HEALTH SECTOR BULLETIN

May 2019

Syrian Arab Republic
Emergency type: complex emergency
Reporting period: 01.05.2019 to 31.05.2019

<table>
<thead>
<tr>
<th>In need of health assistance</th>
<th>Internally displaced</th>
<th>With disabilities</th>
<th>in HTR locations</th>
<th>children (under 5)</th>
<th>women of reproductive age</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13.2 MILLION</strong></td>
<td><strong>6.1 MILLION</strong></td>
<td><strong>3 MILLION</strong></td>
<td><strong>1.16 MILLION</strong></td>
<td><strong>2.2 MILLION</strong></td>
<td><strong>5.2 MILLION</strong></td>
</tr>
</tbody>
</table>

HIGHLIGHTS

Since 28 April, a total of 25 attacks on healthcare have been reported, including on 22 health facilities, with some having been hit more than once…In Syria 33 attacks on healthcare have been confirmed since the beginning of the year.

Health sector follows the developed “Preparedness operational plan, north-west Syria”. Additional funding is essential for life-saving response.

ICRC statement: Syria: Field hospital opens for displaced people in Al-Hol camp, 29 May 2019

Major needs in health service delivery remain across the southern Syria. Health sector operational update is developed.

There is a need for overall scale up of the quality of ongoing health response in Al Hol camp.

Health sector explores all operational opportunities to initiate and expand health services in Hajin and Busayra areas.

A **sustained donor commitment** is essential to maintain health response.

<table>
<thead>
<tr>
<th><strong>HIGHLIGHTS</strong></th>
<th><strong>HEALTH SECTOR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of medical procedures</td>
<td>604,176</td>
</tr>
<tr>
<td>Number of treatment courses</td>
<td>1,103,513</td>
</tr>
<tr>
<td>Number of trauma cases supported</td>
<td>17,287</td>
</tr>
<tr>
<td>Number of deliveries attended by skilled attendant</td>
<td>2,051</td>
</tr>
<tr>
<td>Number of physical rehab sessions</td>
<td>3,775</td>
</tr>
<tr>
<td>Number of mental health consultations</td>
<td>9,553</td>
</tr>
<tr>
<td>of treatment courses provided to severity scale &gt; 3</td>
<td><strong>52.6%</strong></td>
</tr>
<tr>
<td>of medical procedures supported to severity scale &gt; 3</td>
<td><strong>32.7%</strong></td>
</tr>
<tr>
<td>Number of referred cases</td>
<td>2,679</td>
</tr>
<tr>
<td>Number of reporting organizations into 4W</td>
<td>12</td>
</tr>
<tr>
<td>Number of implementing sector partners on the ground</td>
<td>38</td>
</tr>
<tr>
<td>Districts are reached by health sector partners</td>
<td><strong>98%</strong></td>
</tr>
<tr>
<td>Reached sub-districts</td>
<td><strong>84%</strong></td>
</tr>
<tr>
<td>Reached sub-districts in severity scale above 3</td>
<td><strong>32%</strong></td>
</tr>
<tr>
<td>Required (US$ m), WoS</td>
<td><strong>449</strong></td>
</tr>
<tr>
<td>Funded (US$ m), WoS</td>
<td><strong>26.9</strong></td>
</tr>
<tr>
<td>Coverage (%)</td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>
SITUATION OVERVIEW

The security situation remained unstable and volatile. The main hot spots were rural Aleppo, northern Hama, Idlib, Hassakeh and south Deir-ez-Zor governorates.

“In May, heavy shelling and aerial bombardment resulted in the confirmed deaths of more than 160 civilians and the displacement of some 270,000 people… both pro-Government forces and non-State armed groups fighting in northern Syria appear to have failed to respect the principles of distinction and proportionality under international humanitarian law… since 28 April, a total of 25 attacks on healthcare have been reported, including on 22 health facilities, with some having been hit more than once… In Syria 33 attacks on healthcare have been confirmed since the beginning of the year…”

• Press release, 43 Syrian and international NGOs call for immediate end to attacks on civilians and hospitals in Idlib, Syria. 

• MSF statement, Women and children continue to suffer in northeast Syria’s Al Hol camp, 16 May 2019

• ICRC statement: Syria: Field hospital opens for displaced people in Al-Hol camp, 29 May 2019

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

North-west Syria:

• Health sector follows the developed “Preparedness operational plan, north-west Syria”.
• Coordination with local authorities (Aleppo, Hama, and Homs) is well-established.
• Hubs in Homs and Aleppo mobilized.
• Experienced staff in both hubs.
• If and when necessary, surge response from Damascus based staff is available
• Supplies are pre-positioned in Homs, Aleppo, Damascus, and Lattakia.
• Ongoing health sector response in involved governorates with potential and capabilities of expanding and scaling up operations.
• Undertaking trauma referral assessment in June for rural Hama and Aleppo.
• Trauma referral and medical evacuation plan is updated.

Two key questions:

• What is the current capacity of reach beneficiaries, mainly IDPs escaping the conflict?
• What is our current capacity to expand into the areas following the military campaign advancement?

Initial funds for health are available. Additional funding is essential for life-saving response: First phase: 10 million USD (three months); Second phase: 5 million USD (six months).

Southern Syria (Dara’a and Quneitra):

Current challenges include:

• Coordination platform is under Damascus AHCT (from Damascus city and Rural Damascus to Dara’a and Quneitra). There has not been a dedicated “area-based” contingency and operational planning for southern Syria.
• Limited coverage by health sector partners (the least served area).
• Lack of local national NGOs to act as implementing partners. This brings the requirement to deploy national NGOs outside of the southern region.
• Bureaucratized process of seeking project approvals with national authorities.
• Reported and confirmed lack of health HR across Dara’a, Quneitra.
Non-functionality of a large number of PHC centers and hospitals (5 out 6 hospitals are partially damaged). Investment in physical rehabilitation is a must.

Lack of electricity in the area in general.

Major needs in social service delivery remain across (especially Quneitra).

Lack of services targeting people with disability.

Lack of services for people in need of mental health and psychosocial support.

Need to expand the nutrition surveillance, IMCI, neonatal resuscitation programs to 10 new centers.

The rapid response teams at a district level are not activated. Disease alerts usually get investigated and responded by DoH central rapid response team.

TB health care: TB health care is still not available in Quneitra.

Absence of funding for health sector.

Prioritized focus on humanitarian agenda elsewhere (north-east, Rukban camp, north-west).

Response priorities include:

- Provide outreach services through partner NGOs
- Increase NCD/PHC primary healthcare coverage and quality
- Increase immunization coverage through fixed and outreach teams
- Increase Mental Health and Psychosocial Support Services
- Establish referral systems for trauma and secondary/tertiary care
- Implement nutritional screening for children and treatment centers for complications
- Strengthen Early Warning and Response System for communicable diseases
- Provide integrated reproductive health (RH) and gender-based violence (GBV) services

North-east Syria (Ar Raqqa, Deir-ez-Zor and Hassakeh)

Current challenges include:

- No recognition by the Self Administration of the official MoH and vice versa.
- Highly disrupted public health system results in the increasing number of outbreaks.
- Significant delays in receiving the approvals to roll out projects in NES.
- Fragmented Civil Councils: absence of alternative from MoH health strategy for this region.
- No approvals from GoS for road deliveries to Qamishli (only by air).
- Long-term uncertainty about sustainability of NES political situation makes any medium-term plans difficult (Two-three months ago – talks about continuity of care; present – expanded presence of XB partners).

- It is essential for the health sector to gain access to the areas in south of Deir-ez-Zor for assessment of health situation (while operational access exists through focal points, there is a need for a formal inter-agency access and mission).
HEALTH SECTOR BULLETIN
May 2019

Al Hol camp:

- There is a need for overall scale up of the quality of ongoing health response: shortage of medicines, insufficient health services – growing frustration among the beneficiaries. A need to scale up general awareness for camp population about available health services across the camp.
- Enabling trauma and post-surgery follow up services.
- Crude mortality rates - within emergency sphere standards. As of 21 May 2019, 302 deaths have been registered.
- EWARS and epidemiological situation
  - Average completeness of reporting 80% and average timelines is 93%. Total number of consultations was 20,203. 51% of the cases were among females and 33% were distributed among children under 5 years. Out of the 20,203 total consultations, 4,294 EWARS notifiable cases were reported. The breakdown was as follows: Influenza like illness (ILI): 2,168 account, 50.5% of total. Acute Diarrhea (AD) 1,642, 38.2% of total, most reported from Deir-ez-Zor, Idlib, and Aleppo. Suspected Measles (SM): 7 cases, with 6 under 5 years old. Scabies: 115 cases. Zero cases of acute watery diarrhoea reported during week 18 to week
- Working closely with the camp authorities to improve births and deaths registration system as per national guidelines.
- Predictable and sustained referral pathway for camp’ residents. In addition, capacity of surrounding hospitals to accept additional referrals remains limited.
- Issues of possible sexual exploitation and abuse, violence in general, must be addressed through health service providers.
- Foreign Annex: Situation gets very tense on a regular basis. Key asks:
  - Predictable and sustained referral pathway for foreign nationals in the Annex
  - Follow up on identified and treated patients among foreign nationals
  - A need for Safe Women and Girls space
  - A need for family community center
  - A need for 24/7 static health point
  - Access by mobile clinics and ambulances
- Latrines, quality and use of water - potentials for outbreaks of infectious diseases (around 15,000 people are being hosted in large tents and rub halls).
- Continuous follow up and coordination with nutrition sector.
- It is necessary to understand the medium-term plans for Al Hol camp. Plans and advocacy on bringing another 15,000 people to the camp.
- 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 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. There is already a strong degree of criticism from the GoS on WHO XB work specifically for NES.
- Different health sector organizations regularly confidential requests from various Member States to help to identify, provide health care to foreign nationals and further follow up with them.

Rukban:

- The total number of people who left Rukban remains at 13,153, out of 41,700 residents.
- The latest MoFA NV allows visits to shelters only but only with direct supervision by SARC and a separate NV request for each visit. Two IA assessment visits were conducted to IDP shelters in April and May 2019There is a need for
heath sector to continue to advocate through UN senior leadership and national authorities the essentiality of permanent access for health teams to: 1) shelters; 2) areas of return.

- UN continues to advocate for a 3rd humanitarian convoy inside Rukban which remains challenging, if possible at all.
- Preliminary findings of field visits in various areas of return show that families experience shortage of drinking water. There are increasing cases of diarrhea. Vaccination activities continue but a noted high number of families refusing vaccination. Essential PHC services are made available.

**Key advocacy asks for health sector:**

**North-west Syria:**

- Securing cross-line and cross-border access for supplies (medicines, consumables and medical equipment) to meet critical needs of all health facilities.
- Securing an effective system for evacuation of critical medical cases to medical facilities outside the conflict zones;
- Agreeing on a more effective system for protection of medical facilities and workers inside the conflict zones;
- Agreeing on the sustainability/transition of health actors/facilities in case changes of control take place.

**Al Hol camp:**

- 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.

**Deir-ez-Zor (Hajin and Busayra)**

Health sector explores all operational opportunities to initiate and expand health services in Hajin and Busayra areas working with health authorities on the ground and moving beyond the scope of IA humanitarian convoys.

The most commonly reported health problems are related to diarrhea, kidney failure, Tuberculosis, Hepatitis B and C. High number of leishmaniosis and scabies are reported. The lack of safe water is of high concern in the area. Lack of electricity, including in health centers, should be addressed.

In Hajin area there are five private hospitals. 1 public hospital remains non-functioning. 11 private pharmacies in the area should be assessed. There are four health centers (out of 7) which were activated by the local council. In Busayara area there is one public hospital and five private hospitals. In addition, there are four medical laboratories and one imaging x-ray center. Husseiniye health area has the largest number of health centers in the governorate, of which five PHC centers are the closest to Busayra city. Only one PHC center functions in Jadid Ekedat (with limited services of ambulance, vaccination, leishmaniosis treatment).
In the next 3-6 months 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 health care services (including trauma, maternal and child health, management of malnutrition, 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 strengthening of the communicable disease surveillance, detection and response system.

Communicable disease surveillance

Average completeness of reporting 85% and average timelines is 93%. Total number of consultations is 701,481. 51% of the cases were among females and 33% were distributed among children under 5 years. Out of the 701,481 total consultations, a total of 83,334 EWARS notifiable cases were reported. The breakdown was as follows:

- Influenza-like illness (ILI): 64,357, accounting for 45% of total cases. Most cases reported from Deir-ez-Zor, Lattakia, and Tartous.
- Acute Diarrhea (AD): 23,100 (27% of total cases), most reported from Deir-ez-Zor, Idlib, and Aleppo.
- Acute Jaundice Syndrome (AJS): 1,038, most reported from Deir-ez-Zor, Idlib, and Ar-Raqqa.
- Sever Acute respiratory infections (SARI): 947, most reported from Tartous, Damascus, and Hama.
- Suspected Measles (SM): 112, most reported from Deir-ez-Zor, Aleppo, and Ar-Raqqa.
- Bloody diarrhea (BD): 458, most reported from Deir-ez-Zor, Al-Hassakeh, and Ar-Raqqa.
- Acute Flaccid paralysis (AFP): 10, most reported from Tartous and Deir-ez-Zor.

For the “other diseases” category, 11,159 cases were reported, with the most reported cases:
- Leishmaniasis 3,620, most reported from Aleppo, Deir-ez-Zor, and Idlib.
- Typhoid 861, most reported from Deir-ez-Zor, Idlib and Ar-Raqqa.
- Brucellosis 896, most reported from Deir-ez-Zor, Rural Damascus and Ar-Raqqa.
- Mumps 440, most reported from Deir-ez-Zor, Aleppo and Idlib.
- Pertussis 269, most reported from Deir-ez-Zor, Idlib, and Aleppo.

While immediate emergency response continues to be required, restoration of public services and strengthening the health system is needed across the country. Only 51% of public hospitals and 46% of public health centres are fully functioning.

Access is required to locations that have been regained by the Government of Syria and approvals from national authorities to all parts of Syria for assessments and delivery of aid based on health needs.
Existing dilemma of **policy on “early recovery” and its limitations** - to be overcome by enhancing role for civil society, grass-root organizations, and community based approach in health sector planning and response. Further support to national and international NGOs to implement projects.

**Occupied Syrian Golan** – The GoS continuously raises its concerns about the health conditions in the occupied Syrian Golan at all levels (New York, Geneva, and Damascus).

**Negative impact of economic sanctions** - The GoS continuously raises its concerns at all levels (New York, Geneva, and Damascus).

**A sustained donor commitment is** essential to maintain health response.
Leishmaniasis response in Aleppo: The Aleppo governorate has reported a high incidence of leishmaniasis. During the first quarter of 2019, 7224 cases were reported. To control the spread of leishmaniosis cases in Aleppo, WHO is supporting DoH in Aleppo in implementing vector control activities. The activities, including indoor residual spraying (IRS), are to be conducted in the priority neighborhoods/areas where the prevalence of leishmaniasis exceeds 1%. The spraying is usually carried out once a year between June and October based of sand-fly (vector of leishmaniasis) breeding season. The campaign is expected to be implemented from 26 May to 26 September 2019.

TB Survey in Sheikh Maksoud, neighborhood Aleppo: Based on the finding of active TB case finding activities conducted last year in 13 governorates, 96 confirmed TB cases were identified. This activity highlighted a serious gap in TB notifications in Aleppo governorate with more than one half of the identified cases in IDP camps. The waves of IDPs from Afrin did not only head to IDP camps but also to host communities within Aleppo neighborhoods, with
many of them gathered in Sheikh Maksoud neighborhood where we are planning to do this new round of TB active case finding. Coordination was made at the national level and subnational level between WHO and MoH from the beginning of the year to implement this activity in July 2019.

Water quality monitoring in IDPs camps in NES: Field microbiological analysis was carried out in Al Hol and Areesha camps in Hassakeh using the ATP hygiene monitoring system for various sources of drinking water (main sources, tankers and reservoirs). The number of points tested for drinking water quality is 22 in Al Hol camp and 10 in Areesha camp. Of those, the number found to not be potable is 1 in Al Hol camp and 3 in Areesha camp. **Water quality monitoring in Rural Damascus:** Field microbiological analysis was carried out using the ATP hygiene monitoring system for various sources of drinking water in Rural Damascus and samples were taken for chemical and bacterial laboratory analysis from the used wells. The number of points tested for drinking water quality (from IDPs camps, wells, and uncontrolled sources) was 111. The number of points tested and found to be not potable was 76. **Water quality monitoring in Aleppo:** The field microbiological analysis was carried out using the ATP hygiene monitoring system for various sources of drinking water (wells, reservoirs, jerry cans, tankers) in the villages of the eastern countryside of Aleppo. Samples were taken for chemical and bacterial laboratory analysis from the used wells. Of the 184 tests completed to date, 124 tests showed non-potable results.

**Al-Hol camp:**

- Health camp coordination includes 20 stakeholders (XL and XB): Damascus: 4 UN agencies (5 national NGOs as implementing partners), DoH Hassakeh, ICRC, 1 NGO (MSJM) – a total of 12 organizations; XB: KRC, UPP, MSFH, HI, Mentor, IRC, Cadus, RI – a total of 8 organizations
- Field hospitals: KRC/Cadus XB partner in phase 1; ICRC/SARC field hospital in phase 7; MSJM/UNFPA hospitainer (field hospital) in phase 4; MSJM/SHF field hospital (under procurement and importation).
• WHO carried out a comprehensive public health assessment (May 2019).

• Improving health information management system to capture performance of all health service providers in the camp. Camp HeRAMS snapshot is under development.

• EWARS is rolled out. A separate weekly EWARS Bulletin is being published.

• HIV case: WHO was notified about suspected HIV cases from new arrivals. Formal and routine procedures were followed to diagnose the patient, which confirmed HIV. WHO coordinates with MoH to send the HIV diagnosed patient their treatment course through WHO FP.

• Measles: In week 16, one suspected measles case in 5 phase of the camp tested positive for measles. The case was eighth months old female child, not vaccinated with MMR. DoH conducted MMR vaccination for 413 children under 5 year in phase 5 as on 12th of May. In addition, MMR routine vaccination was conducted in the camp and 400 children under 5 year were vaccinated. DoH is planning to conduct measles vaccination campaign in June targeting 20 000 children between 6 months and 5 years old in Al-Hol camp including 5 phase. In May (week 18-20), seven suspected measles cases were reported through EWARS. All seven cases were investigated by the rapid response team deployed by DoH in Al-Hassakeh. Among the seven cases, five met all the case definitions. The blood samples from these five cases were collected and transferred to the reference laboratory in Damascus. All five cases are patients under the age of 5 years old. One case tested negative for measles while the result of the other four cases are still pending.

• Raising awareness of water borne diseases: Between 22 to 31 May, WHO conducted a health education campaign on waterborne diseases in the camp. The campaign focused on hygiene practices and prevention of waterborne disease and was carried out by 30 health workers. The estimated number of beneficiaries from the health educational sessions is 11,250. 12,500 WHO brochures on key prevention measures for waterborne disease were distributed during the campaign.

Rukban:

• Operational information exchange is established with UNHCR to receive regular weekly updates of the performance on UN clinic working for Rukban camp on Jordan side.

• Health services provided by SARC and DoH Homs. Vaccination services are in place. Specially trained doctors from DoH provide basic counselling and psychological first aid. DoH mobile teams are rolled out.

Southern Syria:

Health sector operational update is developed and shared, 19 May 2019.

Health sector partners update

UNHCR: An estimated 30,709 IDPs and 4487 refugees and asylum seekers assisted to access basic package of primary health care services through 13 PHCs in Damascus, rural Damascus, Homs, Hama, Aleppo and Al Hassakeh. Services included medical consultations, investigations. Treatment courses were provided to an estimated 14,378 IDPs
and 3719 refugees and asylum seekers. The rehabilitation works completed in Al Sakhour clinic in Aleppo end of 2018. The clinic has been recently re-opened after years of relocation to SARC children hospitals in Aleppo city center. The clinic covers large area in east Aleppo and is receiving around 350 IDP-returnees daily. 482 IDPs with critical medical conditions and 227 refugees in need for secondary care were referred by UNHCR partners to hospitals and received free of charge secondary care services. Estimated 5764 PoCs reached by community based health activities through 12 health points in community centers in Aleppo, Rural Aleppo, Rural Hama, Rural Homs, Tartous, Rural Tartous, Quneitra, Rural Daraa, and Al Hassakeh. Estimated 1601 IDPs received in kind assistance with medical assistive devices such as crutches, wheelchairs, etc. through community centers in seven governorates (Damascus, Rural Damascus, Homs, Hama, Aleppo, Sweida and Tartous).

MH Gap training started for 20 medical doctors in SARC clinics in Damascus and rural Damascus supported by UNHCR. The electronic referral system has been introduced to partners in Homs, Hama and Damascus to facilitate and track IDPs referral services. On the occasion of the holy month of Ramadan, SARC held a session on healthy fasting in Lattakia. It targeted 20 females with the following topics: maintaining energy of the body through the adoption of a healthy diet and maintaining a balanced and healthy lifestyle.

International Medical Corps: Provides 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 Five Medical Mobile Clinics (MMCs) in Rural Damascus and Damascus. During May 2019, a total of 12,587 consultations were provided to 10,390 beneficiaries. In addition, IMC provided patients with advanced health care through referral system to contracted hospitals/specialists. The advanced health care includes consultations in various specialties, surgeries and providing hearing aid services to children with hearing impairments (this service covers audiometry tests, installing hearing aid devices and speech therapies). Mental health services are provided along with primary health care. In May a total of 22 cases were provided. 60 patients received different types of disability items.

UNFPA/AKDN - Pregnant care services of mobile teams in Salamieh: Aga Khan Development Network works in Syria through its agencies: Aga Khan foundation-Syria (AKF-S) and Aga Khan Health Services-Syria (AKHS-S), in cooperation with The United Nations Population Fund in Syria (UNFPA) offer reproductive healthcare services for the population in Salamieh district through medical mobile teams focusing on people who have difficulties in access basic primary healthcare services at health centers (villages without primary healthcare centers and slums in town). The cooperation has developed to ensure the integration of basic primary healthcare services through the collaboration with Ministry of Health (MoH) represented by the Health District Administration in Salamieh, through support providing child healthcare services (growth and development monitoring, nutrition surveillance and vaccination), and infectious disease surveillance and prevention, as well as psycho-social support. AKHS-S managing 5 mobile teams, each team consists of 10 members: 4 Full time service providers (1 physician, 1 midwife, 1 nurse, and 1 psycho-social support counselor), 6 Part time service providers (health workers from MoH): 2 nurses for vaccination, 2 nurses for growth and development monitoring and nutrition surveillance, 1 health worker for infectious disease surveillance and prevention. During first quarter of 2019, about 944 pregnant has benefited from the mobile teams’ services, notice that 123 of them were receiving antenatal care services only from the mobile teams because they couldn’t visit any private clinic.

MSJM – Continues providing the medical services in most of the affected areas in Syria, in cooperation with UN agencies: UNFPA, UNICEF and OCHA. Clinics cover areas of rural Aleppo, Ar Raqqa, Deir-ez-Zor, rural Hama, Eastern Ghouta, Qalamoun, Daraa and Quneitra. 12 mobile clinics + 1 static clinic in Quneitra (with UNFPA providing the reproductive health services), 11 mobile clinics (with UNICEF providing health and nutrition services), 3 hospitaliners (1 in Quneitra, 2 in rural Hama). The field hospital in Al Hol camp (with UNFPA) started working providing hospitalization, clinics and RH services in addition to the ability to do surgeries, laboratory and radiology services.

Medair: Rehabilitation works at Al Thawra PHCC (Deir-ez-Zour) commenced. Rehabilitation of Al Jallaa PHCC (Aleppo) completed. Medical equipment sets including examination and laboratory items delivered and installed at Ar Rustan (Homs) and Bustan Al Qasser (Aleppo) PHCCs. Ongoing rehab at Thiabiyeh and Nahta (Daraa) PHCCs. Distribution of assistive devices in Daraa ongoing, to date 66 individuals have received items. Individual needs assessments for people living with mobility impairments in Mneen carried out. 2 initial training courses held for Community health workers in Aleppo and Homs. Continued support to PHC service delivery, capacity building, nutrition programme and community health programme in Al Tal, Mneen and Sasa in RD and Yousef Alazmah in ALP. Trained MOH staff on data entry for an LQAS household survey, data entry is ongoing.
SUCCESS STORY

Nour Foundation For Relief and Development: Ghaida Ghassan Mousilli, 25 years old, is a Syrian girl from a disadvantaged background of a family with 8 members. She, accompanied with her parents, has visited us recently, and is a girl with Down syndrome. She also had a pacemaker implanted years ago. NFRD asked for a few tests, an echocardiogram, and an ECG. After that Ghaida was referred to a cardiologist Mohammad Al Midani who ran comprehensive tests on her, and consequently advised to replace the pacemaker within a week at most. Nour Medical Center paid for the whole procedure enabled by the support of WHO. After the operation we visited Ghaida in the hospital and made sure she was feeling better. And by the time Ghaida was discharged from the hospital, we called her family who were very grateful, and most importantly, she was really content and delighted with the results.

UNFPA/AKDN - Doctor Ghaida Alhaj, a gynecologist with the mobile team: During our field visit to Tal Hassan Basha village in April, we were surprised by fainting one of the women. Immediately, the mobile team provided her medical aids and got blood pressure examination and made X-Ry examination by the Echo device. By my talking to her, I realized that she has suffered violence and persecution and she didn’t receive any care from her husband who refused to take her to a doctor or any health center to get the necessary medicine whatever the need. Dr. Ghaida said: we have completed all the necessary examination and provided Iron and Folic Acid and medicine and counselling to take care of her health and the her fetus health.

Mrs. Manower from Marge Matar village: “I was following -up my pregnancy with the mobile team through their visits to the village, and in one of these visits during the imagining my by the ultrasound device the doctor said: I had three fetuses, so I had to follow up my situation in every mobile team visit due to the sensibility of my situation, while the physician in private clinic told me that I have only a twin. However, I followed-up my pregnancy with the mobile team because I have confidence with them. The doctor highlighted the importance of plan for give birth in the hospital and this actually happened. I delivered 3 babies and I’m in a good health. After delivery, the doctor continued following-up my health and provide me counselling during the period of postpartum. The team also vaccinated my children. I’m very grateful to the mobile team particularly the doctor who helped me exceed this situation and reach me to safety.

WHO/UNICEF: 5 months- old Musaab lives with his family in Al Hol camp after fleeing violence in Hajin in northeast Syria. His mother is illiterate and a housewife. During the displacement journey from Baghouz to Al Hol camp, his mother was in bad conditions which led to her inability to breastfeed Musab for several days. When Musaab arrived Al Hol camp, he was suffering from complicated severe acute malnutrition (cough with fever, Intractable vomiting, Anorexia) where he was diagnosed by UNICEF health and nutrition partner. His anthropometric measurements on 26th of March 2019 were 2065 g for weight, and 50 cm for length. Musab had been referred and admitted to Al-Hikma hospital for management of complications & intensive nutritional therapy support by WHO. He stayed there for 19 days (26-3-2019 to 13-4-2019). On 13th of May 2019, Musab was discharged from the hospital after his health complications were treated and he gained some weight (weight at discharge was 2515 g). When Musaab arrived at the camp from the hospital, the health promotion team by H&N partner had followed his progress twice a week, in addition, appropriate counseling was provided to his mother on IYCF aspects & hygiene practices to prevent any future relapse.

UNICEF: Aleppo, Syria, 15 May 2019- As violence subsided in the neighborhood of Handarat camp on the outskirts of Aleppo, 200 families have returned to their damaged homes amidst a severe lack of services. Years of violence have taken a toll on the health sector, leaving no functioning clinics or health centres in the area. Thanks to a generous contribution from the Office of U.S Foreign Disaster Assistance (OFDA), UNICEF supports a mobile health clinic, working 6 days a week in Handarat camp and surrounding neighborhoods to provide children and families with much-needed healthcare. Hind, 44, joined the mobile health team as a nurse after receiving necessary trainings.

“I wanted to volunteer as a nurse to help children and mothers who are unable to get healthcare elsewhere,” she says.
In Handarat camp, the team operates in a small rented apartment that they repaired lightly to serve as a makeshift clinic where they provide over 50 children and women with primary health care including consultations, medications, and preventive and therapeutic nutritional services and the distribution of nutritional supplements and micronutrients daily. The team also refers difficult cases to nearby hospitals. “I’m very proud of the work we’re doing; to see young children who first came to us with their bones protruding now happy and healthy has become our mission,” continues Hind. Together with her colleagues, Hind also holds sessions for mothers and caregivers on infant and young child feeding. “We managed to gain the trust of women in the community so that they come to us for advice or with questions and concerns without hesitation,” she adds.

MSJM, Quneitra: Mr. Ahmed Awad al-Ahmad, 50 years old, resident of Naba’a Al-Sakhr village in Quneitra governorate. The patient does not suffer from any medical or surgical precedents. He has untreated diabetes but only with metformin 500 without visiting or consulting a doctor. The patient was visited at his home in the Naba’a Al-Sakhr village by the end of December last year. The dressing was changed for the diabetic foot which has deep ulcers and the man was untreated diabetes patient for years except for (metformin). The specialist doctor in the clinic required an Eco Doppler test of the limbs. Thus, the patient was transferred to Abaza Hospital for the Eco and there was a blockage in the blood vessels. He then went to the Damascus Hospital for a blood vessel consultation and to refer the patient to the diabetes clinic to control the glycosemia and then for a surgical consultation. The doctors decided to amputate below the knee level in Abaza Hospital. By clinical follow-up, the patient's glycosemia was monitored with insulin during the patient’s visits to the clinic. By the mid of this month, the clinic staff of the Monastery of Saint James the Mutilated in cooperation of OCHA, were following-up the patient by changing the dressings and removing the stitches after two weeks of surgery. Mrs. A. feels better now.

HeRAMS: http://www.emro.who.int/syr/information-resources/herams-reports.html
Health sector, Syria hub: http://www.emro.who.int/syr/information-resources/infographics-4ws-and-key-indicators.html
https://www.humanitarianresponse.info/en/operations/syria/health

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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coordinators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Azret Kalmykov</td>
<td>Dr Kady Fares</td>
<td>Dr Nadia Aljamali,</td>
<td>Mr Hamza Hasan</td>
<td>Dr Khaled Al Khaled</td>
</tr>
<tr>
<td>Health sector coordinator</td>
<td>Head of WHO sub-office</td>
<td>Head of WHO sub-office</td>
<td>Head of WHO sub-office</td>
<td>Head of WHO sub-office</td>
</tr>
<tr>
<td><a href="mailto:kalmykova@who.int">kalmykova@who.int</a></td>
<td><a href="mailto:kadyf@who.int">kadyf@who.int</a></td>
<td><a href="mailto:aljamalin@who.int">aljamalin@who.int</a></td>
<td><a href="mailto:hhassan@who.int">hhassan@who.int</a></td>
<td><a href="mailto:alkhaledk@who.int">alkhaledk@who.int</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information Management Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Mutasem Mohammad, Information Management Officer, WHO Syria, <a href="mailto:mohammadm@who.int">mohammadm@who.int</a></td>
</tr>
<tr>
<td>Mr Ayman Al Mobayed, Information Management Officer, WHO Syria, <a href="mailto:almobayeda@who.int">almobayeda@who.int</a></td>
</tr>
</tbody>
</table>