



**World Health  
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

## **Health Situation in Syria and WHO Response**

**26 November 2012**

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### **Background and context:**

Nearly 21 months of conflict in Syria has resulted in increasing civilian casualties, internal and external displacement and the destruction of homes, livelihoods and public infrastructure. Only basic commodities and essential services are available. The humanitarian needs continue to increase as a result of the conflict and the deterioration of the economy, exacerbated by the sanctions imposed on Syria. International efforts to bring an end to the conflict have so far not yielded results. As of November 2012, the conflict has significantly expanded and all 14 Governorates are now embroiled in armed clashes and indiscriminate shelling.

On November 16, the Inter-Agency Standing Committee Principals met with a commitment to provide resources to the UN team in Syria to stay and deliver. Principals also decided that the situation in Syria does not contain the conditions for it to be deemed a Level 3. WHO's security policies and guidelines are included in Annex 1.

### **Humanitarian needs**

The affected population, estimated at three million, includes primarily those injured as a result of violence, families who lost their breadwinners or families who have left their homes as well as the local communities hosting them. Under the revised Syria Humanitarian Assistance Response Plan (SHARP), it is estimated that 2.5 million people are in need of humanitarian assistance, including 1.2 million IDPs, many of whom are living in temporary shelters (mainly schools) across the country. For future planning purposes, the number of people in need of humanitarian assistance will be expanded to 4 million (SHARP 2013). The need for humanitarian assistance has dramatically increased over the last few months, given the large scale destruction of homes and infrastructure, the severe deterioration of people's socio-economic conditions and the exhaustion of coping mechanisms. The priority needs relate to health care, food aid, shelter, water and sanitation and education.

Health priorities:

- access to basic primary health care including access to medicines for chronic diseases
- access to trauma care
- strengthening of disease surveillance including EWARN
- strengthened referral systems
- improved health information systems

- nutritional surveillance
- improved coordination.

## Major constraints to the delivery of aid

Humanitarian agencies face significant constraints to access affected populations, mainly as a result of insecurity, government bureaucracy and control of the humanitarian effort, lack of reliable information, lack of strong field presence and limited numbers of partners on the ground. The Government continues to exercise extensive control over the aid effort, requiring all agencies including WHO, to seek clearance from national authorities for all planned activities and sharing of data. The lack of funding is a further significant obstacle.

## Health Situation

- The humanitarian situation across Syria is grave and continues to deteriorate.
- Access to health care facilities, for both patients and health care providers, is one of the main obstacles to the provision of health care.
- There are severe staffing shortages in hospitals and other health facilities, especially in areas experiencing high levels of violence.
- Many doctors have left the country, e.g. over 50% of the medical doctors have left Homs. In Damascus, Aleppo and Homs at least 70 % of the health providers live in rural areas and therefore frequently cannot access their work place due to irregular public transportation, blocked and unsafe roads with an increasing number of military check points, snipers and the unpredictable occurrence of street fights.
- Many hospitals and health centres across the country have been badly damaged. The hospitals and health centres that are operating are overwhelmed with patients. Across the country more than one out of four public hospitals is out of service (Table I).

Table 1. Damaged and affected health facilities in the Syrian Arab Republic, 14 September 2012

	Number of Damaged/Affected	Total	# Out of service/Affected
<b>Health Centres</b>	186	1919 <sup>1</sup>	106
<b>Hospitals</b>	44	88	23

- In Homs, out of 44 public and private hospitals, only 14 are functioning, with reduced capacity.
- Functioning hospitals are overwhelmed with patients. At the paediatric ward of the national hospital in Al Raqa, there are frequently two children in one bed due to the shortage of beds. Al

<sup>1</sup> Previously Ministry of Health communicated the figure of 2000 Health Centres, a recent MOH survey (November 2012) has confirmed the total number of 1919 Health centres.

Zahrawi Hospital, one of two public maternity hospitals in the centre of Damascus, reports that the number of women seeking care has more than doubled since the same period last year. Due to the severe shortage of maternity beds to cater for an increasingly larger catchment area, (Rif Damascus) mothers' stay has had to be drastically reduced. A normal delivery has been reduced to a maximum 6-8 hours and a Caesarean-section delivery 12 hours.

- There is an acute shortage of transportation for referral service. Out of 520 ambulances, 304 have been damaged or affected, including 150 which are out of service. As a result, there are a large number of patients requiring urgent medical, surgical and obstetric care who are no longer being referred to hospitals for adequate care.
- An increasing number of pregnant women are requesting an elective C-section as they are worried that they will not be able to reach clinics and hospitals in time for their delivery. In Al Raqa an average of 45% of all deliveries are C-section (prior to the conflict 26-28 %). The two maternity referral hospitals in Damascus are also reporting a doubling of the C-section rates over the last few months.
- Before the unrest started in March 2011, more than 90% of medicines in Syria were locally produced. The combined effects of economic sanctions, currency fluctuations, unavailability of hard currency, fuel shortages, and increases in operational costs have adversely affected the production of medicines and pharmaceutical products.
- The recent escalation in the conflict has resulted in substantial damage and closure of pharmaceutical plants and medical storage facilities, causing a critical shortage of life-saving medicines and supplies.
- In affected areas there is a critical shortage of life-saving medicines, including for non-communicable diseases. Insulin, oxygen, nitrogen gas, anaesthetics and intravenous fluid are not available. Health care professionals in Homs told WHO that, due to shortages in insulin, priority is being given to children needing treatment for diabetes. Oxytocin, routinely provided to all mothers during labour to prevent haemorrhage, is no longer available in the maternity wards.
- In Al Raqa, the Director of Health reported that before the influx of IDPs three months ago, there were 10 300 patients registered with diabetes. At the end of October 2012, the number of registered diabetes patients was 21 000. The number of dialysis and cancer patients during this period has also doubled and medicines from Damascus to treat patients is no longer sufficient.
- Throughout the country, local pharmacies are increasingly unable to provide regular medicines such as simple pain killers and insulin. The health authorities in the Governates are not receiving sufficient supplies from the central authorities.
- The current unrest has also created challenges in implementing the national immunization programme. The shipment of vaccines has been complicated due to blocked roads and security issues. There are difficulties in maintaining the cold chain which is resulting in destroyed vaccines. The national vaccination coverage for the first quarter of 2012 dropped from 95% to 80%. There are shortages of vaccination vehicles. Many vaccination /supply vehicles have been damaged or affected (117 of 157 damaged are out of service). Due to the escalation of the conflict, there are an increasing number of areas where the Ministry of Health cannot access. The MoH has requested assistance from WHO to help deliver medicines, vaccines and medical supplies to heavily affected areas such as Aleppo, Derezor and Rif Damascus. The present stock in country for EPI vaccines is sufficient to cover the first quarter of 2013. The Ministry of Health has completed the tender for 2013 and three companies have been rewarded (Glaxo, Novartis and Pasteur). The estimated cost of the procurement is €22 million.

- Access to safe water and appropriate sanitation in affected areas has been interrupted, leading to an increased risk of waterborne diseases. A WASH Sector Working Group has been formulated under the umbrella of Syrian Arab Red Cross (SARC). Several WASH partners (UNICEF, UNDP, OCHA, ICRC, DRC, WHO) are coordinating WASH activities which are implemented by SARC and local and international NGOs in the affected areas. Many of the governorates have had to restrict the delivery of potable water, especially to rural areas. They cannot treat the needed quantities of water due to the shortage of chlorine gas and sodium chloride. There is only one supplier for these items left in the country and the price is reported to have increased five-fold. There is an urgent need for water pumps, spare parts and consumables which can no longer be bought in Syria. Many of the water stations in the governorates have been damaged during the last months and generators, pipes, vehicles and electrical systems have been looted and destroyed. Due to insecurity, the water directorate staff are not able to travel to the locations to repair damaged water stations since there have been attacks, kidnappings and vehicles stolen. The supply of safe drinking water to households, schools and health facilities is of concern to the authorities.
- Prior to the unrest, according to the 2009 Family Health Survey, 9.3% of children under 5 years of age were suffering from wasting, and 23% from stunting. According to a study the MOH conducted in 2007, 22.3% of children under five years of age had anemia. Older studies have also demonstrated deficiencies in vitamin A and iodine. In 2007 a study conducted on prevalence of anemia, demonstrated that 44% of women of childbearing age and 57.2% of pregnant women suffered from anemia. The study concluded that nutrition has been much neglected. The prolonged unrest has resulted in growing food insecurity, unhygienic living conditions, overcrowding, inaccessible or limited health care services and reduced immunization coverage for children under five years of age. These combined factors may have serious implications on the nutritional status of children under five years of age and pregnant and lactating women. No significant increase in malnutrition has been reported since the onset of the conflict. However, based on the studies referenced above, a nutritional assessment and fact finding mission to areas with large IDP populations and areas affected by drought are required to gather sufficient data to evaluate the situation.
- In Syria, the rate of exclusive breast feeding for six months has been consistently low (approximately 43%). At present, doctors and midwives are reporting that there are an increasing number of women who wish to breast feed their babies, mainly because they cannot afford infant formula. Due to the short stay in health facilities following delivery, help with initiation of breastfeeding is insufficient and there is no organized support for breastfeeding within the communities.
- There are reports of growing mental health needs due to the ongoing violence. Mobile clinics report an increasing number of people seeking assistance for affected family members e.g. children over five years who have started to wet their beds, grown up men who are crying openly and young men who have been exposed to torture and are suffering from post - traumatic stress disorder (PTSD). Prior to the conflict there were only nine psychiatrists in Syria. They have apparently all left the country. The MOH has asked for assistance from WHO in undertaking an assessment of the mental health needs in heavily affected governorates. There are a number of psychosocial support programmes, especially among IDPs, initiated by the humanitarian community. The health authorities at the Governorate level report that the social part of the psycho-social support seems to be functioning well. There is, however, a concern that when people with mental problems have been identified, they are not receiving the

necessary expert follow-up as there is no proper referral system in place for mental disorders, including for PTSD.

- With the escalation of the conflict, previous assessments conducted by UN agencies including WHO have become outdated. It is essential to conduct new rapid assessments (real time assessments) in order to have an accurate picture of national health needs and plan the humanitarian response accordingly.
- Recently, ICRC performed a facility based assessment of hospitals in Damascus and requested support from WHO in providing trauma surgery and emergency care supplies

## WHO Response

- Based on the draft Syrian Humanitarian Response Plan, shared with donors in September, 2012, the WHO Country Office has developed an implementation plan (October 01, 2012 –March 31, 2013).
- A Monitoring and Evaluation Framework is under development. The WHO Country Office (WCO) has set up a team to oversee the implementation of the activities. A network of medical and pharmacy students have been contracted and trained. They make monitoring visits to the governorates and follow-up with telephone interviews to ascertain the safe delivery of medicines and medical equipment to “hot” areas.
- In October, the Syrian Inter-Agency Contingency Plan (September 2012 –March 2013) was updated for all sectors.
- A number of real time assessments have been undertaken in the Governorates of Homs, Al Raqa, Rif Damascus and Damascus to inform and guide WHO's response work.
- WHO is chairing the Health Sector Working Group and conducts meetings on a bi-weekly basis. Joint work plans and unified reporting systems have been developed.
- WHO and the MOH have established the Early Warning and Reporting System (EWARS).
  - Indicators to monitor the health situation at different levels of care have been identified.
  - Standard data collection formats have been developed in consultation with the MOH and the health sector working group.
  - A training workshop on Early Warning Alert and Response on epidemic surveillance was conducted by WHO in Damascus from 10-12 September. More than 40 surveillance officers from 10 of Syria's 14 Governorates were trained on early epidemic preparedness and response for surveillance. A second workshop was conducted, October 8-10 for the Health District Officers of the selected districts of the EWAR Network.
  - WHO has provided the MOH with communication equipment to strengthen networking between sentinel sites, the health directorates of the 14 governorates and the central level.
  - Data collection began on 23 September for the 104 participating health facilities across Syria.
  - The first weekly Health Bulletin was issued on the 15th of October. The weekly bulletins are routinely circulated to all relevant national health authorities, WHO HQ and EMRO,

and UN health sector partners. A sample of the weekly bulletin is attached in Annex II. An increasing number of NGOs are being included in the EWARS network. Currently, WHO is building the database software to automate the EWARS weekly data processing, analysis and issuing of the EWARS bulletin.

- WHO has conducted rapid assessments for health facilities in all Governorates to determine accessibility and functionality of MOHs health facilities. As the security situation is rapidly worsening, these assessments need to be regularly updated. The next update is expected to be completed by the end of December, 2012.
- WHO has developed a list of priority medicines required over the next six to nine months based on estimates provided by MOH, MOHE, the health authorities of the 14 Governorates and key health sector partners.
- WHO is playing an important role by liaising between the Health and WASH Sector Working Groups. WHO works to keep the groups updated on the risks of waterborne diseases and outbreaks and to monitor, alert and support health authorities to take action
- WHO has provided portable water testing kits to test the quality of the drinking water. In addition family water purification units are being delivered to the most affected governorates.

#### **Filling gaps in basic health services:**

- WHO has provided medicines and supplies for over 1 million treatments (Annex III. Distribution Lists; Annex IV. Distribution Map) to Aleppo, Damascus, Rural Damascus, Daraa, Homs, Al Raqa, Deir Ezzor, Idlib, Tartous and Qunitera.
- WHO and the Ministry of Health have finalized a vaccine distribution plan for affected areas. WHO has, with the support of WFP, distributed urgently needed vaccines to “hot” areas where MOH’s access is restricted. For example, at the end of October, WHO supplied Aleppo with 500 000 doses of vaccines for children under five. Last week, WHO distributed, on behalf of MOH, an additional 150 000 doses of vaccines.
- WHO and UNICEF are supporting the MOH with a measles and polio campaign scheduled to commence November 26, 2012. WHO has trained vaccination focal points (1st week of October) from 11 governorates. WHO has provided paracetamol and multivitamin syrups to be distributed during the campaign, conducted supervisory visits and provided incentives for vaccination field teams. In addition, at the request of MOH, WHO has developed a reporting tool for the campaign.
- The current situation and sanctions are affecting regular supplies of much needed blood safety kits. WHO rapidly responded to a request from the National Blood Bank and has supplied over 105 000 kits. The daily consumption of kits is 1500. In light of the prevailing sanctions, WCO has explored options to secure supplies for the National Blood Programme, using Syrian funds. The administrative procedures for the transfer of funds from the Government of Syria to the vender, via WHO, are being established (building on the experience from Libya).
- WHO has encouraged the development of more strategic planning of medical supply requirements, as WCO is being inundated by almost-daily ad hoc requests. WHO has offered its assistance in this regard and is in the process of recruiting an international logistician and pharmacist to strengthen the WCO’s capacity to respond.

- Based on a direct request from ICRC, WHO has provided trauma surgery and emergency care supplies, large quantities of intravenous nutrition fluid and intravenous supply sets to a number of hospitals in areas heavily affected by the conflict.
- WHO is expanding its partnership with national NGOs providing health services. Until now, 10 NGOs have been contracted to support the provision of essential medicines, surgical and medical supplies, and emergency services including referrals. The capacity of an additional three NGOs is being assessed (Annex V).
- WHO continues to support mobile clinics and mobile teams providing health services to beneficiaries in “hot” areas. Ten mobile teams, managed by an NGO, the Syrian Association for Health Promotion and Development (SAHPD), are providing basic health services in Damascus, Rural Damascus, Homs, Hamah and Aleppo. According to the reports received, the mobile clinics reach between 1600 and 2000 patients per month. The mobile teams reach an average of 600 - 700 per month. In addition, WHO is in the process of extending its agreement with the Syrian Family Planning Association (SFPA) to continue the support for four mobile clinics serving Homs and Rural Damascus. A report from SAHPD is attached to illustrate the number of consultations conducted in the different catchment areas. Further details on the disease burden identified through the consultations are also provided (Annex VI ).
- WHO requested US\$31 million, as per the Syrian Humanitarian Response Plan for 2012, to effectively respond to humanitarian health needs in Syria. Funding received so far is US\$ 8 242 360. (Annex VIII)

#### **Way Forward:**

- Undertake assessment missions to areas of Rural Damascus (Nov 25-30)
- Develop the health section of the Syrian Humanitarian Assistance Response Plan for 2013 by December 17, 2012.
- Revise the WCO implementation plan, by December 30
- Scale up implementation efforts as per the WCO Implementation plan (ongoing). Support for mental health and nutrition activities to be included, if funding is available.
- Recruit staff as per the Implementation plan and attached Organogram ( Annex VII)
- Finalize the Monitoring and Evaluation Framework by December 16, 2012 and strengthen monitoring activities throughout the country
- Continue efforts to mobilize resources required for the implementation of the projects
- Pre-position medicines and supplies in three hubs (Damascus, Tartus, Qameshli) around the country
- Strengthen coordination efforts and continue to share information among partners

## Annex I. WHO Security Policies and Guidelines:

WHO falls under the United Nations Security Management System (UNSMS) and therefore is guided by UN Security Policies and Guidelines. It is very significant to mention that, in the context of security and safety, the UN has shifted its paradigm from the former policy of “WHEN TO LEAVE” to the current policies and guidelines on “HOW TO STAY”. Specifically, the measures “TO STAY” enable continued implementation of programmes and activities in a safe and secure manner are determined by an established UN Security Management System at the country level represented by a Security Management Team (SMT). The SMT, composed of the Heads of UN Agencies in the country, are technically supported and assisted by UN Security Advisors. The Security Advisors conduct and complete risk management procedures, on a regular basis and as often as the security situation changes, logically following established framework, from security analyses and risk assessments, to the determination of Security Levels, and the continued update of the UN Minimum Operating Security Standards, the UN Country Security (Contingency) Plan, Standard Operating Procedures, and Security Advisories, peculiar to any particular or specific event or incident which may have impact on the UN.

Under the current circumstances and developments in the country, and in accordance to the Country Security (Contingency) Plan, we have three (3) Scenarios, with Scenario 3 being the worst case. There are identified indicators and triggers at which point evacuation of international staff from the area would become mandatory. The most significant indicator being that the UN or WHO becomes a direct target or seriously likely to be collaterally impacted. Nonetheless, as and when the situation remains feasible, we have a system of continuity of operations through identified and trained national staff members for the period of time that the expatriate staff are again determined to be able to revert back to the area. Considering the nature of WHO’s mandate, given any circumstance, the criticality of its programmes is such that continued implementation may be facilitated in accordance with established UN Programme Criticality and Risk Management policies and guidelines.



**EWARS Weekly Bulletin**  
**Week No. 40: 30 Sep. – 6 Oct. 2012**  
**Syria: The HC & CCD Directorates**  
**MOH & WHO**



**Highlights:**

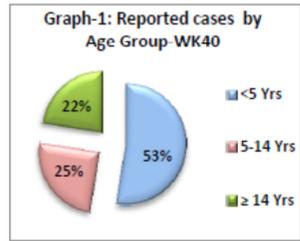
- ◆ Seven governorates have reported in the second week of system implementation; achieved reporting completeness is 50%
- ◆ One **suspected measles** case was reported in Damascus and one **AFP** case was reported in Homs and necessary response procedures were taken as usual
- ◆ Notable decrease in the number of Acute Diarrhoea is reported in Latakia; from 146 cases in week 39 to 48 cases week 40.
- ◆ No death is reported

**I. Reporting Timeliness & Completeness**

Reporting has been improved slightly. The achieved completeness of reporting for the second week is 50% where seven governorates have reported (Latakia, Hama, Rural Damascus, Homs, Tartous, Damascus and Al-Hasakah (*Only Al-Shaddadi health district in Hasakah has reported out of 5*)).

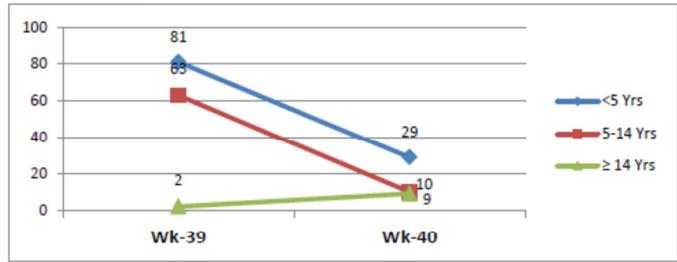
**II. Reported cases**

A total of **736** cases have been reported, in which the highest percentage of reported cases was among under 5 group (52%, 387 cases of AD & ILI), followed by **5 to 14 years old** (25%, 183 cases), and **greater than 14 years old** (23%, 166). See Graph-1.

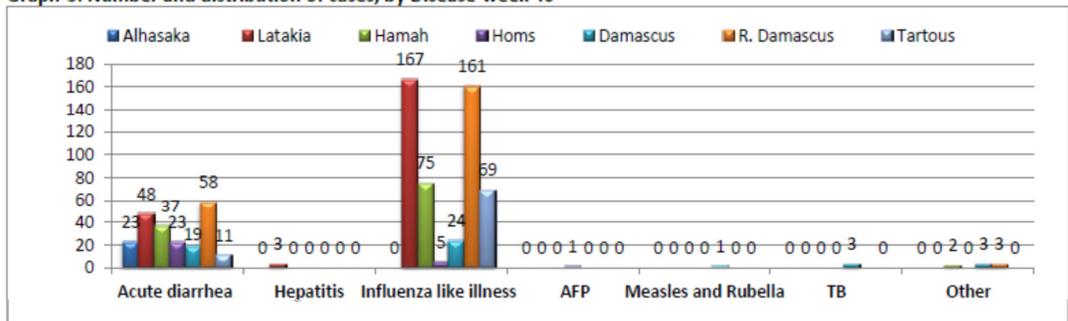


The majority of the reported cases are Influenza like illness (68%; 501 cases) and Acute diarrhoea (30%; 219 cases), where in Latakia, the number of Acute Diarrhoea cases decreased dramatically from 146 cases in week 39 to 48 cases in week 40. (See graph 2 below). Summary figures on the reported cases by Governorate, age group, and by Disease are shown in Graph-3, as well as Table 1.

**Graph-2: Trend Analysis of Acute Diarrhoea cases in Latakia between week 39 and week 40**



**Graph-3: Number and distribution of cases, by Disease-week 40**



**Table-1: Distribution of cases per age group, and by Governorate**

Disease	Age Group	Alhasaka	Latakia	Hamah	Homs	Damascus	R. Damascus	Tartous	Grand Total
Acute diarrhea	<5 Yrs	22	29	21	21	14	32	2	141
	5-14 Yrs	0	10	14	2	1	15	4	46
	≥ 14 Yrs	1	9	2	0	4	11	5	32
Cholera	<5 Yrs	0	0	0	0	0	0	0	0
	5-14 Yrs	0	0	0	0	0	0	0	0
	≥ 14 Yrs	0	0	0	0	0	0	0	0
Hepatitis	<5 Yrs	0	1	0	0	0	0	0	1
	5-14 Yrs	0	2	0	0	0	0	0	2
	≥ 14 Yrs	0	0	0	0	0	0	0	0
Influenza like illness	<5 Yrs	0	120	33	5	3	43	36	240
	5-14 Yrs	0	46	25	0	5	44	12	132
	≥ 14 Yrs	0	1	17	0	16	74	21	129
AFP	<5 Yrs	0	0	0	0	0	0	0	0
	5-14 Yrs	0	0	0	1	0	0	0	1
	≥ 14 Yrs	0	0	0	0	0	0	0	0
Measles and Rubella	<5 Yrs	0	0	0	0	1	0	0	1
	5-14 Yrs	0	0	0	0	0	0	0	0
	≥ 14 Yrs	0	0	0	0	0	0	0	0
Tetanus	<5 Yrs	0	0	0	0	0	0	0	0
	5-14 Yrs	0	0	0	0	0	0	0	0
	≥ 14 Yrs	0	0	0	0	0	0	0	0
Meningitis	<5 Yrs	0	0	0	0	0	0	0	0
	5-14 Yrs	0	0	0	0	0	0	0	0
	≥ 14 Yrs	0	0	0	0	0	0	0	0
Local malaria	<5 Yrs	0	0	0	0	0	0	0	0
	5-14 Yrs	0	0	0	0	0	0	0	0
	≥ 14 Yrs	0	0	0	0	0	0	0	0
Rabies	<5 Yrs	0	0	0	0	0	0	0	0
	5-14 Yrs	0	0	0	0	0	0	0	0
	≥ 14 Yrs	0	0	0	0	0	0	0	0
TB	<5 Yrs	0	0	0	0	2	0	0	2
	5-14 Yrs	0	0	0	0	1	0	0	1
	≥ 14 Yrs	0	0	0	0	0	0	0	0
Other	<5 Yrs	0	0	1	0	0	1	0	2
	5-14 Yrs	0	0	1	0	0	0	0	1
	≥ 14 Yrs	0	0	0	0	3	2	0	5
Grand Total for <5 Yrs		22	150	55	26	20	76	38	387
Grand Total for 5-14 Yrs		0	58	40	3	7	59	16	183
Grand Total for ≥ 14 Yrs		1	10	19	0	23	87	26	166

### III. The Response:

- ◆ The AFP case detected in Homs (a boy of 8 years old) was referred to a hospital in Damascus. The surveillance team from Damascus Health Directorate/ HC department has visited the child and filled in the investigation form. No stool sample was taken because the child was on ventilator and then he died. The health directorate in Homs/ HC department have started to take stool samples from contacts and a mop up campaign will start on Wednesday 17/10/2012.
- ◆ The measles case was detected in the sixth District (a girl, 18 months). The surveillance team has visited the child and took the blood and the oral fluid samples and filled in the investigation form. The lab result was negative.



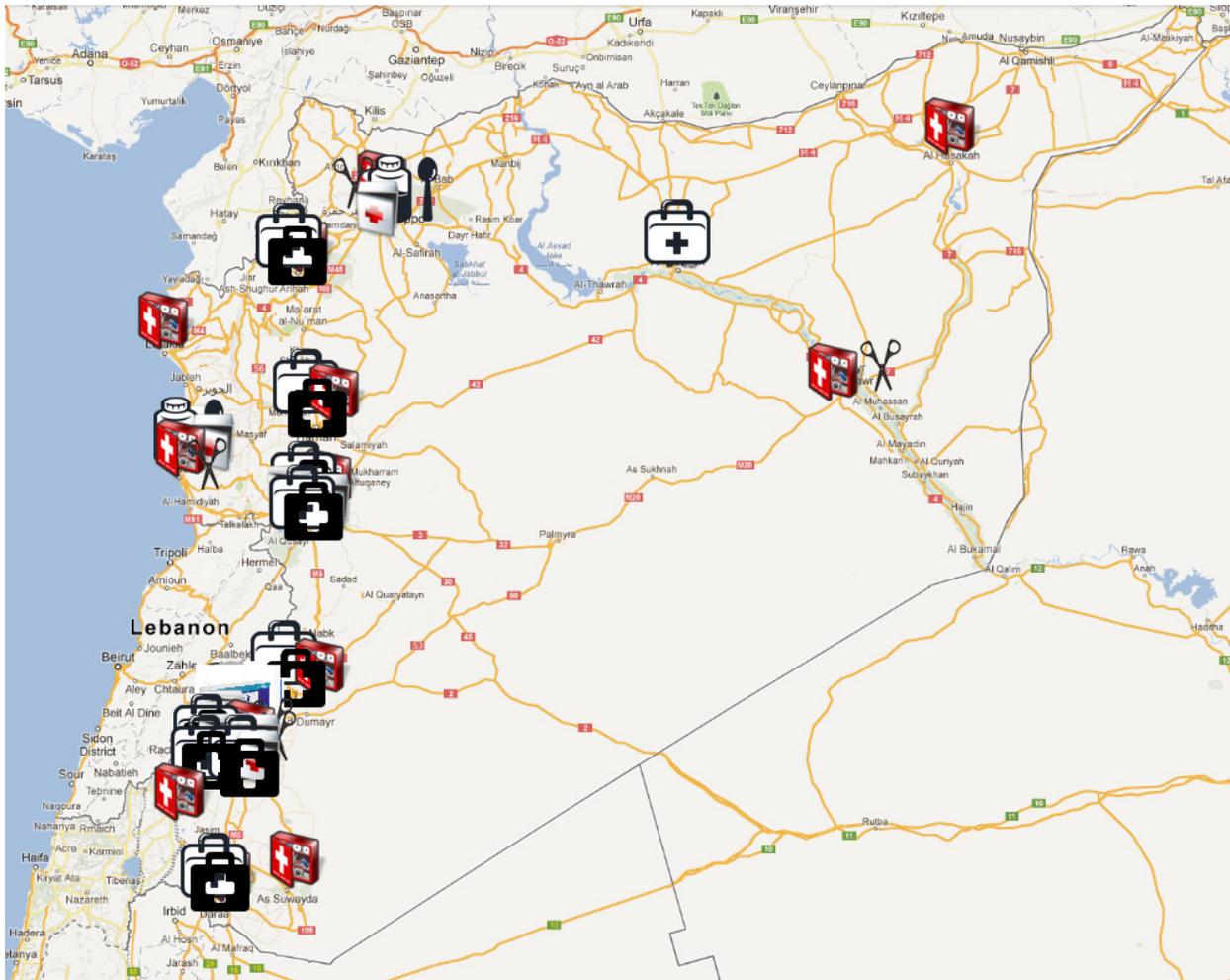
## WCO Syria: Distribution List of Supplies: May - November 2012

Location	Description	Quantity	End User	Date
Damascus	Backpack	9	MOH	May-12
	IEHK Basic Units	25		May-12
	IEHK Supplementary	2		May-12
	IEHK PEP Module	5		May-12
	Surgical Supply Kit	2	Damascus Hospital & Ibn Al Naffees Hospital	May-12
	Emergency Kit A & B	2	MOH for distribution to Hamah and Homs.	Sep-12
	Emergency Kit B	1		Sep-12
	IEHK Supplementary	1		Sep-12
	<b>NCD Drugs</b>	1680		October-12
	HIV LAB Diagnostic kits	6	MOH/National Lab	October-12
	Lice Medication	2000	IDP Shelters	October-12
	Scabies Medication	2000		October-12
	Emergency Kit A	2	MOHE, Moassat Emergency Hospital	Aug-12
	Emergency Kit B	2		Aug-12
	IEHK Supplementary	2		Aug-12
	<b>Life saving Drugs</b>	10000		October-12
	<b>NCD Drugs</b>	40,000		October-12
NCD/Insulin	9420	November-12		
IEHK Basic Units	20	Fund Alafyeh		Aug-12
Emergency Kit A & B	2		Aug-12	
IEHK Supplementary	01		Aug-12	
Rural Damascus	Backpack	07	MOH	May-12
	Emergency Kit A & B	2		May-12
	IEHK Basic Units	20	Syria Trust	Aug-12
	Diarrhea Kit	4		Aug-12
Al Raqqa	Portable Ventilators	14	The national Hospital and some IDP clinics	November-12
	IEHK Basic unit	30		November-12
	Lice Medication	8		November-12
	Backpack	4		May-12
Tartous	Backpack	5	Main hospital and health facilities through the health directory.	May-12
	Surgical Kits	5		Sep-12
	Diarrhea kits	8		Sep-12
	Emergency Basic unit	15		Sep-12
	Surgical Supply kit	5		October-12
	Diarrhea kit	8		October-12
	IEHK Basic Unit	15		October-12

Location	Description	Quantity	End User	Date
<b>Tartous</b>	Backpack	5	Main hospital and health facilities through the health directory	May-12
	Surgical Kits	5		Sep-12
	Diarrhea kits	8		Sep-12
	Emergency Basic kit	15		Sep-12
	Surgical Supply kit	5		October-12
	Diarrhea kit	8		October-12
	IEHK Basic Unit	15		October-12
<b>Aleppo</b>	Backpack	5		May-12
	Surgical Kits	6 / hijacked		Sep-12
	Diarrhea kits	12/ hijacked		
	Emergency Basic unit	15/ hijacked		
<b>Daraa</b>	Backpack	5	Three health facilities.	May-12
	Emergency Kit A	1		
	Emergency Kit B	1		
<b>Der Elzoor</b>	Backpack	5	MOH	May-12
	Surgical Supply	1		Jun-12
	Ventilators	1	Boukamal NGO	Nov-12
	Defibrillator	1		
	IEHK Basic Kit	5		
	Surgical Kit	2		
	RH kit	3		
<b>Edlib</b>	Backpack	5	Main health facilities, Health Directory	May-12
	Emergency Kit A	1		
	Emergency Kit B	1		
<b>Hamah</b>	Backpack	5	The national hospital.	May-12
	Emergency Kit A	1		
	Emergency Kit B	1		
<b>Hasakah</b>	Backpack	4	Health Directorate	May-12
<b>Homs</b>	Backpack	5	Health Directorate	May-12
	Emergency Kit A	1		May-12
	Emergency Kit B	1		May-12
	IEHK Basic Units	20	Albir	Aug-12
	Emergency Kit A	1		Aug-12
	Emergency Kit B	1		Aug-12
	IEHK Supplementary kit	1		Aug-12
	IEHK Basic Units	25	Trust	May-12
	IEHK Supplementary	2	Trust	May-12
<b>Sweida</b>	Backpack	3	MOH	May-12

## Annex IV

### Areas where the supplies were distributed:



## Table of MOUs between WHO and NGOs working for health in Syria

*“Funding is performance based and the project will be extended based on satisfactory performance”*

	Name of the NGO	Date of the MOU	Period	Main activities	Amount USD	Amount SP	Project area	Update
1	Syrian Association HPD	10/9/2012	One month	Mobile consultation, psychosocial support and referral services	57,000	3,819,000	Damascus, Rural Damascus, Homs, Hamah and Aleppo	Project finalized, satisfactory reports received and MOU being extended for an additional three months
2	Albir Hospital	15/9/2012	One month	Providing emergency services, treatment and hemodialysis sessions	95,000	6,365,000	Homs, Alwaer	Satisfactory reporting on implementation of first installment for funding received for hemodialysis sessions. Second Disbursement in progress
3	Alafyeh Fund	10/9/2012	One month	Hemodialysis sessions and medicines	90,672	6,075,024	Damascus	Activities of the first implementation phase finalized. Monitoring visit planned last week of November.
4	Lamset Shifa	10/9/2012	Three months	consultations, surgeries, providing medicines and diagnostic tests	37,073	2,483,880	Damascus, Rural Damascus, and IDPs from other governorates	Lamset Shifa recently received Ministry of Social Affairs approval and MOU scheduled to be signed November 28, 2012
5	AlRahmet AlMouhdat	15/9/2012	One month	NCD medicines	60,770	4,071,000	Rural Damascus, Mouadamieh	Activities under implementation
6	Syria Trust	15/9/2012	One month	Medication and basic kits	16,831+ 10 basic kits	1,127,677	Aleppo and rural Aleppo	Satisfactory reports submitted. Project being extended. Second disbursement scheduled for second week of December.

7	Syrian Family Planning Association	1/5/2012	Three months	Lifesaving primary health care outreach services ( support mobile clinics)	93,842	7,319,676 (USD was 78 at that time)	Rural Damascus, Homs, Idleb, Der, Elzor, Dara'a.	An amendment to the MOU is prepared to include support for mobile clinics in Aleppo and Homs (Alwaer)
8	Islamic Charity Organization	11/10/ 2012	Three months	Medical kits, medicines and equipment	In Kind	In kind	Albou Kamal Dier Elzour	2 Surgical, 5 basic emergency kits , one portable ventilator and 2 portable X-ray machines have been provided. Medicines, defibrillator and incubators will be delivered as soon as received in country Request for X ray machine currently under review
9	Growth and Development	1/11/2012	Three months	consultations, surgeries, and diagnostic tests	91,615	6,413,000	Damascus	Activities under implementation
10	JRS	1Dec. 2012	Three months	Charitable Clinic for residents in Aleppo and medical services provided for IDPs (Consultation ,medicines, diagnostic tests...)	100,000	6,700,000	Aleppo and Rural Aleppo	Assessment completed by WHO focal point in Aleppo, MOU is being prepared. First disbursement planned for first week of December.
11	Mafrak Hujeira	1 Dec 2012		PHC Delivery and NCD Treatment			Rural Damascus	Proposal received and under review
12	Alta'alof	1 Dec 2012		Trauma Management, PHC Delivery, NCD Treatment			Aleppo and Rural Aleppo	Proposal received. WHO focal point in Aleppo currently undertaking assessment of their capacity
13	AlKisweh Charity Association	TBD	-	Trauma Management, PHC Delivery, NCD Treatment	-	-	Rural Damascus	Proposal received and under review

## SAHPD Mobile Teams Workload from 15<sup>th</sup> Sep to 11<sup>th</sup> Oct 2012



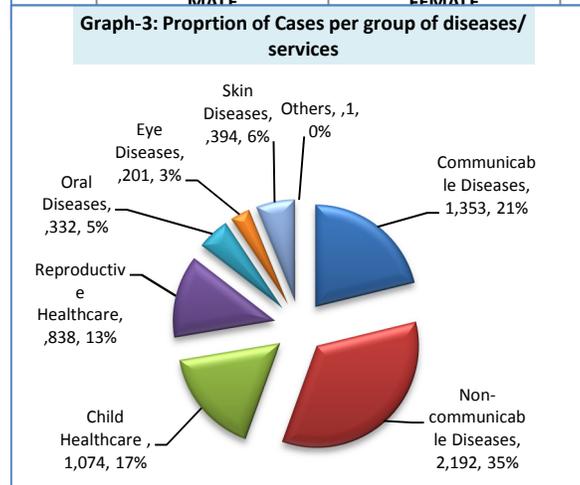
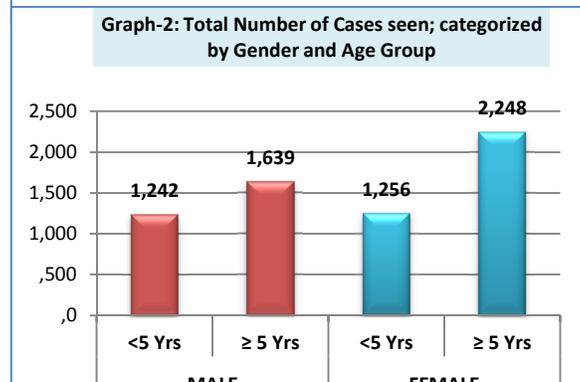
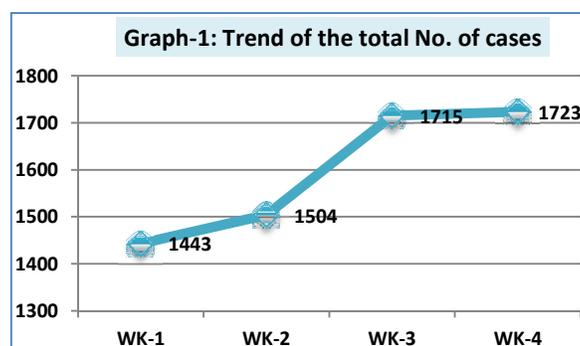
- In response to the current health situation in Syria, WHO has contracted a number of NGOs to provide mobile health services to the affected population
- WHO has contracted SAHPD (Syrian Association for Health Promotion & Development) to provide mobile health services in five governorates (i.e., Damascus, Rural Damascus, Hama, Homs, and Aleppo), and this report provides one month summary information on the workload of the mobile teams (from 15<sup>th</sup> Sep to 11<sup>th</sup> Oct 2012).
- The total number of displaced people overall five governorates as estimated by SAHPD during the month of September 2012 is 160,000. Disaggregation of IDPs figures by governorates is provided in table-1.
- The **total number of cases** seen over the four weeks is **6,385**; see Table-2 and Graph-1.
- 55% of the cases are **females**.
- 36% of the registered cases are **under 5**.  
*The disaggregation of number of cases by gender and age group is illustrated in Table-2. Detailed visualization of the data is provided in Graphs 2, 4 & 5.*
- By looking into the total cases seen by each governorate; the majority of cases are in Damascus, followed by Homs, Aleppo, Rural Damascus, and Hamah. See Table-2.
- By looking into the group of diseases and services, and its proportion to each other; non-communicable diseases is the highest number of seen cases (35%), followed by communicable diseases (21%). See Graph-3.

**Table-1: Total number of displaced people by Governorate**

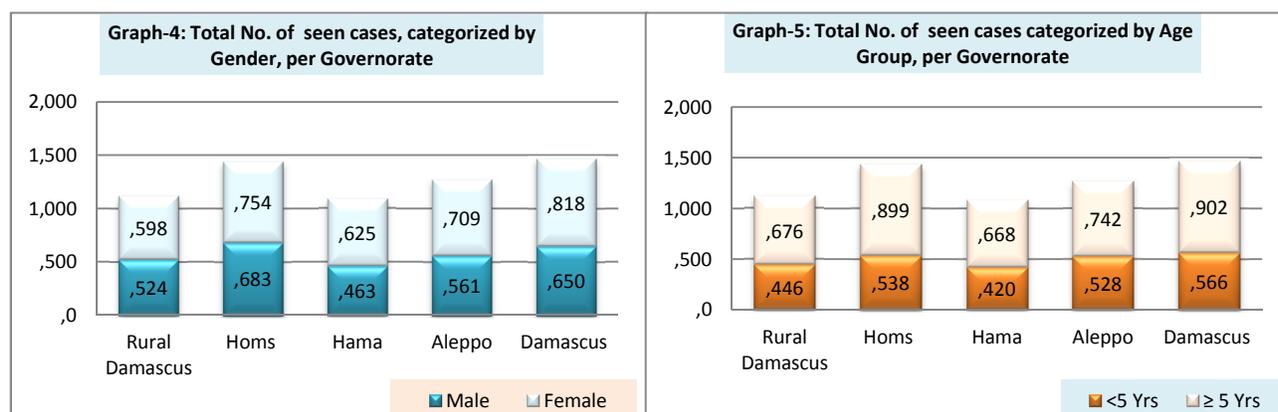
Governorate	No. of displaced people
1. Rural Damascus	35,000
2. Damascus	30,000
3. Hamah	25,000
4. Aleppo	30,000
5. Homs	40,000
<b>TOTAL</b>	<b>160,000</b>

**Table-2: Total number of Cases seen**

Governorate	MALE		FEMALE		TOTAL
	<5 Yrs	≥ 5 Yrs	<5 Yrs	≥ 5 Yrs	
Rural Damascus	224	300	222	376	<b>1,122</b>
Homs	276	407	262	492	<b>1,437</b>
Hamah	204	259	216	409	<b>1,088</b>
Aleppo	256	305	272	437	<b>1,270</b>
Damascus	282	368	284	534	<b>1,468</b>
<b>TOTAL</b>	<b>1,242</b>	<b>1,639</b>	<b>1,256</b>	<b>2,248</b>	<b>6,385</b>
<b>%</b>	<b>19%</b>	<b>26%</b>	<b>20%</b>	<b>35%</b>	



The amount of workload per governorate and categorized by gender and age group is provided in Graph-4 and Graph-5



Detailed information on the weekly number of cases seen per disease is provided in Table-3, and visualized in Graph-6.

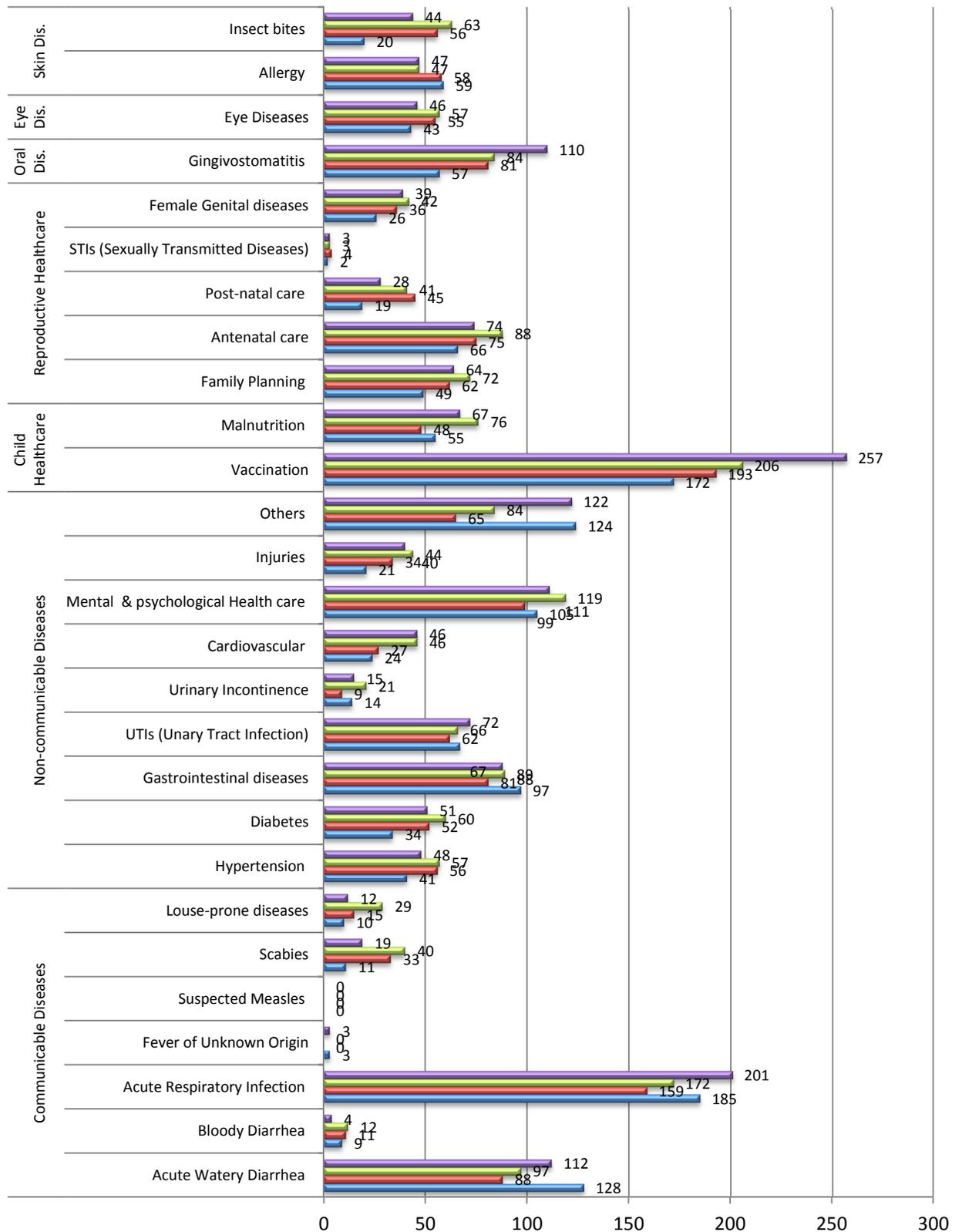
Table-3: Weekly Number of Cases per Disease Type

#	Category	Disease	WK-1	WK-2	WK-3	WK-4	Total	Grand Total per category
1	Communicable Diseases	Acute Watery Diarrhea	128	88	97	112	425	1353
2		Bloody Diarrhea	9	11	12	4	36	
3		Acute Respiratory Infection	185	159	172	201	717	
4		Fever of Unknown Origin	3	0	0	3	6	
5		Suspected Measles	0	0	0	0	0	
6		Scabies	11	33	40	19	103	
7		Louse-prone diseases	10	15	29	12	66	
8	Non-communicable Diseases	Hypertension	41	56	57	48	202	2192
9		Diabetes	34	52	60	51	197	
10		Gastrointestinal diseases	97	81	89	88	355	
11		UTIs (Unary Tract Infection)	67	62	66	72	267	
12		Urinary Incontinence	14	9	21	15	59	
13		Cardiovascular	24	27	46	46	143	
14		Mental & psychological Health care	105	99	119	111	434	
15		Injuries	21	34	44	40	139	
16	Others	125	65	84	122	396		
17	Child Healthcare	Vaccination*	172	193	206	257	828	1074
18		Malnutrition	55	48	76	67	246	
19	Reproductive Healthcare	Family Planning	49	62	72	64	247	838
20		Antenatal care	66	75	88	74	303	
21		Post-natal care	19	45	41	28	133	
22		STIs (Sexually Transmitted Diseases)	2	4	3	3	12	
23		Female Genital diseases	26	36	42	39	143	
24	Oral Diseases	Gingivostomatitis	57	81	84	110	332	332
25	Eye Diseases	Eye Diseases	43	55	57	46	201	201
26	Skin Diseases	Allergy	59	58	47	47	211	394
27		Insect bites	20	56	63	44	183	
28	Others	Poisoning	1	-	-	-	1	1
<b>GRAND TOTAL</b>			<b>1,443</b>	<b>1,504</b>	<b>1,715</b>	<b>1,723</b>	<b>6,385</b>	<b>6,385</b>

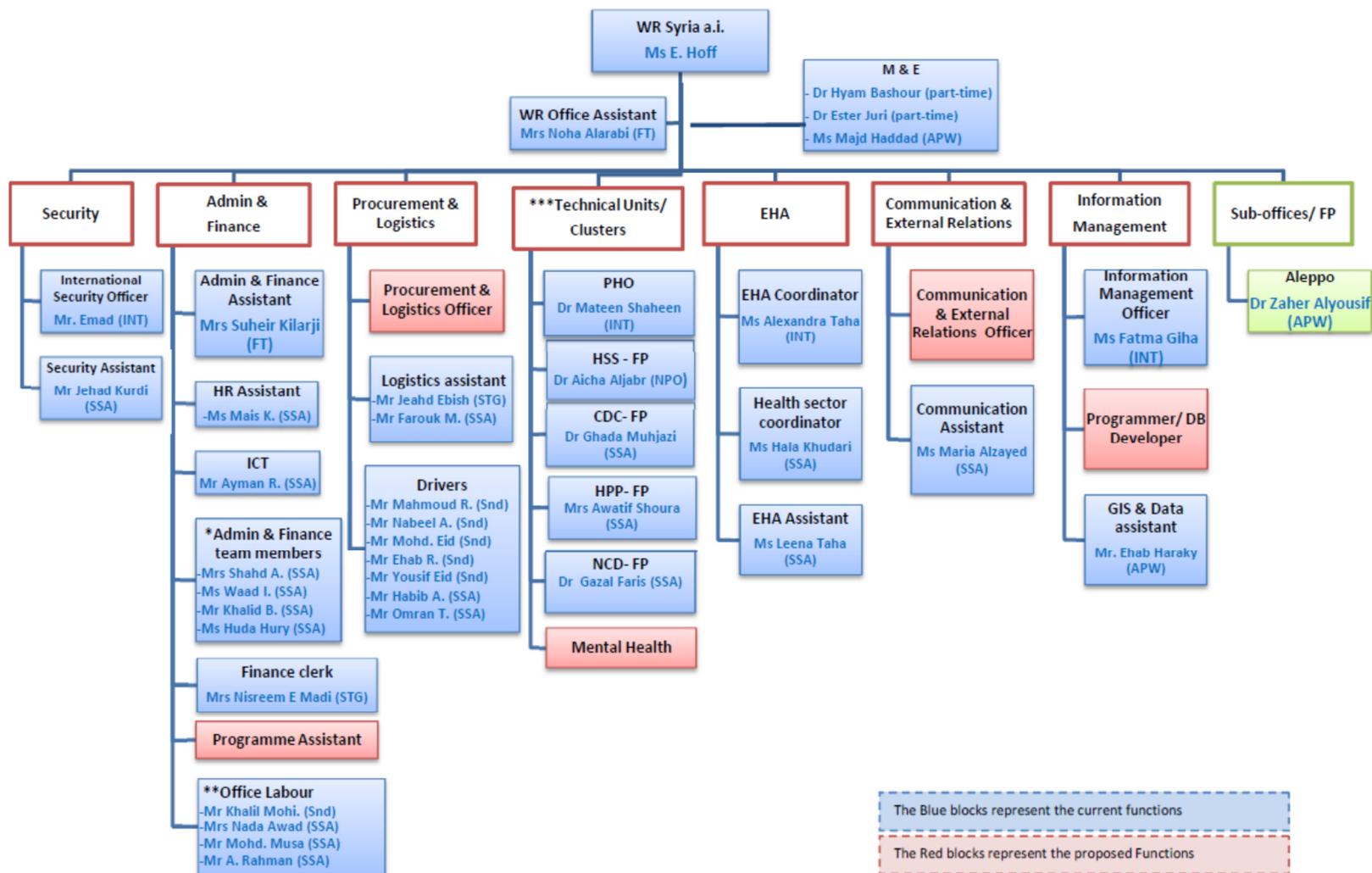
\*The vaccination services were conducted in coordination with the health directorates in each governorate.

**Graph-6: No. of weekly cases by disease**

WK-4 WK-3 WK-2 WK-1



### WHO Syria County Office - Organogram



**WHO Country Office in Syria**  
**Emergency and Rapid Response Funding**  
**2012**

<b>Funds Allocated for Rapid Response</b>			
<b>Fund</b>	<b>Date</b>	<b>Amount</b>	<b>Status</b>
CERF 12-WHO-034	May 2012	\$1,012,967	Complete
CERF 12-WHO-049	July 2012	\$899,988	Implementation in progress
CERF 12-WHO-051	July 2012	\$1,500,000	Implementation in progress
ERF-Rapid Response	July 2012	\$251,985	Implementation in progress
ERF- Blood Safety tests	July 2012	\$250,380	Implementation in progress
League of Arab States	2012	\$427,000	Complete
Norway	August 2012	\$1,700,000	Implementation in progress
Ireland	September 2012	\$ 381,240 (€300,000)	Implementation in progress
OFDA	September 2012	\$1,300,000	Implementation in progress
Italy	October 2012	\$257 400	Implementation in progress
Finland	November 2012	\$518,800 (€400,000)	Pledged
<b>Total US\$</b>		<b>\$8,242,360</b>	