Health partners prepare a convoy of supplies to cross from Jordan into southwestern Syria as part of the efforts to preposition supplies near Dar’a. *Photo: WHO*

<table>
<thead>
<tr>
<th>&gt;450,000</th>
<th>&gt;65,000</th>
<th>6</th>
<th>27.5</th>
<th>46</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people expected to be in need of aid</td>
<td>Estimated number of people displaced within southern Syria</td>
<td>Attacks on health facilities since 24 June</td>
<td>Tons of medical supplies delivered to southern Syria through cross-line operations</td>
<td>Fatalities reported by interim health authorities on 27 June</td>
</tr>
</tbody>
</table>

**SITUATION**

- Interim health authorities in opposition-controlled Dar’a reported 46 fatalities on 27 June, which exceeds the total number of fatalities to date since the violence escalated in southern Syria in mid-June.
- The current population estimates are approximately 525,000 in opposition-controlled southern Syria, of which more than 450,000 people are in need of humanitarian assistance. Over 65,000 new IDPs have been reported over the past days.
- There are three crossing points open to Sweida and four humanitarian corridors open from East Dar’a into the GoS-controlled areas. There are reports of families being charged up to US$ 2000 to cross.
- Displacement towards the Jordanian and Golan borders continues. An estimated 4,500 people arrived in Jbab. Approximately 2,000 people moved to stay with their families; approximately 1,500 people are staying in a shelter, mostly children, women, and the elderly.
- From 24-27 June, six health facilities in Dar’a were attacked, resulting in the death of two health workers and injuries to three others. In total, the facilities were providing an average of 15,775 consultations per month. One of the facilities, Hrak Hospital, housed one of only two dialysis centers in eastern Dar’a and provided more than 110 dialysis courses monthly.
**CHALLENGES**

- Challenges facing cross-border partners include the identification of referral pathways; sufficiency and security of medicines and medical supplies; duty of care for NGO staff and health facility staff; and planning for continuity of services and possible handover of facilities as lines of control shift.
- UN convoys through Ramtha border crossing have been suspended since 27 June 2018 due to the security situation. OCHA is negotiating with parties to the conflict to resolve these concerns. Health partners have 13 trucks of medical supply on standby ready for shipment once the convoys are resumed.
- Informal internal supply chains in South of Syria are reported to be interrupted due to conflict. Medicines and medical supplies, such as psychotropic and analgesic drugs, and fuel supplies to keep hospital generators running are in short supply; assistance is being requested by health facilities.

**HEALTH CLUSTER RESPONSE**

**IMMEDIATE INTERVENTIONS**

**Coordination**

- The response is taking place cross-border from Jordan as well as from Damascus.
- Daily coordination is in place with health authorities, Syrian Arab Red Crescent (SARC), national and international NGOs and UN agencies to facilitate the work of mobile medical teams.

**I. CROSS LINE**

**Essential outreach services**

- SARC teams and DoH medical teams are on the ground in shelter(s). Each team includes five staff (a doctor, vaccination officer, nutrition surveillance officer, midwife and a nurse).

- A WHO 27.5 tonnes shipment of medical supplies sufficient for more than 135 000 treatments was distributed from Damascus to main hospitals and other health facilities inaccessible parts of Dar’a governorate. The shipment contained essential lifesaving medicines, all types of surgical supplies, pneumonia kits, medical equipment (basic x-ray- autoclave, portable stadiometer, scale flat, sphygmomanometer, and operating tables), and first aid kits.

- Five WHO mobile medical teams (MMTs) will be deployed from Damascus throughout the Dar’a governorate, including two MMTs in Dar’a city and neighbouring areas, one MMT in Izra and neighbouring areas, one MMT in As Sanamain and neighbouring areas, and one MMT in northeast Dar’a governorate. Three UNFPA mobile medical teams are currently functional in Dar’a governorate, including one MMT through Monastery of St James, the mutilated, in As Sasnamain, Izra, and neighboring areas; one through the Syrian Family Planning Association in Dar’a city; and one MMT through SARC in Dar’a city and neighboring areas.

- UNICEF, in coordination with the Dar’a Department of Health, prepositioned medical supplies and additionally distributed medicines and materialsto public health centres in Tafas, Hrak, Nawa, and Busra.
Disease surveillance

- 108 Early Warning Alert and Response (EWARS) sentinel sites are operational in southern Syria.

Nutrition

- Two nutrition stabilization centres and 45 nutrition surveillance centres are functional.

Mental and psychosocial health support services (MPHSS)

- 20 health facilities and community centers are providing MPHSS support.

II. CROSS BORDER

- Jordan cross-border partners are operating under the health sector preparedness plan for southern Syria.

- Medical stocks on the ground in opposition-controlled areas are expected to cover up to 300,000 persons for three months.

- Fifty-one tons (228 m³) of emergency medical response supplies, including surgical supply kits, interagency health kits, and trauma kits, are ready for prepositioning in warehouses throughout this area to enable an emergency response once the UN convoys resume. Additionally, mixed regular supply and emergency response stocks projected to cover 200,000 persons are on standby. These supplies are sufficient to cover the following: 3500 trauma cases, 1700 surgical cases and primary health coverage for 250,000 persons for three months.

- Cross-border health sector response currently supports the following:
  - 49 facilities: four referral hospitals, 12 field hospitals, and 33 primary health care sites
  - Three mobile medical units across opposition-controlled Dar’a with two additional units funded for initiation on 1 July

Gaps and Challenges

The health sector is deeply concerned by the deteriorating situation in the south of Syria. The health sector urges all parties, and those with influence over them, to ensure the protection of civilians and to allow sustained and unhindered access by all humanitarian parties to provide life-saving assistance to all in need.

Attacks on health care facilities, health workers and patients contributes to the unavailability and/or the fear of accessing health care services at a time when needs are highest.

The closure of the border due to insecurity means that humanitarian convoys containing essential life-saving and life-sustaining supplies do not have access to affected areas.

With a fluid and rapidly evolving situation on the ground in the previous 72 hours, humanitarian partners are struggling to track and respond to the needs of an estimated 65,000+ IDPs. Furthermore, with IDPs clustering in very remote areas, many displaced persons are living and sleeping in the open without access to basic services.
Shortages of health care staff have become more pervasive with the combined challenge of displacement and targeting of health facilities. Health care staff are afraid to report to work and reluctant to return to work following direct hits and near-miss incidents.

Trauma services – particularly for neurologic and complex vascular injuries, are lacking in opposition – controlled southern Syria. While medical evacuation for war-wounded patients to Jordan is possible if specific conditions are met, lack of dedicated funding support inside Jordan prevents widespread access to care for these cases.

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