianresponse.info/en/operations/syria/health

CONTACT INFORMATION (NATIONAL AND SUB-NATIONAL LEVELS):

Damascus: national level	**Aleppo: sub-national level**	**Homs: sub-national level**	**Lattakia/Tartous: sub-national level**	**Qamishli (north-east Syria): sub-national level**
Coordinators				
Mr Azret Kalmykov Health sector coordinator kalmykova@who.int	Dr Kady Fares Head of WHO sub-office kadyf@who.int	Dr Nadia Aljamali, Head of WHO sub-office aljamalin@who.int	Mr Hamza Hasan Head of WHO sub-office hhassan@who.int	Dr Khaled Al Khaled Head of WHO sub-office alkhaledk@who.int
Information Management Unit				
Mr Mutasem Mohammad, Information Management Officer, WHO Syria, mohammadm@who.int Mr Ayman Al Mobayed, Information Management Officer, WHO Syria, almobayeda@who.int				