Primary health care services are provided to displaced populations from southern Syria through mobile medical teams in shelters, crossing points, and newly accessible areas. *Photo: UNFPA*

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;450,000</td>
<td>Number of people expected to be in need of aid</td>
</tr>
<tr>
<td>325,000</td>
<td>Estimated number of people displaced within southern Syria</td>
</tr>
<tr>
<td>66</td>
<td>Disease surveillance sites operational</td>
</tr>
<tr>
<td>1,600</td>
<td>Consultations undertaken at Jabber-Nassib since 1 July</td>
</tr>
<tr>
<td>140</td>
<td>Referrals made at Jabber-Nassib since 1 July</td>
</tr>
</tbody>
</table>

**SITUATION**

- An estimated 70% of displaced people in southwest Syria are in western Dar’a and Quneitra. Flash updates from NGO actors report that the majority of IDPs are living in largely unorganized, ad hoc settlements and exposed conditions. Simultaneously, petrol, diesel and cooking fuel shortages remain and market shortages are being increasingly reported in Quneitra as supply routes tighten.
- The military advancement of Government of Syria (GoS) and Russian Federation forces, including a negotiated agreement for cities and towns in eastern Dar’a, minimizes the options for a cross-border health response and increases the necessity for launching and expanding health services provided by Damascus-based health sector organizations.
- The negotiated agreement prevents further cross-border access to East Dar’a where most secondary health facilities were either damaged by fighting or ceased operations due to staff security. Emergency services, including trauma, urgent cases, and comprehensive emergency obstetric and newborn care (CeMONC), and specialized services like dialysis remain severely limited, with only Bushra esh Sham Hospital fully operational. Thus, individuals in former-non-state-armed-group (NSAG)-controlled eastern Dar’a needing emergency care will likely be forced to travel long distances across historical lines of control between GoS and NSAGs in order to access functioning hospitals.
• After Friday's announcement of the negotiated agreement in East Dar’a, most IDPs sheltering in and around the Jabber-Nassib free zone and other towns along the Jordanian border began returning to their villages.
• Jordan-based UN and NGO actors have subsequently drawn down their response at Jabber-Nassib with only essential staff remaining.

I. HEALTH CLUSTER RESPONSE

Coordination

• The health sector response makes use of all available means of access to affected populations, however limited this may be. It involves daily coordination between Jordan cross-border partners, Damascus-based partners, Syrian Arab Red Crescent (SARC), local health authorities, and the WHO Jordan country office.

II. DAMASCUS HUB RESPONSE

Number of referrals for trauma/tertiary care

• Since the start of the offensive, SARC reports that a total of 106 patients were referred within Dar’a health facilities and 25 were referred to hospitals in Damascus.

Essential outreach services

• WHO is supporting the work of one mobile clinic in Al Sharaia IDP shelter and two static medial points in Dar’a and Jbab through the Al Bir NGO. On 8 July, 160 patients were treated, of whom 138 were provided with medication.
• From 5-6 July, WHO delivered three separate shipments, including insulin to the Department of Health (DoH) Dar’a, and 9.2 tons/20,000 medical treatments to the national hospital in Sweida.
• UNFPA is supporting reproductive health services through two mobile medical teams of the Monastery of Saint James, the Mutilated (MSJM), and SARC, as well as clinics in Izra, Sanamien, and Jbab shelter. The estimated number of beneficiaries per day is 200 individuals. UNFPA also supports reproductive health services in Dar’a city through three reproductive health clinics of the Syrian Family Planning Association (SFPA), with an estimated number of 50 beneficiaries per day. UNFPA has distributed two reproductive health kits, clean delivery kits, and dignity kits to SFPA and MSJM. UNFPA is also supporting IDPs in Sweidaa through a SFPA mobile medical clinic in Rassas shelter; the clinic provides integrated reproductive health and gender-based-violence services.
• UNICEF is supporting primary health care services through DOH mobile medical teams in shelters, crossing points, and newly accessible areas. Supplies to cover the needs of 200,000 people have been delivered to partners in Dar’a.

Disease surveillance

• 66 Early Warning Alert and Response (EWARS) sentinel sites are operational in southern Syria, with 20 received reports. Nineteen sites have not reported since week 24 because of military operations in the area.
• The most reported morbidities are acute diarrhea and influenza-like illness. The most reported alerts are bloody diarrhea.
Mental and psychosocial health support services (MPHSS)

- Twenty health facilities and community centers are providing MHPSS support.

III. JORDAN CROSS-BORDER HUB RESPONSE

- Future access from Jordan is uncertain now that GoS forces have taken control of the border between Jordan and Syria and Damascus hub has begun receiving approvals from the Government of Syria to start activities in newly accessible areas. As in other areas of Syria where lines of control have transitioned, populations may experience a gap in humanitarian assistance as delivery modalities shift, while relative needs on the ground are expected to remain high.
- Over the weekend, the WHO cross-border team worked with counterparts on the ground in southern Syria to identify appropriate sites to receive medicines and medical supplies.
- On 8 July, the local health authority in NSAG-controlled Dar’a received a large shipment of drugs and medical supplies.
- Over the weekend, a cross-border health partner began operation of three mobile medical units to displaced populations living along the Golan Heights. Three existing comprehensive public health centres in Quneitra have continued 24-hour operations.

IV. JORDAN RESPONSE

- Joint UN and NGOs health response at Jabber-Nassib border was ongoing throughout the weekend.
- Despite the low number of IDPs remaining at the Jabber-Nassib border with Jordan, UNHCR and other agencies remain to support families and patients who have sought or are seeking medical evacuation.
- On 7 July, WHO supported the Jordan Ministry of Health (MoH) during a coordination meeting pertaining to medical referral of patients from Jabber-Nassib border to Jordan hospitals for life-saving treatment. Focal points were appointed from Jordan MoH and UNHCR to spearhead follow up on medical referrals.
- During a press conference on 8 July, the Resident Coordinator-Humanitarian Coordinator in Jordan announced that, during the humanitarian response at Jabber-Nassib, over 1,600 consultations were undertaken and over 140 referrals made since 1 July.

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