HEALTH SECTOR BULLETIN

April 2019

Syrian Arab Republic
Emergency type: complex emergency
Reporting period: 01.04.2019 to 30.04.2019

<table>
<thead>
<tr>
<th>13.2 MILLION in need of health assistance</th>
<th>6.1 MILLION internally displaced</th>
<th>3 MILLION with disabilities</th>
<th>1.16 MILLION in HTR locations</th>
<th>2.2 MILLION children (under 5)</th>
<th>5.2 MILLION women of reproductive age</th>
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</table>

**HIGHLIGHTS**

Increasing instances of violence against health, especially in north-west Syria.

World Immunization Week: The campaign will focus on reaching almost 250 000 children who were not vaccinated during previous campaigns.

Key asks for Al Hol camp response:

- Approvals to enhanceSCALE up immediately the capacity of Hassakeh national hospital for hospitalization of referred patients from the camp.
- Approvals for road transportation from Damascus to Qamishli for medical supplies, to improve the provision of health services in-camps and referral hospitals in surrounding areas.
- Establishment of fixed health points inside the Foreign Annex, predictable and sustained presence of mobile teams and transparent referral pathway.

Publication of HeRAMS annual report of 2018 for SARC (Syrian Arab Red Crescent) health centres in Syria.

Main concerns for IDP shelters (Rukban displacement) include health.
SITUATION OVERVIEW

The security situation remained unstable and volatile. The main hot spots are Aleppo, Hama, Idlib, and Deir-ez-Zor governorates.

Areas under the control of the Government of Syria are facing a serious fuel crisis. The causes appear to be a combination of the impact of unilateral coercive measures on Syria and Iran.

Statement by Panos Moumtzis, Regional Humanitarian Coordinator for the Syria Crisis, on Escalation of Violence in Idleb Governorate Amman, 25 April 2019... “I am alarmed by the recent escalation of violence and hostilities in and around the demilitarized zone in north-western Syria, including a new wave of shelling and airstrikes across Idlib, striking schools, markets and displacement camps in recent days and creating panic and havoc amongst the civilian population. Since 18 April, at least 36 civilians have been killed and dozens more have been injured in the violence... Since February, over 200 civilians have reportedly been killed in Idlib, and scores more have been injured, following increased military clashes and attacks in the area, resulting in over 120,000 people fleeing to areas closer to the Turkey border and hundreds of civilian casualties....”

Briefing to the Security Council on the humanitarian situation in Syria, by the Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator, New York, 24 April 2019... “...First, on Idlib, where escalation of hostilities since February is reportedly causing civilian deaths and injury, as well as significant destruction of infrastructure... Second, to highlight the situation in Al Hol camp... those tens of thousands of civilians at the camp – 92 per cent of whom are women and children...we call on all Member States to take all measures necessary to ensure that their nationals are repatriated for the purposes of prosecution, rehabilitation and/or reintegration, as appropriate, and in line with international law and standards... south in Deir Ez-Zor Governorate, an estimated 150,000 people - east of the Euphrates river - are in dire need of humanitarian assistance... Rukban... over 7,000 people have left the site in recent weeks...We continue to advocate for full, unimpeded and sustained access to shelters, as well as areas of origin and destination, and to people en route, to adequately support the humanitarian needs of those leaving Rukban.”

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Violence against health

30 April 2019: Al-habit PHC in Khan Shaykun sub-district southern rural Idlib governorate, was hit by three highly explosive missiles. The PHC received huge damage to the infrastructure, and medical equipment still under the rubbles. No casualties reported. The PHC is been reported to be out of service. Monthly, the PHC was providing an average of 1,500 medical outpatient consultations.

28 April 2019: Al-Madiq Castle Hospital in Madiq Castle in Northern Hama was hit by an airstrike. The hospital received heavy damage in the outpatient clinics, the pharmacy and laboratory. In addition, the ambulances station and guard’s room were damage. There no preliminary injuries nor casualties confirmed, but the hospital is been reported to be out of service. The facility offered general surgery, and maternal and child care services, to approximately 8,000 beneficiaries per month. Allatamna Surgical Hospital in Kafr Zeita Sub-District Northern Hama
was hit by an airstrike. The hospital received damage to the generators, an ambulance, the pharmacy and the media office; internal doors through the hospital were reported to be damage. The hospital is been reported to be out of service. Monthly, the hospital was providing an average of 1,300 medical outpatient consultations, 100 major surgeries and 210 minor surgeries.

4 April 2019: Massyaf public hospital in Hama governorate was targeted by rockets (entrance of the hospital and surrounding residential buildings). 5 people were killed and 15 injured during this attack.

Immunization

World Immunization Week, 22 April 2019: The World Health Organization (WHO), in cooperation with the Syrian Ministry of Health and UNICEF, conduct a series of national immunization days to immunize children under the age of 5 against vaccine-preventable diseases, including tuberculosis, pertussis, diphtheria, polio, tetanus, hepatitis B, haemophilus influenza, measles, mumps and rubella. WHO aims to vaccinate approximately 2.8 million children under the age of 5 in 13 governorates in Syria. The campaign will focus on reaching almost 250,000 children who were not vaccinated during previous campaigns. Over 6800 vaccinators and 2487 mobile medical teams will be deployed to 900 public health centres and 1268 temporary vaccination posts. WHO is providing technical support to the Ministry of Health and covering the operational costs of the campaign. The campaign coincides with World Immunization Week, which aims to promote the use of vaccines to protect people of all ages against disease. It is celebrated globally each year in the last week of April and the theme of this year’s campaign is “Protected Together: Vaccines Work!” [Link to more information]

Communicable Diseases in Syria

Disease surveillance: Out of the 775,093 total consultations, a total of 82,986 EWARS notifiable cases were reported. 43.2% of the cases were females and 45.8% were children under 5 years of age. The breakdown is as follows:

- **Influenza like illness:** 60,041 (72.4%), most cases reported from Tartous, Lattakia, and Aleppo;
- **Acute diarrhoea:** 19,884 (24.0%), most cases reported from Deir-ez-Zor, Idlib, and Damascus;
- **Severe acute respiratory infections:** 1,435 (1.85%), most cases reported from Tartous, Hama and Damascus;
- **Acute jaundice syndrome:** 1,058 (1.3%), most cases reported from Deir-ez-Zor, Idlib, and Raqqa;
- **Bloody diarrhoea:** 340 (<1%), most cases reported from Hassakeh, Deir-ez-Zor, and Raqqa.
- **Suspected measles:** 74 (<1%), most cases reported from Deir-ez-Zor, Idlib, and Raqqa (laboratory test results still pending).

For the “other diseases” category, 12,067 cases were reported, with the most reported cases being:

- **Leishmaniasis:** 4,601, most cases reported from Aleppo, Deir-ez-Zor, and Hama;
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April 2019

- Brucellosis: 702, most cases were reported from Deir-ez-Zor, Rural Damascus and Daraa;
- Suspected mumps 495, most cases reported from Raqqa, Aleppo and Deir-ez-Zor;
- Typhoid 663, most cases reported from Deir-ez-Zor, Idleb and Raqqa;
- Pertussis 209, most cases reported from Aleppo, Raqqa and Deir-ez-Zor;
- Acute flaccid paralysis 12, most cases reported from Hama, Homs, and Damascus. All cases were tested negative for poliomyelitis.

Key gaps and challenges in Al Hol camp

The total camp population as of 24 April has reached 73,477 people. KSA Camp Administration plans to open a new camp around 4-5 KM away from Al Hol to relocate around 20,000-25,000 IDPs from Al Hol to avoid conflict between Iraqi refugees and Syrian IDPs. The UN both at regional and hub level will continue the discussions with KSA representatives to reach common ground.

- It remains essential to invest into the local health governance (centralized and empowered) in SDF/KSA controlled areas. At present, long-term uncertainty about sustainability of NES political situation makes any medium-term health systems efforts challenging to invest in.

- Planning and response for largely disrupted health care system and potential for ensuring a comprehensive health service delivery across NES in: Disease surveillance, Vaccination, Mental health, PHC/NCD, Trauma/physical disability, Nutrition, Secondary health care/referral, Emergency care, Mother and child health, Reproductive health.

- **Referrals:** Secondary health care services are tremendously over-stretched and, in some cases, wholly unavailable. Enhancement of inpatient capacity of Al Hassakeh national hospital. Operational solutions to expand referrals to Qamishli based hospitals.

- **Static-fixed health points:** To actively set up static/fixed health points across the camp and in new phases. To increase the number of MHPSS staff as part of fixed and mobile health teams. To scale up the overall RH services in multiple directions with the enhanced referral pathway.

- **Field hospital:** To activate the process to support KRC and MSJM to set up planned field hospitals inside the camp.

- **Disease surveillance:** To expand disease surveillance system across the camp considering spring/summer seasons and all current potentials for outbreaks. There is a need for focused responses to the increased cases of lice and scabies, which have spread in the camp.

Key asks of health sector are for Al Hol response

- Approvals to enhance/scale up immediately the capacity of Hassakeh national hospital for hospitalization of referred patients from the camp.
• Approvals for road transportation from Damascus to Qamishli for medical supplies, to improve the provision of health services in-camps and referral hospitals in surrounding areas.

• Establishment of fixed health points inside the Foreign Annex, predictable and sustained presence of mobile teams and transparent referral pathway.

**Other issues for Al Hol camp**

• It is necessary to understand the medium-term plans for Al Hol camp. There are already voices that the camp should be split into 2 camps considering increasing radicalization and tensions among the current population. This will affect health sector planning and response.

• It is important to consider a possible return of male population into the camp (re-uniting with families) and related overstretch on existing response capacity. It may be assumed that health status of those males will require immediate and long term health service provision.

• It is essential for the health sector to gain access to the areas in south of Deir-ez-Zor recently regained by the SDF/KSA for assessment of health situation (while operational access exists through focal points, there is a need for a formal inter-agency access and mission).

• It is very likely to anticipate increasing risks for Damascus based partners to operate in KSA controlled areas vis-à-vis the perceptions and official position of the GoS authorities.

• Health sector receives regularly confidential requests from various Member States to help to identify, provide health care to foreign nationals and further follow up with them.

**Mortality in Al Hol camp:**

• WHO works closely with the technical counterpart at the camp level (KRC and camp administration) to review and address the key findings from the available data. As of 28 April 2019, total number of registered deaths is 286. The breakdown of deaths by age: 80% of all deaths are among children under 5 years, mostly infants 60% and newborns 20% while the mortality among adults is 20%.

• Sustainable solutions need to be identified for creating hospitalization conditions outside the camp. Capacity of currently engaged private hospital(s) is far from being sufficient.

• Daily and weekly analysis of crude mortality rate will continue with weekly CMR being introduced to all reports. The current analysis indicates crude and U5 mortality rates being within the accepted emergency thresholds.

**Syria Humanitarian Fund - First Standard Allocation**
Draft of health sector strategy was prepared and shared with OCHA on 22 April. Health sector strategy: In the next 3-6 months, the health sector will aim to provide life-saving and life-sustaining humanitarian health assistance with an emphasis on those most at risk and in need. This will be done through specific interventions focusing on: provision of healthcare services (including trauma, maternal and child health (and reproductive health), malnutrition treatment, management of non-communicable diseases, mental health and psychosocial support, support for people living with disabilities, and referral services); availability of essential medicines, medical supplies, equipment and provision of outreach services; and prevention of outbreaks through strengthening of routine immunizations, communicable disease surveillance, detection and response system.

**Sector priority activities:**
- Repair of damaged public health facilities (PHC level) and replacement of damaged health and medical equipment.
- Procurement and delivery of medicines, safe delivery kits, medical equipment and generators; reestablishment of the cold chain.
- Maintain child health care: vaccination activities, components of related Essential Package of Health Services.
- Sustain detection and response to communicable diseases through community health education/promotion; integration of vertical programming with other services.
- Enhance issues of sexual and reproductive health through sustainable provision of MISP and beyond; minimal availability for MISP, including EmOC; integration of interventions, including antenatal care (ANC), PMTCT, nutrition and immunization.
- Enhance diagnosis and treatment of non-communicable diseases, as home care for patients with chronic diseases.
- Address an increased demand for services for patients with injuries: rehabilitation of persons with disability; strengthen capacity for prostheses and rehabilitation.
- Strengthen mental health and psychosocial support via maintained community mental health system.
- Organization of temporary fixed health posts and scheduled presence of medical mobile teams/health clinics with strengthening the emergency referral system to access secondary care in public health facilities.

**HEALTH SECTOR ACTION/RESPONSE**

**National health working group meeting** took place on 9 April in Damascus. Issues under discussion: Results of SHF call for project proposals for north-east Syria; Health situation in Al Hol camp; Jasem national hospital (Dara’a); Deir-ez-Zor health facilities; Rukban response; North-west Syria operational plan.

**Global Health Cluster initiatives:** The Health Cluster national partners’ survey was launched on 18 April. Syria national health NGOs are part of the survey and expected to provide the necessary feedback. Progress will be monitored.

**Collective community engagement:** Health sector, specifically UN agencies, provides inputs for the process initiated by OCHA on a collective community engagement approach in Syria. A consultative workshop is schedule on

**Communicable disease response:** Leishmaniasis in Deir-ez-Zor: WHO, in collaboration with the national leishmaniasis control program in Deir-ez-Zor: Supported three district centres in Deir-ez-Zor, Mayaden and Albo Kamal in Deir-ez-Zor governorate, providing three microscopes and lab supplies for laboratory diagnoses; Distributed 65,000 insecticide-treated nets in Deir-ez-Zor and 2,000 nets in Raqqa as a part of a leishmaniasis control program. The number of beneficiaries is more than 200,000 individuals; WHO built capacity for 12 lab technicians at health district level in Deir-ez-Zor for laboratory confirmation of leishmaniasis. Suspected mumps in Deir-ez-Zor: In response
to the alerts of suspected mumps cases through EWARS, DoH response teams have been deployed to investigate the alerts. The main findings were: 135 mumps cases were detected in three locations – Swaaiya, Hwejieh, and East Heri in Deir-ez-Zor – with 80, 15, and 40 respectively. All reported cases were among school children between 6 and 12 years old. Regarding the vaccination status of the cases, 85% received two doses of MMR and 15% received one dose of MMR. All children received systemic treatment and recovered without complications. Laboratories: In Deir-ez-Zor, assessments of the capacity of public health laboratories in Hassakeh, Deir-ez-Zor and Aleppo were conducted to assess the available laboratory services and current capacity of the laboratory, including laboratory supplies and equipment as well as the competency of laboratory technicians. The objective of this assessment is to identify the requirements for establishing well-defined, properly organized, and functional national public health laboratories with well-trained staffs in the governorate to address the high risk of outbreaks. There is a need for immediate intervention to enhance disease surveillance and outbreak responses.

Rukban

Between 24 March and 29 April, 7,660 individuals have left Rukban: Departures have occurred in nine batches (latest on 29 April) with people being transported to five collective shelters (schools) across Homs city. As of 29 April, 869 individuals remain in the shelters while 6,791 individuals have left, mainly to towns in south and southeast Homs. As of 27 April, 426 individuals from different groups, who did not identify yet their destination or who are originally from Palmyra were all moved to Baraa Ibn Malek shelter in Deir Baalbe awaiting GoS to authorize the return to Palmyra, which is expected to be announced on 2 May following rehabilitation of public infrastructure.

On 24 April, UN Inter-agency mission was conducted to the five shelters to assess the situation and general needs of arrivals from Rukban. Main concerns/needs: legal assistance and services, continuity in food distribution, cleaners for solid waste and maintenance to WASH facilities, dislodging sewage system, water trucking, provision of purification tablets, distribution of essential medicine and health awareness continuity of vaccination for children under 5.

Health sector response priorities for Rukban:

- Outreach Services: Sub-contracting national NGOs and DoH teams to provide static and mobile essential health services including: Setting up caravans/containers used as health clinics to provide PHC services; Scaling up health services to cover evening/night shifts.
- Initiation and coordination of SARC and DoH health response to be strengthened, especially in terms of referral of cases.
- Referral of cases with regards to timeliness and acceptability of cases in receiving hospitals. Follow up on cases during admission and post discharged.
- Provision of mother and child health services (including RH) through DoH, SARC, UN implementing partners.
- Provision of life-saving and essential medicines, supplies and equipment to implementing partners including MoH (DoH Homs), MoHE, SARC and NGOs.
- Support outreach immunization services to cover all drop out and re-register children into the routine immunization program.
• Expand EWARS coverage through assigned DoH EWARS focal points to provide systematic weekly reporting as well as assigned central rapid response teams to conduct daily visits for investigation of any emerging outbreaks or diseases.
• MHPSS outreach: DoH and NGO MHPSS outreach teams to establish presence and expand further through additional teams and setting up private spaces for counseling sessions if possible.
• Support DoH teams to conduct outreach nutrition screening for the detection of malnutrition in U5 children and referral of severe cases to stabilization centers.
• Assess physical disability caseload and planning for required interventions (DoH or other partners).
• Training on water quality monitoring and response and raising awareness on best practices of maintaining safe drinking water quality.
• Conduct Raise Awareness sessions on health prevention and promotion (including MHPSS/GBV, First Aid, IYCF, hygiene practices, dental health, etc.).

IA convoy to Hajin, Deir-ez-Zor

On 2 April, MoFA approved the requested convoy to Hajin, targeting Hajin, Sosa, Abu Hamam, Bahra, and Gharanij. The convoy aims to reach 50,000 individuals. Health sector will participate with 5 tons of health supplies (medicines and kits) to enable SARC clinic to provide services on the ground during the convoy. No functioning health facilities were identified after consultations with all agencies and focal points in DeZ as appropriate recipients of potential IA convoy shipment.

4W Health sector performance in April 2019

<table>
<thead>
<tr>
<th>Organization</th>
<th>Types of services</th>
<th>Phase</th>
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<tbody>
<tr>
<td>UNHCR (funding agency)</td>
<td>16 outreach volunteers PHC clinic in phase 1</td>
<td>Phase 1</td>
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<tr>
<td>UNICEF (funding agency)</td>
<td>1 health and nutrition medical team 24/7 in the reception area PHC clinic (H&amp;N) in phase 3</td>
<td>Reception area Phase 3</td>
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</tbody>
</table>
## UNFPA response in Al Hol Camp during April 2019

The welfare, health and dignity of people in Al-Hol camp continues to be of great concern. As of 21st April 2019, there are 73480 displaced people in Al-Hol camp. This population has doubled between February and March. While there has been a reduction of new arrivals which has relieved pressure on emergency services, multiple specific protection needs remain. These include the notable absence of adolescent boys and men between the ages of 15 and 65 years old (reportedly been detained and unable to communicate with their families) as well as significant

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<tr>
<th><strong>UNFPA (funding agency)</strong></th>
<th><strong>WHO (funding agency)</strong></th>
<th><strong>Syria Alymama NGO (implementing partner)</strong></th>
<th><strong>Almawada NGO (implementing partner)</strong></th>
<th><strong>EPDC NGO (implementing partner)</strong></th>
<th><strong>Al Ber Hassakeh NGO (implementing partner)</strong></th>
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<th><strong>DoH Hassakeh</strong></th>
<th><strong>SARC</strong></th>
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<tr>
<td>1 mobile team in phase 5</td>
<td>2 medical teams in rotation 12/7 in the reception area</td>
<td>1 MMT (day shift) in phase 5</td>
<td>2 medical teams in rotation 12/7 in the reception area</td>
<td>1 health and nutrition medical team 24/7 in the reception area</td>
<td>1 Mobile clinic in phase 7</td>
<td>1 static clinic (one shift) in phase 1</td>
<td>1 leishmaniosis team treatment in phase 5</td>
<td>4 mobile clinics + 2 ambulances</td>
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<td>1 mobile team in phase 7</td>
<td>1 mobile team in phase 1</td>
<td>Normal delivery center (24/7) in phase 1</td>
<td>1 static medical point in phase 1</td>
<td>1 PHC clinic (H&amp;N) in phase 3</td>
<td>1 Mobile clinic in phase 7</td>
<td>Normal delivery center (24/7) in phase 1</td>
<td>3 vaccination teams</td>
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<td>1 MMT (day shift) in phase 5</td>
<td>2 MMT (2 shifts) in phase 7</td>
<td>1 MMT (day shift) in phase 5</td>
<td>1 mobile team in phase 5 &amp; Annex</td>
<td>1 mobile team in phase 7</td>
<td>16 outreach volunteers (phase 5 +7)</td>
<td>1 leishmaniosis team treatment in phase 5</td>
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<td>Emergency team (24/7) in phase 5</td>
<td>Emergency team (24/7) in phase 7</td>
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<td><strong>PHC clinic in phase 1</strong></td>
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<td><strong>1 Static medical point in phase 1</strong></td>
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<td><strong>1 PHC clinic (H&amp;N) in phase 3</strong></td>
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<td><strong>1 mobile team in phase 5</strong></td>
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<td><strong>1 mobile clinic in phase 5 &amp; Annex</strong></td>
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<td><strong>1 mobile team in phase 7</strong></td>
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<td><strong>16 outreach volunteers (phase 5 +7)</strong></td>
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<td><strong>PHC clinic in phase 1</strong></td>
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challenges related to civil documentation. Site preparation remains a priority with more than 63,500 IDPs having arrived in the last 4 months, with a notable challenge in space to accommodate the population reported. The vast majority of the population remains to be women and children who suffer notable symptoms of distress, fatigue and anaemia. As of 15th April 2019, 262 deaths have been registered. Approximately 70% of the population in the camp is under the age of 18 and 65% is under the age of 12. The total population of women aged 14 to 50 years old is 21647. Of the camp total population, there is a total of 143 pregnant women.

UNFPA continues provision of services to people in need with Sexual and Reproductive Health (SRH) and GBV integrated services with a focus on the needs of women and girls. UNFPA reproductive health teams report that a number of women are suffering various forms of reproductive inflammation, bleeding and early pregnancy cases. In response to the needs in Al-Hol camp, UNFPA provides RH services including; antenatal care, family planning, normal delivery services, paediatrics, postnatal care, referrals, treatment of reproductive tract / urinary tract infection treatment and trauma and others. Each RH team consists of gynecologist, midwife, nurse, psychosocial support worker/counsellor and a coordinator.

The laborious process of security screening and resettlement takes a considerable amount of time, which has a negative physical impact on pregnant women especially. The ages of pregnant women and girls range 14 to 50 Y, according to cursory information provided by UNFPA teams. Early pregnancy is common among the habitants in the camp and it is notable that the majority are between 14 and 15 years old.

UNFPA provides daily SRH/GBV integrated services through two (2) medical mobile teams which are working inside the camp in Phase 5 and 7 (1 work shift in phase 5 and 2 work shifts in phase 7). One (1) emergency mobile team offers trauma services and emergency minor surgery for people in need, especially women, children and young people. UNFPA trained implementing partners, consisting of a total of 42 people on resuscitation of new-borns reproductive health concepts.


<table>
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<tr>
<th>Activity</th>
<th>Audience</th>
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<tbody>
<tr>
<td>Scoping mission GBV TO/IMRO and Needs Analysis</td>
<td>Mof, Health cluster, GBV sub cluster, UNFPA, other relevant counterparts</td>
</tr>
<tr>
<td>Sub-regional workshop in Aleppo (In coordination with UNFPA) with the DoH, NGO, INGO and UN agencies</td>
<td>MoH/ DoH Health cluster, NGO, INGO and UN agencies</td>
</tr>
</tbody>
</table>
| Capacity building on GBV | Phase-I: Managerial: MoPH, regional, provincial, NGO GBV focal points (sub regional workshop in Aleppo)  
Phased-II: TOT for healthcare providers(all provinces)  
Phase-III: Cascading of GBV to health providers at governorate level (follow up TOT) |
| Integrate of GBV in HRP and HNO, Annual Report (protection analysis 2012 includes GBV) | Clusters |
| Inter sectoral coordination | Mental health WG  
ICOG  
Health cluster  
RH WG  
GBV sub-cluster |
| Communities awareness (EC material and printing) | Communities |
| Integration of GBV into the MHGAP | Training of MHGAP have integrated GBV elements |
| NGOs | Training of NGO, included remote areas  
Community awareness with NGO-community centers, included remote areas  
Integration of GBV into proposal (GBV analysis, activities and indicators) |
**Nour Foundation for Relief and Development:** Preparing to launch a new medical center in Yalda with the support of WHO. Two medical centers are now functioning in Sweida with the support of UNFPA.

**Youth Charity:** Medical teams continue to operate in the eastern Ghouta area (Saqba, Hammoria and Kafr Batna). 1793 consultations are being provided. A social survey was carried among 68 families.

**IMC:** Continued to provide primary health care for beneficiaries through three static clinics in Masaken Barzah clinic (Damascus), Jaramana clinic (Rural Damascus) and As-Sanamayn clinic (Dara’a) and four medical mobile clinics (MMCs) in Rural Damascus and Damascus. A total of 18,708 consultations were provided to 15,116 beneficiaries.

**UNICEF**’s response inside Idleb (Sanajar and Abu-Atohour sub-districts): UNICEF supported mobile teams in partnership with Do Idleb. Expanded programme on Immunization (EPI): 206 children U5 years were reached with one of the following antigens (BCG, DTP, MMR, IPV and OPV). Most of them were partially or completely defaulter of this lifesaving antigen. Additionally, the National Immunization Campaign was launched in the newly accessible area in Idleb. This campaign targeted all children under 5 years. To this end, 1,278 children U5 years were reached. Of this number, 90 (7%) children are partially or completely defaulters from routine immunization programme. Primary Health Care (PHC): 324 children U15 years benefited from integrated package of health services including out-patient consultations and distribution of lifesaving health supplies.

**People of Mercy:** 76 beneficiaries received medications for chronic diseases. 72 beneficiaries received assistance with medical procedures. 23 baby kits were distributed after receiving a breastfeeding awareness sessions. 22 beneficiaries received medical devices such as wheelchairs, blood glucose meters and medical walkers.

**UNHCR:** An estimated of 36,670 IDPs and 4338 refugees & asylum seekers were assisted to access basic package of PHC services through 13 PHCs supported by UNHCR in Damascus, rural Damascus, Homs, Hama, Aleppo and Al Hassakeh. Services included medical consultations, investigations. Treatment courses were provided to an estimated 16,545 IDPs and 3,336 refugees & asylum seekers. Estimated 156 IDPs with critical medical conditions and 295 refugees in need for secondary care were referred by UNHCR partners to hospitals and received free of charge secondary care services. 5129 PoCs reached by community based health activities through 12 health points in community centers (out of 15) in Aleppo, Rural Aleppo, Rural Hama, Rural Homs, Tartous, Rural Tartous, Quneitra, Rural Daraa, and Al Hassakeh. 307 IDPs received in kind assistance with medical assistive devices such as crutches, wheelchairs through community centers in seven governorates (Damascus, Rural Damascus, Homs, Hama, Aleppo, Sweida and Tartous).
SUCCESS STORY

Caught in the crossfire: Urgent Reproductive Health & GBV needs in North-East Syria

Al-Hassakeh, Syria – Vulnerable civilians, many of them women and children, were caught in crossfire as hostilities intensified in North-Eastern Syria weeks ago. “I took out around 160 pieces of shrapnel from the bodies of women and children,” A gynecologist told UNFPA from Al-Hol Camp in Al Hassakeh Governorate.

The doctor is a gynecologist deployed from Damascus to provide reproductive health services in the camp with support from UNFPA. However, as the camp received a massive influx of displaced people, many with serious injuries, he stepped in to provide emergency care.

“The number of injured women and children was overwhelmingly high, we were stunned. I have never seen before in my life what I saw in the camp as people were being transferred to the camp,” said Dr Joha.

An escalation in hostilities in Hajin and Al-Baghouz began in September of 2018, triggering mass displacements, by December 2018, the camp was already becoming overwhelmingly crowded. The crisis caused serious challenges for humanitarian responders, with the number of people leaving Al-Baghouz highly exceeding expectations by all partners.

More than 63,400 people have arrived in Al-Hol Camp since December 2018. Of which, the vast majority are women and children, according to UN partners. The total current population of Al-Hol now stands at 73,480 people, with the population having doubled between February and March.

UNFPA reproductive health teams report that a number of women are suffering various forms of reproductive inflammation, bleeding and early pregnancy cases, some of whom arrive at the camp after many days of walking and having been exposed to sexual violence and psychological trauma before their arrival. Currently, approximately 70% of the population in the camp is under the age of 18 and 65% is under the age of 12. The total population of women aged 14 to 50 years old is 21,647. Of the camp total population, there is a total of 143 pregnant women. The influx has since reduced since the end of March, however, there still remains to be significant humanitarian concerns and challenges, including a high burden on existing health services in the area and limited capacity in secondary health care and trauma facilities.

Last month, Aisha* arrived at the camp, eight months pregnant with a gunshot wound through her midsection. “Among the huge influx that arrived in the camp, there were hundreds of injured people, and one of those injured was Aisha,” Dr. Joha recalled recently. “She was 28 years old, in her eighth month of pregnancy and injured from a gunshot wound extending from the right side of her waist to the left side.” Aisha had fled the hostilities in Al-Baghouz, in Deir-ez-Zour Governorate. As per her account, she had already lost two children there due to hostilities. “I don’t want to lose my unborn baby as well,” she cried. Aisha’s condition looked grim. She had been wounded for three days by the time Dr. Joha began treatment on her. “She said she was not feeling the foetal movement...
“anymore,” he said. When he performed a sonogram, he was astonished by what he saw, “The baby was still alive! I started to cry when I saw the image,” he recalled. “I can’t believe it!” Aisha told Dr. Joha. “It’s a miracle!”

Through UNFPA’s referral system, Dr. Joha arranged for Aisha to be transferred to the hospital in Al-Hassakeh where she was admitted for three weeks, recovering from her gunshot wound and where she gave a safe birth to a baby boy. Today, Aisha and her baby are healthy and living in the camp due to life saving intervention by UNFPA and the hospital staff.

*Name changed for protection reasons

**SELECTED INFORMATION MANAGEMENT PRODUCTS**

- The HeRAMS annual report of 2018 for public health centres in Syria
- UNFPA Syria, the Situation Report on Al-Hol Camp, Al-Hassakeh governorate, North-East Syria for the period, 2 – 20 April 2019
- WHO Syria, bi-weekly situation report, 12 – 25 April 2019
- HeRAMS annual report of 2018 for SARC (Syrian Arab Red Crescent) health centres in Syria

**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>
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<td>Coordinators</td>
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