HEALTH CLUSTER BULLETIN
June 2017

Turkey Cross Border
Emergency type: complex emergency
Reporting period: 01.06.2017 to 30.06.2017

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 are for the Whole of Syria)

HIGHLIGHTS

• Cross-border health operations continue to play a pivotal role in the delivery of life-saving assistance to millions of Syrians. More than 6 million people were reached from January to June with health interventions.

• In June 2017, two verified incidents of violence against the health care infrastructure were reported, resulting in death of one nurse and one paramedic in Dara.

• Information management and technical support team was trained on the data entry and systems concept of the District Health Information System.

• The number of acute diarrhea cases has increased in different areas. The situation is monitored for any suspected cholera outbreak and WASH Cluster partners are informed of the areas with high numbers of water-borne diseases to guide and evaluate the response activities.

• Only 20% of the health facilities in northern Syria have adequate medical waste management system.

HEALTH SECTOR

<table>
<thead>
<tr>
<th>HEALTH CLUSTER PARTNERS</th>
<th>58</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICINES DELIVERED¹</td>
<td>30 144</td>
</tr>
<tr>
<td>REPRODUCTIVE CARE TREATMENTS</td>
<td>8 165</td>
</tr>
<tr>
<td>FUNCTIONAL HEALTH FACILITIES</td>
<td>169</td>
</tr>
<tr>
<td>FUNCTIONAL HOSPITALS</td>
<td>84</td>
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<tr>
<td>MOBILE CLINICS</td>
<td>76</td>
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<tr>
<td>HEALTH SERVICES</td>
<td>831 526</td>
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<tr>
<td>DELIVERIES ATTENDED BY A SKILLED ATTENDANT</td>
<td>7 944</td>
</tr>
<tr>
<td>REFERRALS</td>
<td>12 534</td>
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<tr>
<td>VACCINATION</td>
<td>71 130</td>
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<tr>
<td>HEALTH CARE WORKERS² TRAINED</td>
<td>427</td>
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<tr>
<td>DISEASE SURVEILLANCE</td>
<td>480</td>
</tr>
<tr>
<td>FUNDING $US³</td>
<td>90.3 MILLION</td>
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¹ Supplies were delivered by World Health Organization Turkey Hub, and distributed to Health Cluster partners in northern Syria.
² Bivalent oral polio vaccine, pentavalent vaccine, bacillus Calmette-Guérin, measles and rubella.
³ Medical staff and community health care workers

Situation update

There are currently about 2.3 million people in areas of northwest Syria that are under control of non-state armed groups, including an estimated 1.6 million people in need and more than one million IDPs. Humanitarian needs have remained high throughout the conflict, while the destruction of infrastructure due to conflict (particularly through airstrikes) challenges establishing livelihoods and economic opportunities. The areas near the Turkish border also house many IDP camps.

On 3rd of June an estimated 350 individuals from Southern Jdeiah in Matakana sub-district (Aleppo governorate) crossed the Euphrates river by boats to Ar-Raqqa governorate due to intensified fighting and conflict in the villages around the city of Maskana. IDPs are currently staying in the informal settlement near the community of Western Jaabar (Juneyyeh sub-district).

On 6th of June military operation in Ar-Raqqa has started. Also, insecurity is reported in northern Aleppo countryside (Euphrates Shield area).

Public health risks, priorities, needs and gaps

Trauma

In June 2017, 7816 new war-related trauma cases were recorded and treated.

Communicable diseases

The incidence of influenza-like illness (ILI) and severe acute respiratory infection (SARI) observed among the affected population is within the seasonal baseline. Fig. 1 shows the trends in ILI, SARI, diarrhoeal diseases and leishmaniasis.

The number of acute diarrhoea cases has increased in different areas, as expected due to the seasonal changes. The situation is monitored for any suspected cholera outbreak and WASH Cluster partners are informed of the areas with high numbers of water-borne diseases to guide and evaluate the response activities.

Acute diarrhoea in rural Damascus. Following the reported high number of water-borne diseases cases (suspected typhoid) in Hammura, Arbin and Kafr Batna, a screening for water sources was conducted by WASH team. Water samples were collected from ice factories and markets in Hammouria and Arbin, and wells in Kafr Batna. The results showed that 3 out of 4 wells in Kafr Batna, also used as a water sources of ice factories, were contaminated and not safe for drinking. 4 out of 7 ice factories in Hammura and Arbin were also contaminated. As an immediate response, EWARN team has disseminated posters about the prevention of water contamination, in addition to providing chlorine to the ice factories in the area.

Acute diarrhoea in Al-Bab, Idleb governorate. Following the 241 reported cases of diarrhoea with vomiting (22% cases under 5 years), WASH team conducted testing of 10 water sources in the area. Results showed bacterial contamination of all samples.

*Fig. 1. Trends in the priority diseases for weeks 13–25 of 2017.*

A = ILI; B = SARI; C = diarrhoeal diseases (acute bloody diarrhoea, acute diarrhoea and acute watery diarrhoea); D = leishmaniasis.

Source: EWARN.
Health Cluster action

Health Cluster coordination

The **Health Cluster conducted two coordination meetings** in June. Among the issues discussed were: the humanitarian situation in Ar-Raqqa – accessibility and population movements; health situation in Ein Issa Camp; implementation of Essential Package of Health Care in Saraqeb, Idlib governorate by health partners with WHO support; measles vaccination campaign in East Ghouta; Self-care Online Questionnaire and Staff Care Policy development; standardized guidelines for haemodialysis; integrated communication among the ambulance systems, mid-year periodic monitoring review (PMR) for Humanitarian Response Plan 2017.

Also, ad-hoc coordination meeting was held on 8 June to review East Ghouta Preparedness Plan and Ar Raqqa Readiness and Response Plan. The Health Cluster partners in East Ghouta assessed their readiness and preparedness including capacities, prepositioning of medicines and medical supplies, and referral system.

Regular meeting of technical working group on MHPSS was held on 15 June. Among the issues discussed were: capacity building of psychosocial workers (PSW); staff care policy; mhGAP capacity building; delivery and distribution of psychotropic medicines; capacity building on psychosocial first aid.

Regular meeting of the technical working group on NCD was held on 15 June. Among the topics discussed were: selection process of three primary health centres for piloting NCD kit; online clinical supervision and support for the doctors in besieged and non-besieged areas trained on PEN; haemodialysis survey; online self-care survey and staff care policy development for humanitarian workers; monitoring and evaluation tool on NCD/PEN; standardized training manual for community health worker on NCD prevention and manual for psychological first aid training course; updates on the insulin distribution.

Monitoring of violence against health care

In June 2017, five unconfirmed incidents of violence against the health care infrastructure were reported: two were verified and the remainder are in the process of verification. Both **two verified incidents** were attacks on health care workers in Dara, resulting in death of one nurse and one paramedic.

In total, from January to June 2017, 62 verified incidents of violence against the health care infrastructure were reported. For more details, see the [Monitoring violence against health care summary report, June, 2017](#).

Support to health service delivery

In June Health Cluster partners has provided 831 526 outpatient consultations and supported 22 205 hospital admissions. 5 499 people living with disabilities were supported with rehabilitation services.

**Routine immunization.** The expanded programme of routine immunization was revitalized in seven additional health centres in Idlib governorate, making a total of 30 operational centres by the end of June.
Capacity building

**Chemical incident management.** On 17 June WHO started training courses on chemical incident management for 280 first responders inside Syria (Syrian civil defence “White helmets”) that will be conducted as well throughout July.

**Trauma care.** First module of intensive care unit (ICU) training courses for 75 Syrian doctors was conducted during 17-19 June in Bab-Al-Hawa.

**District Health Information System.** In line with the plan on establishing District Health Information System WHO conducted a training course for the information management and technical support team on the data entry and systems concept. The support team is expected to train the health care providers from nine health facilities which were selected for piloting the project in northern Syria.

Assessments, information and planning

The Health Cluster conducted a desk review of availability of adequate medical waste management equipment in health facilities and will develop a plan of action to expand the services. It was revealed that only about 20 % of the health facilities in northern Syria have adequate medical waste management.

Four Health Cluster partners who recently joined the Cluster received training on using online HeRAMS and 4Ws for data entry, analysis, and reporting.

During June 2017 Health Cluster partners have trained in various topics **228 community health workers, 32 midwives, 112 nurses and 55 doctors.**

Plans for future response

The Health Cluster continues to strengthen health partner’s capacities and skills to be able to meet and address the needs of the people affected by the crisis.

It also plans to focus on strengthening the health systems through acquiring equipment and medicines and training national health staff.

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