WHOLE OF SYRIA
HEALTH CLUSTER BULLETIN

February - March 2018

Syria Arab Republic
Emergency type: complex emergency
Reporting period: 01.02.2018 to 31.03.2018

<table>
<thead>
<tr>
<th>11.3 MILLION in need of health assistance</th>
<th>6.1 MILLION internally displaced</th>
<th>2.9 MILLION with disabilities</th>
<th>2.3 MILLION in HTR and besieged locations</th>
<th>4.3 MILLION women of reproductive age</th>
</tr>
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</table>

**HIGHLIGHTS**

High level advocacy continues on the worsening humanitarian situation, especially in eastern Ghouta and Idlib.

- Advocate for the protection of patients, health workers and medical facilities;
- Provide medical assistance across conflict lines, including those required for surgical interventions and safe blood products and transfusions;
- Facilitate access to HTR and besieged areas to conduct assessments, followed by medical teams and mobile clinics to provide targeted health care, vaccinate children, and organize medical evacuations for the critically ill.
- Sustainable and regular medical evacuation should stand second to the issue of humanitarian convoys and access to the besieged locations.

64 incidents of violence against health care were registered across the country.

The latest UN Security Resolution 2401 (2018) on 30-day cessation of hostilities in Syria is to enable humanitarian aid delivery. Since it came into effect only 3 cross-line humanitarian convoys took place.

According to WHO/health sector, an estimated minimum of 1065 people required urgent medical evacuations from the besieged East Ghouta.

Simultaneous health response to: East Ghouta, Idleb, Aleppo, Afrin and Deir Ez-Zor. The health sector continues to advocate for safe access in these areas to be able to carry out needs assessments and provision of life-saving and life-sustaining health services.

The inter-agency bi-monthly plan to reach besieged and hard-to-reach areas is paralyzed with only 4 XL convoys approved and preceded.
SITUATION OVERVIEW

- The security situation in the country remains volatile and unpredictable. Hot spots: East Ghouta, Idlib, Aleppo, Afrin and Deir Ez-Zor. Developments in these areas had a direct impact on the general security situation countrywide as well as humanitarian operations. Escalation continues across the country with direct impact on health in Syria where already over half of Syria’s 111 public hospitals and half of its 1806 public care centers are now either closed or only partially functioning.

- Health sector is deeply alarmed by the escalated military operations in eastern Ghouta, with airstrikes reportedly killing dozens of civilians and impacting nearly 400,000 men, women and children in the besieged enclave.

- Health sector is deeply concerned over the safety and protection of the 2 million people in Idleb governorate, where ongoing fighting and airstrikes have resulted in death and injury, and destruction of civilian infrastructure, including hospitals and schools.

- In Afrin, the ongoing military operations, the reported blockage of exits, have virtually trapped many civilians preventing them from accessing safer areas. There are 324,000 men, women and children, including 126,000 displaced people living in the district.

- In Al-Hassakeh, an agreement was reached to allow some partners to resume their work, after a month in which most humanitarian assistance came to a complete halt.

- In Ar-Raqqa and Deir-ez-Zoir, the infestation of UXO (unexploded ordinance), IEDs (Improvised Explosive Devices), and ERW (Explosive Remnants of War) is provoking civilian casualties, mainly in Ar-Raqqa and Deir Ez-Zoir. Access to the city is almost impossible due to unsafe conditions.

- There is a significant increase in level of Indirect Artillery Fire (IAF) and aerial campaigns in Damascus, Rural Damascus, Aleppo, Homs, Hama, Idlib and Dar’a reflecting the escalation of hostilities on the ground.

- In the south, civilians in Al-Rukban camp remain inaccessible to the humanitarian team in Syria. The last time the camp was supplied with food and non-food items was from across the border in early January. Regular and sustained access to the camp population is critical to meet urgent needs that cannot be addressed with sporadic deliveries.

- In ISIL-held areas, in Yarmouk Camp and other locations in Syria, civilians continue to be held captive, subjected to violence and coercion.

Resolution 2332 [formerly 2258 (2015), 2165 (2014) and 2191 (2014)] authorizes UN agencies and their partners to use routes across conflict lines and the border crossings at Bab al-Salam, Bab al-Hawa, Al Yarubiyah and Al-Ramtha, to deliver humanitarian assistance to the people in need in Syria. The Government of Syria is notified in advance of each shipment and a UN Monitoring Mechanism is in place.

Statements:

State is issued by the UN Resident and Humanitarian Coordinator and UN Representatives in Syria on the impact of the compounded humanitarian crisis in Syria, Damascus, 6 February 2018  

UN rights chief urges international action as violence soars in Syria  
<table>
<thead>
<tr>
<th>Date</th>
<th>Statement</th>
<th>URL</th>
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**High level advocacy** continues on the worsening humanitarian situation and on eastern Ghouta and Idlib, with a focus on escalation and attacks on health facilities, urgent access for medicine and medical supplies to HTR and besieged areas and sustainable and regular medical evacuations.

**Violence against health:**

- Damascus registered 16 incidents of violence against health.

- During February 2017, a total of 22 incidents of violence against health care were reported. Three attacks happened in Idleb, two in Hama, two in Dar’a, two in Damascus, one in Aleppo, one in Homs and one in Rural Damascus governorate. Collectively, the attacks resulted in killing of at least nine people including one health care worker and wounding at least 40 including six health workers, more numbers are in the process of verification.

- During March 2017, total of 26 incidents of violence against health care were reported. Collectively, the attacks resulted in killing of at least eight people including four health care workers and wounding at least 11 including seven health workers, more numbers are in the process of verification.

- On 7 March, The Syrian American Medical Society (SAMS), in coordination with the Coordination Body of the Syrian Health Directorate (CBSHD) and the Centre on Global Health Security at the Chatham House conducted a workshop titled "Attacks on Healthcare in Syria: Reporting methods and the validity of de-confliction." The workshop discussed the topic of attacks on healthcare in Syria focusing on the following three aspects: (1) the impact of these attacks on the health of the population and the health system; (2) currently used documentation and reporting methods, and areas to improve it; (3) de-confliction strategy.

- Document and guidance to introduce the new Surveillance System for Attacks on Health Care (SSA) developed and rolled out by HQ was shared and discussed with partners to assure smooth transition from MVH tool.
Eastern Ghouta situation:

Medical evacuations from the besieged eastern Ghouta - According to WHO/health sector, an estimated minimum of 1065 people require urgent medical evacuations from the besieged East Ghouta. The UN and partners stand ready to support SARC and other health partners to evacuate patients and their family members from East Ghouta to their destination of choice in Damascus or elsewhere.

- The evacuation needs to be done according to UN standards which include the condition that medical evacuations remain distinct from any agreement to exchange detainees or any other political consideration.
- All parties are to provide explicit guarantees to the procedures reflected in the medical evacuation plan.
- Whole of Syria Strategic Steering Group endorsed the medical evacuation plan. WHO took the lead in organizing a process with all relevant health partners to urgently agree on the next steps.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Advocacy points

11.3 million people need health support in Syria. Humanitarian access (especially to the remaining population of 2.9 million in HTR and besieged locations) is limited. Health sector will continue to work with the Government of Syria, ISSG/HTF and other influential partners to:

- Advocate for the protection of patients, health workers and medical facilities;
- Provide medical assistance across conflict lines, including those required for surgical interventions and safe blood products and transfusions;
- Facilitate access to HTR and besieged areas to conduct assessments, followed by medical teams and mobile clinics to provide targeted health care, vaccinate children, and organize medical evacuations for the critically ill.
- Sustainable and regular medical evacuation should stand second to the issue of humanitarian convoys and access to the besieged locations.

Funding is urgently required to continue to save lives and reduce suffering in Syria: The health component of the 2018 Syria Humanitarian Response Plan requires US$ 442 million, of which US$ 15 million has been received - a 97% gap.

IA convoys to hard-to-reach and besieged areas

- The inter-agency bi-monthly plan to reach besieged and hard-to-reach areas is paralyzed due to access restrictions or lack of agreement concerning locations, supplies and number of beneficiaries.
- For Damascus based partners the overall objective is at least doubling the amount of pre-positioned health supplies for multiple locations in Eastern Ghouta for March-April IA bi-monthly plan (e.g. from the current WHO 41 tons, or 200,000 medical treatments to 52 tons, or 700,000 medical treatments)

North-east Syria

- 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 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).
• Pending shipments of key UN agencies, e.g. WHO - 25 tons of health supplies by road (56,585 medical treatments and 700 trauma cases) to Qamishli for further distribution in all 3 governorates.
• Production of NES related IM products.

Public health

• The total number of cVDPV2 cases remains 74. An inactivated polio vaccine (IPV) immunization round has successfully concluded in Damascus, Al Hassakeh, parts of Aleppo and Rural Damascus governorates. Reportedly, a total of 233,518 children aged 2-23 months received IPV, representing 71% of the estimated target. IPV vaccination is continuing in accessible parts of Aleppo governorate. Overall, post campaign monitoring (that was completed in all implementing governorates) indicates 81% vaccination rates by parental/caregiver recall and 77% by finger marking.
• An increase in Guillain-Barré cases have been noticed in Hassakeh governorate since December 2017. So far about 39 GBS cases were reported from Hassakeh. Most cases were IDPs from Deir-ez-Zoir. 22 cases were referred to hospitals in Damascus and Qamishli and treated by plasmapheresis or intravenous immunoglobulin.

Vaccination:

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.

Northern Syria:

• In Idleb the internal fighting affected the access and the movement of ambulance systems.
• Currently humanitarian space is not being respected in Kurdish controlled areas, with conditions for humanitarian work being against humanitarian principles: NGOs providing relief are forced to scale down the activities in Kurdish controlled areas. Access to health care is believed to be insufficient due to the lack of functioning structures, lack of medical supplies. Only one cross-border partner is working in Afrin, and four other partners are negotiating with the Turkish authorities about interventions in Afrin. Four out of five hospitals in Afrin were run either by Kurdish authorities or privately and no reliable information is available with regards to their current functionality.
• Syrian health care specialists supposed to attend trainings in Turkey are often denied access to Turkey. New regulation on border crossing allows only 5 candidates to cross the border per day. These results in many trainees forced to stay at the border overnight and eventually return back without attending training.
• The gap in rehabilitation of health care facilities and supply of medical equipment is reported for northern Syria.

Southern Syria:

• Lack of established medevac to Jordan for war-wounded due to partner withdrawal. Advocacy is ongoing via health sector.
• Syrian Health care specialists supposed to attend two approved trainings in Jordan regarding physical rehabilitation and mhGAP have been delayed due to procedural issues with security clearance. Additionally, nearly 1/3 of requested participants were not approved by Jordanian authorities for entry into Jordan.
• Lack of EPI coverage reports at community level – official MOH data is only available at district level but with continuing reports of suspected measles cases, coverage information is needed at the local level. The health sector has teamed up with protection actors to begin collecting reports of immunization activities being carried out in the communities where they conduct monthly monitoring.
• Delays in information-sharing – delays in EWARN reports’ production. Further training of EWARN surveillance
staff is needed but limited by cross-border restrictions.

- Building referral networks is a key priority for the southern Syria health sector but there are no funds currently in the pipeline to support this effort.

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.

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

Immediate resource mobilization - for eastern Ghouta (16 million USD) and Afrin (9 million USD)

Immediate response priority activities in the northern Syria:

- Preparedness plan: to elaborate the preparedness plan for chemical incidents for northern Syria, including coordination, medical supplies, protection equipment, hospital preparedness and capacity building of medical staff.
- Deliver medical supplies to priority health care facilities in northern Syria: to provide the needed support to PHCs and hospitals which were identified as priority sites. To continue advocacy for opening the safe corridor for the delivery of medical supplies to the besieged and hard to reach areas. Possible delivery routes to Ar-Raqqa are being investigated.
- Protect health facilities: to continue advocacy efforts with various parties.
- Standardization of assistance: to ensure delivery of health care services in northern Syria in line with tailored Essential Health Service Package.
- Disease Surveillance: to strengthen disease surveillance in northern Syria.
- Vaccination for resettled IDPs in Jarablus and Idleb according to evacuation plan.

Immediate response priority activities in the southern Syria:
• Preparedness plan/ERP: With predicted escalation in conflict, the health sector will prioritize creation of an operational plan for health sector partners to respond in the case of violence.
• Building Referral Networks: This was a key priority identified to ensure delivery of health care services in northern Syria in line with tailored Essential Health Service Package.
• Strengthening Disease Surveillance: to ensure complete, timely and accurate data collection, information-sharing and response in southern Syria
• Immunization Task Force: WHO will form an immunization taskforce together with UNICEF and key health sector partners to track the picture of immunization in southern Syria and develop an action plan to respond to gaps in coverage and services.

HEALTH SECTOR ACTION/RESPONSE

Damascus led response:

- Developed the annual 2018 work plan.
- Conducted national level Health Working Group Meetings in Damascus.
- Finalized the details of health sector supplies for the bi-monthly (March and April) IA plan to HTR and besieged locations.
- Working on all options for sustained medical evacuation from eastern Ghouta.
- Operational response has been rolled out and continues in north-east Syria.
- Developed health sector priorities for eastern Ghouta and Afrin response for the SHF call for project proposals.
- Health sector briefing for donor meeting is prepared.
- An update is prepared on health situation for the WoS Strategic Steering Group.
- Revised the health sector strategy of 2018 HRP.
- Leading the process of consolidation of health sector key performance indicators on access.
- Coordinating with other hubs of planned and undertaken XL and XB convoys.
- Inter-sectoral preparedness and response plan for East Ghouta and Afrin are consolidated.
- Daily situation reports on eastern Ghouta and weekly on Afrin are produced.
- SARC Emergency Operations Center health sector meetings are held on 22 and 24 March.

Inter-Agency Convoys (XL and XB):

<table>
<thead>
<tr>
<th>Rural Damascus</th>
<th>Nashabiyeh</th>
<th>HTR (Military Encircled)</th>
<th>12-Feb-18</th>
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<tr>
<td>Homs</td>
<td>Dar Al Kabira</td>
<td>HTR (Military Encircled)</td>
<td>4-Mar-18</td>
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<tr>
<td>Rural Damascus</td>
<td>Duma</td>
<td>HTR (Military Encircled)</td>
<td>4-Mar-18</td>
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<tr>
<td>Aleppo</td>
<td>Tal Refaat</td>
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<tr>
<th>Cross Border Deliveries</th>
<th>GZT Hub</th>
<th>WHO shipment</th>
<th>Bab-Al-Salam</th>
<th>Aleppo</th>
<th>Azaz</th>
<th>Jeneb Saman</th>
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<tr>
<td></td>
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<td></td>
<td>Jarablus</td>
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<tr>
<td>Cross Border Deliveries</td>
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<td>UN Convoy</td>
<td>Ramtha</td>
<td>Daraa</td>
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<td>Cross Border Deliveries</td>
<td>WHE/EMO</td>
<td>UN XB Convoy</td>
<td>Yaaroubiya</td>
<td>NES</td>
<td>Hassakeh, Raqqa, Deirez-Zor</td>
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<tr>
<td>Cross Border Deliveries</td>
<td>GZT Hub</td>
<td>WHO shipment</td>
<td>Bab-Al-Hawa</td>
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<td>A'zaz</td>
<td>Al Babab</td>
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XL and XB response to eastern Ghouta:

Operational preparedness plan has been developed under WoS. Priority response actions include:

- Preposition sufficient medicines and health supplies in Damascus and inside East Ghouta through cross-border and cross-line pipelines to cover the requirements for 3-6 months for primary and secondary health care services.
- Reinforce Epidemiological Surveillance and Early Warning and Response Systems.
- Implementing of the existing medical evacuation plan with concrete steps to boost the capacity of key referral hospitals in Damascus and other areas where patients are expected to be evacuated to.
- Ensure protection of health workers, health facilities, and patients.

- Key health shelters (Adra, Nashabye, Herjalleh, Dweir, Najha, Fayhah 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.

- A Health Emergency Operations Centre (EOC) under the leadership of WHO was established the 25 March aiming to support the coordination of the medical activities led by health directorates and health cluster partners at the arrival and reception sites and to facilitate information sharing across the health cluster. Through the EOC the deployment of mobile clinics in the reception sites in Idleb and Hama was also coordinated in communication with the health directorates in order to avoid overlapping activities and underserved areas.
- At the arrival site medical triage, primary health care consultations, psychosocial first aid sessions, nutritional screening vaccination of the arriving children under 5 were performed by the health cluster partners present and the health directorates. Emergency cases and patients requiring hospital care, most of them trauma cases, were referred to previously identified hospitals. Between the 14th of March and the 2nd of April, 45 195 people arrived at the zero point arrival sites: 22778 male, 22416 female and 6778 children. In average 13 mobile clinics and 74 ambulances were present to provide health care. 1156 medical cases and 1153 trauma cases were identified. 370 patients were referred as emergency cases to hospital structures. 1055 obstetric and gynecological consultations were performed and 8448 psycho-social support consultations conducted.

XL and XB 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 Rifat 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.
• WHO, UNICEF, UNFPA teams conducted field assessment missions to Nabul, Zahraa and Tal Rifaat.

• Work in progress on a fast roll-out of vaccination activities in Afrin, both by campaigns and EPI centres.
• Updated needs assessment on the equipment at the hospitals in north-west Syria.
• Ad-hoc measles campaign launched on 10 March targeting children under 15 in camps. Between the 15th and 31st of March 22657 children were vaccinated bringing the total number of children reached by this initiative up to 35312 children.

Response in north-west Syria (Idleb, northern Hama, rural Aleppo, Afrin) - Operational preparedness plan has been developed under WoS. Priority response actions include activities from Syria and Turkey hubs.

Response in north-east Syria (Ar Raqqa, Al Hassakeh and Deir-ez-Zoir governorates) - Health sector has been expanding its operational presence in north-east Syria with the focus to revitalize the public health care system and cover the key IDP sites with the necessary life-saving and life-sustaining interventions.

Gaziantep led response:

As average, per reporting month Gaziantep based health cluster partners provide:
• 83% of health partners reported [44/53].
• Over 920,000 outpatient consultations provided by the health partners, showing a decrease of 13% as compared to previous month, 12% of the total provided by mobile services.
• Near 990,000 medical procedures provided. 23% of the total served in hard to reach and besieged areas.
• Near 7,750 cases referred for specialized/secondary health care. 8% of the cases referred to Turkey.
• Over 42,000 trauma cases treated and over 9,100 major surgeries were conducted. 4,604 of the trauma cases treated were war related new trauma cases.
• Over 9,200 deliveries assisted by skilled birth attendant. Near 2,400 deliveries by cesarean section and over 6,800 normal deliveries.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Feb</th>
<th>Mar</th>
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<tbody>
<tr>
<td>#OPD consultations</td>
<td>944,056</td>
<td>1,222,075</td>
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<tr>
<td># Hospital admissions</td>
<td>37,392</td>
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<td>#vaginal deliveries</td>
<td>7,598</td>
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<td>#C-section</td>
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<td># People living with disabilities supported</td>
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<td># referrals inside Syria</td>
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<tr>
<td>#new Leishmaniosis Cases</td>
<td>11,935</td>
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<td>#Number of deaths in the facility</td>
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<td>425</td>
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<tr>
<td># referrals Cases</td>
<td>7,814</td>
<td>10,401</td>
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<td>Medical procedures</td>
<td>1,015,061</td>
<td>1,301,151</td>
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• Regular health cluster coordination meetings were held. Among the topics discussed were: updates on the needs, Eastern Ghouta response, EWARN updates, program updates from the health partners.
• Advocacy working group has been resumed.
• Implementation of monitoring (TPM) for the Supply Line Activities in northern Syria is put in place.
• Health partners and the Leishmaniosis control program (HQ, EMRO, EURO) were alerted on the reported
increased case load and further steps are under discussion

**Jordan XB led response:**

- On 5-6 March, southern Syria Health Sector hosted a workshop to review the findings from the Health Services and Population Health Status report. The workshop was attended by 34 discreet participants from 18 agencies. The workshop served to endorse the recommendations of the HSS report and identify sector-wide priorities which informed the Health Sector Workplan for 2018.
- Regular Health Sector Working Group Meetings were held.
- Health Sector Workplan for 2018 was debuted to the sector.
- Finalizing agreements with two NGOs to take over a blood bank and a major referral hospital after the withdrawal of a key health partner. Support is due to begin effective 1st April.

**INFORMATION SOURCES**

- **Health Sector, Syria:** [https://www.humanitarianresponse.info/en/operations/syria/health](https://www.humanitarianresponse.info/en/operations/syria/health)
- **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**

<table>
<thead>
<tr>
<th>Syria (Damascus)</th>
<th>Jordan</th>
<th>Turkey (Gaziantep)</th>
<th>WoS Health Cluster (Amman)</th>
<th>North-East Syria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Azret Kalmykov, Health sector coordinator <a href="mailto:kalmykova@who.int">kalmykova@who.int</a></td>
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<td>Mr Jamshed Tanoli, Health Cluster Coordinator, <a href="mailto:tanolij@who.int">tanolij@who.int</a></td>
<td>Mr Mauricio Calderon, Whole of Syria Health Cluster Coordinator, <a href="mailto:mcalderon@who.int">mcalderon@who.int</a></td>
<td>Ms. Sabeeha Quereshi, NES Health Working Group Health Sector Coordinator <a href="mailto:Sabeeha.Quereshi@rescue.org">Sabeeha.Quereshi@rescue.org</a></td>
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<td>Mr Kais Aldairi, Whole of Syria Health Cluster Co-lead <a href="mailto:Kais.Aldairi@rescue.org">Kais.Aldairi@rescue.org</a></td>
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