



Whole-of-Syria health cluster bulletin 1-30 September 2018

In September, SRD supported two dialysis centers in Aleppo, with 708 treatments given. Photo: SRD



12M
NEED HEALTH ASSISTANCE



7M
IDPS AND RETURNEEES



21%
CLUSTER FUNDING



133
ATTACKS ON HEALTH CARE

HIGHLIGHTS (SEPTEMBER 2018)

- **Conflict** marked part of the humanitarian response in September, with health partners in Gaziantep and Damascus implementing plans for the response to a potential full-scale battle for Idleb. Although conflict escalated during the first part of September, the presidents of Russia and Turkey agreed to establish a “demilitarized zone” on the 17th of September in order to avert a potentially catastrophic military confrontation. In NE Deir-ez-Zor, intense battles continued for control over the last remaining ISIL stronghold.
- The Health Cluster has been working on the 2019 **Humanitarian Needs Overview and Humanitarian Response Plan**. The OCHA workshop in Beirut was attended by over 100 participants from across the humanitarian sectors. Initial planning figures were presented and discussed, and disability was highlighted as a cross-sectoral issue.
- During a meeting in Amman in September, health cluster partners decided to pause the activities of the **South of Syria Health Cluster**, as cross-border access is no longer possible. OCHA and health partners are preparing a shipment of materials to Damascus that were intended for Southern Syria but still remain in Amman.
- With increased access, the public health response for **Ar-Raqqa** governorate is expanding.

HEALTH SECTOR DATA (AUGUST 2018)



191 HEALTH CLUSTER PARTNERS ACROSS SYRIA
4 HEALTH COORDINATION HUBS: SYRIA (2), JORDAN AND TURKEY

HEALTH SUPPLY DELIVERY



800 000 TREATMENT COURSES DELIVERED

HEALTH FACILITIES



558 FACILITIES PROVIDING MENTAL REHABILITATION
179 FACILITIES PROVIDING EMERGENCY OBSTETRIC CARE
273 MOBILE CLINICS IN OPERATION

HEALTH ACTION



1 780 000 MEDICAL CONSULTATIONS
14 270 DELIVERIES WITH SKILLED BIRTH ATTENDANTS
1 500 WAR-RELATED TRAUMA CASES

VACCINATIONS



40 400 DPT3 FOR CHILDREN <1

EWARN AND EWARS



1 523 SENTINEL SITES REPORTING

Situation update

In September, the Commission of Inquiry reported that in the first six months of this year, as pro-Government forces moved to recapture large swathes of territory, more than one million Syrian men, women, and children were displaced in six key battles. These numbers further increased during the month of September. In southern rural Deir-ez-Zor, the condition of an estimated 27,000 people displaced since June, as well as the 15,000 civilians who remain trapped in the ISIL-controlled Hajin enclave along the east bank of the Euphrates River, are worrying. Especially in Hajin, ongoing airstrikes and ground offensives, combined with explosive hazard contamination and reported high levels of need are a significant concern.

Returnees are another concern, with nearly 225,000 people having returned to their homes in Deir-ez-Zor governorate and over 152,000 to Ar-Raqqa City over the past year. The current conditions of return are not very conducive in these governorates, with high levels of explosive hazard contamination and destruction further complicated by restricted access by the humanitarian community. This limits the availability of basic services. As compared to previous years, the FAO reports that the production of wheat and barley in the area declined sharply in 2018 due to erratic weather, resulting in an additional strain on income and food security.



IDP in Atmeh camp, NW Syria © Jake Simkin

In Idlib nearly 3 million people faced the threat of an intense battle in a densely populated area, with the potential to result in a large-scale humanitarian disaster. Humanitarian actors continued implement and update response plans, including preparedness training for chemical attacks, strengthening referral systems and pre-positioning essential supplies. On the 17th of September, the presidents of Turkey and Russia agreed to establish a “demilitarized zone” around Idlib in order to avert a potentially catastrophic military confrontation. This has resulted in a reduction in hostilities and numbers of casualties. The demilitarized zone will go into effect on October 15th, 2018, once conditions have been met for the removal of heavy weapons from this zone by all parties.

At the end of September, both the US and the UK governments asked implementing partners to suspend deliveries to Idlib through the main Bab al-Hawa crossing between Syria and Turkey. This following reports that Hayat Tahrir al-Sham (HTS), a militant group with links to al-Qaeda and sanctioned by the UN, was benefiting from levies they were imposing on trucks at the Turkish border. Continued imposition of this suspension could result in a significant blow to humanitarian assistance, as the majority of aid to NW Syria goes through Bab al-Hawa. The second border crossing in NW Syria does not have the capacity to deal with the volume of humanitarian assistance currently being provided.

Public health challenges

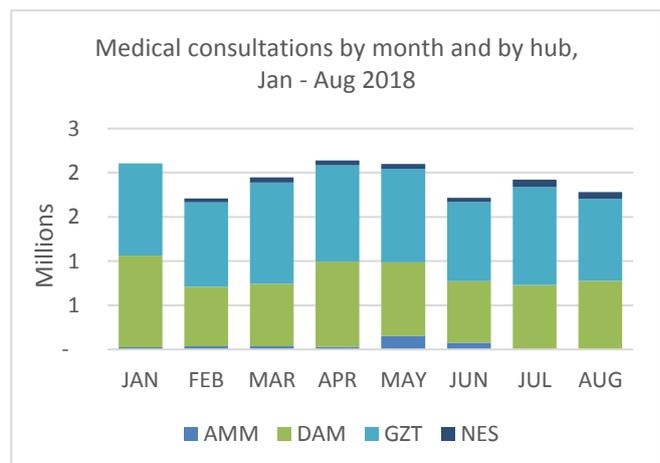
- The health sector continues to face an acute **financial shortfall** for 2018, especially for emergency response by partners from the Syria hub.
- **Attacks on health care facilities and staff** continue. Three attacks were reported for September, with a total of 133 attacks reported for 2018, including 97 deaths and 169 injuries. Targeted attacks on health facilities, use of facilities for military purposes, and the safety of patients and health workers remain one of the primary advocacy concerns for the health sector.
- **Access constraints** continue to hamper the provision of humanitarian health services across Syria, although in some locations they are easing when compared to earlier in 2018. Obtaining approvals from

the authorities to implement new projects remains a challenge across the country. The security situation remains unstable, and although intense violence is limited to a small number of areas, the overall humanitarian situation remains fragile, especially in areas such as E Ghouta and Idleb.

- The **outbreak of acute bloody diarrhoea** in Deir-ez-Zor, located primarily along the NE border of the Euphrates, is still ongoing, although active surveillance suggests that the situation is returning to “normal”, with an average of 10 cases per week being reported. Between the start of the outbreak on March 10 and September 29th, 784 cases, including 12 deaths, were reported. Most cases come from 26 locations in Al-Husseinha district, with a small number coming from eastern Al-Mayadin District.
- **Suspected typhoid cases** continue to be identified in Al Hol and Aresha camps in NES, although the number of reported cases has decreased during the second half of September.
- A **disability, injury and mental health survey** on the basis of the Washington-group questionnaire was conducted in July in three governorates, surveying 3,715 households, and with 4,865 consenting adult participants. Preliminary results indicated an average rate of disability of 33% across Aleppo, Idleb and Ar-Raqqa, with physical/mobility related disabilities the most common. A high level of anxiety or depression on a daily basis was reported by an average of 14% of respondents, with 73% of them identifying the crisis as the cause. In Idleb and Aleppo, over half of persons with a disability reported a war injury as the cause. An average of 45% of persons injured by the Syrian conflict are expected to sustain a permanent impairment (e.g., amputation, spinal cord injury, brain injury). Although mental health services have been scaled up quite significantly across Syria over the past years, scaling up care for trauma cases and physical rehabilitation services has not been as extensive, although the results of this survey illustrate the evident need.

Health cluster response

- Between January and August 2018, health sector partners delivered 15.4 million **medical consultations**, including outpatient consultations through static and mobile services, mental health services, physical rehabilitation services, and cases referred inside Syria to specialized treatment. Where over half of the medical consultations were reported by the Gaziantep Cluster, the Syria cluster delivered over 60% of the 8.3 million treatment courses across the country in 2018. Across all hubs, support was provided to 390 thousand **trauma cases**, of which 8 per cent were reported to be related to hostilities. The number of sites reporting **war-related trauma cases** has decreased from a peak of 430 sites in February to 216 sites in August, although the number of war-related trauma cases reported has seen a proportionally greater decrease, from 6,112 in February to 1,513 in August.



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- Health partners from the Gaziantep cross-border and the Damascus based hub in Syria continued to work on **joint coordination and emergency response to the conflict in the NW of Syria**.
- The health response in **Ar-Raqqa** governorate saw an expansion in September. Examples include the inauguration of the first phase of Al Hilal public hospital in Raqqa city and the completion of a health situation and trauma care assessment by WHO. An exercise to map the health resources in Ar-Raqqa is ongoing.
- Health partners across Syria continue to work on strengthening the referral system for cases requiring specialist care. This includes the introduction of (successful) case management meetings in the camps in NES, the expansion of the PHC referral project in Idleb, and referral for potential trauma.

Success story

The NE Syria Health Working Group (HWG)

“Coordination serves to support agencies to solve problems, but mainly to collect/share information in order to upgrade the health situation in NES” says Tabasum Abdul-Rasul Masumboko, who makes up the NES NGO Forum HWG coordination team, together with Mr Mamdoh Abdalla.

This small team is definitely making strong headway in achieving this, as participation in the HWG continues to increase, and more and more gaps in health services provision in NES are being successfully addressed with the support of the HWG partners.



Health Working Group Coordination Team in NES

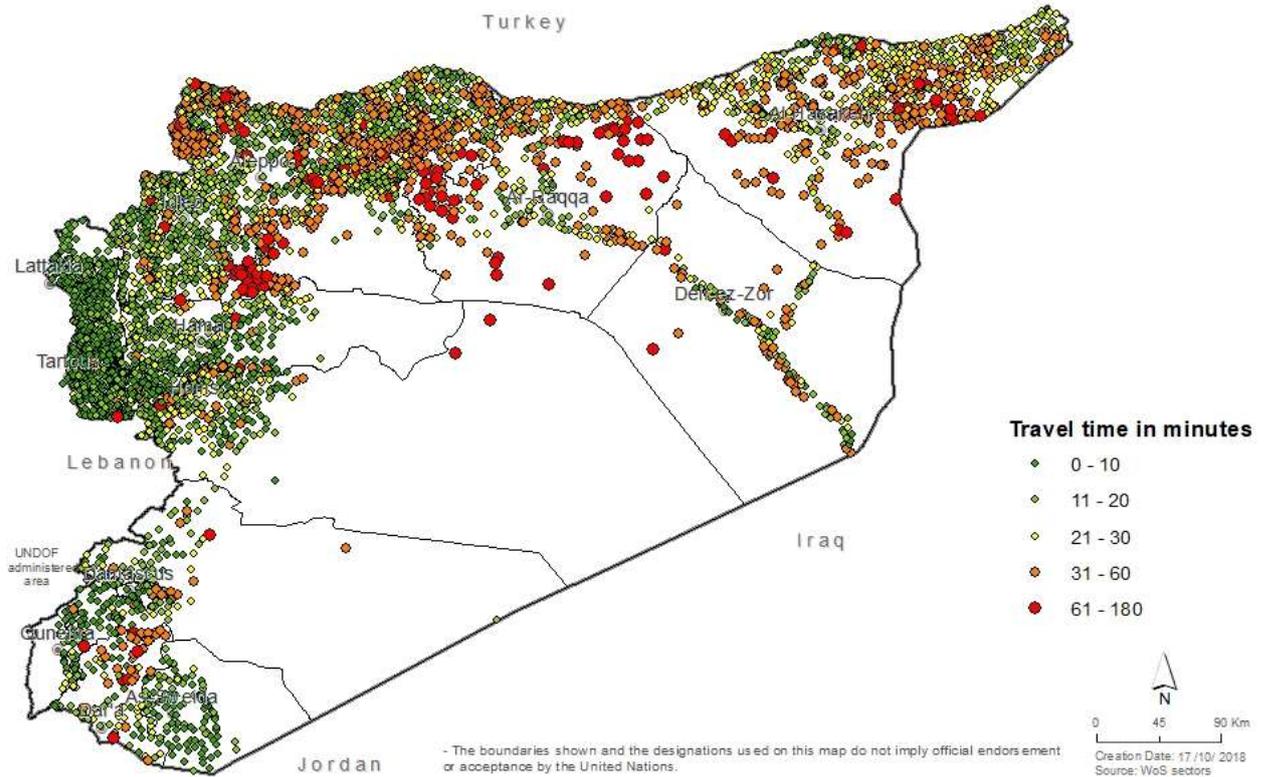
- **Vaccination campaigns** were conducted across Syria, including a polio supplementary and measles campaigns for children 5-15 years old in NW Syria, and a sub-national measles campaign across seven governorates (Al-Hasakeh, Deir Ez-Zor, Ar-Raqqa, Aleppo, Rural Damascus, Homs, Hama) targeting children between 6-12 years old.
- The WoS Health Cluster and hubs contributed to the preparation of the **Humanitarian Needs Overview (HNO)** for 2019. The methodology to calculate the severity scores for the subdistricts was revised from that of the previous year, incorporating two new cross-sectoral indicators (IDP numbers and “intensity of conflict” scores) and updating some others. Corresponding numbers for People in Need (PiN) were also calculated. The revised - and more representative - methodology resulted in an increase in PiN numbers as compared to previous years.
- In addition to the consolidation of **HeRAMS Q2** data for both Gaziantep and Syria hubs, data from a **national health survey** was analyzed to inform the first draft of the HNO. Some notable HeRAMS findings at a WoS consolidated level, include that there are an average of 2.5 health workers (doctors, nurses and midwives) per 1,000 population working in public health facilities across Syria. The highest ratios are found in Tartous (8.4/1,000), As Sweida (7.7/1,000) and Latakia (5.7/1,000) and the lowest ratios in Ar Raqqa (0.7/1,000) and Aleppo, Idleb and Rural Damascus (all at 1.1/1,000). As a point of reference, the recommended minimum ratio for achieving the Sustainable Development Goals is 4.45 health workers /1,000 population
- Out of 1,774 reported PHCs, 899 (51%) are **fully functional** and 345 (19%) are partially functional, with 46% of the buildings either fully or partially damaged. Out of 200 hospitals, 128 (64%) are fully functional, 66 (33%) partially functional, and 126 (63%) of the buildings are either fully or partially damaged.

- Over 7,000 health workers from all across Syria answered questions on the **availability of services**. They identified EPI (78%) and pharmacy services (76%) to be the most widely accessible services across the country, while cancer treatment (12%) and dialysis services (18%) were the least accessible. The results of the survey question on travel time to the nearest PHC facility (whether public or private) in each of over 6,000 communities is summarized in the sample map on the following page.

Future response highlights

- The main focus of the humanitarian health sector in Syria for the month of October will be on the **continuation of regular service delivery and the response to emergencies**, such as the health impacts of the active conflict in Deir-ez-Zor. This involves scaling up of Mobile Medical Units to deliver essential health services to displaced populations and newly accessible areas, as well as efforts to reconstruct damaged health care infrastructure and restore services. Convoys with medical supplies and trainings of health staff will be maintained in order to facilitate the continued availability of quality health services.

Syrian Arab Republic: average travel time to the nearest PHC facility, June 2018



- Solutions will be actively sought to address health sector gaps. Some of these include the limited microbial testing capacity across Syria, the expansion of the Primary Health Care Referral project in Gaziantep, and strengthening the quality of service provision.
- Expansion and strengthening of coordination remains an area of focus. Health sector coordinators will continue to work closely with partners and other sectors to advocate for a sustained response to key health needs, the need for flexible and reliable funding, unrestrained humanitarian access to vulnerable populations, and the cessation of attacks on health and the protection of health workers. Additional areas of focus for the WoS Health Cluster include supporting the continued surveillance of the risk for increased malnutrition in NES, and disability mainstreaming for the HNO/HRP.

Funding status: \$93.4 M funding received (21.4 %) out of 436 M funding required.

For specific data at hub level (Syria, Turkey, Jordan and NE Syria) please see the hub-level monthly bulletins and snapshots available online, or contact the health coordinator for the individual hub.

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