Week 27, 30 June – 6 July 2018

General developments & political & security situation

- The security situation within the AOO remains volatile and unstable with the main hot spots in the governorates of Daraa, Deir Ez-Zor, Ar-Raqqa and Idlib.
- As hostilities escalate in southwestern Syria, SAA (boosted by ground and aerial shelling) achieved significant advances in East and west rural Dar’a. The UN is aware of reports that a ceasefire agreement has reportedly been reached today in southern Syria, this has occurred with calls to the displaced to return to their villages and assurances given for their safety. The United Nations continues to be deeply concerned for the safety and protection of civilians caught in military operations in southern Syria, including up to 325,000 people reported to be displaced since 17 June. The living conditions of Internally Displaced Persons along border areas are extremely difficult, as they lack adequate shelter, sanitation facilities, basic assistance and access to services. Up to 70 per cent of those in western parts of Quneitra are reported to be without shelter, exposed to dusty desert winds and high temperatures.
- In the northwest, in rural Aleppo, heavy clashes erupted between SAA and NSAGs on the outskirts of Bayanon and Anadan towns. The clashes were also coupled with intensive artillery shelling by SAA on the towns of Bayanon, Hayan, Anadan, Hreytan and Kafr Hamra. Meantime, NSAGs located in Adanan and Beyanoun targeted the towns of Nuboul And Al-Zahra with several projectiles. In Manbij, an increase of US and TAF presence has been noted on the outskirts of Manbij city in North East rural Aleppo, while some sources revealed that a US military convoy reached Uun Al-Dadta village to the north of Manbij.
- In the northeast, the general security situation is relatively calm. ISIL fighters attacked several positions of the Syrian Arab Army (SAA) and its allies north of the city of Al-Bukamal in the southern Deir Ezzor countryside. On 29 and 30 June, ICF launched an airstrike targeted ISIS positions in Hajin village. On 29 June, sporadic armed clashes took place between SDF and ISIS Surrounding of Hajin town. Between 29-30 June, ISIS UXO went off in Mhaymidah village and resulted in one casualty. SDF arrested former ISIS members and Elite Forces members in several villages in east and west rural Deir Ezzor

OVERVIEW

KEY HEALTH ISSUES

Health response to multiple and simultaneously evolving emergency situations across the country:

- Cases of measles across the country, leishmaniasis in northern Syria and acute diarrhea in NE Syria.
- WHO’s Response for Southwest Syria has increased with the escalation of conflict and displacements witnessed during the week. IDPs in Quneitra require an urgent humanitarian response.
- Responses to displacements from Afrin district, in East Ghouta (an estimated population of 140,000 in communities), in northern rural Homs 150,000 people remain in areas largely inaccessible to health assistance.

KEY GAPS & CHALLENGES

1. Increased health access for the re-establishment of health service provision across locations that have recently changed hands (e.g. eastern Ghouta, northern rural Homs, southwest Syria).
2. Advocacy for the protection of patients, health workers and health facilities during transitional phases.
3. Increased attention to vulnerability to disease outbreaks given recent population movements within the country and lack of access to basic services, including poor water and sanitation.
4. Regular approvals from national authorities for road deliveries of health supplies to North East Syria.

OPERATIONAL UPDATES

1. Coordination:
- WHO convened a health sector working group meeting to coordinate response operations for Southwest Syria.
2. **Information and planning:**
- Key information on public health facilities in South Syria for South response.
- Key information on public health facilities in Rural Aleppo for Aleppo response.
- 4 infographics of summary of key performance indicators for May 2018, across Syria; North-east Syria; North-west Syria; Southern Syria.
- Site visits to Homs and Hama to assess the priority needs for HeRAMS project with SARC health facilities.

**Developed maps:**
- Current situation and functionality of public health facilities in South-West Syria (Dar'a);
- Distribution of CL cases in 2017;
- Distribution of the health facilities of Society Care and Kindness Act Association/NGO in Hama governorate;
- Distribution of public health facilities in North-east Aleppo.

3. **Health operations:**

**Aleppo & Afrin response:**

**Situation update**
- The total number of Afin’s IDPs is 26,494 families \(\times\) 138,807 individuals, in addition to 1,257 families \(\times\) 6,616 individuals registered from the host community as a people in need.
- Small scale movement reported out of the towns and collective shelters toward either to the former Kurdish held areas (Tal Refaat, Fafin, and surrounding areas) or to Aleppo city and Afrin.
- Returning movement to Tall Refaat is still expected (from Euphrates shield areas), as well as returning movement to Afrin (from current IDPs) if controlling parties allow.

**Returnees to Aleppo city:**
- Returnees to newly accessible neighborhoods in Aleppo city are observed to be increasing in number slowly.
- The total number of registered returnees as of 3 July is 83,884 families \(\times\) 391,075 individuals including 5,754 families \(\times\) 26,925 individuals in 8 surrounding areas of Sheikh Maqsoud (former Kurdish-held areas).
- In addition, SARC registered 6,729 families \(\times\) 30,927 individuals in Shiekh Maqsoud neighborhood and is taking the lead in verifying the registered families to avoid any duplication among the actor databases.

**NGO activities**
- 9 medical mobile teams and 3 static medical points provide essential health care services, MHPSS and nutrition surveillance services services are integrated with 9 medical teams.
- Referral system is supported through local NGO "Al-Ihssan Charity" to Zahraa local hospital as they provided 8 STHC services.
- 6 medical mobile teams started to provide essential health care services in the eastern rural of Aleppo city.

**MHPSS Services**
- 112 mhGAP consultations were provided by DoH, in addition to 97 mhGAP consultations were provided through NGOs trained doctors. Ibn khadloun and DoH mhPSS provided services are 3421.
- 377 MHPSS services were provided through the 9 supported MMTs.
- 115 neurological consultations were provided through our partners.
- GOPA Community centers provided 832 MHPSS and medical services in the community center.
- One psychiatrist started to provide specialized consultations in NUBUL with Al-Ihssan charity, and another one in Eastern rural in Der Hafer with Health promotion NGO.
- 2 capacity building workshops conducted in tow programmes: SH+ & group counselling in conflicted areas.

**Medical transportation for critical cases**
- Coordination is in place, including SARC and DoH, on the effective mechanism to transport critical emergency patients to Aleppo city facilities:
  - 8 war wounded and 2 deaths (caused by shelling) has been reported by DoH in the last week.
  - 0 critical cases have been transported from Afrine IDPs sites to Aleppo city.
  - 2 Critical cases have been transported from IDPs Sites to Alzahraa and Fafin local hospitals.
33 Critical cases have received medical or ambulatory service from SARC within Aleppo city.

**East Ghouta and South Damascus response**

- Preparations are ongoing to conduct health needs assessment at IDPs shelters and across Eastern Ghouta.
- Only 16,335 people remain across 7 shelters. Others have returned to communities across East Ghouta.
- On 1 July WHO delivered 17.5 tons of medicines and supplies that will provide approximately 25,298 and treat 935 trauma cases, WHO participated in an **IA convoy to Douma**. Field visits were conducted to DOH Eastern Douma PHC center, SARC emergency point, DOH hemodialysis point and DOH Rural Damascus specialized hospital run by SARC team.
  - Total population estimated by SARC is 23,350 families with daily returning numbers from IDPs shelter in Rural Damascus.
  - UXO are still imposing a health problem for some families returning to their farms/ latest incident involved four family members who were injured by UXO and referred to Damascus by SARC.
- Health service provision in Douma:
  - DOH Douma Eastern PHC is functioning and also covers Harasta, Hmmorya and Misraba communities.
  - The DOH Douma Western PHC center is to be put in service by DOH Rural Damascus.
  - SARC manages an emergency point (100-120 OPD consultations per day), a medical point and is due to open a new medical point with the following services: RH, internal medicine, pediatric, dentistry, hemodialysis unit, pharmacy, laboratory.
  - The DOH Rural Damascus hemodialysis point is supported by SARC, with 4 functioning dialysis machines, and 10 registered patients including children aged under-15 years old.
  - The Rural Damascus specialized hospital continued to function during April - May 2018, with full medical staff, providing emergency health care, ICU and surgeries (general, orthopedic, ophthalmology, ENT, trauma care and Endoscopic), however services have now reduced significantly to an OPD as many medical staff have left to work in a private hospital within Douma.
- Main health issues:
  - Common communicable disease: AD, ILIL & lice. No alerts were notified during last epi-week. Some cases of severe dehydration were treated by SARC team as recommended with no fatally cases.
  - Chronic diseases: Patients can seek health care at SARC medical point, Douma PHC center / DOH; where PHC & NCD medications are available. Kidney failure patients are treated at SARC hemodialysis point with 4 machines capacity.
  - Early marriage is common among girls aged 13-16 years, with low gestational age. No estimated figure is available. Estimated monthly deliveries are 80-100/new born babies.

**East Ghouta response in numbers from 15 March – 1 July 2018:**

- 17 delivered shipments containing 797,841 medical treatments delivered accounting for 74 tons of health supplies.
- 48 EWARS sentinel sites reporting surveillance information, with 335 reports produced and 28 alerts investigated and responded to.
- 58 field assessment missions to shelters (IA and WHO) conducted by WHO staff
- 34 nutrition surveillance DoH mobile teams supported by WHO (with operational costs), 34 were operational in the past week.
- 18 malnourished children have been hospitalized in stabilization centres.
- 14 educational nutrition sessions have been conducted by WHO-supported NGOs.
- 13 WHO-supported NGOs deployed for the response, with 9 NGOs operating in the past week through 14 mobile teams. 281,890 patients have been assisted by national NGOs including 13,991 in the past week.
- 9 MHPSS mobile teams deployed, with 5 operating in the past week, and 71 static medical points provide integrated MHPSS services. 7,932 basic psychological interventions have been provided.
- 2,177 patients hospitalized in public hospitals.
44,596 children under 5 vaccinated (polio and EPI), including 2,028 in the past week. WHO has supported 32 DoH mobile teams.

**Homs response/ Northern Rural Homs:**
- No significant change in the situation since Week 24. Access to UN agencies has not yet been provided.
- 14 PHCs in Northern Homs area are providing immunization services. **1203 children were vaccinated in line with the routine vaccination program during June 2018.**
- 2 mobile health teams from Al Bir NGO supported by WHO, started to provide health services (medical consultations and medicines) to the Northern Homs area. During the first few days, 207 medical consultations were provided.

**Lattakia response:**
- Dispatched one shipment to SARC Dar’a in a total of 700 kgs and one shipment to Sweida in a total of 9.3 tons.
- Received medical health supplies by seaport for NES, in addition to another shipment of medical waste bins under WASH program.
- Received the last update on the planned centers and hospitals to be rehabilitated.
- Conducted a field visit to the central medical wastage disposal in the coastal area which is located in Lattakia, collected the needs and gaps for better collecting procedures from all health facilities to the wastage station.

**Northeast Syria (Al-Hasakeh; Ar Raqqa; Deir-ez-Zoir) response:**

**National NGOs coordination:**
- GOPA, 11 medical mobile teams and Al-Hikmah private hospital are the ongoing WHO’s partners.
- Al-Hikmah hospital received more than 9 trauma cases following explosions in rural Dier Ezzor.
- Followed up (5) complicated SAM cases referred from Al-Mabrouka camp through WHO partner to Al-Qamishly national hospital.
- Conducted a field visit to the health and community center in Al-Hasakeh to follow up and issued some points for enhancing the health services providing mechanism.
- **Annex 5** contains number of beneficiaries of partners in NES.

**Nutrition surveillance in NES**
- WHO Established nutrition surveillance at Al-Mabrouka camp through a trained team consists of 7 members and 1 supervisory physician. Screening of malnutrition the camp started on 30 June, and continued for 5 days.

**Acute diarrhoea in Deir Ezzor**
- Separate sitrep under preparation.
- Update of water quality disinfection programme in Husseiniya district east of Euphrates River in the Governorate of Deir Ezzor:
  - Programme for disinfection of tankers has ended as WHO ran out of chlorine tablets.
  - WHO is coordinating with UNICEF to support distribution of 650,000 chlorine tablets to residents for disinfecting drinking water.

**Southwest Syria response:**
- Since 17 June, hostilities in southern Syria – an area that is part of the ceasefire agreement adopted in July 2017 between Jordan, the Russian Federation, and the United States-- had been escalating.
- At the time of writing, hostilities have displaced an estimated 325,000 individuals, with the majority displaced to western Dara’a and Quneitra. Major operational challenge: Accessing large numbers of displaced (up to 70% of total numbers) in informal settings in Quneitra.
- Several attacks on healthcare have been documented, included on the National Hospital in Dar’a.
• As part of its response plan, WHO has (to date) provided 38 tons (150 cubic metres) of medicines and supplies to DOH, hospitals, PHCs, SARC in Dar’a and Sweida Governorates equating to approximately 166,863 medical treatments and 2,100 trauma cases.

• WHO is supporting 2 static medical points (on in Dara’a and one in Jbab) in addition to 1 medical mobile clinic and 1 medical mobile team covering Jbab IDP shelter (where approximately 2,500 IDPs remain) and newly accessible areas in Mseifra, Karak, Weeastern Ghariyeh, Eastern Ghariyeh and Om Al Walad.

• 22 health facilities shifted have to GoS control over the past 2 weeks, and of these 12 facilities are completely non-functioning.

• Immunization activities in NSAG controlled areas have been paused, but continue at Jbab shelter. The number of infectious diseases EWARS sentinel sites reporting from Dar’a in week 26 dropped by 64%.

• 3 mobile teams are conducting nutritional screening along the Dael / Dair Al Bookhet corridors, and at Jbab.

• A separate daily update is being produced by the Syria Country Office.

4. Technical Expertise  (See Annex 2 for capacity building activities this week)

    **Non-Communicable diseases / Primary healthcare**

    • Participated in Douma IA convoy took place on 1st July
    • Prepared PHC/NCD shipments as SW response including Insulin vials.

    **Immunization:**

    • Vaccination teams are assessing the vaccination status of the of children moving from the conflict affected area in Dara. 3 health teams were deployed; one in the shelter and 2 at the cross points between insecure and government area. The vaccination teams checked 520 children under 5 years of age and all of them have received EPI vaccine. Regarding polio vaccination all children have received polio vaccine however 20 children were found partially vaccinated but no single zero dose child is found.
    • AFP Stool specimen guideline has been finalized and distributed to surveillance officers in all governorates in coordination with MOH, the guideline will facilitate the role of families to collect the AFP samples in correct way and the role of LAB to detect the polio viruses efficiently. The list of silent districts (with no AFP cases reported) has been shared, requesting collection of samples from healthy children until the end of 2018.

    **Mental health program:**

    • Site visits were conducted to 5 PHC and community health centers in Damascus to follow up on the implementation of mhGAP programme. The WHO mental health professionals provided the needed technical support to 16 health professionals previously trained on mhGAP-Intervention Guide.
    • Meeting was conducted with the MoE to include the managers of schools in the WHO School Mental Health Programme training courses.

    **Nutrition and child health:**

    • See capacity building activities, Dar’a response, and activation of nutritional screening in Mabrouka Camp in Al Hassaka.

    **Secondary health care program:**

    • Delivered 17,811 treatments of essential and life-saving medicines mainly Insulin, anesthetics, analgesics, Iv fluids, antibiotics in addition to two baby incubators, three adult ventilators to Douma through IA convoy.

    **Trauma:**

    • As a response to trauma cases in Rural Damascus, WHO has delivered an operation table, mobile X-ray, basic X-Ray, and wheelchairs to SARC Douma.
    • Total number of treatments and trauma cases is 885 delivered also to SARC in Douma.
**Disease surveillance and response:**
- Typhoid and bloody diarrhea cases in Al hol camp, Al Hasakeh Governorate:
  - New cases of suspected typhoid have been reported in Al hol camp, in week 26 numbers of probable cases is 57 cases. All cases reported through EWARS were tested by Widal (results above 1/40). Blood medium was provided to the medical point in the camp and samples will be collected from some suspected cases.
  - Increase in BD cases has been reported since week 20, number of detected cases in week 26 is 22 cases. Samples will be collected from some suspected cases to investigate Shigellosis.
- Measles cases in Mabrouka camp, Al Hasakeh
  - A notification of 20 cases of suspected measles was received. The medical point in the camp was provided with lab supplies, blood samples will be tested at the reference lab in Damascus.
- Tuberculosis Cases in Al Roj Camp, Al Hasakeh
  - As of 4 July 2018, 4 confirmed TB cases were identified in Roj camp including 2 deaths. On 2 July, contact tracing activity was initiated to screen all new contacts.
  - Al Hasakeh DOH, with WHO, has supported a mobile team to investigate suspect cases. Samples were collected and symptomatic contacts were referred to Al Malkiyeh hospital for chest X-rays. To date, 50 individuals were screened.
  - A thoracic specialist visited the camp 5 July to follow up contacts and treat confirmed cases according to the lab results.

**WASH**
- Water quality monitoring in East Ghouta camps undertaken by Ministry of Local Administration completed six rounds. There are issues in discharge of sewage water in 3 camps. Report will be raised to pertinent government agencies to address observed issues.
- Water quality monitoring of uncontrolled sources in Aleppo is in progress in collaboration with Directorate of Environment, Directorate of Health, Directorate of Water Resources and Aleppo Water Establishment. To date about 1200 wells monitored and tested.
- Medical waste trucks and 300 waste bins for Damascus Waste Directorate will arrive mid-July 2018.
- A mission was undertaken from 2-4 July to assess medical waste management situation in coastal region in an attempt to address needs for effectively managing medical waste and for creating a safer working environment for those involved in this system.

**National NGO coordination:**
- Coordination with MOH was established to conduct six training courses on infection control for DOH and NGOs health workers in Damascus, Rural Damascus, Homs, Hama Aleppo and Al Hasakeh during July, August and September.
- 3 MOU were queued for clearance to support the delivery of essential package of health care services in Dar’a, Hama and Aleppo.
- Current NGO MoUs and pipeline are in Annex 1.

**External Relations, Coordination and Communications:**
- WHO press release on a WHO 27 – ton shipment to southern Syria as part of the organization’s response to the urgent humanitarian health needs there.
- Participating in a workshop in Lattakia on the 28 June on enhancing the capacities of postgraduate medical students at university hospitals and faculties of medicine in the Syrian universities in the field of Intensive Care in cooperation with the MoHE.
• Communicating officially with MoH concerning:
  - The invitations to the minister of health and the minister of finance to attend a conference on UHC.
• Following up on WHO-Syria Twitter account, posting several tweets about WHO interventions and health response.

**Operational support and logistics:**

- Dispatched 33.9 tons of medical supplies, equipment and health kits, covering 4 governorates (Aleppo, Homs, Rural Damascus and Damascus). The recipient included 2 MoH facilities, 1 NGO, 8 UN agencies and IA convoy.
- The total number of treatments is **25,634** treatments and **1,479** trauma cases. The dispatched supplies included:
  - 20,000 mosquito nets delivered to Aleppo DoH.
  - 900 nunclo n delta flat sided tubes delivered to MoH – Public Health Lab – Polio lab in Damascus.
  - 2,000 different types of insulin vials and penfils delivered to Shabab Al-Khair local NGO in Homs.
  - 2 vials of Octagam 10 g in 200ml delivered to Aleppo SARC.
  - 2 surgical cattery device, 3 pneumonia kit B, 2 pneumonia kit A, 2 sphygmomanometer adult cuff, 1 adult ventilator – model Mindray E5, 2 minor surgical instruments, 1 burn dressing kit, 4 Italian emergency kit B, 2 surgical supply kit, 4 basic X-Ray - model movie plan 800 TF, 1 infant incubator, 2 Italian emergency kit A, 1 portable stadiometer, 1 mechanical flat scale, 1 spectrophotometer, 4 Water baths – model WNB 14 MEMMERT, 1 mercurial Sphygomometer + stethoscope, 1 electrical operational table, 2 mobile X-Ray – model Dongmun DM-525MR, 1 adult wheelchair, 1 children wheel chair, 2 both adult and infant incubators, 2 operating ceiling lights module (with O2), 4 BeneHeart R12 12-channel, 3 M7 diagnostics ultrasound system and different types of PHC, STHC, nutrition, trauma and mental health medicines and consumables delivered to Duma – rural Damascus as IA convoy through SARC support.
  - 619 first aid kits delivered to 8 UN agencies in Damascus.

**RESPONSE PRIORITIES**
- Afrin, Eastern Ghouta and South Damascus, Rural Homs, North-East Syria and Southwest Syria.
Annex 1: Current WHO agreements with national NGOs

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Location of current of ongoing MOUs</th>
<th># of ongoing MOUs</th>
<th># of MOUs in preparation</th>
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<tr>
<td>Damascus</td>
<td>Dummer Al Balad - Al Midan - Mezzah/Kiwan</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Rural Damascus</td>
<td>Dahyet Qudsayeh - Hai Al Wourood - Bludan, Madaia, Sargayah, Sasaa, Kharbet Al Ward, Kharbet Al Shaiab</td>
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<td>2</td>
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<tr>
<td>EG Response</td>
<td>Herjaleh, Harasta, Kfer Batna, Ein Terma</td>
<td>4</td>
<td>2</td>
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<td>Homs</td>
<td></td>
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<td>Efrin Response</td>
<td>Nubbol, Tal Refat, Kafr Naseh, Meskan, Kafer Naya, Tanab, Kashtar, Abin, Deir Jmal, Fafin, Fafin Camps, Tal Jibeen and Al-Zahraa</td>
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<td>Dara’a</td>
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Annex 2: WHO supported capacity strengthening (Supported 11 activities for 300 participants)

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<tr>
<th>Date</th>
<th># participants</th>
<th>Details/Field</th>
<th>Program</th>
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<tr>
<td>30/06/2018</td>
<td>40</td>
<td>Educational and awareness lectures on AIDS in Damascus</td>
<td>EWARS</td>
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<tr>
<td>01-03/07/2018</td>
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<td>2 First Aid and Basic Life Support “FA and BLS” in Damascus, Aleppo in Damascus</td>
<td>Trauma</td>
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<td>01-04/07/2018</td>
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<td>follow up workshop at governorate level for SARC FPs and Data entry in Damascus</td>
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<td>01-03/07/2018</td>
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<td>Improve utilizing and investing the collecting HeRAMS data using office program in Damascus</td>
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<td>01-05/07/2018</td>
<td>100</td>
<td>4 Managing complicated SAM cases in hospital, 2 in Lattakia, 1 in Tartous, 1 in Al Qunitera</td>
<td>Nutrition</td>
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<td>02-06/07/2018</td>
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<td>War Wounded Injuries Management “WWIM” in Lattakia</td>
<td>Trauma</td>
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<td>02-05/07/2018</td>
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<td>Vaccination surveillance program for Health districts officers of Aleppo, Hama &amp; Tartous in Damascus</td>
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### Annex 3: outpatient consultations provided to Afrin IDPs

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<th>#</th>
<th>Partner</th>
<th>Health facility</th>
<th>District</th>
<th># of outpatient consultations PHC services</th>
<th># of patients received assistance with medicines</th>
<th># of MHPSS services</th>
<th># of SHC services</th>
<th># of Services provided for people with special needs</th>
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### Annex 4: Nutrition activities for Aleppo-Afrin IDPs
Not provided in week 27

### Annex 5: WHO Supported Health services in NES

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Area</th>
<th># of outpatient consultations</th>
<th># of beneficiaries reached with the medicines</th>
<th># of secondary health consultations</th>
<th># of trauma referrals</th>
<th># of Mental Health Psychosocial Services</th>
<th># vocational training activities</th>
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**Annex 6: WHO Supported Health services in Homs**

None provided for Week 27.