HEALTH CLUSTER BULLETIN

July 2018

Syria Arab Republic
Emergency type: complex emergency
Reporting period: 01.07.2018 to 31.07.2018

| 11.3 MILLION in need of health assistance | 6.1 MILLION internally displaced | 2.9 MILLION with disabilities | 1.5 MILLION in HTR locations | 4.3 MILLION women of reproductive age |

**HIGHLIGHTS**

**HEALTH SECTOR**

<table>
<thead>
<tr>
<th>4W indicator (PMR)</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of medical procedures</td>
<td>559,246</td>
</tr>
<tr>
<td>Number of treatment courses</td>
<td>371,393</td>
</tr>
<tr>
<td>Number of trauma cases supported</td>
<td>23,633</td>
</tr>
<tr>
<td>Number of children US immunized</td>
<td>23,912</td>
</tr>
<tr>
<td>Number of sentinel sites submitting weekly EWARS reports</td>
<td>990</td>
</tr>
<tr>
<td>Number of deliveries attended by skilled attendant</td>
<td>1,892</td>
</tr>
<tr>
<td>Number of facilities providing rehabilitation services</td>
<td>435</td>
</tr>
<tr>
<td>Number of reports monitoring violence against health (MVH)</td>
<td>1</td>
</tr>
<tr>
<td>Number of health care workers trained and re-trained</td>
<td>1,332</td>
</tr>
<tr>
<td>Number of reporting organizations into 4W</td>
<td>14</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>90%</td>
</tr>
<tr>
<td>Reached sub-districts in hard-to-reach and besieged locations</td>
<td>33%</td>
</tr>
<tr>
<td>Treatment courses distributed in hard-to-reach and besieged locations</td>
<td>24.2%</td>
</tr>
<tr>
<td>Medical procedures supported in HTR and besieged locations</td>
<td>17.3%</td>
</tr>
<tr>
<td>Required (US$ m), WoS</td>
<td>441.9</td>
</tr>
<tr>
<td>Funded (US$ m), WoS</td>
<td>73.2</td>
</tr>
<tr>
<td>Coverage (%)</td>
<td>16.6</td>
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Health response to **multiple and simultaneously evolving emergency situations** across the country.

**South-west Syria** requiring an urgent humanitarian health response.

Increased attention to **vulnerability to disease outbreaks**.

Continuous call for the **safety and protection** of local aid workers.

Comprehensive **operational coverage** of key IDP locations and other critical locations in NES. Health situation and response in Mabrouka and Al camps.

Scale up of operations is required for health partners in **Ar-Raqqa city**.

**Enhancement of quality of primary health care** level facilities beyond a current priority focus on vaccination.

**Re-establishment of health service provision** across locations that have recently **changed control**.

MoFA requested inter-agency convoys be sent to reach in 46 locations outside the July - August plan.
SITUATION OVERVIEW

The security situation across the country remained volatile and unstable with the main hot spots in the governorates of Dara’a, Quneitra, Deir Ez-Zor, Ar-Raqqa and Idlib. Needs in many areas have continued to grow, in particular in the south-west and north-west, as well as in Raqqa.

Since 17 June sustained hostilities in south-west Syria triggered high levels of displacement and led to rapid systematic territorial gains by the Government of Syria (GoS). The GoS army and their allies took control of large areas of NSAG-controlled territories in the south from the east towards the west, leading to a temporary peak in displacement numbers with estimated 285,000-325,000 individuals at the height of hostilities on 4 July. An estimated 110,000 newly displaced people remain in Quneitra governorate, in areas that have largely been cut off from sustained humanitarian assistance. The three-month plan is developed to provide an overview of the key humanitarian needs and related emergency response efforts.

In the north-west, an agreement was reached in Idlib for the evacuation of people from the besieged towns of Foah and Kefraya in return for the release of 1500 detainees in GoS prisons. On 16 July, an agreement was reportedly reached to evacuate the towns with some 120 buses (6,900 people) transporting people to the Mahalej shelter in Aleppo. Since November 2017, the total number of people in need of humanitarian assistance in Aleppo and Idleb governorates has increased by close to 600,000, to a total of 4.2 million. Half of these people are in acute need, due to new displacement, exposure to ongoing conflict. The recent arrival of thousands of evacuees from the south-west follows a pattern which resulted in nearly 120,000 people being displaced into the north-west between March and May. With violence continuing and the risk of a further escalation looming, prepositioning of aid, alongside efforts to scale up the ongoing response to immediate needs, is increasingly critical. The UN and its partners continue to respond to the needs of people displaced from Afrin district in Tall Refaat sub-district, Nabul and Zahraa towns, and in surrounding communities.

In the north-east, the general security situation is relatively calm. Ongoing SDF and International Coalition operations continued to focus on ISIL pockets around Hajin in Deir-ez-Zor. Returns to Raqqa city have continued, despite risks due to high levels of explosive hazard contamination. Humanitarian demining in Raqqa city and Deir-ez-Zor remains a key priority, alongside ongoing efforts to scale up broader humanitarian assistance.

Humanitarian needs remain high in eastern Ghouta. Close to 10,000 people from eastern Ghouta – mostly men between the ages of 15 and 65 – are reported to remain in displacement sites across Rural Damascus.

The humanitarian situation at Rukban, on the Jordan-Syria border, remains dire.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Health response to multiple and simultaneously evolving emergency situations across the country, including:

- Cases of measles across the country, leishmaniosis in northern Syria and acute diarrhoea in north-east Syria:
Increased attention to **vulnerability to disease outbreaks** given recent population movements within the country and lack of access to basic services, including poor water and sanitation.


- Displacements from **Afrin** district, in **East Ghouta** and **northern rural Homs** with the requirement to **scale up a sustainable access for health assistance**. Keeping operational priority response on population of eastern Ghouta.

- Scale up of operations is required for health partners in **Ar-Raqqa city**. Different challenges are to be overcome to deploy staff to the city, partly due to heavy weapons contamination.

- **Re-establishment of health service provision** across locations that have recently **changed control**. There is an observed continued disruption to health services across the country, including the severe interruptions in services occurring during and after localized military offensives or truce agreements.

- **Advocacy for the protection of patients, health workers and health facilities** during transitional phases.

- Regular **approvals** from the authorities for deliveries of health supplies to **north-east Syria**.

- **Humanitarian convoys** bearing all essential life-saving and life-sustaining supplies must be allowed to proceed immediately to provide medical assistance across conflict lines.

- The government and all parties to the conflict must let critically ill and wounded civilians be immediately **evacuated for life-saving treatment**. Evacuated patients and accompanying family members must be able to return safely to their homes upon completion of treatment, without fear of reprisals.

- **Enhancement of quality of primary health care** level facilities beyond a current priority focus on vaccination.

- Empowering and investing into the capacity of the widely available network of **nurses**.

- **Strengthening the HR component** with DoH health facilities through development of different mechanisms to support and sustain extensive HR presence and wider service coverage by PHC while also recognizing the importance of rolling mobile teams.

- Consider **preparedness and response** actions for reported and expected **returns of refugees** from the neighboring countries to specific geographical areas in Syria.

**Duty of care**

Health sector is to address duty of care measures in support to front line humanitarian workers affected by changes of control. Syria hub closely monitors the situation with the health care workers who used to work in NSAG controlled areas, opted to stay behind or left with “evacuated” people to different locations.

Similarly, the process is in place to coordinate and collect information of the process of “handover” of assets of field health facilities which used to be
A statement was released “UN renews call for the safety and protection of local aid workers in Syria” (30 July):

“The UN has reiterated its call for the safety and protection of local aid workers inside Syria, who remain on the frontline in delivering life-saving assistance to millions of women, children and men in all areas…. Aid workers report fearing an increased risk of arrest and detention as lines of control shift. In southwestern Syria, most humanitarian staff have reportedly already stopped working with Syrian aid organisations – significantly impacting the response capacity at a time when they are needed most and leaving a vacuum behind…”

South-west Syria

- Access to the IDP population and affected areas remains constrained by UN teams while access is granted for operational implemented partners. Access for health partners for the western side of Daraa and in Quneitra governorates is of priority.
- Rapid changes in military operations and areas of control affect the access situation and needs on the ground, requiring changes in response plans.
- There is a need to provide more outreach PHC (including RH) services. The immediate needs are in re-functionalization of PHC centers, provision of life-saving and life-sustaining medicines, consumables.
- Information indicates the requirement to increase NCD/primary healthcare coverage and quality.
- Fixed and outreach teams should further enhance immunization activities.
- Mental health and psychosocial support services need to be largely enhanced.
- Clear referral systems for trauma and secondary/tertiary care should be established.
- Early Warning and Response System for communicable diseases is to be increased.
- Some of key observations from IA assessment missions report a lack of sufficient medical personnel and need of capacity building of available medical staff, lack of sufficient medical supplies, medical equipment and laboratory reagents. Reproductive health priorities must be addressed. DoH PHC centers remain to be the main service providers. The current focus of their activities is on vaccination activities.

Response to the displaced people from **Foah and Kafraya in Idlib** - Reportedly, 6,900 individuals were evacuated by buses and accompanied by SARC ambulances from both villages to Mahalej transit/temporary collective shelter in Aleppo city. Around 5,000 people should settle down in the coastal area. Information indicates that people can be settled in Homs/Hesya industrial zone and Damascus/Rural Damascus areas as well. Health sector partners need further mobilization of resources.

**Vaccination and disease surveillance**

**South-west**: Teams are to assess the vaccination status of all children.

**North-east**: New typhoid and bloody diarrhea cases in Al Hol camp. Increase in BD (bloody diarrhea) cases in Deir-ez-Zoir. **Measles** cases in Mabrouka camp. **Tuberculosis** cases in Al Roj Camp.

A joint meeting UNICEF, WHO and MoH was conducted to discuss the current stock of vaccines.
UNICEF confirmed that Penta vaccines, MMR and IPV would be secured till April 2019 through GAVI. Measles vaccine is secured for the whole 2019. BCG, TD, bOPV will be procured as well for 2019. WHO will continue its support to conduct polio, measles campaigns and routine vaccination activities through covering the operational cost and the incentives of filed workers.

The first round of the measles campaign was conducted targeting children (7 months - 6 years) in 7 governorates: Rural Damascus, Aleppo, Homs, Hama, Al-Hassakeh, Deir-ez-Zor, and Ar-Raqqa. The estimation targeted group is 1,244,041. More than 3,000 trained field workers participated in the campaign using more than 396 vehicles. Supervisory visit were conducted through MoH and WHO.

TB active case finding in IDPs settlements and hosting communities
- In order to identify TB patients in hard-to-reach areas and IDP settlements, also to enhance the detection rate and implement effective control actions. WHO is going to conduct TB active case finding activities in 11 governorates More than 120 health workers were trained on screening methodology through three separate trainings. Field work phase will start on 15 July in the 11 governorates and will continue for 35 days.

EWARS
Average completeness of reporting is 80% and average timeliness is 90%. Total number of consultations is 227,224 in week 27; 252,633 in week 28; 217,315 in week 29. Out of the 697,172 total consultations, a total of 69,980 EWARS notifiable cases were reported; of which: Influenza like illness: 31,113 (45%); Acute Diarrhea: 24,224 (35%); Acute Jaundice Syndrome: 1402; Severe Acute respiratory infections: 508 cases; Suspected Measles: 293; Bloody diarrhea: 333; Acute Flaccid paralysis: 9 cases. For other diseases categories - 11,608 cases were reported. The most reported cases are: Leishmaniosis (2162); Typhoid (907); Brucellosis (740); Mumps (80); Pertussis (167); Tuberculosis (190). 50% of the cases were distributed among males. 57% of the cases were distributed among ≥5 age group.

Acute bloody Diarrhea in Deir-ez-Zoir
As of 29 July 2018, 684 cases, including 12 deaths, of acute diarrhoea in Deir-ez-Zoir governorate have been reported since week 10. Part of the continued response, WHO and UNICEF conduct household chlorination and awareness raising campaign. Initially, 20,000 households will be targeted with chlorine tablets and educational messages on their use. The campaign will be initiated on the 4th of August and implemented for 2-3 months period.

Surveillance system in the governorate is being strengthened through WHO’s Early Warning Alerts and Response System. 116 sentinel sites report to EWARS on a weekly basis. The collection of weekly reports is undertaken by 12 EWARS field workers. WHO coordinates with MoH and local health authorities.

HEALTH SECTOR ACTION/RESPONSE

Health sector coordination:

- Two national level health sector coordination meetings took place in Damascus.
- A separate focus throughout the month to the response in the south-west Syria by health sector. Produced daily health sector updates. Provided inputs for the production of WoS Health Cluster Situation Reports. Developed health sector Syria operational plan for the southern Syria with the estimated funding requirement of 10,453,000 USD for the next 6 months.
- Periodic Monitoring Report (PMR) of 2018 HRP is finalized and disseminated.
- Updated health sector response plan for Ar Raqqa city and developed a consolidated review of health sector coverage in northeast Syria.
• Partners are alerted on the requirement of monitoring quality of care – prevention of and reporting abuse against beneficiaries.
• Information is consolidated about on reconstruction/physical rehabilitation of health facilities across Syria.
• Coordination of capacity building events in health sector remains to be of importance.
• GBV issues, including introduction and reporting on 2 indicators (number of health facilities providing clinical management of rape and number of health providers trained on CMR), way forward for GBV assessment for Syria (based on earlier assessment by Jordan XB and Damascus hubs); draft ToR of GBV focal point in health sector, are being raised and addressed.
• Follow up on the GoS approved July – August IA convoy plan.
• The spectrum of Reproductive Health priorities and activities is being continuously addressed.

Coordination of payment fees for services supported by humanitarian partners – health sector works on the standardization of fees for services and salaries supported by humanitarian partners.

Health assistance to eastern Ghouta - In general, many sectors are currently providing humanitarian assistance to the population inside East Ghouta through implementing partners, while direct access for the UN remains restricted. Health sector is aware about the details of the health supplies as part of bigger shipment (43 tons) organized by the Government of France via Russian Federation. On 26 July, an IA mission to Douma was deployed to observe the delivery of medical and other non-food item supplies from the Government of France delivered through SARC. The medical supplies equated to 6.5 tonnes including emergency medicines and consumables, 20 basic kits (10 adult/10 paediatric medicines), and 10 emergency medicine kits. The mission also included an assessment by health teams of several health facilities in Douma.

Information and planning:
• Technical discussions and follow up with WoS Health team on the requirement to align WoS 4W snapshots according to the existing HRP and PMR indicators.
• Key operational information on change of control, functionality of public health facilities and HR situation for south-west Syria is being updated and shared.
• Updated information is being provided on the situation with available health facilities in Ar Raqqa city.
• Different operational maps are produced.
• Technical discussions are in place to maximize not only the number of reporting organizations but the quality of provided regular inputs for regular monthly 4W.
• A regular HeRAMS snapshot is produced.
• Participation in the Whole of Syria Information Management and EWARS quarterly meeting in Beirut-Lebanon 16-17 July 2018 resulted in bringing together Information Management and EWARS technical officers to follow up on action points and recommendations of the previous IM meeting, enhance exiting information management systems of whole of Syria and the hubs. The key deliverables agreed upon for joint production:
  o Merging existing EWARS & EWARN systems in Syria and challenges/snapshot
  o 4Ws data quality/snapshot
  o Design the WoS attack on health services infographic/snapshot
Sketch first WoS HeRAMS infographic/snapshot

The importance of reviewing available HeRAMS information is highlighted for planning, implementation, monitoring and supervision objectives. Key performance indicators of available and provided health services at a hospital and health center level in Syria, based on HeRAMS, are consolidated and distributed. These were performance indicators of the network of 82 public hospitals (functioning ones out of a total of 111) and 1178 PHC centers (functioning ones out of total of 1806).

Aleppo and Afrin response

- Medical mobile teams, static medical points are rolled out to provide essential health care services, MHPSS and nutrition surveillance services.
- Referral system is supported through health sector partners among national NGOs, SARC and DoH. The referral facilities are in Aleppo city and nearby locations.
- Additional medical mobile teams are in place to support areas with increased displaced population.
- mhGAP consultations are being provided by DoH (by previously trained health personnel).
- Supported community centers are engaged to cover vulnerable categories of displaced population.
- Psychiatric services are being initiated.
- Capacity building events are conducted to health sector partners working on the response.
- Health supplies are being delivered.

Foah and Kefraya response

- Health sector partners engaged in the health response include national authorities and public hospitals (MoH/MoHE), Syrian Arab Red Crescent (SARC), International Committee of Red Cross (ICRC), UN agencies: WHO, UNICEF, UNFPA and National NGOs (Monastery Saint James the Mutilated (MSJM), Children Cancer Society (CCS) Amelioration of Sanitary and Social Level Society (ASSLS).
- The necessary health supplies are being delivered to hospitals in Aleppo, Lattakia and Homs. Health partners are ready to dispatch additional health supplies in coordination with the authorities.

Eastern Ghouta response

- Delivery of health supplies continues.
- 48 EWARS sentinel sites are launched.
- Mobile medical teams, mobile health units are deployed (UN, DoH, SARC, national and international NGOs).
- Integrated MHPSS services are provided via deployed teams.
- Referral for advanced medical treatment to hospitals in Damascus continues. At least 6 ambulances are supported.
- Vaccination activities are in place. Some 35 DoH teams are supported.
- As of 26 July 2018, the DoH Rural Damascus reported that it rehabilitated 12 of 36 PHCs across the governorate.

Northern rural Homs response

- 14 PHC centers provide largely vaccination activities.
- One national NGO has the approval to provide health services.

North-east response
• Comprehensive operational coverage of key IDP locations and other critical locations is produced and disseminated.
• Situation and response in Mabrouka, Al Hol camps are being closely monitored and coordinated between XL and XB partners.
• Trauma response is enhanced through the deployment of key national staff and ongoing field visits.
• Health and WASH sectors of both XL and XB partners are on a daily contact, especially with regard of the situation in Deir-ez-Zoir.
• Health and nutrition sector of both XL and XB partners on a daily contact on the situation in some of the camps.
• Distribution of health supplies continues with a focus of Ar Raqqá based health facilities.

**South-west response:**

- Health sector focal points visit and assess health situation in newly accessible areas.
- From the beginning of the response, a total of 278 patients were referred for further hospitalization in Dara’a and Damascus health facilities.
- UNFPA reproductive health partners continue to provide integrated reproductive health and psychosocial support including family planning, antenatal care, ultrasound scans, micro-nutrient supplements, natural deliveries, postnatal care, treatment of reproductive tract infections and referral of high risk pregnancies and complicated deliveries to MOH facilities. 3 medical mobile teams (MSJM, SFPA and SARC) have been deployed, with a total of 4,713 PHC services provided. 3 static clinics (by SFPA) in Dara’a city provide reproductive health services. At least 43,000 sanitary napkins have been prepositioned for the upcoming convoys.
- DoH Dar’a teams (via support by UNICEF, WHO) provided more than 14,000 PHC consultations in IDP shelters, crossing points and newly accessible areas. Vaccination response has been put in place.
- 6,551 medical consultations and medications provided for IDPs of Dara’a and Jbab through essential PHC services covered by 2 static medical points, 1 medical health unit and 2 mobile clinics (via Al Bir NGO, with WHO support).
- 183 EWARS sentinel sites are supported in 3 governorates.
- 80 mental health professionals and 200 health workers provide integrated mental health support. A new group of trained 25 community psychosocial support workers have been formed.
  - At least 50 tons of health supplies (or 200,000 medical treatments) were delivered to SARC Dara’a, DoH Dara’a and Sweida national hospital by WHO. UNICEF provided the following health supplies since the beginning of the response to different partners on the ground: 320 basic IEHK, 105 different supplementary IEHK kits, 15 midwifery kits, 13 resuscitation basic kits, 5 Diarrhoeal Disease Set Packing, 730 pediatric kits, 200 first aid kits, retinol, benzyl benzoate, permethrin shampoo/solution.
  - There are plans to dispatch more health supplies to the areas approved by the GoS under July-August plan.

July – August IA convoy plan

- MoFA’s approval on the July – August IA convoy plan was received on 12 July. All of the 939,300 requested beneficiaries (100 %) were approved in full in the July - August plan. All 25 requests were approved in full. If fully implemented, with the current approvals, the July - August plan would reach as many as 939,300 beneficiaries.
- MoFA requested inter-agency convoys be sent to reach in 46 locations outside the July - August plan, 25 locations in Damascus and Rural Damascus; six in Aleppo; two locations in Deir-Ezzour, one location in Hama, seven in Homs, and five locations in Raqqa. In addition, they requested to send assistance to all areas that have changed in control Dar'a governorate. The number of people in need for all these locations was not included.

New initiatives


Health sector Syria composition

A list of health sector organizations (members and observers) as active members of national level held Health Working Group meetings and providing regular updates and information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Name</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Sham for Health</td>
<td>Member</td>
<td>GOPA/DERD</td>
<td>Member</td>
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<tr>
<td>Al-Tamayouz</td>
<td>Member</td>
<td>ICRC</td>
<td>Observer</td>
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<td>Lamset Shifa</td>
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<td>Medair</td>
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</table>

Updates by selected health sector organizations:

**EPDC**
Supported through its clinic in DweI'a 176 dialysis sessions for 22 patients and 133 patients with kidney failures received the necessary medicines.

**UNHCR**
A new community centre opened in Katerji in Aleppo is one of a large net of 94 community centers in Syria. Through a health point inside the community centre aiming at building the capacities in health of the population in the area basic health services are extended to the IDPs in addition to capacity building and community based initiatives aiming at mitigating health risks identified by the community and improving individual, family, and community health.
### UNICEF

A UNICEF supported DoH medical team (DoH of Idleb operating from Hama) provided children and mothers in 15 villages in the newly accessible Sinjar and Abo Ad-dohour (south Idleb) with the following services:

- 602 children U5 years were reached with one of the following antigens (BCG, DTP, MMR, IPV and OPV); provided that 84 out of them were partially or completely defaulter of this life saving service.
- 117 children U15 years and 107 women in child bearing age benefited from an integrated package of health services including out-patient consultations and health supplies.
- 111 pregnant and lactating women benefited from community based counselling and awareness raising on the importance of exclusive breastfeeding and complementary feeding and 340 were screened and provided with complementary and lipid-based supplementary food.

### UNFPA

UNFPA in Dara’a currently RH activities are provided through 3 medical mobile units from MSJM, SFPA and SARC have been deployed to Izraa, Sanamien, Jabab Shelter and humanitarian corridors. The MMTs have provided a total of 4,713 primary health care services including: 3,271 services from MSJM, 525 through SARC and 917 through SFPA. SFPA continues to provide reproductive health services in Daraa City through 3 static clinics, which have been functional prior to the escalation in line with regular support to the area.

In Jabreen collective shelter currently RH activities are provided by medical mobile units from MSJM. SARC have been deployed their mobile medical units to Jabreen and Mahalej. The MMUs have provided a total of 492 primary health care services including: 319 services from MSJM, and 174 through SARC. RH partners are providing RH/GBV services through outreach services and static clinics in NES: Al Mawada in Tal Brak, Hassakeh & Tabqa in Raqqa, Al Birr Qamishli in Al Hol camp Qahtania & Yarobia, Al Ihsan Charity in Tal Hamis, Syria Al Yamama in Areesha and Areesha camp Shadadi, Markada, Ain Essa camp, Menbij Response, Al Birr Al Ihsan in Ras Al Ain districts including camps, Pan Arminian In Qamishli. RH services still ongoing in East Ghouta shelters and community. Currently RH activities present are in Douma, Kafir Batna, Dweir, YBB, Adra electricity and Herjaleh. 16,324 services offered since the beginning of July in all the shelters. In Afrin, RH partners have ongoing activities. 3 mobile clinics and teams are supported (1SFPA, 2MSJM) reaching villages in Tal Refaat sub district and IDPs camps. Al-Ihsan charity had activated Fixed clinic in Nubul city supported by UNFPA.

### WHO

EMRO site: [http://www.emro.who.int/syr/information-resources/summary-of-key-indicators.html](http://www.emro.who.int/syr/information-resources/summary-of-key-indicators.html)

#### SUCCESS STORY

**EPDC:** “After 11 months of treatments which is being supported by EPDC’s Dialysis Center, my health improved to make me able to come back to work”. This phrase summarizes the story of the patient Ali, 40 years old, who fled with his family from Abu Kamal in Deir-ez-Zoir to live in one of safe area in rural Damascus. His wife has become the breadwinner of the family since the Ali’s illness; she used to do as a janitor in homes and shops with her little daughter. Over the past few months he has saved money and was able to open a small shop to start his own business. So now Ali has been able to provide his family with basic needs and his wife & his little girl stopped working.

**Medair: SYRIA: Khalid’s First Steps**
Five-year-old Khalid is lightning fast and full of energy. There’s just one catch: Khalid cannot stand, walk, or run on his own. Khalid’s mother, Rhouda, knew early on in her pregnancy that one of her twins would need special attention when he was born. “Before I gave birth, the doctor told me I had one twin who was weaker than the other one,” she says. Wanting the best care available for her child, she gave birth in a hospital with a specialised neonatal intensive care unit. Shortly after Khalid was born, he was diagnosed with a condition called craniosynostosis, in which the bones of the skull fuse together too quickly after birth. This exerts pressure on the brain and can lead to developmental challenges. A plan was developed with the doctors: Under their watchful eyes, Khalid would be helped to grow stronger with every passing day. When he was old enough, Khalid would be referred to a specialist who would help develop and strengthen his motor skills. That was the plan, but within days of Khalid’s birth, the Syria crisis reached their city. As the security situation deteriorated, everyone fled for safety, including the doctors and nurses who had staffed the hospital. Rhouda had no other choice: she pulled her tiny son out of the incubator, and her husband drove the family to safety. Khalid never got the treatment that he needed, and at five years old he still crawls to get from place to place. Medair, registered as a humanitarian organisation in Syria, is supporting people living with disabilities. We provide humanitarian support that directly addresses their unmet needs and makes health clinics and services more available. This support includes distributions of assistive devices such as walkers and wheelchairs and installing handrails inside homes. We provided Khalid with a walker and with improvements in the apartment where his family lives, so he now has an easier time moving around. Medair also provides training to physiotherapists. It was with the help of one of these physiotherapists that Khalid took his first steps! He will continue to receive support at the recently completed physiotherapy clinic that Medair has built to serve the whole district. With time and practice, we hope that Khalid could soon be walking and running, just like other children his age.

UNHCR: Ahmad, 9 years old, the oldest among 4 children for a family in Raqqa. After losing his foot in an explosion while working in painting one of the houses, the father was not able any more to support his family. Ahmad was diagnosed since his early childhood with allergic conjunctivitis. Throughout the years his vision acuity had become very low to the extent that he was not able to distinguish the letters and dropped out the school. After one consultation in Raqqa, the physician requested immediate referral for management in Damascus. Ahmad and his mother ended up in Damascus – MoH hospital where he was diagnosed with bilateral Keratoconus(conical cornea). The child was in need for corneal cross-linking. The cost was higher than the family could afford. UNHCR emergency referral program through SARC offered the support which revived the vision of the child and the hope in the family. Majida 28 years old, IDPs from rural Hama, mother of 4 children and a wife of a cancer patient. The family lost everything after the total destruction of their home, and after selling the grocery they had in their village to be able to rent and live in 2 rooms in the suburb of Hama city. Majida had become the sole bread winner of the family, up to when she complained pains and was diagnosed with paraganglioma (pheochromocytoma extra adrenal). The tumor was disposed between the aorta and the inferior vena cava. The surgery of extracting the tumor was complicated, costly and risky. Through UNHCR partner in Hama and the outreach volunteers, Majida was identified and referred for support by the emergency referral program, which covered totally the cost. Majida is recovering now and she will be able to fully resume her daily activities and continue her work to support her family.
SELECTED INFORMATION MANAGEMENT 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):

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<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>
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