June 2018

Syria Arab Republic
Emergency type: complex emergency
Reporting period: 01.06.2018 to 30.06.2018

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

HIGHLIGHTS

- Health response takes place to multiple and simultaneously evolving emergency situations across the country. Responses to displacements from Afrin district (137,070 individuals Tall Refaat, Nabul, Zahraa and Fafin areas), in East Ghouta (approximately 44,000 IDPs remain in 8 shelters and an estimated population between 100,000 and 140,000 in the communities), in northern rural Homs (150,000 people remain in areas largely inaccessible to health assistance), in southern Syria (60,000-160,000 people are displaced).
- Registered cases of measles, leishmaniosis in northern Syria and acute diarrhea in north-east Syria.
- Health sector operational plan for southern Syria was activated.
- No access for UN agencies inside eastern Ghouta.
- Need for total reconstruction of health services in and around Yarmouk camp area following the IA convoy on 14 June.
- Further enhancement of 4W mandatory reporting by Syria hub health sector partners.

HEALTH SECTOR

<table>
<thead>
<tr>
<th>May</th>
<th>4W indicator (PMR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>674,784</td>
<td>Number of medical procedures</td>
</tr>
<tr>
<td>419,422</td>
<td>Number of treatment courses</td>
</tr>
<tr>
<td>23,453</td>
<td>Number of trauma cases supported</td>
</tr>
<tr>
<td>35,000</td>
<td>Number of children U5 immunized</td>
</tr>
<tr>
<td>963</td>
<td>Number of sentinel sites submitting weekly EWARS reports</td>
</tr>
<tr>
<td>801</td>
<td>Number of deliveries attended by skilled attendant</td>
</tr>
<tr>
<td>429</td>
<td>Number of facilities providing rehabilitation services</td>
</tr>
<tr>
<td>1</td>
<td>Number of reports monitoring violence against health (MVH)</td>
</tr>
<tr>
<td>1,914</td>
<td>Number of health care workers trained and re-trained</td>
</tr>
<tr>
<td>152</td>
<td>Number of mobile medical units supported</td>
</tr>
<tr>
<td>10</td>
<td>Number of reporting organizations into 4W</td>
</tr>
<tr>
<td>37</td>
<td>Number of implementing sector partners on the ground</td>
</tr>
<tr>
<td>56</td>
<td>Districts are reached by health sector partners</td>
</tr>
<tr>
<td>40</td>
<td>Reached sub-districts in hard-to-reach and besieged locations</td>
</tr>
<tr>
<td>134,918</td>
<td>Treatment courses distributed in hard-to-reach and besieged locations</td>
</tr>
<tr>
<td>188,387</td>
<td>Medical procedures supported in HTR and besieged locations</td>
</tr>
<tr>
<td>441.9</td>
<td>Required (US$ m), WoS</td>
</tr>
<tr>
<td>68.2</td>
<td>Funded (US$ m), WoS</td>
</tr>
<tr>
<td>15.4</td>
<td>Coverage (%)</td>
</tr>
</tbody>
</table>
HEALTH CLUSTER BULLETIN
June 2018

SITUATION OVERVIEW

The overall scale, scope and complexity of humanitarian needs of people in Syria continue to deepen. The first 4 months of 2018 witnessed high levels of people displacing, with over 920,000 population movements recorded. Some 6.2 million people remain displaced across Syria. From January to April 2018, an estimated 760,000 returns (of mostly IDPs, and including 10,400 refugee returns) took place in other areas representing an increase from last year’s trends.

People in need and in severe need are spread across the country, regardless of parties in control. There are an estimated 13 million people in need in Syria. The highest concentration of people in need is found in Rural Damascus, Idleb and Aleppo Governorates. As of June 2018, an estimated 61 percent of people in need are in Government of Syria (GoS) controlled areas; with 39 percent of people in need in areas controlled by Non-State Armed Groups (NSAGs) and other forces.

Of the 13 million people in need, 5.2 million people are estimated to live in areas of highest severity of need (severity 4-6). They represent 40% of the overall people in need.

10.7 million people rely on humanitarian assistance to sustain their lives and livelihoods. Eighty-two per cent of the 13 million people in need in Syria (10.7 million people) live in areas of severity three and four that are found throughout the country, regardless of areas of control: Afrin and parts of northern Aleppo, many communities in northeast Syria as well as areas in Rural Damascus, Lattakia, Homs and Hama. These people include some of the 6.4 million people who face protracted displacement.

1.5 million people in need Syria live in areas considered hard to reach, including 8,100 in two besieged communities.

Health sector is actively engaged in responding and preparedness activities for simultaneously evolving emergency response for eastern Ghouta, Afrin displacement, North-east Syria (Al Hassakeh, Ar Raqqa, Deir-ez-Zor governorates), northern rural Homs (Ar-Rastan, Talbiseh, Al-Houla), Damascus (Yarmouk camp area), South-west Syria (Dar’a and Quneitra).

Southern Syria: Violence escalated sharply with heavy artillery and aerial shelling. To date, an estimated 45,000-50,000 people have been displaced due to the fighting – most from eastern Dara’a Governorate to areas near the Jordanian border. A number of villages, either impacted or fearful of proximity to the fighting have been almost abandoned. Dozens of civilians have reportedly been killed, including children and many more have been injured.

North-western Syria, particularly in Idlib, the humanitarian situation is increasingly dire. This is linked to massive new displacements since late last year. More than half a million people were displaced to and within Idlib these past six months, whether from eastern Ghouta, northern rural Homs, Yarmouk or other parts of Idlib itself. Moreover, improvised explosives have been detonating regularly throughout the area, with over 20 incidents reported in May and two recent incidents in Idlib city on 21 June, killing eight people and wounding another 40.

136,000 individuals are estimated to remain in Afrin district including over 40,000 in Afrin city. Another 134,000 individuals from Afrin district remain displaced in the Tall Refaat sub-district, Nabul and Zahraa towns and
surrounding communities. Some limited return movements to Afrin district took place in May, when between 3,000 to 5,000 individuals reportedly returned to Afrin district.

In Raqqa city, UNDSS and UNMAS (United Nations Mine Action Service) conducted an assessment mission on 13 and 14 June. An estimated 138,000 people have already returned to Raqqa city since ISIL’s withdrawal in October 2017. There has been a reduction in the average number of blast-related casualties reported by health facilities from over 170 per month in November and December 2017 to an estimated 43 in April – that is the latest data we have.

In eastern Ghouta, close to 16,000 people are reported to have moved back as of early June. Estimates indicate that there are currently 125,000 people living inside the enclave. The UN has largely been unable to access eastern Ghouta since the changed control in March. A full assessment of the needs is yet to be authorized by the Government of Syria. Assistance is being provided through the Syrian Arab Red Crescent (SARC) and other local partners.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Health sector objective:

The primary objective of the health sector in Syria is to recover the largely disrupted public health services across areas of displacement, and focusing on 8 key interventions:

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

Present key asks by health sector:

- Increased access for assessment and re-establishment of health services in newly accessible areas
- Facilitate rapid response to infectious disease outbreaks
- Prepare for health implications of likely upcoming offensives
- Protect patients, health workers and health facilities
- Sustain donor commitment for the health response throughout Syria
- Consider multi-year and WoS programme support through international partners to avoid further deterioration and fragmentation

Status of health facilities:

- Of 1,806 public health centers (PHCs) assessed in Q1 2018: 46% were fully functioning and 35% remained completely out of service. 29% of PHCs are damaged, and 23% remain hard to access or inaccessible to populations.
- By the end of May 2018, and out of the 111 assessed public hospitals (MoH & MoHE), 50% (55) were reported
fully functioning, 24% (27) hospitals were reported partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while 26% (29) were reported non-functioning.

• Medical personnel distribution is uneven across the country, with severe shortages in hospital personnel in several areas with high numbers of populations in need. Less than 8% of total nurses working in hospital settings are located in the three governorates of NES.

Violence against health care:

In Syria, the World Health Organization has documented reports of nearly 700 attacks on health facilities since the start of 2014, with 112 confirmed attacks already this year. It is more than 16 per month or one attack every other day. Four of almost 500 de-conflicted sites – all of them health facilities – were hit in eastern Ghouta and northern rural Homs on 20 March, 6 April and 29 April. None of de-conflicted sites should be hit or damaged unlawfully. On 26 June Dar'a National hospital was reportedly targeted by two mortars landed in the ambulance square. WHO’s Surveillance System of Attacks on Healthcare remains fully operational throughout the country and WHO will continue to monitor the situation as it develops.

Multiple health sector challenges remain across the country, including:

• Afrin area
• Eastern Ghouta
• North-east Syria
• North-east Syria:
  • “North East Syria Crisis Coordination arrangements, June, 2018” prepared by OCHA are to be considered by the health sector.
  o Health sector is ready to increase current levels of response. If security concerns, existing technical capacity and approvals to operate are addressed, health sector will significantly scale up its operations.
  o Referrals to advanced medical treatment: Health sector encourages and aims to strengthen the referral mechanism within the NES region with the agreement between XL and XB partners on the following health facilities for such purposes: Tal Abyad hospital, Hassakeh national hospital, Qamishli national hospital, Hikma hospital in Hassakeh, Roj Hospital in Ras Alain, and Hospital in Tal Tamir. The referral of patients for advanced medical treatment is being jointly addressed by XL and XB partners in very complicated and sensitive environment which is highly regulated and strictly followed by the authorities and security agencies.
• Yarmouk camp area: The area requires massive infrastructural rehabilitation due to the destruction. Yalda, Babbila and Beit Sahm should be continued to be covered by mobile teams and fixed health centers.
• Northern rural Homs:
Acute shortages of health care staff (only 10 doctors are in the area, plus 10 midwives) and functioning health care facilities (from a total of 22 PHC centers, only 9 were re-activated).

Unvaccinated children are at high risk of contracting life-threatening diseases. A high number of detected drop-out children during ongoing vaccination activities.

Sub-optimal referral services for seriously ill or wounded patients who require further hospitalization. Absence of national hospital in Homs.

Inadequate reproductive services for pregnant women, and lack of contraceptives.

Lack of mental health and psychosocial support services for both children and adults.

Only one NGO has the approval to operate inside and SARC.

Lack of access for UN teams to carry out in-depth public health assessment.

Southern Syria:

- A total of 8 public hospitals (25%/2 – fully functioning; 25%/2 – partially functioning; 50%/4 – non-functioning). A total of 164 PHC centers (25%/41 – fully functioning; 42%/69 – partially functioning; 33%/54 – non-functioning).
- In NSAG controlled areas: out of 90 assessed public health centres, 60% (54) were reported partially functioning, and 40% (36) non-functioning (completely out of service).
- In NSAG controlled areas: out of 5 assessed public hospitals, only 20% (1) was reported partially functioning, and 80% (4) non-functioning (completely out of service).
- Rapidly evolving security situation: impact on health, risks, challenges, health priorities, including: PHC, Secondary and tertiary, Disease surveillance, Immunization, Mental Health, Trauma/People with Disabilities, MCH, Reproductive Health, NCD, etc.
- Monitoring of the status of previously XB supported and other private health facilities: all closed or not: destroyed or not.
- Monitoring of the status of health staff working in XB supported and other private health facilities: stayed or left.
- Working closely with the DoH to understand the estimated figures of patients who are in need of “medical evacuation”.
- “Re-activation” of key public health facilities in areas step by step regained by the GoS.
- Access for UN agencies and implementing partners (national and international NGOs).

Disease surveillance:

Average completeness of reporting: 79%, and average timeliness 91%. Total number of consultations is 198,292 in week 23; 176,162 in week 24; 181,823 in week 25.

Out of the 556,277 total consultations, a total of 60,966 EWARS notifiable cases were reported; of which

- Influenza like illness: 28,192 (45% of total cases) with most cases reported from Rural Damascus, Lattakia and Aleppo.
- Acute Diarrhea: 21,345 (25%) with most cases reported from Aleppo, Rural Damascus and Damascus.
- Acute Jaundice Syndrome: 1019 with most cases reported from Aleppo Raqqa, Hama.
- Severe Acute Respiratory Infections: 492 cases with most cases from Damascus, Hama and Raqqa.
- Suspected Measles: 381 with most cases from Raqqa, Hassakeh and Deir-ez-Zor.
- Bloody diarrhea: 493 with most cases from Hassakeh, Raqqa and Deir-ez-Zor.
• Acute Flaccid paralysis: 9 cases (2 cases from Aleppo, Hama and Homs respectively).

For other diseases category - 9,953 cases were reported:
• Leishmaniosis - 1476, most cases reported from Aleppo, Hamah and Deir-ez-Zor.
• Typhoid - 401, most cases were reported from Deir-ez-Zor, Hassakeh and Raqqa.
• Brucellosis - 532, most cases were reported from Rural Damascus, Hama, and Deir-ez-Zor.
• Mumps - 59 (from Aleppo and Hassakeh).
• Pertussis - 136 (Deir-ez-Zor and Aleppo).
• Tuberculosis - 35 (Damascus, Rural Damascus and Lattakia).

51% of the cases were distributed among males. 61% of the cases were distributed among ≥5 age group.

Acute bloody Diarrhea in Deir-ez-Zor (updates 24 June):

• 578 cases, including 12 deaths, of acute diarrhea in Deir-ez-Zor have been reported since week 10. The case definition is established in accordance with the EARS syndromic Acute Bloody Diarrhea definition. It is any person with acute diarrhea with visible blood in the stool. To date, the distribution of symptoms is: acute diarrhea (100%); bloody diarrhea (94%); abdominal pain (93%); fever (80%); vomiting (15%); and dehydration (8%). The distribution by place is: 34% cases from Kasra, 25% from Zugier Jazera, 15% from Alassaoh, Harmoshia 6%, Kubar 5%, Mhmeida 3%, and separate cases were reported from 21 other locations in Deir-ez-Zor.

• A joint WHO-UNICEF mission was conducted from 18 - 23 June. The objectives of the mission were: to assess surveillance, identify health response needs (case investigation, clinical management and isolation, laboratory, reporting of cases), further investigate the source of water contamination, and determine whether there is a need to scale up the response.

• Surveillance system in Deir-ez-Zor (86 sentinel sites) is being strengthened through WHO’s Early Warning Alerts and Response System. The collection of weekly reports is undertaken by 12 EWARS field workers. WHO coordinates with the MoH and other health actors to strengthen the surveillance. 10 health workers at health facilities in Deir-ez-Zor were trained on EWARS reporting.

• A water quality disinfection program by WHO and UNICEF is in progress in Husseiniya district east of Euphrates river. The program was initiated on 5 May 2018. As of 2 June, 72,530 chlorine tablets have been consumed, chlorinating approximately 145,000 cubic meters of water distributed by 18,295 water tanker trips with capacities varying between 5 and 10 cubic meters.

• Average amount of disinfected drinking water daily provided per inhabitant is 74 liters.

• Number of targeted population is 70,000 persons in 13 villages.

• Tankers are provided with WHO stamped receipts that water has been disinfected.

• Tests of chlorinated water in the tankers have been initiated to ensure that program is effective in reducing water
contamination. Initial test provide sufficient evidence of reduction of water contamination.

Measles update:

- Significant decline in the number of detected positive measles was observed in June, with only 4 positive cases comparing with 25 cases detected in May and 30 cases in April. Number of suspected cases declined from 929 cases in May to 381 suspected cases in June.
- The decrease in reported cases might be attributed to the vaccination campaign conducted in last week of April. The national immunization program of the Ministry of Health in collaboration with WHO will conduct a measles campaign in two rounds in the second half of 2018 as follows: Round 1 (15-26 July 2018) for children 7-71 months and Round 2 (16-27 August 2018) school children 6-12 years old. The campaign will be conducted in 7 governorates: Hassakeh, Deir-ez-Zor, Ar Raqqa, Aleppo, Hama, Rural Damascus (East Ghouta, Yelda, Beit Saham, Bebla) and Homs (North rural Homs and Tadmor).

HEALTH SECTOR ACTION/RESPONSE

Health sector coordination:

Health sector focused on: inter-agency convoys, situation development in Yalda, Babbila and Beit Sahm, health sector preparedness and operational plans for southern Syria, north-east Syria (access to Ar Raqqa city; the camps; response to detected TB cases in Al Roj camp; acute diarrhea in Deir-ez-Zor; referrals to advanced medical treatment; follow up on flash flood around Ein Issa camp), Issue of access to Menbij and Afrin displacement, Aleppo governorate, IDP shelters of eastern Ghouta, northern rural Homs, follow up points on MHPSS meeting (13 June), WHO update for ISSG, Geneva (14 June), consolidation of lists of rehabilitation of health facilities, development of “SOP” on support of referrals for advanced medical treatment, follow up points on a joint meeting with the MoH on plans for eastern Ghouta, medicine utilization and patient cards, approval of new health sector projects by MOSA.

- Conducted two national Health Working Group meetings in Damascus (12 and 20 June 2018).
- Finalized the health sector Periodic Monitoring Report under 2018 HRP.
- Technical consultations in place with partners in for the Mid-Year review of 2018 HRP.
- A visit of WoS Health Cluster Coordinator took place in Damascus, 19 -24 June.

Health information management:

One of key objectives of HIS becomes for 4Ws reporting mechanism to concentrate on three points:

- Completeness of 4Ws reporting at Damascus-hub level
- Data quality assurance at Damascus-hub level
- Data quality assurance at WoS level

Number of selected IM products produced in January – May 2018 by health sector:

<table>
<thead>
<tr>
<th>Number of selected IM products produced in January – May 2018 by health sector:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of produced HeRAMS related products: PHC and hospitals</td>
</tr>
<tr>
<td>Number of weekly EWARS Bulletins</td>
</tr>
<tr>
<td>Number of 4W health sector snapshots</td>
</tr>
<tr>
<td>Number of health cluster bulletins</td>
</tr>
<tr>
<td>Number of minutes of health sector coordination meetings</td>
</tr>
<tr>
<td>Number of Flash Updates, Violence against health care</td>
</tr>
</tbody>
</table>
HEALTH CLUSTER BULLETIN
June 2018

<table>
<thead>
<tr>
<th>Number of assessment registry</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of maps produced</td>
<td>83</td>
</tr>
<tr>
<td>Number of reports (field visits) produced by HIS focal points</td>
<td>18</td>
</tr>
</tbody>
</table>

Southern Syria (Dara’a, Quneitra and Sweida):

- Health sector preparedness and operational response plan for southern Syria is developed and shared with Jordan XB partners. Individual operational response plans have been prepared and being implemented by the involved health UN agencies: WHO, UNICEF, UNFPA.
- Daily contacts between Damascus and Jordan health coordinators. Coordination is in place among the involved UN agencies with SARC and DoH in Dar’a, Quneitra and Sweida. The coordination health sub-sector working group on the south is activated and takes place.
- WHO issued a separate brief on southwest Syria (internal). The WoS Health Sector Flash Update 1 (26-28 June) is online: http://www.who.int/emergencies/syria/syria-health-cluster-report-28june2018.pdf?ua=1
- SARC branches in Dara’a, Sweida and Quneitra are fully engaged, including in Dara’a: a clinic, first aid center, nutrition team. One MHU was deployed from Damascus; Sweida: a clinic, MHU, first aid center, nutrition team. Sweida: MHU, first aid center. It works closely with all of its partners to deliver more health supplies to its branch in Dara’a. SARC clinic in Dara’a will be covering the patients in Jbab shelter. SARC in Dara’a provides the ambulance and PHC services. The branch is tasked with evacuation of wounded, injured and in need of hospitalization. SARC allocated 3 ambulances at each of 3 crossing points and 1 ambulance at Jbab shelter. SARC teams and DoH medical teams are on the ground in shelter(s). Each team includes 5 staff (a doctor, vaccination officer, nutrition surveillance officer, midwife and a nurse).
- DoH Dara’a rolls out the activities as per the developed emergency preparedness plan.
- Al Bir NGO is ready to roll out 2 mobile medical teams in different locations in Dar’a upon UNICEF support.
- GOPA is ready to roll out with PHC and 1 mobile team in Dara’a upon agreement with WHO.
- MSJM: 1 mobile team covers Izra, Shegra and other areas. There is a plan to re-deploy a hospitainer, with x-ray, dentistry, minor surgery. UNFPA is approached for the support.
- IMC operates its static health clinic in Sanamyen and ready to send the mobile team to the area in order to respond to the needs, in addition, to deploy 2 mobile clinics with MHPSS teams.
- ICRC distributed war wounded kits and PHC kits to SARC/DOH. Hygiene promotions items are being distributed in the area with coordination of SARC-UNICEF teams.
- UNFPA clinics and medical mobile teams are functional in Dara’a governorate with a possibility of relocating mobile teams as per the needs: 2 clinics and 1 mobile team through SFPA in Dara’a city and the neighboring areas. 1 medical mobile team through MSJM in Sanamain, Izra and the neighboring areas. 1 medical mobile team through SARC in Dara’a city and the neighboring areas. Health supplies (a number of RH kits) have been propositioned.
- UNHCR supports 6 PHC facilities in Damascus and Rural Damascus on a standby to support referral of patients from the south of Syria.
UNICEF reports that in Jbab Shelter: 3 medical teams (every team consists of 9 DoH health workers) provide health and nutrition services in the new medical point. Each team provides services for 24 hours per day every 3 days. UNICEF agreed with DoH to support these teams. Crossing points: Mobile medical team (10-14 health workers) provides health and nutrition services in the crossing point of Da’el (tent). The provision of the services depends on the working time of crossing points. Rsaas shelter (As Sweida): received 80 people, including 18 children under 5 from the near east parts of Dar’a. The Health and Nutrition Rapid Response Team was activated in cooperation with DoH. All people were reached by the team and children vaccinated.

WHO focal points are on the ground in Dara’a coordinating and visiting different sites, including DoH, SARC branch, Al Bir NGO in Jbab, Dara’a national hospital, shelters. WHO earlier distributed health supplies reached Daraa National Hospital, SARC, Izr’a Hospital, and Al Sanaim. EWARS sentinel sites established in southern Syria – 108. Nutrition stabilization centres – 2. Nutrition surveillance centres – 45. Health facilities and community centers providing MHPSS support – 20. Capacity building events are currently provided on EWARS, Mental Health, Nutrition, Trauma, HIS. WHO earlier donated mobile clinics to DoH Dar’a have been rolled out. A WHO 27.5-ton shipment of medical supplies sufficient for more than 135,000 treatments (including 2100 trauma treatments) is delivered to Dara'a governorate. 5 medical mobile teams will be deployed by WHO.

### Health sector projects currently supported by HPF OCHA funds:

<table>
<thead>
<tr>
<th>Organization type</th>
<th>Organization</th>
<th>Project title</th>
<th>Duration</th>
<th>Budget</th>
<th>Actual Start Date</th>
<th>Actual End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>National NGO</td>
<td>CCA</td>
<td>“Provision of health care and medical services for the vulnerable groups of IDPs and hosting community residing in Al-Raml Al-Janoubi, the city, and the north rural of Lattakia governorate.”</td>
<td>9 months</td>
<td>$139,024.89</td>
<td>01/11/2017</td>
<td>01/08/2018</td>
</tr>
<tr>
<td>International NGO</td>
<td>DORCAS (STICHTING DORCAS AID INTERNATIONAL)</td>
<td>Live-saving health services in El-Hassakeh, Ar-Raqq and Deir-ez-Zoor governorates</td>
<td>12 months</td>
<td>$399,976.27</td>
<td>01/01/2018</td>
<td>31/12/2018</td>
</tr>
<tr>
<td>National NGO</td>
<td>DTF (The Disabled and their Friends Charity Association)</td>
<td>Provision of health care and medical services for the vulnerable groups of IDPs and hosting community residing in AlHamam,AlFied and AlBasah , Lattakia</td>
<td>10 months</td>
<td>$187,586.62</td>
<td>01/11/2017</td>
<td>01/09/2018</td>
</tr>
<tr>
<td>International NGO</td>
<td>IMC UK</td>
<td>Rapid multi-sector response in support of the displaced population from Eastern Ghouta</td>
<td>4 months</td>
<td>$271,471.75</td>
<td>15/04/2018</td>
<td>15/08/2018</td>
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<tr>
<td>International NGO</td>
<td>MEDAIR</td>
<td>Restoring access to life-saving primary healthcare and integrated nutrition services for crisis-affected populations in East Aleppo</td>
<td>16 months</td>
<td>$414,277.70</td>
<td>10/05/2017</td>
<td>09/09/2018</td>
</tr>
<tr>
<td>National NGO</td>
<td>Monastery Saint James the Mutilated (Monastery Saint James the Mutilated)</td>
<td>Lifesaving mobile health units and first aid operations in Aleppo City and countryside</td>
<td>21 months</td>
<td>$383,461.25</td>
<td>15/11/2016</td>
<td>15/08/2018</td>
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<tr>
<td>Others</td>
<td>SARC (Syrian Arab Red Crescent)</td>
<td>Responding to immediate urgent humanitarian needs of the population displaced from East Ghouta and Afrin</td>
<td>5 months</td>
<td>$880,531.53</td>
<td>29/04/2018</td>
<td>28/09/2018</td>
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<tr>
<td>UN Agency</td>
<td>UNFPA</td>
<td>Delivery of Lifesaving Health Assistance to the Crisis Affected Women and Girls in south Hassakeh</td>
<td>12 months</td>
<td>$600,867.39</td>
<td>01/01/2018</td>
<td>31/12/2018</td>
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<td>UNFPA</td>
<td>Delivery of lifesaving assistance to the crisis affected women and girls from East Ghouta and Afrin</td>
<td>4 months</td>
<td>$250,000.00</td>
<td>15/04/2018</td>
<td>14/08/2018</td>
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<tr>
<td>UN Agency</td>
<td>UNHCR</td>
<td>Provision of primary health care and physical rehabilitation services for returnees and community in East Aleppo</td>
<td>15 months</td>
<td>$375,031.66</td>
<td>20/04/2017</td>
<td>19/07/2018</td>
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<tr>
<td>UN Agency</td>
<td>UNICEF</td>
<td>Provision of life-saving health interventions for internally displaced children under the age of five years and women in child bearing age from East Ghouta in Rural Damascus and Afrin in Rural Aleppo.</td>
<td>4 months</td>
<td>$500,000.30</td>
<td>15/04/2018</td>
<td>15/08/2018</td>
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<tr>
<td>National NGO</td>
<td>UOCS</td>
<td>Supporting hemodialysis sessions and their medicines to 400 kidney failure patients in Damascus</td>
<td>11 months</td>
<td>$498,470.64</td>
<td>15/08/2017</td>
<td>15/07/2018</td>
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<td>UN Agency</td>
<td>WHO</td>
<td>Scaling up outreach services and reactivating services in eastern parts of Aleppo city to respond to acute health needs of IDPs and returns from east Aleppo</td>
<td>8 months</td>
<td>$607,416.62</td>
<td>01/06/2017</td>
<td>31/12/2017</td>
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<tr>
<td>UN Agency</td>
<td>WHO</td>
<td>Rapid Intervention and response to provide hemodialysis sessions in Aleppo Governorate</td>
<td>9 months</td>
<td>$332,235.00</td>
<td>01/01/2018</td>
<td>30/09/2018</td>
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<tr>
<td>UN Agency</td>
<td>WHO</td>
<td>Strengthening access and delivery of essential package of health care services at Eastern Ghouta IDPs shelters</td>
<td>4 months</td>
<td>$584,351.61</td>
<td>15/04/2018</td>
<td>14/08/2018</td>
</tr>
<tr>
<td>UN Agency</td>
<td>WHO (World Health Organization)</td>
<td>To support the provision of life-saving and life-sustaining humanitarian health assistance with an emphasis on Afrin IDPs , through two static point and four mobile medical team</td>
<td>4 months</td>
<td>$280,176.29</td>
<td>15/08/2018</td>
<td></td>
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<tr>
<td>National NGO</td>
<td>YBY (Yadan Biyad All For Special Needs)</td>
<td>Hanano Center for Kinetic Aides and Wheel Chairs</td>
<td>10 months</td>
<td>$396,627.60</td>
<td>01/11/2017</td>
<td>31/08/2018</td>
</tr>
</tbody>
</table>

**Updates by selected health sector organizations:**

**Al-Tamayouz**
- Providing PHC consultations to 875 patients, supporting 74 referrals, providing medicines to 595 patients, supporting 150 patients with laboratory tests and X-ray imaging, supporting 4 people with hearing aids and providing assisting medical devices to other 5 persons. In addition, supporting 2 children evacuated from Al Hassakeh (NES) in coordination and support from WHO. 4 mobile teams were working in Adra school and will continue providing services in other shelters in coordination with MoSAL.

**Dorcas**
- Continued provision of health services in Aleppo and Homs through the hospitainers: Homs Hospital - Al-Mshrfeh (459 people) and Homs Hospitaler (Al-Baath University) for 3,171 people, Aleppo Hospitaler (Nayrab) for 4,805 people. Two PHCs are supported in Suleimaniyeh, Aleppo. The protection center in Aleppo provides many services, education- awareness sessions (reproductive health), and psychosocial support.

**IMC**
- Continued to implement programs in Damascus, Rif Damascus and Al Sanamen (Dara’a), The programs includes two Mobile Medical Units (MMUs), One Mobile Medical Teams (MMT) in Damascus, two static clinics in Masaken Barzeh and Jaramana city, one clinic in Al Sanameen. Health intervention: medical consultations were provided in Damascus and Rif Damascus through: two static clinics, Barzeh and Jaramana, 1 medical mobile team in five shelters, 2 medical mobile units, in Daraa though one clinic in Al Sanameen. A total of 13,074 consultations were registered, including 5490 (static clinic in Barzeh), 348 (one mobile medical teams (MMT) in five shelters in Damascus), 4728 (two medical mobile units (MMUs) in Rural Damascus), 2508 (Al Sanameen clinic), 45 (referrals).

**MSJM**
- Monastery of Saint James the Mutilated (MSJM) continues to support three hospitainers: Aleppo, Al-Nayrab - 4,805 people received health services; Homs Hospitaler, Al-Baath University - 3,171 people; Homs Hospitaler, Al-Meshrfeh – 459 people. 2 mobile clinics are rolled in Aleppo (Tel Refaat) funded by UNFPA. 2 mobile clinics are in Aleppo (Tel Refaat) funded by UNICEF. 1 mobile clinic is in Raqqa (Ath-Thawrah) funded by UNFPA. 1 mobile clinic is in Raqqa (Ath-Thawrah) funded by UNICEF. 1 mobile clinic is in Der ez zour funded by UNFPA. 4 mobile clinics are in rural Damascus (Eastern Ghouta) funded by UNFPA. Covered in Eastern Ghouta: Dwyier, Adraa, Abo Al-Naser, Al-Fayhaa, Ein Tarma, Erbin, Zamalkah, Saqba, Kafarbatna, Haza, Duma.

**UNHCR**
- Regular support to 13 PHC facilities and emergency referrals in 5 governorates (Damascus, rural Damascus, Aleppo, Homs, and Hama) is functional. 9 health points in the community centers are established in Aleppo and Homs. Support to refugees and asylum seekers in the north east of Syria (1 PHC, referral to secondary care) are functional and coordinated at the governorate level with WHO.
Rural Damascus: Syrian Family Planning Association scaled up their services for east and west Ghouta. Various H&N supplies were delivered to DoH Rural Damascus and for 4 PHC centers inside East Ghouta (Duma, Saqba, Ein Tarma and Arbin).

Aleppo: 2 PRCS covering Palestinian refugees in Alneirab and Handarat camps and returnees in southern rural Aleppo. MSJM covering returnees in eastern rural Aleppo and western rural Raqqa. Small scale funding agreement (SSFA) with MSJM is ongoing now to provide PHC services in Nubbol & Zahraa, Tal Refaat, Fafin and surrounding areas. Rehabilitation works of DoH PHC center in Bustan Alkasr are still ongoing. Supported DoH with 50 portable tables to be used by mobile teams through vaccination campaigns. Released health supplies (IEHK, Diarrhea kits and Benzyl Benzoate) to Aleppo DoH (enough for 80,000 beneficiaries) and to Aleppo University Hospital (enough for 70,000 beneficiaries). Leishmania pest control campaign started in coordination between DoH, UNICEF and WHO.

Tartous (including Lattakia and Idleb): with DoH Idleb supported mobile team. Expanded programme on Immunization (EPI) and PHC assistance are in place.

Qamishly (Hassakeh, Raqqa and DZ): A total of 10,240 children U14 and CBA women benefited from health services in emergency and regular projects.

UNFPA-assisted partners provided 219,155 consultations reaching over 196,391 women and 22,764 men in Damascus, Rural Damascus, Homs, Hama, Aleppo, Deir-ez-Zor, Tartous, Lattakia, Sweida, Al Hasakeh, Raqqa, and Dar’a with reproductive health and GBV services. A total of 243 deliveries were conducted of which 165 were through cesarean section. Through UNFPA’s partners, 65 mobile medical units were supported emergency response in hard-to-reach and newly accessible locations. UNFPA with partners have provided 200,252 services to internally displaced persons in East Ghouta shelters and communities including general consultations, integrated reproductive health services include family planning, antenatal care, ultrasound scans, micronutrient supplements, natural deliveries, postnatal care, treatment of reproductive tract infections and referral of high risk pregnancies and complicated deliveries to public health facilities. In Afrin, UNFPA through partners has provided over 28,228 integrated reproductive health services, across the shelters in the Afrin response cumulative since March 12th. The mobile teams reached Tel Refaat, Al Shaba, Tal Qurah, Fafin, Kafar Naya, Deir Jamal, and Al Zahara. In Raqqa, 13,660 RH services have been provided since May 5th. 7 trainings were conducted in Hassakeh and Aleppo governorates. In Hama, 16 gynecologists, 2 general practitioners and 1 pediatrician from Aga Khan foundation, SFPA, Musyaf charity association and Al Bir association, SSSD and DOH were trained on Reproductive Health (RH) concepts for specialists, general doctors, midwives and nurses, harm reduction of unsafe abortion, the minimum initial service package (MISP) and clinical management rape (CMR). Continues its partnership with WFP to support pregnant and lactating women (PLW Joint program) in Homs, Hama, Tartous and Lattakia. The program aims at improving the nutritional status of PLWs at the same time ensure that they attend antenatal and postnatal services. The program also encourages deliveries. UNFPA continues work with other agencies to respond to reproductive health needs across the country.

UNICEF

WHO

EMRO site: [http://www.emro.who.int/syr/information-resources/summary-of-key-indicators.html](http://www.emro.who.int/syr/information-resources/summary-of-key-indicators.html)
SUCCESS STORY

PM, a forty-year-old mother of five, developed weakness, poor self-esteem, and increased sadness, loss of hope and lack of desire to live after witnessing the death of her two children.

On that fateful morning, she had sent the children to the shop, not knowing that was the last time she was to see them. Even after relocating to Hassakeh, she continued to feel the same blaming herself for the death of the children.

After visiting our clinic, she was diagnosed with depression. After a few weeks and several sessions of cognitive therapy, she has improved and regained confidence, and is now able to perform household duties including taking care of herself and the other children and her husband. She is thankful for having her life back.

SELECTED INFORMATION MANAGEMENT PRODUCTS

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

CONTACT INFORMATION (NATIONAL AND SUB-NATIONAL LEVELS):

<table>
<thead>
<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>
</tr>
</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>
</tr>
<tr>
<td>Health sector coordinator</td>
<td>Head of WHO</td>
<td>Head of WHO</td>
<td>Head of WHO sub-office</td>
<td>Head of WHO sub-office</td>
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<td><a href="mailto:aljamalin@who.int">aljamalin@who.int</a></td>
<td><a href="mailto:hhasan@who.int">hhasan@who.int</a></td>
<td><a href="mailto:alkhaledk@who.int">alkhaledk@who.int</a></td>
</tr>
</tbody>
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