HEALTH SECTOR BULLETIN

December 2018

Syria Arab Republic
Emergency type: complex emergency
Reporting period: 01.12.2018 to 31.12.2018

<table>
<thead>
<tr>
<th>11.3 MILLION in need of health assistance (2018 HRP)</th>
<th>6.1 MILLION internally displaced</th>
<th>2.9 MILLION with disabilities</th>
<th>1.16 MILLION in HTR locations</th>
<th>4.3 MILLION women of reproductive age</th>
</tr>
</thead>
</table>

HIGHLIGHTS


Impact on emergency health response in case of possible military escalation in north-east Syria.

Operational health sector preparedness for Menbij area in Aleppo governorate. Health sector plan for Menbij area has been updated by Aleppo hub (including trauma referral).

Operational plan for north-east Syria (including trauma referral) is in the process of being updated by Qamishli hub.

Essential health service coverage in key camps and settlements across the country, especially in north-east Syria.

Responding to leishmaniasis in north-east Syria.

2019 HNO and HRP progress.

A way forward for health sector coordination in 2019.

<table>
<thead>
<tr>
<th>November</th>
<th>4W indicator (PMR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>572,283</td>
<td>Number of medical procedures</td>
</tr>
<tr>
<td>294,508</td>
<td>Number of treatment courses</td>
</tr>
<tr>
<td>56,661</td>
<td>Number of trauma cases supported</td>
</tr>
<tr>
<td>29,944</td>
<td>Number of children U5 immunized</td>
</tr>
<tr>
<td>1,093</td>
<td>Number of sentinel sites submitting weekly EWARS reports</td>
</tr>
<tr>
<td>2,177</td>
<td>Number of deliveries attended by skilled attendant</td>
</tr>
<tr>
<td>484</td>
<td>Number of facilities providing rehabilitation services</td>
</tr>
<tr>
<td>0</td>
<td>Number of reports monitoring violence against health (MVH)</td>
</tr>
<tr>
<td>1,500</td>
<td>Number of health care workers trained and re-trained</td>
</tr>
<tr>
<td>12</td>
<td>Number of reporting organizations into 4W</td>
</tr>
<tr>
<td>44</td>
<td>Number of implementing sector partners on the ground</td>
</tr>
<tr>
<td>97%</td>
<td>Districts are reached by health sector partners</td>
</tr>
<tr>
<td>36%</td>
<td>Reached sub-districts in HTR locations</td>
</tr>
<tr>
<td>12.8%</td>
<td>Treatment courses distributed in HTR locations</td>
</tr>
<tr>
<td>12.8%</td>
<td>Medical procedures supported in HTR locations</td>
</tr>
<tr>
<td>436.6</td>
<td>Required (US$ m), WoS</td>
</tr>
<tr>
<td>165</td>
<td>Funded (US$ m), WoS</td>
</tr>
<tr>
<td>37.8</td>
<td>Coverage (%)</td>
</tr>
</tbody>
</table>
SITUATION OVERVIEW

- Russian President Vladimir Putin and Turkish President Recep Tayyip Erdogan have agreed on steps to implement the agreement on Syria’s Idlib demilitarized zone during their meeting in Buenos Aires on the sidelines of the G20 summit.
- The security situation remains unstable and volatile, the main hot spots being Idlib, Homs, Hama, Aleppo, Ar-Raqqa and Deir-ez-Zor governorates.
- On 9 December, the UN in Jordan and Syria commenced an exceptional delivery of humanitarian assistance, transferring aid from the UN and partners in Jordan to UN agencies and partners inside Syria. In total, 369 trucks are planned to cross from Jordan into Syria pending the necessary customs clearance processes.
- Heavy clashes were reported between SDF and ISIL in Hajin pocket, South East rural of Deir-ez-Zor.

Possible military escalation in north-east Syria: “The Turkish president announced on 12 December Turkey’s intention to conduct a military operation against separatists and terrorists in north rural Aleppo (Menbij and Ein Arab) and east area (Raqqa, Deir-ez-Zor and Al-Hassakeh). This was followed by a sudden decision of the Americans to pull all US forces out of Syria. The decision came after the president Donald Trump declared victory over ISIL and clarified that after this victory no need for US troops to stay there. Turkey backed NSAGs announced their support to any Turkish operation against the Kurds militias in Menbij and east area. On 21 December 2018, Turkish president stated that Turkey will postpone a military operation against Syrian Kurdish fighters in northeast Syria after the US decision of sending all its forces home. The Kurdish People’s Protection Units (YPG) called on the Syrian government to take control of the city of Menbij to protect the area against a threatened Turkish invasion. The Syrian Government announced on 28 December the entry of units of Syrian Arab Army to Menbij city. This information was denied by International Coalition Forces who insisted that US forces were still in the city. Turkey stated that it would abandon its plans if the GoS forces entered the city.”

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Priority response:

- Ensuring essential health service coverage in key camps and settlements across the country
- Sustained and expanded PHC interventions in newly accessible areas through partners and rehabilitation of public primary health centres
- Critical (objective and evidence based) review of prioritization for areas in severity scale above 3
- Expansion of routine immunization in Deir-ez-Zor (eastern areas) by establishment of fixed vaccination centers
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- Increased support to secondary and tertiary care facilities in north-east Syria (Raqqa city, Tabqa, Tal Abiyad, Deir-ez-Zor)

- Operational health sector preparedness for Menbij area in Aleppo governorate. Health sector plan for Menbij area has been updated by Aleppo hub (including trauma referral)
- Operational plan for north-east Syria (including trauma referral) is in the process of being updated by Qamishli hub
- Continuity of services/transition - technical discussions are held if there is a need to fill in the gap in case of withdrawal of XB NES health partners
- Planning for 2019

Major gaps and constraints for NES response:

- Health sector operations are subject to approvals and agreement with national and provincial authorities, including Kurdish Self-Administration.
- If by now a de-facto mechanism has been developed and put in place for health sector to expand and support health service provision across different areas of NES regardless of the area of the control, the major constraint will be inability of Damascus run operations to maintain its operational presence in Turkish controlled areas.
- There is already a high vulnerability to infectious diseases due to insufficient immunization coverage rates, poor living conditions and high numbers of displaced living in poor and overcrowded conditions. There is a recognized high burden of diseases due to poor healthcare coverage compounded by poor basic services, poor WASH in camps and communities. There are several highly underserved areas with high needs. Another large-scale displacement will only deteriorate the existing critical situation across NES.
- In addition, to the highly disrupted public health system resulting in an increasing number of outbreaks, there are no recognition by the Self Administration of the Syrian MoH and vice versa; significant delays in receiving the approvals to roll out projects in NES from both sides: GoS and KSA; difficulties (impossible at this stage as only by air) in receiving approvals from GoS for road deliveries to Qamishli hub.
- Lack and limited capacity of implementing partners (among national NGOs) inside Ar Raqqa governorate.

Situation in Hajin area, Deir-ez-Zor area

Situation in and around escalation of Hajin is very serious with disturbing reports of ongoing hostilities affecting the civilian population in south-eastern Deir-ez-Zor Governorate. Airstrikes in the Hajin and Abu Kamal areas reportedly killed and injured several civilians, including women and children. Ongoing clashes in Hajin town and surrounding areas reportedly continue to place further lives at risk. Public national hospital in Hajin has been non-functioning and partially damaged since July 2018. It is reported that the shift of control took place recently and the area is gained by the SDF. The area remains inaccessible. The hospital and its area are reported to be largely damaged due to previous and present escalation. The United Nations and its partners have been unable to access the area in the last weeks due to the active hostilities. Thousands of IDPs arrived at Al Hol camp from Hajin in December. Children were not vaccinated for the last 3-4 years. Qamishli team closely follows up the situation with response: vaccination; absorption capacity of the camp based health facilities in Al Hol, readiness of existing health points to provide the required services; response to trauma patients if they come
out from conflict areas; readiness and response to support referral system; disease surveillance system readiness and response; psychosocial support and counselling; detection of TB and other NCD conditions.

**Situation with Rukban (Syria/Jordan border)**

Follow up on 13 patients with leishmaniosis (as arrived from Mayadin and Deir-ez-Zor areas). Follows up with the health clinic inside the camp on the reported and evacuated cancer patient to the GoS area. Ready to take part in the second convoy if and when approvals are received. DoH Rural Damascus will continue its support to vaccinate all children under 5 in the camp in coordination and aligned with the next IA convoy. There is a plan to include 25 DoH field workers for vaccination purpose. DoH Rural Damascus is ready to strengthen disease surveillance situation in the camp (response to cases of acute diarrhea, leishmaniosis, TB and other priority communicable diseases). There is a plan to include 15 DoH field workers for this purpose. The teams will provide general OPD consultations, train health personnel of the camp on disease surveillance, case management of diarrhea, leishmaniosis, carry out TB active case detection.

**Situation in Areesha camp in Hassakeh governorate**

WHO and health sector follow up on the situation with Areesha camp in Hassakeh governorate. There are extensive discussions at the local level on the future of this camp based on heavy seasonal floods with impact on the ground. Different options are being looked at, including relocation to Al Hol, Mabrooka camps or return to the areas of origin. WHO, UNICEF, UNFPA have partners operational in health in the camp with advisory to take the necessary preparedness measures to avoid flooding of working space across the camp.

**Vaccination in selected areas of Deir-ez-Zor**

WHO and UNICEF collectively address the shortcomings and challenges related to the required vaccination in the areas under SDF control (northern parts of the Euphrates river (Jazera). There are remaining disagreements between DoH and the Local Council on the modalities of vaccination implementation.

**Reported hepatitis cases in Menbij area, Aleppo governorate**

WHO followed up on what was reported 10 cases of “meningitis” in Menbij area while verifying the alert as indicated symptoms indicated to Hepatitis A infection and contacting MoH/DoH for procedures to investigate and response to suspected meningitis cases, in case confirmation of meningitis cases. All lab results confirmed hepatitis A.

**Food poisoning cases in Dara’a:**

On 3 December Daraa DoH reported 47 clustered cases of mushroom poisoning, and three children deaths. Cases were reported between 29 November and 2 December. Symptoms include abdominal pain, vomiting, general asthenia, and diarrhea. The cases were detected in Sukareia area in Nawa district. The rapid response team of Daraa has suggested poisoning is consequence of contamination with some kind of toxins, rather than related to the type of mushroom, as it is usually consumed by the local households with no previous poisoning history. DoH tested samples of mushroom at the laboratories of Local Administration & Environment to check residual pesticide and heavy metal poisoning.

**Responding to leishmaniasis in north-east Syria**
Situation in Abo Khashab camp (leishmaniosis)

WHO follows up on the reported information from Abu Khashab camp on newly arrived 70 leishmaniosis cases from Hajin, Al Susah and Mehkan areas in Deir-ez-Zor. Based on the coordination with Leishmaniosis control program in MoH and DoH the following actions are proposed to be conducted in response to Leishmaniosis cases in Abo Khashab camp: DoH Leishmaniosis control program will establish a mobile team. The team will carry out active case detection for one week. Expect start date is 23 December. The mobile team will conduct a rapid assessment of Leishmaniosis situation in the camp (number of population, estimated number of CL cases, affected age group, prevention measure to be applied). DoH team will develop a plan to conduct regular visits for active case finding and case management of the detected cases.

Situation in Ma’adan area (leishmaniosis)

WHO follows up on the official letter from the Health School Directorate in Ar Raqqa requesting support on prevention on leishmaniasis among schoolchildren in Ma’dadan area. It is has been agreed with DoH that their health point in Maadan will provide the leishmaniosis’ treatment twice a week on regular basis.

A coordinated approach is in place among the engaged stakeholders in the country with agreement on a joint action plan to harmonize activities for disease control across NES (scale up of prevention, early detection and treatment of leishmaniasis). The following actions to reinforce efforts to control leishmaniasis in NES are defined:

1. Joint assessment visit between MoH, WHO, and ICRC (tentative date 20 January 2019). The objectives of this visit to Deir-ez-Zor and Raqqa are: To assess to current situation of leishmaniasis health services in terms of availability of diagnosis and treatment; Review of surveillance data (routine and EWARS data); Review the status of existing control activities; Define gaps and challenges in controlling leishmaniasis in NES; Identify the needs of and recommendations for implementing appropriate control measures.

2. Strengthen the diagnosis and case management: Activate leishmaniasis treatment centers in all districts in NES; Recruit new health workers in the control program of leishmaniasis; Distribute the national guideline of leishmaniasis control; Training workshops for HWs in NES, and ensure that all health staff engaged in leishmaniasis control are trained; Ensure the availability of anti-leishmaniasis medicines in all treatment centers; Support mobile clinics and deployment of mobile teams in the highly affected area.

3. Strengthen the surveillance: Strengthen the surveillance and reporting system to detect and report leishmaniasis cases; Build the capacity of surveillance officers on data collection and analysis; Active case detection and screening for leishmaniasis cases by mobile teams through home visits or outreach to the local community.

4. Prevention measures and health education: Ensure availability of insecticide treated bed nets to be distributed on population at high risk; Awareness-raising sessions and activities about potential risk factors associated with leishmaniasis and preventive measures to be conducted.
At present, MoH activated 12 health centers in Deir-ez-Zor alone to provide treatment. 80 new health workers were nominated to be recruited by DoH. PHC centers were provided with reporting formats and patients’ registry. The DoH will deploy 2 mobile teams to provide treatment of leishmaniasis cases in five locations. 2500 bed nets were provided to DoH and training for health workers will be conducted in January 2019.

HNO and HRP 2019

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 January</td>
<td>Draft HNO sector chapters, severity, PiN, etc shared with partners to inform project development</td>
<td>WoS Sector Leads</td>
</tr>
<tr>
<td>7 – 14 January</td>
<td>Sectors develop DRAFT HRP sector response plans with members in consultation with hubs</td>
<td>WoS Sectors</td>
</tr>
<tr>
<td>7 – 22 January</td>
<td>Refresher HPC Projects Module, PRA and GAM trainings</td>
<td>All</td>
</tr>
<tr>
<td>22 January</td>
<td>Sector HNO draft narrative and infographics finalized</td>
<td>WoS Sector Leads</td>
</tr>
<tr>
<td>17 January</td>
<td>Sectors share DRAFT HRP sector response plans with sector members and OCHA (including sector frameworks)</td>
<td>OCHA</td>
</tr>
<tr>
<td>21 January</td>
<td>Opening of HPC Projects Module for appealing agencies</td>
<td>OCHA</td>
</tr>
<tr>
<td>20 – 31 January</td>
<td>HRP project development</td>
<td>Partners</td>
</tr>
<tr>
<td>1 – 5 February</td>
<td>HNO draft finalized</td>
<td>OCHA</td>
</tr>
<tr>
<td>6 – 12 February</td>
<td>HNO shared with SSG</td>
<td>OCHA</td>
</tr>
<tr>
<td>1 February</td>
<td>Freeze HPC Projects Module for project review</td>
<td>OCHA</td>
</tr>
<tr>
<td>1 – 10 February</td>
<td>Sector project review/vetting</td>
<td>Joint WoS / Hub sector com</td>
</tr>
</tbody>
</table>

Proposed health sector objectives for 2019 HRP

Health Objective 1: Provide life-saving and life-sustaining humanitarian health assistance with prioritization of those most vulnerable and in need, relates to SO1.

Health Objective 2: Strengthen health sector coordination and health information systems for an effective provision of life-saving health activities, and timely response to disease outbreaks, with an emphasis on enhancing protection mainstreaming and ensuring equitable access for health, relates to SO2.

Health Objective 3: Improve health system capacity for support of continuity of care, strengthen community resilience and response to IDP movements and shift in control lines, relates to SO3.

A few important tips to the organizations working on 2019 HRP health sector project proposals - please make sure:

1. All required cells of OPS project sheet are filled.
2. Update “needs” section properly and as per your respective organization’ analysis and overview.
3. Update “indicators and targets” properly and reflect baseline and target indicators.
4. Pay a proper attention to the “budget” breakdown and related lines.
5. Cover the focus and purpose of your Organization’ activities (including indicators) for hard to reach areas and areas of higher severity scales. Do not make your project look like as if it will be solely implemented in GoS controlled areas.
6. Under Protection Risk Analysis, you take a real moment to reflect how you see addressing PRA related issues in your respective projects. It is a must!
7. Provide disaggregated population data.
8. Do not just resubmit HPF project proposals which were earlier rejected and not meeting priority criteria.
9. Do not submit project proposals aimed at rehabilitation of private health facilities or requesting support only for referral component!
HEALTH SECTOR ACTION/RESPONSE

Situation in the north east Syria

Health sector developed response planning in case of further escalation by Government of Turkey (based on OCHA NES Scenarios and Response Implications) for both north-west (Menbij response) and north-east Syria.

Impact on health – A health program in North-East Syria (Ar Raqqa, Al Hassakeh and Deir-ez-Zor governorates) is expected to be largely disrupted. This will include: Coordination and Information Management (XL and XB under WoS); Trauma and burns; Secondary care; Primary healthcare; Disease surveillance and response; Immunization (campaign and routine EPI); Reproductive Health; Routine Immunization; Malnutrition and childhood screening, clinical management; Mental health

The impact will be critical in its scope and magnitude regardless of the area of possible “incursion” either up to Menbij or Qamishli or further to the east.

• Interruptions in service provision and acute shortages of health staff and functioning health facilities mean that people with life-threatening illnesses or injuries may not receive life-saving care across affected areas.
• Unsafe water and poor hygiene practices among displaced people in shelters/camps increase the risk of water- and foodborne diseases.
• 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 respiratory tract infections, lice and scabies, gastrointestinal diseases.
• Sub-optimal referral services for seriously ill or wounded patients who require further hospitalization (e.g. dialysis service is only available in Tal Abyad national hospital in Ar Raqqa governorate).
• Inadequate antenatal and postnatal care services for pregnant women, and lack of contraceptives
• Lack of mental health and psychosocial support services for both children and adults.
• Chronic and acute malnutrition, particularly among young children, place them at greater risk to infectious diseases and complications.

Health sector does not have a separate response plan for this scenario as if this territory falls under the Turkish control; it is highly likely that no traditional access will be in place from within Damascus supported operations via its hubs in Qamishli or Aleppo to gained geographical areas. This will also block ongoing XB assistance from Iraq and steps will have to be undertaken to consider XB from Gaziantep to these areas.

Health sector will re-orient its program objectives and response to the specific areas if the large-scale displacement is in place.

Moreover, it is yet early to report on which activities will be implemented for areas under potential displacement (remaining under the control of Kurdish Self-Administration or the GoS) while it is clear and straightforward which activities will be suspended for areas which may fall under “Turkish incursion”

A significant scale-up in health sector’s north-east Syria response from Damascus level and its Qamishli hub is envisaged:
• Improve access to basic and advanced health services inside Ar-Raqqa and Al Hassakeh governorates;
• Strengthen the institutional and response capacity of available public and private health services;
• Reinforce mobile medical units for outreach response to improve health care delivery in camps for internally displaced persons and informal settlements;
• Pre-position health supplies for public and privately supported health facilities across Ar Raqqa and Al Hassakeh governorates (detailed lists of required supplies for UNICEF, WHO, UNFPA are available)
• Build up partnerships with all available health service providers (public and private) to strengthen and improve the emergency referral system to access secondary and limited tertiary health care services in Ar-Raqqa, Al-Hassakeh, and Aleppo governorates (and, in specific cases, Damascus);
• Strengthen evacuation pathways for injured patients from conflict areas to referral facilities through north, east and west evacuation routes;
• Continue leading the health sector response through scaling up of health sector sub-national meetings in Qamishli, and facilitating updates and information exchange on the response from cross-border activities through the Whole of Syria framework.

• As an example, in September 2017, WHO conducted a trauma assessment in NES. In May 2018, WHO finalized its health needs assessment for the 7 IDP camps in NES, with recommendations shared and implemented across all partners. In September 2018 WHO conducted a second assessment of trauma services across NES, including in Ar Raqqa city in order to scale up its support for trauma and secondary care. Current and future response activities are within the key findings and recommendations of some of these assessments.
• Support will be provided to the alternative health facilities (hospitals and TSP). WHO is working closely with authorities to finalize the list of these locations for further enhancement.

• Earlier planned deliveries to Menbij areas will be re-oriented to other location as agreed with local authorities.
• Dialysis unit is to be moved from Tal Abyad to Tabqa hospital.
• 5 air lifts are planned by WHO to Qamishli to deliver 100 tons of health supplies. Additional 400 tons of health supplies are in Damascus for next serious of air lifts.
• 2 shipments (3 tons or 15,000 treatment courses) are ready to be delivered to local health authorities for areas (Hospitals and TSPs in border towns starting from Malkia in the east to Kobani (Ain Alrab) in the west and health facilities in Ar Raqqa governorate). This includes: PHC medicines, trauma equipment (operation table, defibrillator, monitor, Blood Bags Refrigerator), trauma and burn kits, IV fluids, emergency and preoperative medicines, analgesics, antibiotics and chronic medications.
• 4 new mobile health clinics are being delivered from Lattakia warehouse to Qamishli hub for further use by 4 WHO implementing partners.

If the situation gets escalated, health sector will appeal for additional funding to help it respond to the potential crisis in north-east Syria with over hundreds of thousands potentially displaced people, including civilians who may be severely wounded during the military escalation while having only limited access to health care. Priority activities will include:
• Revitalization of essential public health facilities
• Temporary deployment of mobile medical teams and clinics
• Provision of routine vaccination of children to different health facilities
• Supporting the diagnostic and treatment services by provision of medical equipment and supplies needed for PHC services at health facility or mobile team/clinic
• Strengthening the capacity of health staff working in public health facilities
• Strengthen and improve the emergency referral system to access the secondary and limited tertiary health care services in public health facilities as well as to strengthen the level of preparedness and response for and management of trauma and other types of patients

A way forward for health sector coordination in 2019

Health sector coordination remains essential as the nature of humanitarian needs across the country has not changed. In 2019 coordination will be vital to define:

• Access strategy and principled response (including how to assure continuity of services in newly accessible areas and areas of higher severity needs);
• Prioritization (criteria used to prioritize among locations, health facilities, beneficiaries, activities, modalities of intervention);
• Accountability and qualitative approaches;
• Advocacy strategy.

In 2019 coordination will respond to the needs to ensure compliance with the principles and parameters of safe, dignified and voluntary returns, duty of care for the protection of humanitarian workers.

Protection envisages essential access to life-saving and life-sustaining health services. Protection and dignified return can only be achieved if the main objective is reached to recover the largely disrupted public health service system across Syria.

The composition of the health sector of Syria hub (with national authority – 2; UN agency – 7; Sector – 2; National society – 2; International NGO – 8; Observer – 9; National NGO – 79) requires continues support and build up within CCPM (Cluster Coordination Performance Monitoring) parameters with focus on:

• Provision of life-saving and life-sustaining humanitarian health assistance with an emphasis on those most at risk and in need;
• Strengthening health sector coordination and health information systems to improve the effectiveness of life-saving health response for people in need, with an emphasis on enhancing protection and increasing access for health;
• Improve health system capacity for support of continuity of care and strengthen community resilience and response to IDP movements and disease outbreaks.

Effective coordination will be in place to address all needs and points in a) Principles, Scope and Parameters of 2019 HRP, paper (November 2018); Parameters and Principles of UN assistance in Syria, (August 2018); Donor letter (30 November) to ERC, UN agency principals, RHC, RC/HC and UN Heads in Syria.

Coordination will focus to identify solutions for access a) to deliver health supplies; b) to expand and carry out health services; c) to carry out assessments and surveys.

2019 will be the year of the shift of coordinated response from the Area-based Preparedness and Response Plans to “severity scale” prioritization. To effectively reach this objective there is a need for technical capacities, correct and sound methodologies, profile of organizations engaged in assessment activities (institutional memory, capabilities, etc.). In health from Syria hub there are some 50 different assessment/survey related activities including data collection, information analysis across Syria regardless of the areas of control.

Humanitarian health work in Syria remains flexible, complementary and coordinated through a process of continuous operational review. Health sector will continue to advocate on behalf of all health partners for the safe and sustained delivery of humanitarian aid to all parts of Syria. This includes:

(1) Securing cross-line and cross-border access for supplies;
(2) Enhancing the protection of medical facilities and health and humanitarian workers inside conflict zones;
(3) Securing patients’ unimpeded access to health care facilities; and
(4) Facilitating a smooth transition between health agencies and health care facilities if and when changes of political control occur.

Coordination will further enhance accountability strategy (beneficiaries, partners, donors) and address the issues of quality of health care provided (standards used and monitoring mechanisms); actual user-fees; feedback mechanisms; M&E (including Third Party Monitoring).

Coordination will be supported by principled engagement based on “Joint Operating Principles” (JOPs), strengthened and refined the Whole of Syria Approach while ensuring advocacy and needs analysis remains independent, impartial and neutral.

Activities or outputs:

Health sector will:

1) Continue to strengthen coordination between WoS hubs and with health sector partners;
2) Provide support for the continuous transfer of care for refugees and IDPs that opt to return to their homes (through Jordan, Lebanon, Turkey, and in Syria);
3) Improve the collection and analysis of health information to support the emergency response;
4) Conduct regular health needs assessments;
5) Strengthen advocacy and resource mobilization.

In 2019, there will be a continued need for harmonized humanitarian action in Syria. The WoS approach allows implementing its humanitarian operations through a common framework adopted by all hubs, with operational adjustments as the situation evolves. Operations will be in line with the overall UN approach as defined by the WoS Strategic Steering Group (SSG).

Coordination:

1) Improve coordination through joint contingency and preparedness plans for disease outbreaks and in response to changing conflict dynamics across the hubs;
2) Regular coordination meetings at Hub and WoS level for complementarity response, overlap, gap identification and collaborative efforts between partners and across hubs;
3) Strengthen national NGOs capacity in NGOs management, project management, and emergency health response.

Information sharing and data collection:

1) Continued roll out of health information systems (HIS) at the cluster/working group level;
2) Support improved reporting of health partners into 4W database.

Protection:

1) Advocate for the protection of health care staff and patients at health facilities;
2) Mainstream protection efforts throughout health programming through coordination fora and training/workshops with health partners, with focus on increasing access to hard-to-reach areas and areas of higher severity scale;
3) Register, report and conduct advocacy on attacks on health care;
4) Mainstream GBV activities into health.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of services and supplies delivered to the areas of severity scale above 3 and remaining hard-to-reach areas</td>
<td>20-25%</td>
<td>60-70%</td>
</tr>
<tr>
<td>Number of WoS consolidated reports (EWARS/EWARN, HeRAMS, Attacks on Health; 4W snapshots) produced</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>Number of WoS Health Cluster Bulletins produced</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Number of WoS joint contingency preparedness plans developed</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Number of WoS regular review meetings at the hub and WoS levels</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Number of partners reporting into the 4W database at the hub and WoS levels</td>
<td>41</td>
<td>94</td>
</tr>
<tr>
<td>Percentage of partners providing response to the annual CCPM, including evaluation against 7 critical functions of sector coordination</td>
<td>85%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Updates by selected health sector organizations:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPDC</td>
<td>A total of 210 dialysis sessions have been provided to 24 patients. Total dialysis medicines were distributed to 110 patients. EPDC also provided assistance to 5 patients for emergency surgeries. We are also in the process of preparation a health center in Eastern Ghouta in Arbeen.</td>
</tr>
<tr>
<td>IMC</td>
<td>IMC continued to implement programs for Syrian population in Damascus, Rif Damascus and Al Sanameen (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, in Daraa though one clinic in Al Sanameen, 2 medical mobile units, 1 medical mobile team in five shelters, From a total of 21,931 consultations: 7,057 consultations were provided through static clinic in Barzeh; 7,659 consultations were provided through static clinic in Jaramana; 708 consultations were provided by one mobile medical teams (MMT) in five shelters in Damascus; 2,535 consultations were provided</td>
</tr>
</tbody>
</table>
UNFPA

Ta'qura: “In Tabqa mothers and newborns in good hands” beneficiary said. To gain community emergency needs were very huge. Health aid including reproductive health services provided in the camp in alarming and water is reaching the first camp sector with hundreds of tents; many people were affected and Immediate response has been done in Areesha camp due to high risk flooding whereas the situation is very and ministry of health and ministry of higher education facilities in the Syrian governorates.

UNFPA continuous regular support to provide Reproductive health services through outreach services of NGOs planning consultations were provided and out of them 10599 received modern family planning methods. family Planning, reproductive transmission infections, breast cancer early detection, referral and deliveries. A integrated reproductive health and GBV services including pregnancy care, antenatal, postnatal, neonatal, districts where they reached 329 communities in 12 governorates in Damascus, Rural Damascus, Homs, Hama, rural Daraa and rural Aleppo. Some had been rehabilitated and primary health care facilities rehabilitated in Aleppo and rural Damascus. 1) Al Shuhada DoH PHC clinic in Al Sukkari area in Aleppo: The clinic will cover around 40.000 population of the most vulnerable PoCs living in the area. Delivery of medical equipment and furniture will take place during the first week of January 2019 which will allow the start- up of the provision of PHC services. 2) SARC Al Sukkari PHC clinic in east Aleppo: accomplished by 20 December. The clinic will ensure primary health care services to 60.000 population in the area. The delivery of furniture and equipment is ongoing. Both Al Shuhada PHC clinic and Al Sukkari clinic will provide basic radiology services, along with the national package of PHC services. 3) Al – Khafse PHC in rural Aleppo: rehabilitation work completed alongside with the procurement of furniture and equipment. Delivery of furniture and equipment is ongoing. This will allow DoH to start the provision of health services early 2019 to over 40 villages in rural Aleppo. 4) DoH PHC in Deir Khabeyah/Rural Damascus: The rehabilitation is completed in December. Furniture and equipment will be delivered in January 2019 which will allow DoH rural Damascus to cover over 30,000 population with PHC services. In Daraa - Rehabilitation works started on 11/11/2018 in three DoH- PHC clinics in Al Hrak, Jassim, Al Shajara. 30-40 % achievement end of December. Rehabilitation will be completed early 2019 alongside with furniture and equipment.

UNHCR

33,938 IDPs assisted to access basic package of primary health care services through 13 PHCs supported by UNHCR in Damascus, rural Damascus, Homs, Hama, and Aleppo. Services included medical consultations, investigations, and medicines. 964 IDPs with critical medical cases were referred by UNHCR partners to hospitals and received free of charge secondary care services. 11 health points in community centers provided 2838 IDPs with basic medical consultations, individual and group health counseling and health awareness sessions which included, according to needs in different geographic areas: nutrition, leishmania, polio, reproductive health, disability prevention, AIDS, in Aleppo, Homs, Qunaitra, Tartous. Additional 6 health points were added to the community and satellite centers in 4 governorates making the total of 17 health points by the end of 2018. It’s worth mentioning that the health points strongly cooperate with health actors in the same area, such as cooperation between the health point in Souran- Hama in SSSD NGO community center and self- funded SARC mobile medical team hosted in the clinic to ensure privacy and respect to PoCs and provide medical consultation to those in need. 7658 IDPs were assisted with medical assistive devices (in kind assistance) through UNHCR supported community centers in eight governorates. UNHCR introduced an electronic referral system linking SARC PHC clinics receiving refugees, with 10 university hospitals receiving the referrals and providing secondary care services in Damascus, rural Damascus, Aleppo and Latakia. Training of referral focal points in university hospitals took place in Damascus 11-13/12/2018. The system allows for close technical and financial monitoring of secondary care health services, track health services provided to individual refugees in different hospitals and assist in sharing of patient medical history among health care providers to ensure continuity of care. It’s worth mentioning that the system can accommodate referrals of IDPs to secondary care as well. UNHCR responded to Al Mouasat university hospital urgent request to support ICU, CCU and emergency dept. with Amiodaron ampules. 3200 ampules were provided to MoHE. 34 pediatricians from 11 governorates participated in the training of “clinical management of rape” conducted in Damascus by UNHCR partner: IMC. The pediatricians were mainly staff in health services provided by UNHCR partners in health PHCs and health points in community centers. UNHCR signed contracts with suppliers to supply 9 MoH primary health care centers with medical equipment and furniture, as per MoH standard list of equipment and furniture in PHCs.

MoH-PHCs are in rural Damascus, rural Hama, rural Daraa and rural Aleppo. Some had been rehabilitated and ready to receive equipment and furniture, and some are still under rehabilitation. Furnishing and equipping will follow a schedule that will start early 2019. December 2018 witnessed huge efforts in the completion of rehabilitation projects aiming at revitalization of primary health care facilities in different locations. Four primary health care facilities rehabilitated in Aleppo and rural Damascus. 1) Al Shuhada DoH PHC clinic in Al Sukkari area in Aleppo: The clinic will cover around 40,000 population of the most vulnerable PoCs living in the area. Delivery of medical equipment and furniture will take place during the first week of January 2019 which will allow the start- up of the provision of PHC services. 2) SARC Al Sukkari PHC clinic in east Aleppo: accomplished by 20 December. The clinic will ensure primary health care services to 60,000 population in the area. The delivery of furniture and equipment is ongoing. Both Al Shuhada PHC clinic and Al Sukkari clinic will provide basic radiology services, along with the national package of PHC services. 3) Al- Khafse PHC in rural Aleppo: rehabilitation work completed alongside with the procurement of furniture and equipment. Delivery of furniture and equipment is ongoing. This will allow DoH to start the provision of health services early 2019 to over 40 villages in rural Aleppo. 4) DoH PHC in Deir Khabeyah/Rural Damascus: The rehabilitation is completed in December. Furniture and equipment will be delivered in January 2019 which will allow DoH rural Damascus to cover over 30,000 population with PHC services. In Daraa - Rehabilitation works started on 11/11/2018 in three DoH- PHC clinics in Al Hrak, Jassim, Al Shajara. 30-40 % achievement end of December. Rehabilitation will be completed early 2019 alongside with furniture and equipment.

UNFPA

In November, UNFPA Syria country office assisted partners provided 239,442 health consultations in 92 sub districts where they reached 329 communities in 12 governorates in Damascus, Rural Damascus, Homs, Hama, Aleppo, Deir-ez-Zor, Tartous, Lattakia, Sweida, Al Hasakeh, Raqqaa, and Dar’a. UNFPA supported provision of integrated reproductive health and GBV services including pregnancy care, antenatal, postnatal, neonatal, family Planning, reproductive transmission infections, breast cancer early detection, referral and deliveries. A total of 40 normal deliveries were conducted by our supported NGOs throughout the country and 17600 family planning consultations were provided and out of them 10599 received modern family planning methods. UNFPA continuous regular support to provide Reproductive health services through outreach services of NGOs and ministry of health and ministry of higher education facilities in the Syrian governorates. Immediate response has been done in Areesha camp due to high risk flooding whereas the situation is very alarming and water is reaching the first camp sector with hundreds of tents; many people were affected and emergency needs were very huge. Health aid including reproductive health services provided in the camp in addition to distributing of dignity and protection kits.

Newborns in Raqqaa: “In Tabqa mothers and newborns in good hands” beneficiary said. To gain community trust is one of biggest challenges faced health providers during the crisis. UNFPA and its national partner in Tabqa are the first respondent and started provision of primary health care services in 2017, and became in 2018
the first choice center for pregnant women in Tabqa and surrounded areas. Around 60-70 beneficiaries per day are receiving health care and comprehensive reproductive health services out of it 3-4 cases supported to give birth inside the clinic and one high risk pregnancy case referred to advanced services for treatment and care with close follow up from UNFPA supported team.

Capacity building events: During November 2018, UNFPA country office supported developing the capacity of 60 health workers of MOH from all Syrian governorates except Idlib with focus on best skills in normal delivery, colposcopy and ultrasound professional reading, family planning practices and cancer early detection principles. Also 20 health workers in PHCs received advance training in management information system to verify, and analyze RH statistical data in high standards levels.

To ensure proper follow up and monitoring in the accessible provinces 25 meetings were conducted for all heads of health districts and heads of PHCs in 13 governorates to prioritize the needs, highlight achievement and list challenges faced during the previous quarter.

On the other hand UNFPA targeted in its training plan for November 30 community health workers of Local NGOs supported to provide RH services; by offering new training for 19 midwives regarding nutrition needs for pregnant and lactating women based on the updated national guidelines endorsed by MOH, in addition to TOT training on Family Planning concepts and modern methods for 21 physicians.

<table>
<thead>
<tr>
<th>Number of Treatments</th>
<th>Treatment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>371</td>
<td>Medical exams</td>
</tr>
<tr>
<td>152</td>
<td>Ultrasound</td>
</tr>
<tr>
<td>41</td>
<td>Biopsy</td>
</tr>
<tr>
<td>78</td>
<td>Gynecology</td>
</tr>
<tr>
<td>260</td>
<td>Midwifery</td>
</tr>
<tr>
<td>935</td>
<td>Radiology</td>
</tr>
<tr>
<td>383</td>
<td>Surgical repairs</td>
</tr>
<tr>
<td>45</td>
<td>Surgery</td>
</tr>
<tr>
<td>425</td>
<td>Medical repairs</td>
</tr>
<tr>
<td>70</td>
<td>Medical services</td>
</tr>
<tr>
<td>99</td>
<td>Medical consultation</td>
</tr>
<tr>
<td>71</td>
<td>Palliative care</td>
</tr>
<tr>
<td>57</td>
<td>Cancer treatment</td>
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<tr>
<td>157</td>
<td>General treatments</td>
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<tr>
<td>77</td>
<td>Hospitalizations</td>
</tr>
<tr>
<td>6</td>
<td>Hospitalization admissions</td>
</tr>
<tr>
<td>16</td>
<td>Treatment of diabetic patients</td>
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<tr>
<td>17</td>
<td>Feeding patients</td>
</tr>
<tr>
<td>400</td>
<td>Nutritional support</td>
</tr>
<tr>
<td>500</td>
<td>Nutritional support</td>
</tr>
<tr>
<td>4160</td>
<td>Total patients</td>
</tr>
</tbody>
</table>

We also note that there is a need to provide needed medical services to the neediest and provide primary health care services and support to provide health care and health services...
SUCCESS PHOTO STORY

WHO Syria © WHO Syria - 23 Apr.
10-year old Tahya, who was diagnosed with leukaemia more than a year ago, is one of the patients benefiting from cancer medicines purchased using the contribution from the State of Kuwait. Health is a Human Right #Syria
Read more... ©WHO who/healthbythehour

WHO UAE - World Health Organization (WHO)
EPDC - The conflict had affected the country of Syria leaving no family with no displacement, losing a family member, losing a job or house. One of the people who had to leave their homes in Al-Sayida Zainab to one of the safe suburbs of Damascus is Amer. Amer did not only lose his home but also his job, adding to all of that his suffering from Diabetes which caused his partial loss of sight. That only paved the way to increase in creatine and thus Amer needed dialysis sessions. EPDC decided to help Amer since he was unable to afford the sessions in private centers and regarding his situation. In addition to the sessions, EPDC provided Amer with needed medicine. When EPDC voluntary group conducted visits to check on the patients, Amer condition was already starting to improve and now he does two sessions a week in the dialysis center.

Youth Charity - Mrs. Randa Hijazi came to the medical center of Youth Charity in the area of Dummar, and applied for the installation of a prosthetic limb for the three-year-old Majd Al-Rais, who suffers from amputation of the right lower limb due to war damage within the Eastern Ghouta area, and the child was in a very bad state of health. He suffered from the pain of the left foot and the presence of numerous wounds caused by shrapnel, so the medical team of Youth Charity was very active and responsive to provide him with a prosthetic limb in accordance with the free health contract with the World Health Organization, and they took the child to the Centre. It is noteworthy that the child Majd Al-Rays orphaned of father and mother, where he lost his entire family through the war in the region of Al-Ghouta. He now lives in his grandfather's house with his aunt and children in a rented house within the Qatifah area.

UNHCR - Khaled 12 years old lives with his father after his parents' divorce. Khaled was seriously injured in a bus accident while he was heading to visit his mother. Alongside other survived victims Khaled was rescued to the nearest private hospital. The father was told that Khaled should undergo surgery quickly after the first aid provided. The father, who is a wondering seller of vegetables, ran with no success from hospital to another trying to find the cheapest option of care he can afford. Tamayouz NGO in Damascus supported by UNHCR intervened and supported Khaled surgery and care up to when he recovered. "My heart was broken for my child, I left the vegetables I was carrying and helplessly ran from hospital to another looking for hope …it’s the most wonderful coincidence that led me to those who saved my child from death. Thanks are not enough to reward what you have done! “

تحية طبية

كل يوم نسمع الجديد في عالم الطب، فنجد ما هو جديد وما هو متميز وغيرهما، وكلما نسمع عن قصص الإحالات الطبية التي نسمع صداها من كل جبهة، أمرنا أن نحترم الإصلاحات التي نسمع عن أو قصة نجاح فريق طبي فلن نجدها بنفس الصدى، وفمن مذكرتنا هذه سوف نحن بخصوص القصص الخاصة بالنجاحات الطبية.

الحالة الأولى:

الطفل مقداد شنو يبلغ من العمر 5 سنوات تعرض لحادثة تسببت له بيئته في السقف مما منعه من قيام حياته مثل الأطفال الذين هم في عمره. وقد أدت تلك الإعاقة إلى ازدياد حجمه وزيادة منعه من الاتصال بالروضات التعليمية والترفيهية لتكون صدمته في بداية حياته وانطلاقه لهذا المجتمع فالمبادرة أهل الشام بتركيب طرف صناعي لكي يكون من الفاعل في المجتمع ودراسة حقه في التعليم والأمانية مثل الأطفال. 

يتكمن وجه الطفل في الصورة عن الحالة. 
### SELECTED INFORMATION MANAGEMENT PRODUCTS

<table>
<thead>
<tr>
<th>HeRAMS reports</th>
<th><a href="http://www.emro.who.int/syr/information-resources/herams-reports.html">http://www.emro.who.int/syr/information-resources/herams-reports.html</a></th>
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### CONTACT INFORMATION (NATIONAL AND SUB-NATIONAL LEVELS):

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<tr>
<th>Damascus: national level</th>
<th>Aleppo: sub-national level</th>
<th>Homs: sub-national level</th>
<th>Lattakia/Tartous: sub-national level</th>
<th>Qamishli (north-east Syria): sub-national level</th>
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</thead>
<tbody>
<tr>
<td>Mr Azret Kalmykov</td>
<td>Dr Kady Fares</td>
<td>Dr Nadia Aljamali,</td>
<td>Mr Hamza Hasan</td>
<td>Dr Khaled Al Khaled</td>
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<tr>
<td>Health sector coordinator</td>
<td>Head of WHO sub-office</td>
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