HEALTH CLUSTER BULLETIN

March 2018

Syria Arab Republic
Emergency type: complex emergency
Reporting period: 01.03.2018 to 31.03.2018

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

Key health shelters of Ghouta response are covered by health sector partners (national authorities, SARC, WHO, UNICEF, UNFPA, UNHCR, IMC and national NGOs).
A total of 2 Emergency Health Points, 10 Mobile Health Units, 54 Medical Mobile Teams, 2 PHC centers, 1 Dressing Room, 3 stabilization centers, ambulances are deployed. More are needed.
Health supplies are being delivered to SARC and MoH to cover the shelters.
Health supplies are pre-positioned to send with IA convoys inside the remaining parts of besieged area.

3 SARC clinics are functional in Nabul, Zahraa, and Tal Rifat and 5 partially functioning DoH PHC.
SARC deployed 3 mobile clinics to Tel Rifat area.
DoH deployed 3 mobile clinics and 2 ambulances.
4 NGO partners deployed medical mobile teams to Nabul, Zahraa, and Tal Rifat.
UN health supplies were delivered to SARC points in Nubbul and Al Zahraa.

<table>
<thead>
<tr>
<th>February</th>
<th>4W indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>375,365</td>
<td>Number of outpatient consultations at health facilities, including through outreach services</td>
</tr>
<tr>
<td>42,304</td>
<td>Number of trauma cases supported</td>
</tr>
<tr>
<td>714</td>
<td>Number of deliveries attended by a skilled birth attendant</td>
</tr>
<tr>
<td>2,029</td>
<td>Number of referred cases</td>
</tr>
<tr>
<td>1,343,761</td>
<td>Number of treatment courses provided</td>
</tr>
<tr>
<td>76</td>
<td>Number of health facilities with EPHC</td>
</tr>
<tr>
<td>212</td>
<td>Number of provided medical machines</td>
</tr>
<tr>
<td>401</td>
<td>Number of trauma cases referred for rehabilitation services</td>
</tr>
<tr>
<td>1</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>1,209</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>829</td>
<td>Number of healthcare providers trained and re-trained</td>
</tr>
<tr>
<td>140</td>
<td>Number of community health workers trained</td>
</tr>
<tr>
<td>5</td>
<td>Number of health facilities rehabilitated, reinforced, with medical equipment</td>
</tr>
<tr>
<td>68</td>
<td>Number of mobile medical units supported</td>
</tr>
<tr>
<td>441.9</td>
<td>Required (US$m), WoS</td>
</tr>
<tr>
<td>22.1</td>
<td>Funded (US$m), WoS</td>
</tr>
<tr>
<td>419.8</td>
<td>Funding gap (US$m), WoS</td>
</tr>
</tbody>
</table>
SITUATION OVERVIEW

Eastern Ghouta situation:

- Statement Attributable to the Spokesman for the Secretary-General on Eastern Ghouta, Syria is issued on 7 March 2018. https://www.un.org/sg/en/content/sg/statement/2018-03-06/statement-attributable-spokesman-secretary-general-eastern-ghouta “The Secretary-General is concerned about continued reports of attacks throughout the besieged enclave of eastern Ghouta, which reportedly claimed the lives of more than 100 people on 5 March, as well as reports of shelling of the city of Damascus. An inter-agency convoy by the United Nations, the Syrian Arab Red Crescent and the International Committee of the Red Cross, which was delivering life-saving humanitarian assistance to 27,500 people in need in Douma, eastern Ghouta, could not complete the delivery because of insecurity. As a result, 14 of the 46 trucks in the convoy were not able to fully offload critical humanitarian supplies…”
- Ongoing violence and destruction of health facilities inside eastern Ghouta.
- There is a necessity to agree on the baseline on numbers of functioning health facilities and present medical personnel (key categories such as doctors, nurses) inside EG for advocacy purposes. The current situation lacks clarity. Protection and future of all remaining health personnel.
- To consider access and assessment of all 25 previously MoH managed health facilities inside EG.
- Evacuation of civilians continues from different parts of eastern Ghouta to GoS controlled area.
- Some 50,000 people are displaced in 8 shelters (Adra, Nashabye, Herjalleh, Dweir, Najha, Fayhaa Al Sham, and Kherbet Al Wars, Akram Abu Al Naser).
- Key shelters are covered by health sector partners (national health authorities, SARC, WHO, UNICEF, UNFPA, UNHCR, IMC and national NGOs).
- IA assessment missions and joint health sector/SARC assessment missions take place to all IDP shelters.

Violence against health:

- In the period of 3-9 March seven incidents against three public hospitals in Damascus and Rural Damascus were registered.
- On 8 March Al-Bairouni hospital, public cancer specialized hospital, affiliated to Ministry of Higher Education was reportedly targeted by 3 mortar shells, and one injury was reported. On 9 March IAF attack (7 projectiles) targeted Al Assad Suburb and Al-Bairouni hospital, public cancer specialized hospital, affiliated to Ministry of Higher Education in Rural Damascus. On 18 March the area of Ibn Sina Psychiatric Hospital was targets.

Inter-Agency Convoys:

- A separate ICRC/SARC convoy took place to Afrin on 2 March.
- UN/ICRC/SARC convoy took place to Dar Kabira, Homs on 4 March.
- The UN/ICRC/SARC convoy to the besieged Douma, eastern Ghouta took place on 5 March.
- Inter-Agency convoy to Tal Refaat took place on 25 March.

Access to Rukban:

13 March, Syrian Arab Red Crescent is ready to deliver the first
urgent humanitarian aid convoy to Ar-Rukban Camp in South Syria. More than 20,000 civilians live in Ar-Rukban camp under deteriorating humanitarian circumstances where they suffer a severe lack of nutritional food and the basic medical services are almost non-existent.

**Afrin/Aleppo governorate:**

A total of 183,570 people have been displaced from Afrin. This includes 153,570 to Tal Refaat, 20,000 to Nubul and 10,000 to Zahraa. Several thousand have displaced to Manbij and Hassakeh, including some fighters and their families. The needs among the IDPs are high, with local partners estimating that over 70 percent are dependent on humanitarian assistance. The priority needs are shelter, NFIs, WASH, health and protection.

**Vaccination:**

12 March, The World Health Organization (WHO) and UNICEF are supporting a nationwide polio vaccination campaign in the Syrian Arab Republic that aims to vaccinate more than 2.4 million children under 5 years of age in 13 governorates. The campaign, which is being managed by the Ministry of Health, was launched on 11 March and will last for 5 days. Inactivated polio vaccine (IPV) immunization activities are ongoing in accessible areas of Aleppo governorate and Raqqa governorates.

An independent outbreak response review (OBRA) of the cVDPV2 outbreak in Syria is taking place this week (25-29/3/2018). The review is conducted jointly by WHO and UNICEF experts. The objectives of OBRA are to assess and strengthen efforts to increase population immunity; to assess progress towards interrupting transmission; to assess and strengthen surveillance sensitivity. The OBRA mission has conducted several field missions to different health facilities in Damascus, Rural Damascus and Homs, in addition to visit the vaccines warehouse in the three governorates.

**PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:**

**Health Risks for eastern Ghouta and Afrin**

- Limited health staff and functioning health facilities place the lives of people with trauma injuries, chronic diseases, and malnutrition at risk.
- Weak hygiene practices among displaced people living in shelters, and difficulties in accessing safe water, increases the risk of water- and food-borne diseases.
- Children who have not been vaccinated are at high risk of contracting life-threatening diseases such as measles and polio.
- Most prevalent communicable diseases are acute diarrhea, upper respiratory infections, cases of lice and scabies. A lot of children have digestive disorders (vomiting & gastric spasm symptoms). Suspected cases of viral Hepatitis are reported. The current disease surveillance system will expand.
- Many of referral patients are with injuries, amputations with inflammations and who need further hospitalization (E.g. access issues cause serious concerns for hospitalization of patients to Aleppo hospitals).
- Reproductive health service should be improved. Women
are in need for contraceptives (IUDs, oral contraceptives, injectable, male condoms).
• **Mental and Health and Psychosocial Support** to adults and children are required.

### Strategic health sector priorities for Afrin and Eastern Ghouta defined as follows:

- **Coordination:** Improve coordination of health response/service delivery, as per the IASC mandate, including daily meetings with operational partners;
- **Access:** Improve access to basic and advanced health services, including strengthening referral services, in particular for IDPs from Afrin and surrounding areas to Aleppo (currently there is no referral mechanism for patients to access advanced secondary and tertiary care because of lack of Government approval);
- **Information:** Support to assess the remaining health capacity inside East Ghouta and Afrin (a clear understanding is required on what health staff and services remain, and how they can be helped).

### HEALTH SECTOR ACTION/RESPONSE

**Health sector coordination:**

- Conducted the national health sector meetings in Damascus at the national level on 6 and 20 March.
- Inter-sectoral preparedness and response plan for East Ghouta and Afrin are consolidated. Minimum standards for humanitarian evacuations are developed by the protection sector and relevant sub-sectors.
- Developed health sector priorities for eastern Ghouta and Afrin response for the SHF call for project proposals.
- Daily narrative and 4W updates on eastern Ghouta are produced by the health sector.
- Daily situation reports on eastern Ghouta and weekly on Afrin are produced.
- Health sector briefing for donor meeting is prepared.
- SARC Emergency Operations Center health sector meetings are held on 22 and 24 March.
- Discussions held on the additional international surge support for health sector response to Ghouta and Afrin response following high-level decisions in NY.

### Current and Planned Health Sector response priorities (Ghouta and Afrin)

- Improve access to basic and advanced health
- Revitalize public health facilities
- Temporarily deploy of mobile medical teams and clinics
- Provide routine vaccination for children.
- Provide reproductive health services.
- Support diagnostic and treatment services through the provision of medical equipment and supplies to health facilities or mobile teams/clinics
- Strengthen the capacity of health staff
- Strengthen partnerships to improve the emergency referral system in public health facilities, as well strengthen preparedness and response levels for management of trauma and other types of patients

### Current response to eastern Ghouta

- **Key health shelters** (Adra, Nashabye, Herjalleh, Dweir, Najha, Fayhaa Al Sham, Kherbet Al Wars) are **covered** by
health sector partners (national authorities, SARC, WHO, UNICEF, UNFPA, UNHCR, IMC and national NGOs).

- A total of 2 Emergency Health Points, 10 Mobile Health Units, 54 Medical Mobile Teams, 2 PHC centers, 1 Dressing Room, 3 stabilization centers, ambulances are deployed. More are needed.
- Health supplies are being delivered to SARC and MoH to cover the shelters.
- Reproductive health services are being provided.
- Disease surveillance sites (12) cover the shelter areas. Active daily screening of patients is in place.
- Immunization is carried out through mobilized mobile teams by DoH.
- Trauma: Maximum number of ambulances is mobilized by SARC and DoH.
- Mental health: Teams of community psychosocial support workers are on the ground.
- Secondary health care: Hospitalization of patients is being monitored. 620 patients as of today to 9 public hospitals.
- Health supplies are pre-positioned to send with IA convoys inside the remaining parts of besieged area.

Current response to Afrin

- Almost all public health facilities went out of services in Afrin as reported by partners including DoH and SARC.
- 3 SARC clinics are functional in Nabul, Zahraa, and Tal Rifaat and 5 partially functioning DoH PHC.
- A local field hospital (12 beds) is active in Zahraa.
- SARC deployed 3 mobile clinics to Tel Rifaat area.
- DoH deployed 3 mobile clinics and 2 ambulances.
- 4 NGO partners deployed medical mobile teams to Nabul, Zahraa, and Tal Rifaat.
- UN health supplies were delivered to SARC points in Nubbul and Al Zahraa.

Pipeline response to eastern Ghouta

- Continued coordination with SARC and authorities on ongoing and planned response.
- To roll out 41 medical mobile teams/DoH (including surveillance, immunization, TB and HIV screening, nutrition, PHC).
- To support shelters with INGOs and NGOs covered additional 35 medical mobile teams.
- Continued provision of health supplies to SARC and DoH for shelters’ response.

Pipeline response to Afrin

- Current response is to continue and expand.
- Health supplies are pre-positioned to send with IA convoys.

Immediate resource mobilization for eastern Ghouta and Afrin

<table>
<thead>
<tr>
<th>Type of activities</th>
<th>Funds required (Afrin Response)</th>
<th>Funds required (Eastern Ghouta Response)</th>
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March 2018

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Cost 1</th>
<th>Cost 2</th>
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</thead>
<tbody>
<tr>
<td>Revitalization of public health facilities</td>
<td>1,500,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Temporary deployment of mobile medical teams and clinics</td>
<td>600,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Provision of routine vaccination of children to different health facilities.</td>
<td>400,000</td>
<td>750,000</td>
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<tr>
<td>Supporting the diagnostic and treatment services by provision of medical equipment</td>
<td>440,000</td>
<td>8,000,000</td>
</tr>
<tr>
<td>and supplies needed for PHC and Reproductive Health services at health facility or</td>
<td></td>
<td></td>
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<tr>
<td>mobile team/clinic.</td>
<td></td>
<td></td>
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<tr>
<td>Strengthening the capacity of health staff working in public health facilities.</td>
<td>600,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Strengthen and improve the emergency referral system to access the secondary</td>
<td>1,500,000</td>
<td>2,250,000</td>
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<tr>
<td>and limited tertiary health care services in public health facilities as well as to</td>
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<tr>
<td>strengthen the level of preparedness and response for and management of trauma and</td>
<td></td>
<td></td>
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<tr>
<td>other types of patients.</td>
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<td></td>
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<tr>
<td><strong>Total:</strong></td>
<td><strong>9,000,000 USD</strong></td>
<td><strong>16,000,000 USD</strong></td>
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North-east Syria specific key asks and challenges

- Presence of different governance structures (on one hand, the official GoS, and, on the other, the Kurdish Self-Administration) is one of the key challenges, with no recognition by the Self Administration of the official MoH. The temporary nature of the agreement reached for 2 months with the Self-Administration and ongoing system of contracts of national NGOs’ approval mechanism (30 days) by MOSA.
- De-fragmented Civil Councils in NES governorates: absence of alternative from MoH health strategy for this region.
- Absence of approvals from the GoS for health supplies by road deliveries to Qamishli.
- Limited availability of blood related products in Ar Raqqa governorate.
- Referral pathway for patients (by various partners to GoS controlled health facilities).

Health sector response priorities:

- Response to nearly 52,000 civilians from eastern Ghouta currently being hosted in eight collective shelters in Rural Damascus.
- Access to people still trapped inside eastern Ghouta – in Duma in particular, where fighting and besiegement continue.
- Access and support to an estimated 183,500 people who have been displaced by hostilities in Afrin district in Aleppo Governorate. The majority, some 140,000 people, has fled to Tal Refaat and the remainder has gone to Nubul, Zahraa, Menbij and Hassakeh and surrounding areas. This massive influx of IDPs is putting a strain on host communities, which are already overwhelmed. Between 50,000 and 70,000 people are estimated still to be in Afrin City.
- Idleb governorate - the situation remains catastrophic, with almost 400,000 people displaced since mid-December. Local capacity to assist is overstretched. Thousands of additional people are now coming there from eastern Ghouta. Incidents of increasing violence.
- Assessment mission to Raqqa city by the United Nations Mine Action Service (UNMAS), the United Nations Department of Safety and Security (UNDSS), the Office for the Coordination of Humanitarian Affairs (OCHA) and the World Health Organization (WHO).
- Rukban, the Syria-Jordan border. The UN and its partners received permission from the Syrian authorities on 8 March to organize a humanitarian convoy from Damascus to people in need along the Syria-Jordan border. Preparations are ongoing, and a first humanitarian convoy is expected to deploy soon.
## Updates by health sector organizations:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Al – Sham</strong></td>
<td>Continue provision of essential package of health care services to vulnerable groups and IDPs in Rural Damascus (Bloudan, Madaya, Sargayah, Sasaa, Kharbet Al Ward, Kharbet Al Shiaab, Hergeleh and Najha. The organization is engaged with the response to eastern Ghouta.</td>
</tr>
<tr>
<td><strong>Dorcas</strong></td>
<td>Continue serving people in Aleppo and Homs through the Hospitainers, two PHCs in Aleppo. The protection center in Aleppo provides many services, education-awareness sessions (Reproductive health) – psychosocial support. The new project will focus on live-saving health services in Al-Hassakeh, Al-Raqqa and Deir-ez-Zoir.</td>
</tr>
<tr>
<td><strong>Monastery of Saint James the Mutilated (MSJM)</strong></td>
<td>Continue to operate in Aleppo city and countryside (mobile clinics; hospitainer in Al-Nayrab), in Homs (hospitainer in Al-Baath University and Al-Meshrfeh), in Dara (hospital; mobile clinics), in Raqqa (mobile clinics). 15 ambulances are operations in Homs, Aleppo, Tartous, Hama, and Rural Damascus. The organization is engaged with the response to eastern Ghouta.</td>
</tr>
<tr>
<td><strong>International Medical Corps (IMC)</strong></td>
<td>Three static PHC clinics, Damascus (Masaken Barzah)- Rif Damascus (Jaramana)-Dara’a (Al Sanameen) and two Mobile Medical Units provided total 19,774 consultations to 16,545 beneficiaries. 60% of total beneficiaries are female and 16% are children under 5. Out of total consultations, 3,271 consultations were provided to EG evacuees in shelters. Two Mobile Medical Units cover 11 sites in Damascus/Rif Damascus. Both MMUs were deployed for Eastern Ghouta shelters starting from March 19. 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 through distribution point in Masaken Barzeh and Jaramana. 120 individuals were provided with mobility and disability items and other NFI during March 2018. Provision of hearing aid to children with hearing impairments continued and 36 children were provided with hearing aids during March 2018. Mental health case management services via IMC clinics in Damascus/Rif Damascus, including referral to psychiatrists and/or psychologists, PSS services, and provision of specialized medications continued.</td>
</tr>
<tr>
<td><strong>Medair</strong></td>
<td>Continue to support to PHC service delivery, capacity building, nutrition programme and community health programme in Asal Alward, Dahet Qudsaya, Jdedat Al Khas, Jdeday Al Artoz. Continued work on the Rehabilitation center in Jdedat Artoz. At Tall and Mneen clinics in start-up phase. In Homs continued support for Hasya and Rabweh clinic. In Aleppo Maysaloon PHC was functionalized. Providing a series of capacity building events.</td>
</tr>
<tr>
<td><strong>The Office of the United Nations High Commissioner for Refugees (UNHCR)</strong></td>
<td>The 14 PHC clinics supported by UNHCR are functional. The delivery of medicines to partners in Qamishli, Hama, and Damascus is still on. Finalized the list of furniture &amp; equipment for Al Khafsa PHC clinic in rural Aleppo. Rehabilitation of Al Sukkari PHC clinic in Aleppo is to start. Der Khabia PHC clinic in rural Damascus was included for rehabilitation in 2018. The organization is engaged with the response to eastern Ghouta.</td>
</tr>
<tr>
<td><strong>The United Nations Children’s Fund (UNICEF)</strong></td>
<td>Delivered 3.5 million doses of bOPV to MOH, in addition to 625,000 doses of HEB vaccine for routine immunization programme. NIDs implemented by MOH from 11-15 Mar. supported by WHO and UNICEF, targeted 2.7 million children under the age of five years all-over the country. Implementing a training of trainers on C4D for 30 MOH staff for one week. The organization is engaged with the response to eastern Ghouta.</td>
</tr>
</tbody>
</table>
**Health Operations:**

UNFPA continues to support 26 Ministry of Health and 2 Ministry of Higher Education facilities across the country. UNFPA 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.

During the reporting period, UNFPA-assisted partners reached over 37,729 women of reproductive age in Hama and Al Hasakeh. Other governorates served include Damascus, Rural Damascus, Homs, Aleppo, Deir-ez-Zor, Tartous, Lattakia, Sweida and Dar’a with reproductive health and GBV services.

Through UNFPA’s partners, 124 health facilities and 60 mobile medical units were supported emergency response in hard-to-reach and newly accessible locations. UNFPA also delivered reproductive health equipment and pharmaceutical supplies to Ministry of Health and the Ministry of Higher Education health facilities nationwide to respond to reproductive health needs including emergency obstetric care and family planning supplies. With support from Aga Khan Foundation, 36 deliveries attended by a skilled birth attendant were conducted.

**Capacity Development:**

A training targeting doctor’s midwives and nurses was conducted reaching 33 doctors and 41 midwives and nurses 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) for doctors took place in Aleppo.

**Towards strengthening provision of emergency obstetric and newborn care (EMONC) services,** UNFPA donated 22 Million tablets of folic acid, 1.2 Million tablets of ferrous sulfate, 150,000 packs of Microgynon, 5,000 ampoules of injectable contraceptives, 30 hot air sterilizers, 15 advanced childbirth simulators, and 15 gynecological examination simulators. Furthermore, UNFPA supported the Ministry of Higher education 3 portable vein viewers and 3 video laryngoscopes.

**Coordination:**

UNFPA 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. The reproductive health sector is in close collaboration with the WoS hub to ensure synergetic approach to service delivery. UNFPA reproductive health sector works closely with the GBV sector, targeting provision of integrated services in all our interventions. UNFPA also participated in inter agency missions to Afrin and East Ghouta for assessment and monitoring.

**STORIES**

**MEDAIR**

Leen, 12, was at her school when it was hit by a mortar blast. Shrapnel ripped into Leen’s back, injuring her spinal cord. The emergency squad of the Syrian Arab Red Crescent (SARC) responded to the blast and found Leen, rescuing her from the rubble. Yet she was paralysed from the ribcage down.

After recovering from her immediate injuries, Leen began
physiotherapy to improve her newly constrained mobility. She was afraid at first and didn’t cooperate with the therapists, but she gradually overcame her fear and grew stronger. She learned to use her arms to roll herself from side to side, and to balance herself while sitting.

Leen and her parents agreed to become participating patients in Medair’s practical training sessions for physiotherapists. The trainer gave expert advice to aid Leen’s recovery and developed a physiotherapy plan that will enable her to become more independent and have stronger use of her upper extremities. The trainer encouraged Leen and her family not to lose hope, and to continue with the physiotherapy and daily exercises.

In an amazing coincidence, one of the physiotherapists who attended Medair’s training session happened to be the SARC emergency team member who had rescued Leen from the rubble. He hadn’t seen her since that day, and didn’t know what had happened to her. He was thrilled to see her again and has now become an important part of Leen’s recovery. He is personally invested in helping her regain strength and mobility, and is tracking her progress and supporting her rehabilitation.

Medair replaced Leen’s old wheelchair which was too large and had a broken wheel. Now she has a wheelchair that fits well and works properly.

Syria has seen a sharp increase in the number of people with permanent disabilities due to the conflict. Medair Syria is supporting people with disabilities by providing aid that directly addresses their unmet needs and making health clinics and services more accessible.

If people with new disabilities are given appropriate treatment and support within three months, it greatly increases their chances of improvement and re-integration. In Rural Damascus, Medair actively supports a rehabilitation centre, treating patients like Leen, helping with integration, and providing training to physiotherapists.

ST. EPHEM PATRIARCHAL DEVELOPMENT COMMITTEE

Supporting a dialysis center in Dwel’a, Damascus: 150 dialysis sessions provided for 18 patients and 78 patients benefit from kidney failure medicine. There are 7 clinics in Damascus and Rural Damascus areas (Jaramana, Dwela, Kashkoul, Al Qassaa, Bab Touma, Saidnaya, Baghdad street): 85 medical referrals were supported, 54 patients received support with medicines, 32 surgeries conducted, 13 patients had access to X-ray services, 25 patients received support for lab testing.

Jamil is the son of the third young spring. He could not live the life of young people that he had long dreamed of. In the midst of the war that had abandoned him from his home, his brain tumor which he suffered from had a major role in the displacement of his ambitions and dreams. His physical condition did not allow him to eradicate the tumor in a private hospital, as the low income of his family did not allow that to happen, specially his father’s job in the field of repairing electrical machines has become weak in the crisis. Moreover; the public hospitals could not adopt his condition because he is a Lebanese citizen. Later on, Jamil knew about St. Ephrem Patriarchal Development Committee through its relief works in the region, so he explained the health and living conditions to the members of the Committee. To achieve the objectives of the Committee at extending a helping hand to any needy, it helped Jamil to enter the hospital, did the operation and followed up his health situation. Jamil case is not the first in the Committee’s mail, but it is a daily work that has been done by the members of the Committee for shining the future with a smile and hope, away from the disease and the voices of war.
UNITED NATIONS POPULATION FUND

Hama governorate - Masyaf NGO: Responding to the recent displacement to Al-Sqelbieh village in Northern Rural Hama governorate, the mobile teams of Masyaf Charity visited the area and provided health, psychosocial and reproductive health services for more than 100 affected families which are hosted by the local community, some families are settled in houses as guests while others settled in unfinished buildings.

Homs governorate - Al Birr NGO: Al-Waer was besieged area for more than four years, during this period the health and civilian situation worsened with lack of health services. However, Al-Birr hospital came to the rescue of the internally displaced persons, a majority of whom were women and children. The situation led to increased caesarean sections. To resolve this, UNFPA rehabilitated the maternity ward. This has since then promoted natural childbirth.

OTHER REPORTING PRODUCTS

- HeRAMS reports [http://www.emro.who.int/syr/information-resources/herams-reports.html](http://www.emro.who.int/syr/information-resources/herams-reports.html)

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>Coordinators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Azret Kalmykov</td>
<td>Dr Kady Fares</td>
<td>Dr Nadia Aljamail</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>
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<td>b <a href="mailto:hassan@who.int">hassan@who.int</a></td>
<td><a href="mailto:alkhaledk@who.int">alkhaledk@who.int</a></td>
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<td>Information Management Unit</td>
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<tr>
<td>Mr Asela Bandara, Information Management Officer, health sector, <a href="mailto:bandaraa@who.int">bandaraa@who.int</a></td>
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<td>Mr Mutasem Mohammad, Information Management Officer, WHO Syria, <a href="mailto:mohammadm@who.int">mohammadm@who.int</a></td>
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<td>Mr Ayman Al Mobayed, Information Management Officer, WHO Syria, <a href="mailto:almobayeda@who.int">almobayeda@who.int</a></td>
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