HEALTH CLUSTER BULLETIN

April 2018

Syria Arab Republic
Emergency type: complex emergency
Reporting period: 01.04.2018 to 30.04.2018

11.3 MILLION in need of health assistance
6.1 MILLION internally displaced
2.9 MILLION with disabilities
2.3 MILLION in HTR and besieged locations
4.3 MILLION women of reproductive age

HIGHLIGHTS

- 81 of districts are reached by health sector partners.
- 31% of reached sub-districts are in hard-to-reach and besieged locations.
- 28% of treatment courses distributed in hard-to-reach and besieged locations.
- Some 137,000 people are still displaced from Afrin District.
- 100,000-140,000 people estimated to remain in eastern Ghouta, half of them in Douma.
- 91 medical mobile teams, clinics, mobile health units and medical points have been mobilized for eastern Ghouta.
- 29 medical mobile teams, clinics, mobile health units and medical points have been mobilized for Afrin displacement.
- Coordination at WoS level to enhance coordination on vaccination and disease surveillance across the country (polio, measles, typhoid, hepatitis A).
- On 1 April WHO, UNICEF, UNFPA took part in the inter-agency assessment mission to Ar Raqqa city.

<table>
<thead>
<tr>
<th>March</th>
<th>4W indicator</th>
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<tbody>
<tr>
<td>376,184</td>
<td>Number of outpatient consultations at health facilities, including through outreach services</td>
</tr>
<tr>
<td>21,733</td>
<td>Number of trauma cases supported</td>
</tr>
<tr>
<td>758</td>
<td>Number of deliveries attended by a skilled birth attendant</td>
</tr>
<tr>
<td>1,754</td>
<td>Number of referred cases</td>
</tr>
<tr>
<td>841,120</td>
<td>Number of treatment courses provided</td>
</tr>
<tr>
<td>771</td>
<td>Number of health facilities with EPHC</td>
</tr>
<tr>
<td>124</td>
<td>Number of provided medical machines</td>
</tr>
<tr>
<td>4,806</td>
<td>Number of mental health services provided by trained staff</td>
</tr>
<tr>
<td>403</td>
<td>Number of facilities providing rehabilitation services</td>
</tr>
<tr>
<td>39</td>
<td>Number of facilities providing EMoNC services per 500,000 population</td>
</tr>
<tr>
<td>1,224</td>
<td>Number of sentinel sites submitting weekly surveillance reports</td>
</tr>
<tr>
<td>8</td>
<td>Number of reports documenting violence against health care</td>
</tr>
<tr>
<td>39</td>
<td>Number of health facilities providing clinical management of rape CMR</td>
</tr>
<tr>
<td>1,019</td>
<td>Number of healthcare providers trained and re-trained</td>
</tr>
<tr>
<td>75</td>
<td>Number of community health workers trained</td>
</tr>
<tr>
<td>2</td>
<td>Number of health facilities rehabilitated, reinforced, with medical equipment</td>
</tr>
<tr>
<td>87-120</td>
<td>Number of mobile medical units supported</td>
</tr>
<tr>
<td>441.9</td>
<td>Required (US$ m), WoS</td>
</tr>
<tr>
<td>46.3</td>
<td>Funded (US$ m), WoS</td>
</tr>
<tr>
<td>395.6</td>
<td>Funding gap (US$ m), WoS</td>
</tr>
</tbody>
</table>
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April 2018

SITUATION OVERVIEW

- Total IDP movements recorded in 7 governorates is 781,575, including 356,112 in March.
- Since 21 April, some 4,500 people from eastern Qalamoun have been evacuated, including to the Euphrates Shield area where UN humanitarian access remain limited.
- Some 137,000 people are still displaced from Afrin District to the Tall Refaat, Nabul, Zahraa and Fafin areas as a result of hostilities and military operations that began on 20 January. In addition, an estimated 150,000 people remain in Afrin District where access to people in need continues to be extremely limited.
- More than 158,000 people are estimated to have left East Ghouta since 9 March. Of these, close to 45,000 IDPs remain in 8 IDP sites in Rural Damascus, while more than 66,000 went to Idleb. 100,000-140,000 people estimated to remain in eastern Ghouta, half of them in Douma.
- Since ISIS was forced out of Raqqa in October 2017, nearly 100,000 people have returned to Raqqa City.
- Implications on operational planning (Eastern Ghouta, Afrin, and North-East Syria) and analysis on future developments (southern Syria, northern Homs, northwest Syria) over the next 6 months and engagement of health sector partners are in place.

Impact on underfunding of health on the people of Syria

A second Brussels conference on "Supporting the future of Syria and the region" was held on 24-25 April. The international community confirmed US$4.4 billion in funding to support life-saving humanitarian aid as well as resilience and development activities to millions of affected people in Syria and the region this year. Thirty-six donors at the conference, co-hosted by the European Union and the United Nations, made pledges towards the UN-coordinated Syria Humanitarian Response Plan, the Regional Refugee and Resilience Plan, the ICRC Syria Crisis appeals and other activities. Pledges also included support to Palestinian refugees in Syria.

Overall impact of underfunding
- 50% of currently functional health facilities may have to downsize or limit their services.
- 1,294 health facilities may face critical shortages in medicines, supplies or equipment.
- 27,000 healthcare staff across Syria may miss out on essential training.

For every USD 1 million NOT received
- 50,000 may be deprived of essential primary healthcare services or referrals for life saving interventions.
- 11,100 people suffering from trauma injuries may not receive life-saving treatment.
- 2.8 million children under 5 years may not be immunized because the operational costs for the vaccination campaign are not met.
- 17 primary health care facilities may not be rehabilitated, reducing availability and accessibility to essential health services for over 172,500 patients living in areas surrounding health facilities on a yearly basis.
- 63 ambulances may not receive the support required over a period of 7 months leaving populations without referral services between health facilities.
• 1 million non-communicable disease treatments may not be available for patients diagnosed with Cardiovascular diseases CVDs, diabetes and /or chronic respiratory diseases may not have access to which significantly contributing to the increased burden of NCD related morbidity & mortality.

• 45% of currently prepositioned medicines and equipment may no longer be available for outbreak investigation and response.

• 4,000 reproductive health referrals may occur because their costs are no longer covered.

• 800,000 children under 5 years may not be screened for malnutrition and over 1,000 children under 5 years with life-threatening severe acute malnutrition (SAM) may not receive therapeutic nutrition care.

• 34,000 hemodialysis sessions may not be procured, leaving 4,250 patients with kidney disease without life-saving treatment.

Violence against health:


• Statement attributable to the Spokesman for the Secretary-General on the situation in Douma, Syria


• Statement (17 April) by Ramesh Rajasingham, Deputy Regional Humanitarian Coordinator for the Syria Crisis, on ongoing violence against health facilities

• https://reliefweb.int/sites/reliefweb.int/files/resources/DRHC%20Statement%20on%20Idlib%20Hospital%20Violence%202018.pdf

• The sector remained deeply concerned for the safety and protection of tens of thousands of civilians following the intensification of hostilities around besieged Yarmouk and surrounding areas.


Advocacy on issues around violence against health care are proposed to consider different aspects as having a tremendous impact on health care, including:

• GoS attacks on health facilities and health care workers in non GoS controlled areas.

• Attacks by non-state armed groups on health facilities and workers, civilians in GoS controlled areas.

• The impact on health infrastructure and its destruction in north-east Syria as a result of actions of the International Coalition. Most public PHC centres and hospitals in the north-eastern governorates of Ar-Raqqa, Al-Hasakah and Deir-ez-Zor have been forced to close as a direct result of the Coalition’s military offensive.

• The lack of access to health facilities – often by creating impossible conditions for health care workers – is another important issue. The Kurdish Self-Administration (KSA) in north-east Syria has systematically prevented MOH staff from working in the area; as a result, thousands of Syrians have been deprived of access to health care. The KSA is creating a parallel health structure, which raises questions of legal governance and capacity.
• Parts of northern Syria are now under Turkish occupancy with no information on the status of health care facilities in these areas (e.g., Afrin).
• The militarization of health facilities - for example, KSA military and intelligence currently occupy functioning PHC centres in north-east Syria. Most of the public health facilities in the areas under the control of non-state-armed groups have been used by military personnel and have been destroyed.

Inter-Agency Convoys:
• Working on the final list of IA convoys under May-June plan for 20 locations, including joint ones for ICRC for Rural Damascus, Idlib and Homs governorate.

Access to Rukban:
No progress in accessing the area.

HRP 2019
• HPC 2019 timeline is updated.
• Discussions are in place on the development of WoS health sector severity scale.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Eastern Ghouta response:
• Insufficient coordination between the health service providers.
• An overburdened response. Newly accessible areas require a higher number of equipped mobile clinics/ambulances.
• Rationalizing the use of limited ambulances as SARC deploys ambulances inside and outside of shelters.
  • Considering the decreased number of people remaining in shelters, SARC objective is to have 1 assigned ambulance per 3 shelters (depending on the size of population).
• Setting up additional Emergency Health Points in shelters (currently established 3 by SARC):
  • SARC plan to establish additional Emergency Health Points (EHP) in shelters with more than 4,000 people.
• Remaining challenges and lack of clarity among the health workers on the ground on hospitalization of patients outside the shelters and within eastern Ghouta. There are many people who have stayed in different locations across eastern Ghouta and in need of continuous health care (at PHC and secondary levels).
  • Organizations are requested to work closely mainly with and through DoH medical teams and centers established inside the shelters and eastern Ghouta for hospitalization.
  • DoH medical teams are present in IDP shelter and reach areas outside the shelters, such as Kafr Batna, Ein Tarma, Arbin, Saqba, Zamalka, Hazzez, Harasta, and Douma.
  • 3 DoH PHC centers were opened in Saqba, Hazzez and Ein Tarma. Requests for hospitalization should come from and via these 3 PHC centers and any other locations where DoH will open its fixed presence.
  • SARC and health partners’ objectives are to roll out and enhance (increase!) service provision inside eastern Ghouta which will minimize eventually the number of people in need of transportation and hospitalization in Damascus public hospitals.
• Use of private hospitals for referrals of patients:
  • The issue of the use of private hospitals is not being considered.
Setting up fixed static clinics. Medium/long-term plans for simple rehab or setting up pre-fab centers has to be coordinated with health sector partners.

Basic health equipment and consumables are necessary for equipping the health points and should be made available with health units and medical teams.

Increased need for reproductive health services including RH kits, oral contraceptives, IUD’s and male condoms.

Request for evening/night shifts of health care as this doesn’t exist in all the IDP sites.

A lack of specialized health care for patients with “neglected” health conditions (trauma, kidney failure, amputations, chronic RH conditions, congenital defects among infants, etc.).

The current overcrowding, lack of hygiene in shelters may be directly linked with an increased risk of potential outbreaks.

A potential for increase of vector-borne diseases across the shelters.

Health promotion activities are to be embedded in overall health and WASH sectors response.

Proper practice of Infant and Young Children Feeding.

A weak system of registration of mortality cases and issuing the required death reports.

Afrin displacement response:

Newly accessible areas require a higher number of equipped mobile clinics/ambulances, to improve access to primary health care services.

Suboptimal referral system and limitations in reaching Aleppo facilities are resulting in lengthy clearance procedures for the referral of sick and injured patients.

Family planning activities need to be enhanced through the distribution of contraceptives and reproductive health kits. Inadequate reproductive health services for pregnant women, particularly for operative deliveries.

The current overcrowding in many locations, the situation in camps, and lack of hygiene in several IDP sites might be directly linked to an increased risk of potential outbreaks. There is a potential for an increase of vector-borne diseases.

Shortages of functioning health care facilities and health care staff.

Unvaccinated children.

Lack of mental health and psychosocial support services for both children and adults

Unsafe water and poor hygiene practices among displaced people in shelters increase the risk of water- and foodborne diseases across the IDP sites.

Priorities:

Deploy more mobile clinics to meet the essential health needs.

Improve the access of health facilities and target all locations, particularly in camps and collective shelters.

Enhance the provision of routine vaccination of children.

Strengthening the capacity of health staff.

Improve the emergency referral system and access to advanced health care.

Donate more health supplies and medical items, and make NCDs medications available.
Drinking water quality surveillance to be conducted on regular basis.
Enhance reproductive health services for pregnant women, particularly for operative deliveries.
Improve the mental health and psycho-social support services for both children and adults.

**Disease surveillance and vaccination:**

Average completeness of reporting: 79%, and average timeliness 90%. Total number of consultations is: 204,787 in week 14; 196,480 in week 15; 205,844 in week 16

Out of the 607,111 total consultations, a total of 66,155 EWARS notifiable cases were reported; of which Influenza like illness: 35,167 (63%); Acute Diarrhea: 15,932 (24%); Acute Jaundice Syndrome: 1260; Severe Acute respiratory infections: 700 cases; Suspected Measles: 685; Bloody diarrhea: 311; Acute Flaccid paralysis: 10 cases.

The most reported other cases are: Leishmaniasis – 2104; Typhoid – 640; Brucellosis – 400; Mumps – 87; Pertussis – 52; Tuberculosis – 38. 50% of the cases were distributed among males. 60% of the cases were distributed among ≥5 age group.

**Measles Response:**

Localized measles vaccination activities with MMR and Vitamin A were implemented in Hassakeh and Aleppo in the areas that reported measles outbreaks (Jarablous, Areesha camp, Roj camp, Ain Issa camp, and other areas). Health Directorates conducted active case finding in the high risk areas and IDPs camps and provided orientation for the private health care providers about measles standard case definition and the importance of immediate notification about any suspected cases. WHO supported the operational costs of vaccination activities, and arrange the transportation of the collected samples from Hassakeh, Raqqa, and Dier-ez-Zoir to the reference lab in Damascus. WHO supported Measles reference lab with reagents kits and supplies.

**Typhoid response in Al Hol camp:**

150,000 water makers‘ sachets for water purification at household level were distributed.
Treating the diagnosed cases with antibiotics - 2000 vials ceftriaxone were provided.
Checking water and food quality as they are the main ways to transmit the disease – water was the main source of infection.

Actions: cleaning all tanks in the camp, purification the water in the tanks with aqua tabs, providing new jerry cans. Health camp authority conducted a hygiene promotion campaign and distributed hygiene items to all camp population.

Coordination at WoS level is in place to enhance coordination on vaccination and disease surveillance across the country.

National Immunization week (22 - 30 April 2018) - conducted activities targeting routine immunization defaulters (targeting 81,533 children 0-59 months), polio (targeting 816,298 children from 0-59 months) and measles (targeting 526,670 children from 7-59 months).

The activities took place in all governorates except Idlib. In Deir-ez-Zoir, the campaign was delayed one week due to logistic and administrative challenges and will end on 3 May 2018. Polio bOPV sNIDs campaigns were implemented in 7 governorates (Damascus, R Damascus, Sweida, Al Hassakeh, Deir-ez-Zoir, Ar-Raqqa, and Aleppo) targeting 816,298 children from 0-59 months. Measles campaigns were implemented in 4 governorates (Ghouta in Rural Damascus, Deir-ez-Zoir, Ar-Raqqa, and Al Hassakeh) targeting 526,670 children from 7-59 months. National Immunization Week is annual activity conducted to reach EPI defaulters. This year it targeted 81,533 children 0-59
months. The preliminary results showed that 299,026 children were vaccinated against polio, 179,000 children were vaccinated against measles and 818,584 drop-out children were vaccinated in line with the national vaccination schedule.

HEALTH SECTOR ACTION/RESPONSE

Health sector coordination:

• Conducted two national Health Working Group meetings in Damascus (12 and 24 April 2018).
• The health sector assessment registry for 2018 is updated.

North-east Syria:

• On 1 April WHO, UNICEF, UNFPA took part in the inter-agency assessment mission to Ar Raqqa city. A separate report was prepared.
• Contacts are established with a new NES health sector coordinator.
• Preparations are in place to follow the approval of MoFA NV#1246 for the approval for the UN to open a sub-office in Deir-ez-Zoir.
• Provided inputs for WoS Ar-Raqqa City Strategic Response Plan (preliminary estimates required for health sector funding is 16,850,000 USD.
• Developed NES health sector preparedness and response plan for inter-sector plan.

Current response to eastern Ghouta:


• Support to 91 medical mobile teams, clinics, mobile health units and medical points have been mobilized.
• Increasing daily outpatient medical consultations, including for children under 5 years, integrated reproductive health services and psychosocial support, are continuously provided across the shelters.
• Medical teams reach areas outside the shelters, such as Kafr Batna, Ein Tarma, Arbin, Saqba, Zamalka, Hazzeh, Harasta, Douma. 3 PHC centers were opened in Saqba, Hazzeh and Ein Tarma.
• Support with operational costs for 300 DoH personnel.
• Support in place for family planning, antenatal care including ultrasound scans and supplements, natural deliveries, postnatal care, treatment of reproductive tract infections and referral of high risk pregnancies to public health facilities.
• 15,690 children received polio and 17,641 measles vaccination in the period of 17 March and 20 April.
10 teams of trained community psychosocial support workers provide basic psychological interventions, educational and recreational activities. People with mental health conditions received psychological and/or pharmacological interventions. People in need for medical assistance are identified and referred by the MHPSS teams to receive the needed health care and medicines in the shelters. An estimated 12,000 people benefited from this monthly assistance.

36 EWARS (An early warning and response system) sentinel sites are supported.

The approval of MoFA was received to deploy the surge health sector coordinator who will provide lead for a coordinated and effective health sector response.

1237 injured and critically ill patients referred to Damascus hospitals (from the beginning of the displacement) and under health monitoring.

Health supplies provided to SARC and DoH Rural Damascus.

Joint action with the MoH and SARC to conduct rapid assessments of 25 public and other health facilities in all new accessible areas inside eastern Ghouta.

Current response to Afrin:

MoH/MoHE, Syrian Arab Red Crescent (SARC), International Committee of Red Cross (ICRC), WHO, UNICEF, UNFPA, National NGOs (Al-Ihsan Charity, Al-Berr w Al-Ihsan Charity, Syrian Family Planning Association (SFPA), Monastery Saint James the Mutilated (MSJM), Al-Taalouf Charity)

IDPs key locations are covered by health sector partners and daily contacts are established between partners and the responsible technical departments of the DoH.

16 NGO-supported medical mobile teams and one NGO-supported public health clinic are providing essential health care services, including pediatrics and reproductive health care services to the displaced.

Six mobile clinics and six health facilities (DoH/SARC) have been mobilized through the support of the health sector.

A total 46,783 outpatient medical consultations are provided, as the service is available on a daily basis across the IDP locations.

Health supplies are being provided to SARC and DoH Aleppo.

SARC facilitates the referral system to the Zahraa local hospital with 4 ambulances. Support is provided for the referrals for the secondary and tertiary health care.

Registered kidney failure patients are treated at the SARC Nubul dialysis center.

Routine immunizations are active in five DoH fixed post in Nabul, Zahraa, Deir Jmal, Kafar Naya, and Meskan.

Coordination with DoH and SARC is ongoing to facilitate medical evacuations. The approval was received from MoFA to facilitate medical evacuations for IDPs to Aleppo city.
Results of SHF (Syria Humanitarian Fund) for eastern Ghouta and Afrin response:

The Syria Humanitarian Fund allocated US $16.3 million to 21 projects to respond to people displaced from East Ghouta and Afrin. This allocation will finance food and nutrition, water, sanitation and hygiene, health, shelter and core relief items in addition to providing protection services to people in need. Following a call for applications, 39 project proposals were evaluated based on technical merit and strategic alignment by humanitarian sectors and partners before being approved by the UN Resident and Humanitarian Coordinator in Syria.

21 projects were prioritized for funding: 10 projects will be implemented by national and international NGOs and the Syrian Arab Red Crescent (SARC) and the remaining 11 by UN agencies. Approved projects will respond to both the East Ghouta and Afrin emergencies with 49 per cent of the budget to be allocated to Afrin while 51 per cent will be used in the East Ghouta response. Organizations receiving funding through this allocation are: ADRA, COOPI, DRC, GOPA, HELP, IMC UK, OXFAM, PU, SARC, UNICEF, UNFPA, UNHCR and WHO.

Updates by selected health sector organizations:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Updates</th>
</tr>
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<tbody>
<tr>
<td>Al-Sham for health</td>
<td>Continue provision of essential package of health care services to vulnerable groups and IDPs in Rural Damascus.</td>
</tr>
<tr>
<td>Al-Tamayouz</td>
<td>Health activities were focused on supporting IDPs in Adra shelter for eastern Ghouta. In addition, supported polyclinic in Damascus provided consultations to 3500 patients, laboratory tests for 262 patients, distribution of medicines to 2530 patients, and 12 emergency referrals.</td>
</tr>
<tr>
<td>Armadilla</td>
<td>Works in collaboration with Zareth Al Madan (ZAM), Syrian Association, with a focus on assistance for children with disabilities. ZAM Centre provided support (physical therapy unit and clinic) to some 150 children.</td>
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<tr>
<td>Dorcas</td>
<td>Operates hospitaliners in Aleppo and Homs and supports 2 PHC centers in Aleppo (Beit-Tel and Mar-Asia). The new project with SSSD on life-saving health services in Al-Hassakeh, Al-Raqqa and Deir-ez-Zoir is pending the approvals.</td>
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<tr>
<td>GOPA</td>
<td>Provides IYCF sessions to some 3,000-3,400 women. Implementation governorates are Damascus, Rural Damascus, Homs, Lattakia, Tartous, Aleppo, Al-Hassakeh and Dara’a.</td>
</tr>
<tr>
<td>IMC</td>
<td>Three static PHC clinics and two mobile medical units provided total 20,845 consultations to 17,278 beneficiaries. Out of total consultations, 5,747 consultations were provided to EG evacuees. Advance health care services: referral for medical/surgical intervention to contracted hospitals/specialists. Provision of disability aids services/items including (wheelchairs, diapers, walkers, bed ulcer mattress, bed Ulcer kits, toilet chairs, crutches, etc.) continue. 171 individuals were provided with mobility and disability items. Provision of hearing aid to children with hearing impairments continued and 22 children were provided with 25 hearing aids devices. Mental health case management services via IMC clinics, including referral to psychiatrists and/or psychologists, PSS services, and provision of specialized medications.</td>
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<tr>
<td>Medair</td>
<td>Ready to start implementation assistance for People with Physical Disabilities through assistive devices and disability care kits for eastern Ghouta. In Rural Damascus - continued support to PHC service delivery, capacity building, nutrition programme and community health programme in Asal Alward, Dahet Qudsaya, Jdedat Al Khas, Jdedat Artoz. Continued work on the rehabilitation center in Jdedat Artoz, expected opening and start of rehabilitation services. Rehabilitation of two centers in Mneen and At Tall are ongoing. In Homs - PHC service delivery, capacity building, nutrition programme and community health programme in Hasya and Rabweh clinic. In Aleppo - in Maysloon and Yusuf Al Azmeh clinic. Additional rehabilitation of Yusuf Al Azmah clinic is in process. Capacity Building events continue.</td>
</tr>
<tr>
<td>MSJM</td>
<td>Continues service provision in Aleppo city and rural Aleppo (two mobile clinics; hospitainer in Al-Nayrab); Homs Hospitalier (Al-Baath University, Al-Meshrefeh); Dara (mobile malternity and one mobile clinic); Qara (one mobile clinic). 15 ambulances: 3 Homs, 2 Aleppo, 5 Tartous, 4 Hama, 1 Rural Damascus. Presence and response in Deir-ez-Zoir and eastern Ghouta continues.</td>
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</tbody>
</table>
UNHCR
Supporting 13 PHC facilities across the country with one SARC mobile team deployed for eastern Ghouta response. Distributing assistive devices to eastern Ghouta IDPs. Delivering ultrasound equipment for the MoH. Out of the 18 health points in the community centers planned in 2018, 8 are partially functioning in Aleppo and Homs. Other locations include rural areas in Hama, Tartous, Homs, Damascus, Hassakeh and Quneitra. Conducting health education sessions for Afrin displaced population in Nubul and Zahra.

UNICEF
Supported C4D workshops for health workers and volunteers to raise awareness on the global vaccination week. In Damascus and Rural Damascus - covered health needs through a mobile clinic for IDPs from Deir-ez-Zoir and Raqqa. Supporting DoH Rural Damascus with operational costs. Rolled out 8 medical mobile teams (NGO) for EG response and also DoH teams to cover shelters and other areas across eastern Ghouta. Supporting DoH Rural Damascus with health supplies as well health education materials. In Homs and Hama – operating 4 mobile teams operating in 3 temporary facilities in Jbreen -Saweq Mardes and Soran. In Aleppo, Raqqa and DZ supporting the work of partners (3) on primary health care. In Hassakeh, Raqqa and DZ supporting the work of partners (3) on primary health care.

UNFPA
Health Operations: Continues to support 26 Ministry of Health and 2 Ministry of Higher Education facilities across the country. Partners with 24 national partners nationwide to support reproductive health services nationwide. The fund continues to support 21 health facilities with comprehensive Gender Based Violence (GBV) management services. Partners provided 143,559 consultations reaching over 101,000 women of reproductive age in Damascus, Rural Damascus, Homs, Hama, Aleppo, Deir-ez-Zoir, Tartous, Lattakia, Sweida, Al Hassakeh, Raqqa, and Dar’a with reproductive health and GBV services. 176 deliveries were conducted by skilled birth attendants. 126 health facilities and 62 mobile medical units were supported emergency response in hard-to-reach and newly accessible locations. Capacity Development: A training targeting doctor’s midwives and nurses was conducted reaching 75 Health workers. The training focused on Reproductive Health (RH) concepts for midwives and nurses, harm reduction of unsafe abortion, the minimum initial service package (MISP) and clinical management rape (CMR). Coordination: Continues to partner with other UN organizations in Damascus and in field offices to ensure coordinated and timely response to the emergencies in Afrin and East Ghouta. Continues its partnership with WFP to support pregnant and lactating women (PLW Joint program). Responding to displacement movement in Homs governorate, UN agencies (UNFPA, UNHCR & UNICEF) conducted an assessment mission on 24th of April to Al-Qosor shelter which hosts over 102 individuals. Collaborates with UNICEF to provide comprehensive maternal and child healthcare.
SUCCESS STORIES

St. Ephrem Patriarchal Development Committee

Supporting a dialysis center in Dwel’a, Damascus for 18 patients (with 144 dialysis sessions) and 78 patients with kidney failure having access to the required medicines. Continued support of 37 clinics in Damascus and rural Damascus with 98 referrals, 36 surgeries, 28 X-ray and 22 lab tests related services.

Mohamad (28 years old) and Ola (16 years old) have been dialysis patients since August 2018. By now Ola has received 60 sessions and 64 for Mohammad. Both of them are IDPs from Beit Sahm area and from a single-parent family. The family could not afford costly treatment in private clinics around Damascus. Mohamad is now looking for a job as feels fit to work while Ola returned to her studies.

Syrian Arab Red Crescent Society (response to eastern Ghouta)

Mental health care in schools – a new WHO initiative

The school mental health programme, launched in December 2017 by WHO, aims to train all those involved in education - teachers, administrators, nurses, social workers and school counsellors – on how to identify and help children with behavioral and emotional problems. This programme focuses on implementing evidence-based interventions to manage children with mental health problems in general. In Q1, 2018, 26 school counsellors in different governorates completed the second part of the “training of trainers” course, in which they learned about mental health interventions while at the same time learning to teach others. They have since gone on to train another 147 colleagues in schools and other educational facilities in their communities. Approximately 125 schools and community educational centres are now offering MHPSS services. WHO plans to train around 500 staff working in 200 schools by the end of 2018. WHO’s school mental health programme complements the work being done by UNICEF in this area. The Syrian Ministry of Education has agreed that both programmes are essential and complementary.

In February 2018, Amal attended a WHO-supported training workshop on the school mental health programme. “The workshop has been really helpful, and the guidelines I received are clear and easy to follow. The training has
already made a difference in my school. I know how to talk with pupils and get them to explain the reasons for their distress. Some of the younger pupils struggle to articulate their feelings, but I can help them better understand what they have lived through. I explain to them that their feelings are normal and that I am here to help.” One child in Amal’s school had severe concentration problems. Amal was able to help him using the simple methods suggested in the guidelines. “At least one of my pupils is receiving regular treatment outside school from a physician who has been trained by WHO on mh-GAP”, says Amal.

UNFPA

Having been displaced from Der Al Zo, Maria (not real name) a 35 years old pregnant woman was settled in one of the poorest areas in Lattakia Governorate, Al Raml Al Janoubi which has poor infrastructure and lacks adequate medical services including much needed reproductive health services. After receiving her food ration from a WFP food distribution point of in Al Slaybia, she was referred her to SFPA reproductive health static clinic in Al Quwatli area for antenatal care. In her fifth month of pregnancy, Maria, had not received any medical support nor benefited from antenatal care services. The SFPA reproductive health static clinic provided the woman with general and reproductive health services including echo ultrasonography, micronutrient supplementation and psychosocial support. Maria is considered one of many women benefitting from PLW joint project between UNFPA and WFP which provides joint RH services and e-vouchers.

SELECTED INFORMATION MANAGEMENT PRODUCTS

<table>
<thead>
<tr>
<th>HeRAMS reports</th>
<th>EWARS reports:</th>
<th>Health sector, Syria hub</th>
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CONTACT INFORMATION (NATIONAL AND SUB-NATIONAL LEVELS):

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<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>Coordinators</td>
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<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>
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</tr>
</tbody>
</table>

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