

Turkey Cross-Border



Emergency type: complex emergency

Reporting period: 01.09.2021 to 30.09.2021



Picture: Qatar Charity physical rehabilitation center in Azaz

Health Cluster Bulletin

September 2021



12.4 Million*

PEOPLE IN NEED OF HEALTH CARE



3.1 Million

PEOPLE IN NEED OF HEALTH ASSISTANCE in NWS, as per HNO 2021



4.3 Million**

SYRIAN REFUGEES IN TURKEY



24 ATTACKS***

ON HEALTH CARE / WoS

Highlights

- The number of confirmed COVID-19 cases in September 2021 increased remarkably.
- The occupancy rate in COVID-19 hospitals was on a rising trend which reached to 100% in many hospitals.
- Meanwhile, the occupancy rate in COVID-19 Community Treatment Centers CCTCs exceeded 90%.
- The coverage of COVID-19 vaccination campaign in NWS is still low due to the hesitancy among people and medical workers.
- The percentage of individuals who received COVID-19 vaccine in NWS is about 1%.
- World Health Organization WHO, in coordination with COVID-19 partners will allocate about 1.5 million USD released by SCHF to cover the gap in COVID-19 response in NWS.
- The health cluster, in coordination with the humanitarian partners in NWS prepared and shared the emergency plan to respond to the rapid increase in COVID-19 incidence rate in the region.
- Primary Health Care Technical Working Group PHC TWG, under the supervision of the health cluster, will develop prioritization criteria for primary health care centers in NWS. The health cluster will endorse these criteria and invite the TWG members to a workshop to discuss the plan in detail.
- In this bulletin, the health cluster identified the main public health indicators according to the context of NWS.
- CEmONC, the implementation of the package of health care services according to the re-visited EHSP in the primary health centers in NWS, and maintain the existed services among the top priorities of the health cluster.
- Darkoush (Al Rahma) Hospitals, is one of the main hospitals in NWS, in terms of capacity, will be out of fund by the end of September 2021, which will overwhelm the health system and service delivery in the area.
- Public health risks and gaps in NWS are highlighted in this bulletin.

HEALTH CLUSTER



143

Health cluster partners (HRP & non HRP)
Implementing partners reported

48

FUNCTIONAL HEALTH FACILITIES HERAMS



199

Primary Health care facilities
Functioning hospitals
Mobile clinics

83

83

HEALTH SERVICES



975,840

Consultations
Mental health consultation
Referrals inside Syria
Medical procedures
Trauma consultations

13,158

23,607

1,073,652

32,480

DISEASE SURVEILLANCE



483

EWARN sentinel sites
EWARN sentinel sites reported

479

COVID-19 (CUMULATIVE)



34,184

New cases in September

73,455

Total cases

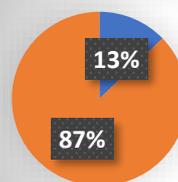
67,465

New PCR tests in September

272,638

Total PCR tests

WOS HEALTH HRP & COVID-19 2021 FUNDING \$US *****



\$ 576 M WoS
(Incl. 36.5M for COVID-19 vaccine roll out)

\$ 178 M NWS

* Figures are for the Whole of Syria in 2020

** Source UNHCR

*** January 2021 to September 2021

**** Figures reported, and updates are from 1 – 30 September 2021

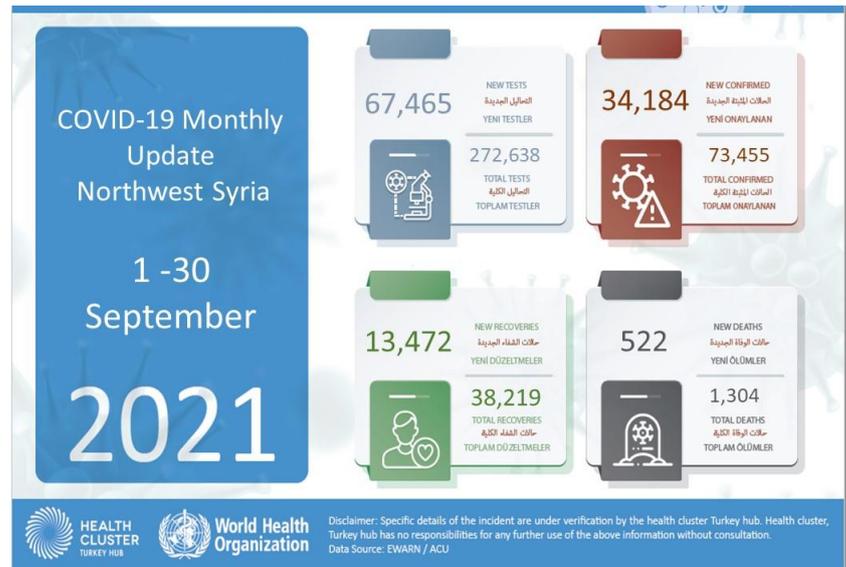
***** Routine immunization with the pentavalent vaccine (5 in 1 vaccine)

***** Source: OCHA Financial Tracking System, Syrian Arab Republic Humanitarian Response Plan (HRP 2020) as of 30 September 2021, <https://fts.unocha.org/>

Out of all cases; 2,496 (3.4%) are health care workers (physicians, dentists, nurses, midwives), and another 1,747 (2.38%) are other staff working in healthcare facilities/community health workers (Data Entry, Clean Worker, Ambulance Driver, Community Health Worker, Reception, Lab Technician, Radiology Technician, Anesthesia Technician, and Pharmacist).

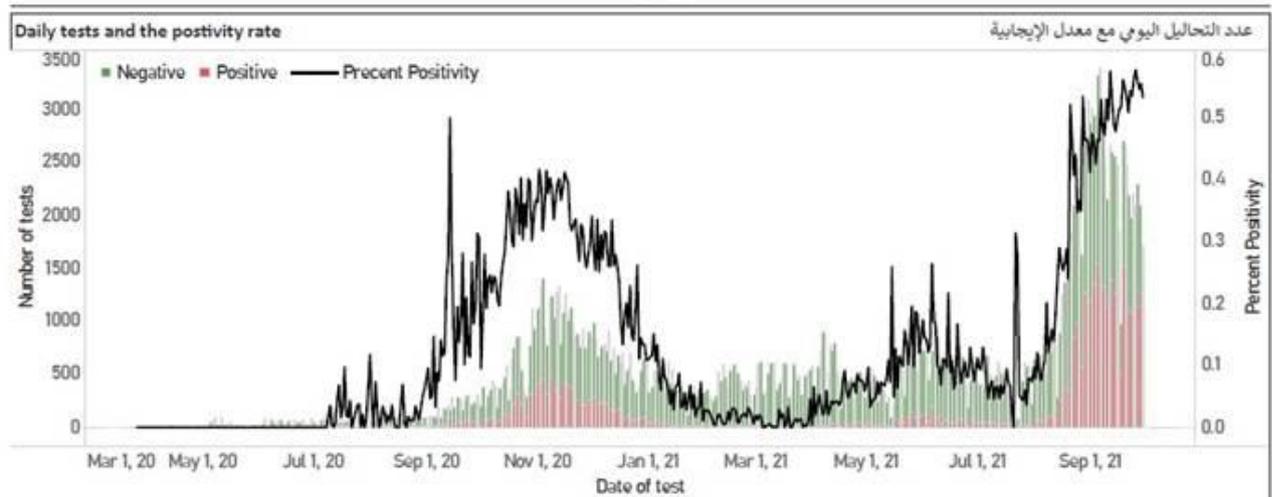
The total number of recovered cases is 38,219 (17,172 from Aleppo and 21,047 from Idlib governorates). The new recovered cases were 13,472 in September 2021.

The total number of death cases is 1,304. The new death cases were 522 in September 2021.



In total, **272,638** samples have been tested by RT-PCR from NWS (Aleppo 142,939 & Idlib 129,699) with a test positivity rate of **26.94%**. The test positivity rate this month was 50.66%. The total number of new samples tested in September 2021 was **67,465**.

Daily tests vs. Positivity rate in September 2021 (graph credited to Early Warning Alert and Response Network-EWARN):



Interactive info on the COVID-19's response can be accessed via [NWS COVID-19 Monitoring Dashboard](#)

➤ **COVID-19 Vaccination Campaign:**

By the end of September 2021, 41 vaccination teams were active in different locations. They reached a total of 121,929 people, including 17,190 health care workers, 48,614 social workers, 48,160 patients with co-morbidities, 2,934 elderlies over 60 years, and 5,031 people between 40-60 years without NCDs.

The total doses provided until the end of September were 148,946. Out of the total, 121,929 were received as a single dose, and 27,017 were administered as two doses.

SIG received on 3 September 358,800 doses of Sinovac vaccine and on 14 September 45,600 doses of AstraZeneca. In total, 494,680 doses were delivered by the end of September 2021.

COVID-19 Supplies: coordination ongoing with partners to support supplies. WHO will provide is planning in October 2021 to provide 10,000 PCR kits, 84,000 kits, and 4000 MSF kits; It is expected that through the reserve allocation of US\$ 1.7 million to expand the capacity of COVID-19 hospitals and to cover the oxygen gap.

Interactive info on the vaccination campaign can be accessed via [SIG-COVAX Dashboard](#)

Attacks on Health Care:

In September 2021, the Surveillance System of Attacks on Health Care (SSA) recorded one attack reported from the health agencies in Syria.

Early Warning Alert and Response Network (EWARN)

The average number of reporting sites in September 2021 was 483.

The percentage of completeness of reporting (all locations) recorded in September 2021 was 99%. According to EWARN data.

The total number of consultations reported in September 2021 was 1208092; 37% of them were for under-5 children. During September, 21 AFP (Acute Flaccid Paralysis), 57 suspected Measles cases, and 198 suspected Mumps cases were reported.

The top reported morbidities in September were:

- Other Acute Diarrhea OAD.
- Influenza-Like Illness ILI.
- Suspected Typhoid Fever STF

EWARN's labs performed the following tests as shown in the table:

Lab's activities September 2021				
Disease / Syndrome	Test	No. of specimens	No. of Positive Results	% +ve Results
Measles	Measles IgM	24	12	50
Rubella	Rubella IgM	17	0	5
Mumps	Mumps IgM	8	4	50
Acute Jaundice Syndrome	HAV IgM	3	3	100
	HEV IgM	3	0	0
Hepatitis B	HBs Ag	0	0	0
Hepatitis C	HCV Abs	0	0	0
AIDS	HIV (1&2) Abs	17	0	0
Coronavirus and Influenza	COVID-19 by PCR	63379	33347	52.6
	Influenza Multiplex (Real-time PCR)	0	0	
Total		63451		

The details of each syndrome/disease and alerts for northern Syria are illustrated in the

[Weekly EWARN Bulletins](#)

Health Cluster Action

A. Coordination:

During the month of September, two health cluster coordination meetings were held. An average of 85 attendees, representing local health agencies, international health agencies, UN agencies, donors, and

observers. The health cluster meetings addressed many aspects of the provision of health services, the COVID-19 situation, priorities and gaps, and available funds. Other aspects were raised during the HC meetings, including EWARN update, Immunization campaigns, update from health directorates, and update from the health cluster Technical Working Groups.

To this date, the health cluster supervises several TWGs. Below is a list of the TWGs and relevant updates during September 2021:

- NCD: There is a challenge in securing medications for NCDs patients. The Thalassemia task force held a workshop with MSF-F aiming to discuss how to provide online technical support to medical workers in Thalassemia centers in NWS. 8 medical workers attended the workshop.
- MHPSS: The MHPSS TWG decided to make the whole month of September as a “suicide prevention month” under the slogan (Mental health care for all: let’s make it a reality). Additionally, and through an initiative by WHO and the implementation of HIHFAD, training for PSEA Focal Point in health facilities was held.
- COVID-19:
 - o The testing strategy was reviewed in early September. ACU and WHO have agreed to rationalize minimum testing per day around 2000, taking into consideration the limited source of funds and the need to sustain the surveillance system to understand the transmission level and the epidemiological situation. ACU has also submitted an estimation of the need for PCR test kits, swabs, and VTMs for the next six months to WHO for procurement and advocacy for additional funding.
 - o Due to the increasing number of cases, the Case Management Working Group has discussed the gaps in hospital beds, ICU, and oxygen supply and shared assessment results with the Health Cluster for coordination and advocacy.
 - o IPC baseline assessment covering 50 facilities, including hospitals, PHCs, and COVID-19 isolation facilities, has been completed, and the report has been shared with TF partners. The results showed that the overall implementation of all IPC components in all health facilities is 37%.
 - o The vaccination strategy has shifted from fixed teams to semi-fixed teams to increase vaccination coverage to reach hard-to-reach areas and vulnerable populations, with the plan to increase the number of vaccination teams from 41 to 61 in October with WHO support.

Winterization plan:

Based on the projection for the upcoming winter season, we foresee that the public health situation will be more complex, people will live in more congested /overcrowded shelters, which will cause an increase in COVID cases we may face a massive rise in respiratory disease, ARI, treatment of TB patients, new-born and children may suffer from pneumonia. There is a considerable impact on the public health situation of people living in IDP camps and poor shelter conditions. Lack of firewood and fuel supplies for generators in health facilities in case of power supply blackout, which will impact the power supply to ICUs, operation theatres, Pediatric wards, and other departments, will ultimately affect the availability of health services.

B. Public Health Situation – Brief

- Situation analysis of health services:

As of September 2021, the number of health facilities in NWS, according to Health Resources and Services Availability Monitoring System HeRAMS, was 403, divided into primary health facilities and hospitals, including CEONC facilities, as the following:

Type of facility / Governorate	Aleppo Governorate	Idleb Governorate	Ar Raqqa Governorate	Al Hasakah Governorate	Total

Fixed primary healthcare facility	84	94	7	3	188
Mobile primary healthcare facility	29	48	3	2	82
Total	113	142	10	5	270
Hospital					
General	22	60	0	1	83
Hospitals deliver CEmONC services	14	35	0	1	50
Total	36	95	0	2	133

- Governance:

Turkish Organizations AFAD, TRC, and IHH through their humanitarian missions in NWS areas, **Syria Interim Government** SIG and health directorates; Aleppo and Idleb, and **Syrian Salvation Government** SSG affiliated by Haya'at Tahrir As-Sham HTS are the main governance structures involved in the humanitarian aid context in NWS.

The only Cross-Border accessible to UN convoys is Bab Al-Hawa BAH/Cilvegözü. However, local NGOs are able to access NWS through other Cross-Border points, especially Bab Al Salama BAS/Oncupinar.

- Health Information System:

Out of 51 active health partners, 48 reported 4Ws and on HeRAMS in September 2021. The health cluster platform for information is available on [LINK](#).

The health cluster shared the Q2 HeRAMS report with the cluster partners. This report covers the health indicators throughout April, May, and June 2021.

DHIS platform supports the health cluster and health partners with regular reports.

- Human Resources:

As of September 2021, the number of human resources registered on the DHIS platform was XXX, divided into:

HR	Aleppo Governorate	Idleb Governorate	Total
General Practitioners	190	344	534
Specialized doctors	299	835	1134
Pharmacists	149	264	413
Medical technicians	391	1138	1529
Midwives	203	340	543
Nurses	796	2043	2839
Total	2028	4964	6992

- Finance:

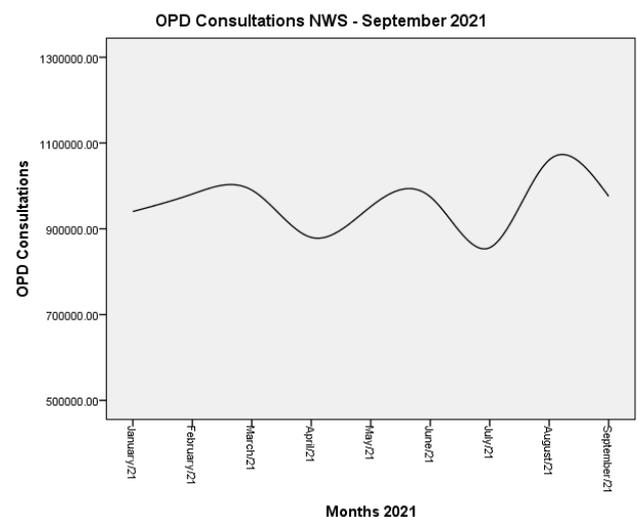
SCHF released a reserve allocation to support COVID-19 response in NWS. The objective of the allocation is to improve the capacity of COVID-19-engaged partners to cope with the recent surge in COVID-19 cases due to delta variant B.1.617.2 in the region. The prioritized pillars of the PRP for the reserve allocation were: Logistics and supplies (mainly oxygen supplies and oxygen stations), case management (COVID-19 hospital

capacity expansion as well as COVID-19 Community Treatment Centers CCTCs support), Risk Communication and Community Engagement RCCE.

- **Public Health Indicators:**

- Number of health workers (doctors, nurses, medical technicians, and midwives) per 10,000 population (global standard: 23/10,000): **6717 (16 per 10,000)**
- Fully functional BEmONC facilities (global standard: 5 BEmONC facilities/500,000): **83 (10 per 500,000)**
- Fully functional CEmONC facilities (global standard: 1 CEmONC facilities/500,000): **50 (6 per 500,000)**
- Number of CEmONC beds per 10,000 population (NWS standards 10 beds per 10,000 population): **1395 (3.4 beds per 10,000)**. *The package and type of services in the CEmONC facilities should be assessed according to UNFPA/WHO standards and adopted to NWS (health cluster priority).*
- Number of functional fixed PHCs (NWS standard: 1 fixed PHC according to the re-visited EHSP standards per 25,000 population): **188 (1.1 fixed PHC per 25,000)**. *The package of services within PHC should be assessed according to the re-visited EHSP (health cluster priority).*
- Number of available hospital beds (WoS standard: 10 beds per 10,000 population): **2509 (6.11 beds per 10,000) (health cluster priority)**.
- Number of reported attacks against health facilities in NWS: **0**
- Test Positivity Rate TPR for COVID-19 in NWS: **50.66% in September 2021, compared to August 2021: 32.84%, and July 2021: 6.95%**.
- Percentage of COVID-19 vaccinated individuals in NWS (two doses) by the end of September 2021: **0.62% (health cluster priority)**.
- Number of OPD consultations (excludes trauma, mental health, and physical rehabilitation): **975,840**

From January 2021 until September 2021, the monthly number of OPD consultations ranges between 900,000 and 1,100,000 consultations; given that the number of populations in NWS is 4.1 m [1], the average number of consultations per individual until the end of September 2021 ranged between 1.97 and 2.41. With this rate, the average number of consultations per year will be around 2.92, which is slightly under the standards (4 consultations per person per year) [Sphere, 2018]. This may indicate **inadequate access** to health facilities for many reasons, such as **improper distribution of health facilities**.



- The average number of consultations per trained clinician per day: The average number of daily consultations ranges between 30,000 and 36,666. As of September 2021, the registered number of clinicians in NWS is 1668 [HerAMS – September 2021]. Therefore, the average number of consultations per clinician per day is between 17.9 and 21.9, which is within the standards (less than 50 consultations per clinician per day) [Sphere, 2018]

- Sum of medical procedures: **1,073,652**
- Anti-Natal Care ANC 4th visits or more: **16,633**
- Vaginal deliveries: **7,266**
- C-section deliveries: **2,090**
- Number of mental health consultations (new cases and follow-up cases): **new cases: 6,910, follow-up cases: 13,158**
- The number of physical rehabilitation sessions provided: **18,825**
- The number of referrals inside Syria / to Turkey: **inside Syria: 23,607, to Turkey: 386**
- The number of trauma consultations: **32,480**
- The number of war-related trauma consultations: **588**
- The number of major surgeries: **7,519**
- The number of WHO treatment courses provided by partners: **324,200**
- The number of children <1 year covered with DPT3 or equivalent pentavalent vaccine: **9,037**
- The number of children <2 years covered with MMR or equivalent measles vaccine: **10,273**
- The number of deaths in health facilities: **238**
- Top morbidities in NWS: Upper respiratory diseases, Gastrointestinal diseases, Injury, poisoning and certain other consequences of external causes, Genitourinary diseases, Lower respiratory tract infections

Health Partners / Service Delivery

- **World Health Organization WHO**
 - In coordination with the health cluster, the Primary Health Care Technical Working Group PHC TWG is working on a draft of prioritization criteria for primary health facilities in NWS.
 - In coordination with the health cluster, WHO will start to develop prioritization criteria for secondary health facilities in NWS.
 - WHO has conducted a workshop to discuss and design a program to improve the practices on rational use of Antibiotics, and based on the discussion, a program strategy has been developed. A Support Team is created under PHC TWG, which will be working with WHO on adopting international guidelines on treatment protocols of most common morbidities and developing SOPs on rational use of antibiotics.
 - WHO submitted a project proposal to SCHF reserve allocation to support COVID-19 PRP in NWS through implementing partners.
 - WHO will support EWARNS with PCR sample collection kits to ensure the continuation of COVID-19 testing during the current wave.
 - The lack of funds is one of the main challenges to maintaining the functionality of WHO-health programs in NWS.
 - Hesitancy to the COVID-19 vaccine is among the top challenges to the COVID-19 immunization campaign in NWS.
- **Qatar Charity QC**

Supported by QC, ATAA has opened the Protheses and Physical Therapy Center in Azaz District, Aleppo Governorate. The center is providing the following services:

- Physical Therapy sessions for patients affected by the crisis. 100 patients will be covered with 500 sessions every month.
- Physical Therapy sessions for injuries not related to the crisis, such as birth injuries. 20 patients will be covered with 200 sessions every month.
- Providing and maintaining artificial limbs for 15 patients every month
- Provision of movement accessories that help disabled and handicapped patients in movement (100 sets/month).
- Dressing service for 100 patients per month
- Psychosocial support for patients (95 sessions per month).



- **MASAR**

During the month of September Masar organization, in coordination with the implementing partner, the Syrian immunization group SIG provided the following activities:

- Advocacy with the community and religious leaders.
- Community mobilization through the key individuals (pharmacies, health workers, mosques, and others).
- Community meetings with vaccination targeted age group community members.
- Dissemination of messages through social media and print and video materials using IEC material provided by UNICEF.
- Capacity-building of Social Mobilizers and vaccinators in interpersonal communication skills and strengthening supervision and reporting capacities. The primary audience for the communication activities will be our vaccination targeted group and religious and community leaders

- **Al-Resala Foundation**

Gaps and Challenges:

- Lack of funds
- There is a shortage of medical devices and medicines in terms of type and quantity for all patients, and with the advent of winter, especially medicines for children and NCD patients.
- Hesitancy among people to adhere to COVID-19 preventive measures.

- **Syrian Expatriate Medical Association SEMA**

Gaps and Challenges:

- Oxygen supplies, medication, and PPEs for COVID 19 patients, and there is a need for additional beds and CPAP devices
- Salaries, medications, and operational cost for two child and maternity hospitals: Al- Ekhaa hospital in Atmeh in Dana subdistrict, and Al- Farabi hospital in Al-Bab subdistrict

- **Union of Medical Care and Relief Organizations UOSSM**

Funding gap in 5 COVID-19 Community Treatment Centers CCTCs operated by USSOM:

Facility	facility code	Governorate	District	Sub-district	Community
Atma	EA-2008-Atma CCTC	Idleb	Harim	Dana	Atma
Sarmada	EA-293-Sarmada CCTC	Idleb	Harim	Dana	Sarmada
Dana	EA-2007-Dana CCTC	Idleb	Harim	Dana	Dana
Armanas	EA-290-Armanaz CCTC	Idleb	Harim	Armanas	Armanas
Kafar Krmeen	EA-2009-Kafar Krmeen CCTC	Aleppo	Jabal Samaan	Al Atarib	Kafar Krmeen

There is a plan to support three CCTCs partially from October 2021 (Atma, Sarmada, and Armanaz) by SCHF reserve allocation through WHO.

UOSSM has been facing challenges to secure funds for primary and secondary, including specialized health services in many areas in Idleb and Aleppo governorates.

- Social Development International SDI

- SDI conducted an assessment for the prosthetics centers in NW Syria under Task of Trauma and Disability TWG, where SDI MEAL team finalized collecting the required data. SDI team will analyze the collected raw data and share the results with Trauma and Disability TWG and health cluster to prepare services mapping and to have a clear idea of the available P&O centers and its services.
- SDI launched an awareness campaign in suicide world day within all SDI centers, covering 4 subdistricts. The campaign included:
Distributed 100 banners in several public places and conducted 143 awareness-raising sessions targeting 351 beneficiaries.
- SDI continues to operate Kafr Naseh PHC center located in Kafr Naseh for one month through the MSF fund till the end of Sep.

Challenges and gaps:

- The main challenge is the lack of medicines.
- Accessibility and availability of health services in Ras Al Ain area.
- There is a gap in the outreach services in Harim district.
- The security situation in Marret Tamisrin subdistrict.
- Lack of maternity services in Harim sub-district, mainly due to the suspension of BEmONC and CEmONC services in Al Salam Hospital in the area.

Note: The gaps mentioned by the partners in this section are not necessarily prioritized by the health cluster. For the health cluster gaps, please refer to the health cluster risks and gaps section

Public Health Risks and Gaps

- Primary Health Care:

- Referral services in Northern Aleppo.
- Kafr Bonni PHC
- Al Atareb PHC
- Sham PHC in Al Salama – A'zaz

- Secondary health care services:

- Al Rahma (Darkoush) Hospital, in Idleb governorate, Jisr Ash Shogur district, Darkoush sub-district, Darkoush community.

- Al Salam maternity hospital: Idleb Governorate, Harim district, Harim sub-district, Harim community.
- Al Fardous maternity hospital: Aleppo Governorate, Jabal Saman district, Daret Azza sub-district, Daret Azza community.
- Azaz Asylum mental health hospitals in A'zaz and Sarmada: Aleppo Governorate, A'zaz district, A'zaz sub-district, A'zaz community / Idleb governorate, Harim district, Dana sub-district, Sarmada community.
- **COVID-19 PRP:**
 - IDA COVID-19 Hospital: Aleppo Governorate, A'zaz district, A'zaz sub-district, Sijjo community.
 - RCCE for COVID-19 outbreak in NWS.
 - Points of Entry PoE
 - Referral services for COVID-19 cases
- **Other services:**
 - Oxygen stations in northern Aleppo and Idleb governorates (A'zaz, Taftanaz, Bennish, Harem, Sarmada, and Salqin)

Health Cluster Membership and Presence

International Non-Governmental Organizations (INGOs), Local Non-Governmental Organizations (LNGOs), United Nations Agencies (IOM, OCHA, UNFPA, UNICEF, WHO), National authorities, donors, and others/observers.

Health Cluster bulletins, updates and reports are available on the [Humanitarian Response webpage](#)

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