Turkey Cross Border

Emergency type: Complex Emergency
Reporting period: 01.04.2017 to 30.04.2017

12.8 MILLION IN NEED OF HEALTH ASSISTANCE
700,000 CHILDREN <5 DEPRIVED OF VACCINE
6.3 MILLION INTERNALLY DISPLACED
4.9 MILLION BESIEGED

(all figures stand for the Whole of Syria)

HIGHLIGHTS

• On 4 April, 87 people, including children, were killed and 541 people were injured in a chemical incident in Khan Sheikhoun, Idlib.

• On 15 April, 275 people were wounded and more than 100 were killed by a vehicle-based explosive in Al-Rashidin, Aleppo.

• Monitoring of attacks on health care has revealed that 22 health facilities were attacked in April 2017, affecting hospital infrastructure and health care staff.

• In April, Routine Expanded Programme of Immunization was revitalized in 14 Health Centers in Idlib governorate, making it total 19 operational centers in northern Syria. Also, second round of polio vaccination was started in late April, reaching 77,000 children during the first day of campaign.

• According to the quarterly HeRAMS report, operational health care facilities reported difficulties in delivery of the health services due to the interrupted electricity supply, insecurity, interrupted water supply, as well as shortage of human resources, medical supplies and service vehicles.

HEALTH SECTOR

58 HEALTH CLUSTER PARTNERS

MEDICINES DELIVERED1
2 IEHK BASIC KITS
22 TRAUMA/SURGICAL SUPPLY KITS

FUNCTIONAL HEALTH FACILITIES

172 FUNCTIONAL FIXED PRIMARY HEALTH CARE FACILITIES
117 FUNCTIONAL HOSPITALS
66 MOBILE CLINICS

HEALTH SERVICES

866,663 CONSULTATIONS
7,599 DELIVERIES ATTENDED BY A SKILLED ATTENDANT
14,987 REFERRALS

VACCINATION

88,000 CHILDREN UNDER 5 VACCINATED2

DISEASE SURVEILLANCE

1 OUTBREAK CONFIRMED3
443 CENTINEL SITES REPORTING OUT OF TOTAL 470

FUNDING $US4

35.4 MILLION RECEIVED IN 2017

72,5% not covered

1 Supplies were distributed to 14 partners operating 62 primary health care facilities in Aleppo, Idlib and Hama.
3 Acute Diarrhoea outbreak in Ikdeh camp, Aleppo.
**Situation update**

**Evacuation from Al-Waer.** During April 2017 five convoys from Al-Waer were successfully conducted, with more than 6,500 people evacuated to Jarabulus and Idlib.

**Khan Sheikhoun chemical incident.** On 4th of April, 87 people, including children, were killed and 541 people were injured in a chemical incident in Khan Sheikhun, Idlib.

**Al-Rashidin incident.** On 14th of April, parties to the conflict has reached an agreement to evacuate people from besieged towns of Al-Foah and Kefraya in Idlib, and Madaya and Zabadani in rural Damascus (so called Four Towns). According to the Tahrir al-Sham (HTS) statement Al-Foah and Kefraya is expected to be fully evacuated in the following 2 months, with estimated 8,000 people to leave the city. Also 3,200 people will leave Madaya and Zabadani, 1,000 people – Yarmouk Camp in Damascus, 1,000 people will be released from government jails and 50 families from Zabadani – from Hezbollah jails. On 15 April, buses carrying around 5,000 evacuees from Al-Foah and Kefraya were waiting at the outskirts of Aleppo to enter the city. Reportedly around afternoon a vehicle-based improvised explosive device was set off in the transit area, killing around 100 and injuring 275 people.

**Public Health Risks, Priorities, Needs and Gaps**

**Trauma**

New war-related **10,518 trauma cases** were recorded and treated in April 2017.

**Communicable diseases (EWARN)\(^1\)**

Incidence of *influenza-like illness* (ILI) and *severe acute respiratory infection* (SARI) observed among the affected population is within the seasonal baseline.

Trends of ILI, SARI, as well as of diarrheal diseases and leishmaniasi are presented in the **Figure 1.**

**Acute Diarrhoea outbreak in Ikdeh camp.**

In April, 240 cases of acute diarrhoea were reported from Ikdeh camp in Azaz, Aleppo, 75% of them were children under 5 years. Assessment of the water source confirmed to be contaminated with *E.coli*. As primary response, contaminated well was isolated and EWARN team conducted an education and health workers underwent an orientation training about case definition and case management. It was also recommended to further monitor the level of free chlorine in the water sources in the camp, conduct training on case definition of suspected cholera case and acute diarrhea case management, as well as train community health workers on hygiene, hand washing and water treatment techniques.

**Measles.** The number of suspected measles cases are still increasing in different areas with high number of cases that tested positive to measles IgM. The latest cases were reported from Ath-Thawra, Ar-Raqqa, as well as from different districts in Aleppo, Idlib, Dara and Quneitra.

---

1 Early Warning, Alert and Response Network.
Health Cluster Action

The Cluster partners representing Turkey hub are present in 10 governorates, 45 districts, 99 sub-districts, and 275 communities in northern Syria providing support to 355 health care facilities, including 66 mobile clinics.

Assessments, Information and Planning

Availability of health care services (HeRAMS)\(^2\). According to the quarterly report, 74% of the 389 assessed health care facilities are fully functioning, while 26% facilities were reported non-functioning (9%) or partially functioning with low capacity (17%) (see the Full Report).

Operational health care facilities reported difficulties in delivery of the health services due to the interrupted electricity supply (37%), insecurity (4%), interrupted water supply (1%). Among the main reasons for the lack of available outpatient services were lack of health staff, funding and medical supplies. The assessment also revealed that only 32% of comprehensive health centers are providing inpatient services, as defined by the Essential Health Care Package\(^3\), and IMCI\(^4\) is provided in only half of health care facilities.

Chemical incident preparedness plan. As the response to the chemical incident in Khan Sheikhoun a preparedness plan was drafted and presented to the health partners for review. The plan includes emergency coordination structure, risk communication, procurement due to the interrupted electricity supply (37%), insecurity (4%), interrupted water supply (1%). Among the main reasons for the lack of available outpatient services were lack of health staff, funding and medical supplies. The assessment also revealed that only 32% of comprehensive health centers are providing inpatient services, as defined by the Essential Health Care Package\(^3\), and IMCI\(^4\) is provided in only half of health care facilities.

Cholera preparedness plan. Areas with the highest risk for Cholera outbreak according to the risk scale are similar to the previous year and include A’zaz, Harim and Idleb districts (see Picture 1).

Health cluster coordination

In April 2017, Health Cluster conducted two coordination meetings (7\(^{th}\) and 20\(^{th}\) of April). One the issues discussed was Health Cluster preparedness and response for Al-Waer evacuation: immunization, medical supplies, mobile clinics, ambulances, critical case management and referrals.

Response to Khan Sheikhoun chemical incident. On 4\(^{th}\) April, immediately after attack, Health Cluster partners on the ground decontaminated and treated survivors, while WHO released extra stocks of pralidoxime, atropine and steroids from a medical warehouse in Idleb. Health Cluster partners also released and distributed their own stocks of atropine and other medicines.

Ad-hoc health cluster meeting was held on 5\(^{th}\) of April to coordinate further response and map availability and needs of medical supplies, trained health care professionals, health care facilities capacity.

Al-Rashidin incident response. Civil defense teams and Health Cluster partners, namely UOSSM, SAMS, SRD, IKHLAS, AHD, Saed, AHF, Homs Medical Office, Balsam, Syria Charity, RAF, Shafak, SARC and IHH, carried out the first response operations.

Out of 275 wounded (including 58 children) 77 cases were admitted to Thawed Alkarameh hospital, 49 cases – to Alatareb hospital, 25 cases – to Audai (Saraqeb) hospital, 8 cases – to Aqarabat hospital and other 2 cases – to Alkinaneh hospital. 1141 cases were treated in Bab-Al-Hawa hospital, which also received patients from other hospitals after been provided with immediate medical care. Some 30 cases were referred for treatment to Turkey (see Flash update).

---

\(^2\) Health Resources Availability Mapping System.

\(^3\) Essential Health Care Package is a tailored to the Syria context package of minimum health care services for each facility level, and resources, needed to maintain these services.

\(^4\) Integrated Management of Childhood Illness - is an integrated approach to child health that focuses on the well-being of the whole child. IMCI aims to reduce death, illness and disability, and to promote improved growth and development among children under five.

---

Picture 1. Cholera risk scale in northern Syria, epi weeks 13 to 16, 2017. Data is provided by EWARN\(^1\).
Monitoring of attacks on health care

In April, 29 unconfirmed incidents of violence against health care were reported, 22 of which were verified, and the remainder is in process of verification. Of the 22 verified incidents, 20 were on health care structures: seven hospitals (one was targeted twice), three primary health care centers, 2 medical points and an ambulance system center in Idlib; three hospitals and an ambulance system center in Hama; one hospital in rural Damascus and one in Dar’a. Ten ambulances were destroyed during the mentioned attacks. In addition, one paramedic in rural Damascus and a laboratory technician in Dar’a were killed in two separate incidents.

Collectively, the attacks resulted in killing of at least 20 people including nine health care workers and wounding at least 23 including 18 health workers.

In total, from January to April 2017, 54 verified incidents of violence against health care were reported. As of April 2017, 27% of health care facilities in northern Syria are reported fully or partially damaged, requiring reconstruction and large scale repair in order to resume services.

For more details see April report on Monitoring Violence Against Health Care.

Support to health service delivery

Health Cluster delivered 3,104 mental health consultations in March 2017. Also, 5,689 people living with disabilities were provided with support.

Immunization

**Al-Waer Evacuation response.** During April 2017, Polio, Penta & MR vaccination was conducted for 708 IDP children in Jarablus and 105 children in Idlib.

**Routine Immunization.** Routine Expanded Programme of Immunization was revitalized in 14 Health Centers in Idlib governorate.

**Polio.** Second round of polio vaccination was started in late April, reaching 77,000 children during the first day of campaign.

Capacity building

**Non-communicable diseases.** On 31 March 2017 platform for online training on NCD/PEN (Package of Essential Non-communicable Disease) intervention (focusing on diagnosis, management and treatment of hypertension, diabetes, COPD, asthma and other CVD illnesses) for besieged areas in Syria was launched. In total, 124 doctors and nurses were already trained in the besieged areas, namely Afrin (31 March – 2 April), Barza, Rural Damascus (2-4 April), Al Houla, West Assi River (7-9 April), Yalda (8-10 April), Eastern Ghouta (10-12 April, 15-17 April, 20-23 April). The trainings are panned to cover Saida, Muzereb, Qaboon and East Assi River in rural Homs.

**Mental Health and Psychosocial support.** During April 2017 several roll-out and refresher trainings on mhGAP were conducted for doctors, midwives and nurses in Azaz and Jarablus areas.

Plans for Future Response

**Humanitarian Pooled Fund.** The first allocation of the pool funding is 20 million including 4.4 million for Health and Nutrition. Review of health projects to be supported by Humanitarian Pooled Fund was conducted by the technical review committee comprised of Health Cluster partners. Within the pooled fund submission, 9 proposals were reviewed and 6 of them were recommended for funding.

**Immunization.** Health Cluster partners supported review and validation process of GAVI (Global Alliance for Vaccines and Immunization) proposal for immunization support in Syria for 2017-2018.

Contacts

<table>
<thead>
<tr>
<th>Dr Annette Heinzelmann</th>
<th>Dr Jamshed Tanoli</th>
<th>Dr Abd Arrahman Alomar</th>
<th>Ms Ganna Radysh</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mobile:</strong> +90 530 011 4948</td>
<td><strong>Mobile:</strong> +90 530 238 8669</td>
<td><strong>Mobile:</strong> +90 538 053 9213</td>
<td><strong>Mobile:</strong> +90 538 544 2944</td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:heinzelmann@who.int">heinzelmann@who.int</a></td>
<td><strong>Email:</strong> <a href="mailto:tanoli@who.int">tanoli@who.int</a></td>
<td><strong>Email:</strong> <a href="mailto:aalomar@sams-usa.net">aalomar@sams-usa.net</a></td>
<td><strong>Email:</strong> <a href="mailto:radyshg@who.int">radyshg@who.int</a></td>
</tr>
</tbody>
</table>