



Health Cluster Orientation and planning workshop, Gaziantep. Photo: WHO

HEALTH CLUSTER BULLETIN

March 2017

Turkey Cross Border

Emergency type: Complex Emergency
Reporting period: 01.03.2017 to 31.03.2017



12.8 MILLION
IN NEED OF
HEALTH ASSISTANCE



700,000
CHILDREN <5
DEPRIVED OF VACCINE



6.3 MILLION
INTERNALLY
DISPLACED



4.9 MILLION
BESIEGED

(all figures stand for the Whole of Syria)

HIGHLIGHTS

- In March 2017, an agreement was reached to proceed with evacuation of residents of besieged Al-Waer city, with total of 4,150 people evacuated to Jarablus and 1,450 to Idlib during March 2017.
- In March 2017, increase in measles cases was reported in Idlib.
- Monitoring of attacks on health care has revealed that 14 health facilities were attacked in March 2017, affecting hospital infrastructure and health care staff.
- In March 2017, 58,903 children in Idlib and Aleppo have received oral polio vaccine. In addition, a 10-day campaign was conducted in western rural Aleppo, providing Penta-valent vaccine to 15,153 children aged 2-59 months and MR vaccine to 11,579 children 12-59 months.
- Routine Expanded Programme of Immunization was revitalized in 5 Health Centers in Idlib governorate.
- Humanitarian Pool Funding (HPF) has supported 34 health facilities (14 hospitals and 20 primary centres) and 2.3 million people. In total, HPF is supporting 17 projects.
- In March 2017, 174 health care staff, managers and community health workers were trained by Health Cluster partners in various topics.

HEALTH SECTOR



58 HEALTH CLUSTER PARTNERS



MEDICINES DELIVERED¹

2 IEHK SUPPLEMENTARY KITS
6 TRAUMA/SURGICAL SUPPLY KITS



FUNCTIONAL HEALTH FACILITIES

166 FUNCTIONAL FIXED PRIMARY HEALTH CARE FACILITIES
92 FUNCTIONAL HOSPITALS
62 MOBILE CLINICS



HEALTH SERVICES

834,957 CONSULTATIONS
8,591 DELIVERIES ATTENDED BY A SKILLED ATTENDANT
12,858 REFERRALS



VACCINATION

85,635 CHILDREN UNDER 5 VACCINATED²



DISEASE SURVEILLANCE

1 OUTBREAK CONFIRMED³
486 CENTINEL SITES REPORTING OUT OF TOTAL 521



FUNDING \$US⁴

35,3 RECEIVED
MILLION IN 2017

78,4% not covered

¹ Supplies were distributed to 25 facilities in northern Syria operated by 6 partners.

² Bivalent Oral Polio Vaccine, Pentavalent vaccine, MR.

³ Measles outbreak in Idlib.

⁴ source: OCHA Financial Tracking System, for Syria Human.

Situation update

Evacuation from Al-Waer. On 13 March 2017, an agreement was reached between Al-Waer residents committee and the Government of Syria (GoS) to proceed with evacuation of residents of besieged Al-Waer city. Al-Waer has been under siege since 2013 with limited access to humanitarian aid¹, hosting some 50,000 persons, in addition to thousands of IDPs who fled other areas in Homs prior to 2013. The agreement provided that first evacuation will take place within seven days from the signing of the agreement and that evacuation shall continue on a weekly basis during two months.

Evacuees will be transported to Jarablus, Idleb or northern rural Homs. The predicted population movement in and from Al Waer, according to the negotiation committee is as follows: Jarablus 6,000 people, Idleb 6,000 people, northern Homs 3,000 people, GoS-held areas 7,000 people, staying in Al Waer 8,000 people.

During March three convoys were successfully conducted, with total of 4,150 people evacuated to Jarablus and 1,450 to Idleb.

Public Health Risks, Priorities, Needs and Gaps

Trauma

New war-related **11,954 trauma cases** were recorded and treated in March 2016.

Communicable diseases (EWARN)²

Incidence of **influenza-like illness (ILI)** and **severe acute respiratory infection (SARI)** observed among the affected population is within the seasonal baseline.

Trends of ILI, SARI, as well as of diarrheal diseases and leishmaniasis are presented in the **Figure 1**.

Acute Flaccid Paralysis (AFP)/Polio. No new Polio cases were detected in 2017. 66 AFP cases were reported up to week 09. Three cases aged 6-59 months received zero OPV doses (two in Deir-Ez-Zor governorate and one in Al-Hasakeh). Key Surveillance indicators are as follows: non-Polio AFP rate - 9.4, stool adequacy rate (91%), non-polio enterovirus isolation rate (0%), Sabin-Like isolation rate (0%).

Measles outbreak in Idleb. In March 2017 increase in measles cases was reported in Idleb (see **Figure 2** for trend and distribution of the reported cases).

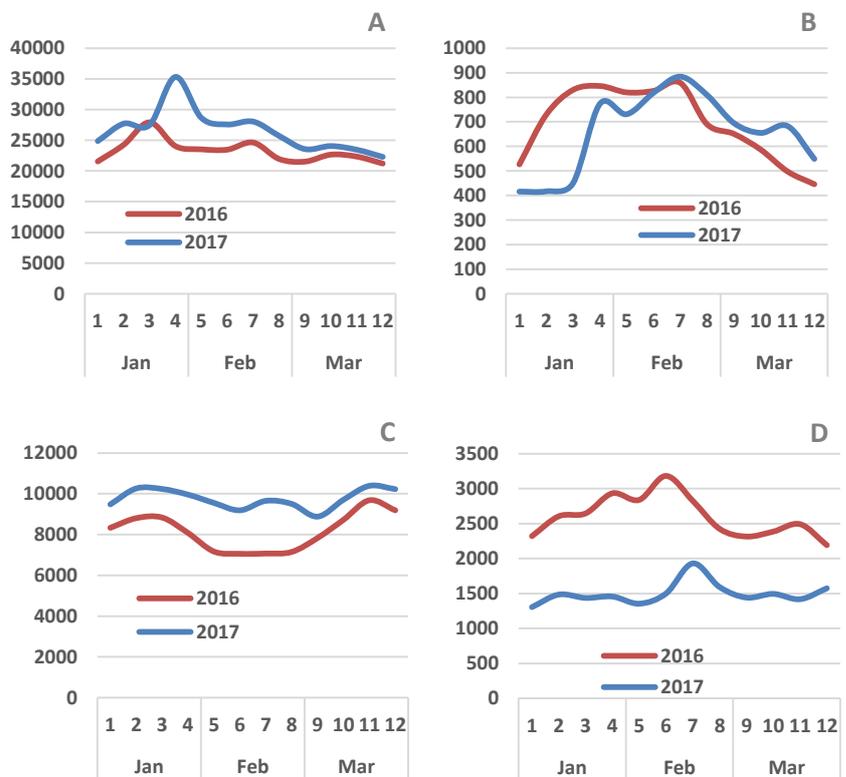


Figure 1. Trends of the priority diseases for the weeks 01-12 of 2017. Data is provided by EWARN².

A - influenza-like illness (ILI); B - severe acute respiratory infection (SARI); C - diarrheal diseases (acute bloody diarrhoea, acute diarrhoea and acute watery diarrhoea); D -

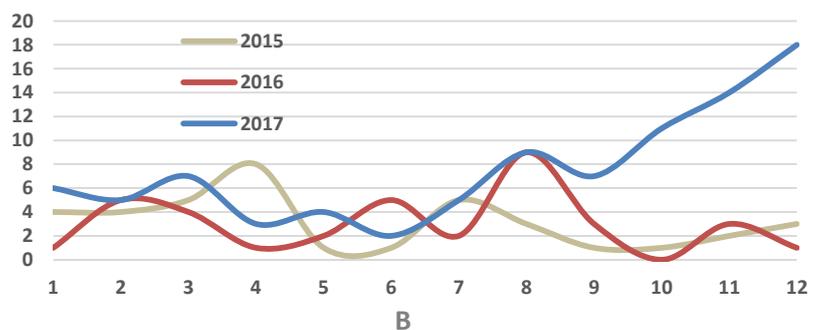
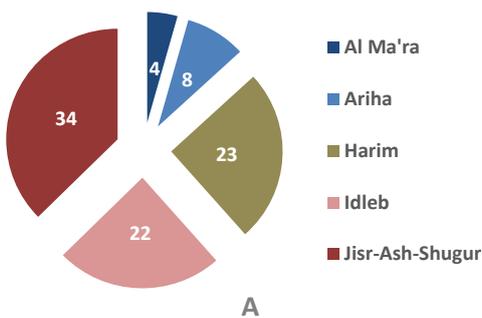


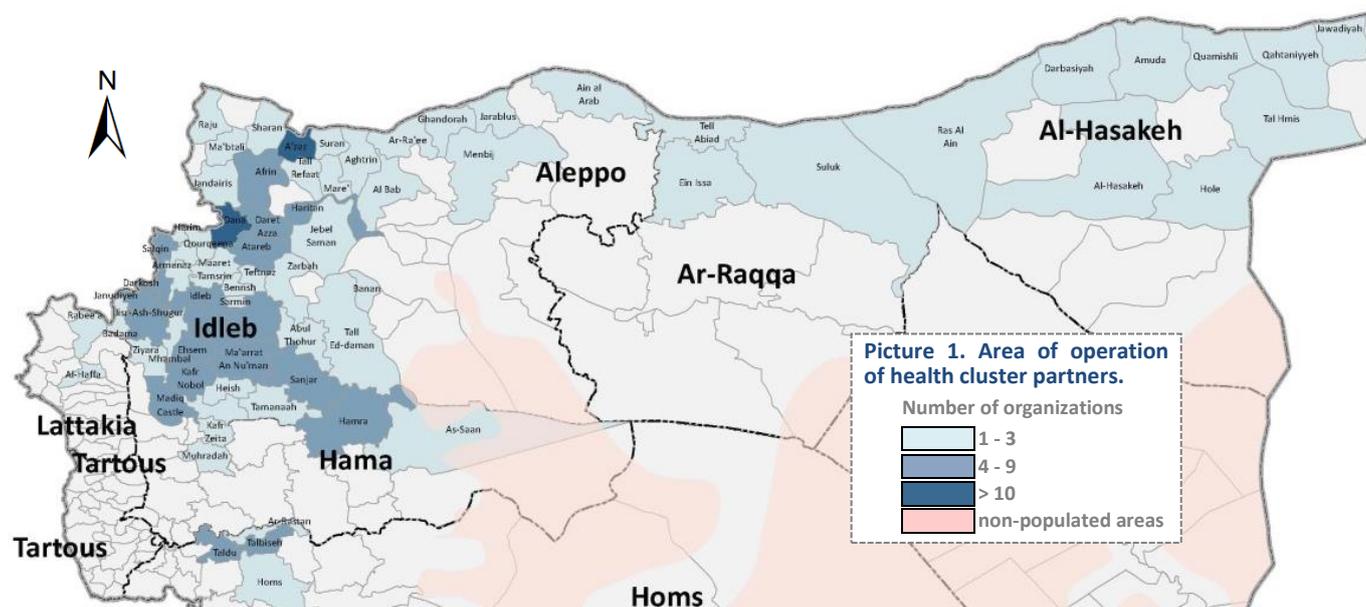
Figure 2. Measles suspected cases from Idleb, trends. A – distribution by district; B - trends of reported cases by week.

¹ The last convoy to have reached the area was on 24 October 2016

² Early Warning, Alert and Response Network.

Health Cluster Action

The Cluster partners representing Turkey hub are present in 10 governorates, 45 districts, 99 sub-districts, and 275 communities in northern Syria providing support to 350 health care facilities, including 56 mobile clinics (see [Picture 1](#)).



Health cluster coordination

In March 2017, **Health Cluster conducted two coordination meetings** (9 and 23 of March). Among the issues discussed were:

- (i) Timeline and review process for Humanitarian Pooled Fund 2017 for the Health Cluster;
- (ii) Health Cluster Readiness within Al-Waer Evacuation Plan;
- (iii) Health situation, gaps and health cluster response for Al-Bab;
- (iv) EWARN report and measles outbreak.

An **ad-hoc coordination meeting** was held on 15 March to prepare a plan for **Al Waer evacuation**. The existing resources were mapped and partners were tasked for preparedness and response actions. The measures included setting up of Emergency Operations Center, mobilization of ambulances and mobile health units and strengthening the health services at final destinations by providing additional health staff and medical supplies.

Health Cluster Strategic Advisory Group meeting was conducted on 8 March. The main action points included

- (i) Advocacy for cross-line shipment for dialysis consumables;
- (ii) Follow-up with Damascus hub for inclusion of other locations in the plan for measles vaccination implemented by SARC;
- (iii) Development of “Minimum eligibility criteria” by the health cluster in consultation with all stakeholders;
- (iv) Assess impact of MRFs³ withdrawal on delivery of health services due to the HPF ceiling issue.

Assessments and Information

Availability of health care services (HeRAMS)⁴. Detailed analysis of gaps in health care provision in Aleppo, Idleb, and Hama as of March 2017 could be provided upon request from the Health Cluster (see [Contacts](#)).

Al-Bab assessment. Mapping of facilities serving population in Al-Bab area was conducted in coordination with Health Cluster partners. Al Bab previously had eight health facilities in the city, all currently not functional, four of them private hospitals, three public hospitals and one primary health care facility. Of the private hospitals, one of the private hospitals is completely destroyed; two endured severe damage, and one suffered minor damage. Among public hospitals, two are completely destroyed and the other one is partially damaged. PHC clinic was partially damaged.

The assessment was followed by an evaluation of current needs in medical supplies. The priority needs in Al Bab are: temporary medical units, ambulances, rehabilitation of health facilities and equipping them health staff and drugs and medical supplies. WHO provided medicines and medical supplies to the partners according to the identified gaps.

Monitoring of attacks on health care

In March, 26 unconfirmed incidents of violence against health care were reported, 14 of which were verified, and the remainder in process of verification. Of the **14 verified incidents**, ten were on hospitals (three hospitals in Hama, two in Idleb, one in Ar-Raqqa and one in Dar’a), one was an advanced medical point in Madiq Kastle in Hama governorate, one was ambulance, and other three were attacks on health care workers in Dar’a Al-Balad, Dar’a governorate (dentist and paramedic were killed) and Idleb (one nurse was killed in Kafr Nobol village). All hospitals went temporarily out of service, except on in Dar’a remains opened.

Collectively, the attacks resulted in killing of at least eight people including four health care worker and wounding at least 11 including seven health workers.

In total, from January to March 2017 32 verified incidents of violence against health care were reported.

For more details see [March report on Monitoring Violence Against Health Care](#).

³ Medical Relief for Syria Medical Relief for Syria

⁴ Health Resources Availability Mapping System.

Capacity building and Restoration of Disrupted Services

Humanitarian response planning workshop. On 28 March 2017 Health Cluster Orientation and planning workshop was conducted for Health Cluster partners. The main topics of discussion were Cluster approach, functions, roles and responsibilities, Whole of Syria Coordination architecture, Humanitarian Response Plan and Health Cluster Workplan for 2017, including objectives, activities and indicators.

Hospital Management. 20 local staff from Health Directorates were trained in project management by Union of Medical Care and Relief Organization (UOSSM). Also, 34 medical directors and 22 administrative directors were trained in hospital management by WHO. Independent Doctors Association (IDA) trained 3 emergency room doctors, 5 nurses, 3 receptionists and 1 manager in external medical referral system, and also 10 nurses, 4 doctors, and 3 administrative staff in hospital management for nurses.

Clinical Management. 8 physicians (6 pediatricians, 1 internist and 1 general practitioner) received 11-day training for trainers on Integrated Management of Childhood Illnesses (IMCI) with the support of Syrian American Medical Society (SAMS).

27 Community Health Workers were trained in Infant and Young Child Feeding (IYCF) by IDA.

14 doctors and nurses from Afrin received 3-day online-training on Package of essential noncommunicable disease interventions for primary health care in low-resource settings (PEN).

Supply Chain Management. 20 local health care staff working in northern Syria were trained in Supply Chain Management by Syria Relief.

Emergency Medical Supply Line. Health Cluster partners received training on monthly monitoring and reporting for the Emergency Medical Supply Line.

Support to health service delivery

Health Cluster delivered 2,183 mental health consultations in March 2017. Also, 6,079 people living with disabilities were provided with support.

Immunization

Polio. Second polio campaign was conducted in Idlib and Aleppo governorates, vaccinating 58,903 children in March.

Western Rural Aleppo. A 10-day campaign was conducted during 14-23 March, providing Penta-valent vaccine to 15,153 children aged 2-59 months and MR vaccine to 11,579 children 12-59 months.

Al-Waer Evacuation response. Two vaccination teams were formed in Jarablus, Aleppo governorate, to vaccinate children under 5 years evacuated from Al-Waer. Upon arrival Oral Polio Vaccine and Vitamin A were given to the children and routine vaccination was provided in the following days. 377 children were vaccinated so far, the activity is still ongoing.

Routine Immunization. Routine Expanded Programme of Immunization was revitalized in 5 Health Centers in Idlib governorate.

Plans for Future Response

Humanitarian Response Plan 2017

Under the framework of the 2017 HRP, the humanitarian community aims to provide up to nine million people in need with direct assistance and 12.8 million people in need with improved access to basic social services. Specifically, the allocation will fund projects that support the achievement of the HRP Strategic Priorities.

- **Objective One:** Provision of life-saving humanitarian assistance ensuring that needs-based, multi-sectoral humanitarian assistance reaches the 5.7 million people living in areas with the highest severity of need.
- **Objective Two:** Enhance the prevention and mitigation of risks and to respond to protection needs related to a violent and protracted crisis, including by promoting international law, IHL and HRL.
- **Objective Three:** Increase resilience and livelihood opportunities as well as improve affected people's sustained access to basic social services and to bolster household- and community-level resilience to shocks.

In 2016, 34 health facilities (14 hospitals and 20 primary centres) and 2.3 million people were supported through the Humanitarian Pool Funding (HPF) process. The HPF supports a total of 17 projects in 2016.

The first allocation of the pool funding is 20 million including 4.4 million for Health and Nutrition. The strategic objectives for the first standard allocation are built upon the humanitarian effort in 2016.

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