**Health Cluster Bulletin**

August 2017

**Turkey Cross Border**

Emergency type: complex emergency  
Reporting period: 01.08.2017 to 31.08.2017

- **12.8 million** in need of health assistance  
- **700,000** children <5 deprived of vaccine  
- **6.3 million** internally displaced  
- **4.54 million** besieged and hard-to-reach  

### Highlights

- In August 2017, seven verified incidents of violence against the health care infrastructure were reported, resulting in the deaths of at least nine people.
- Movement through Celvegozu/Bab-Al-Hawa crossing stays limited for non-humanitarian goods. The corridor for humanitarian aid and some categories of people is not affected.
- In August 2017, 376 doctors, nurses, midwives were trained by Health Cluster partners.
- Male Cluster leaders attended a workshop on gender inclusion with the goal of increasing the number of female Syrian doctors and nurses at medical trainings.
- As of August 2017, 37 primary health care facilities are providing services of expanded programme of routine immunization.
- The Health Cluster developed priorities for HPF second Standard Allocation 2017. The call for proposals is expected to be in third week of September.
- In August 2017, Health Cluster partners participated in the evacuation of people from Arsal, Lebanon, to north-west Syria by mobilizing 46 ambulances and 4 mobile clinics.

### Health Sector

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Cluster Partners</td>
<td>58</td>
</tr>
<tr>
<td>Medicines Delivered</td>
<td>86,050</td>
</tr>
<tr>
<td>Trauma Care Treatment Courses</td>
<td>265,050</td>
</tr>
<tr>
<td>Functional Health Facilities</td>
<td>169</td>
</tr>
<tr>
<td>Functioning Fixed Primary Health Care Facilities</td>
<td>84</td>
</tr>
<tr>
<td>Functioning Hospitals</td>
<td>76</td>
</tr>
<tr>
<td>Mobile Clinics</td>
<td></td>
</tr>
<tr>
<td>Health Services</td>
<td></td>
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<tr>
<td>Consultations</td>
<td>1,084,427</td>
</tr>
<tr>
<td>Deliveries Assisted by a Skilled Attendant</td>
<td>11,769</td>
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<tr>
<td>Referrals</td>
<td>15,659</td>
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<tr>
<td>Medical Procedures in Hard to Reach Areas</td>
<td>296,347</td>
</tr>
<tr>
<td>Vaccination</td>
<td></td>
</tr>
<tr>
<td>Children Aged &lt;5 Vaccinated</td>
<td>28,804</td>
</tr>
<tr>
<td>Capacity Building</td>
<td></td>
</tr>
<tr>
<td>Health Care Workers Trained</td>
<td>376</td>
</tr>
<tr>
<td>Disease Surveillance</td>
<td></td>
</tr>
<tr>
<td>Sentinel Sites Reporting Out of a Total of 507</td>
<td>497</td>
</tr>
<tr>
<td>Funding SUS</td>
<td>121.6 million</td>
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</tbody>
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1. Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northern Syria.
2. Routine immunization with pentavalent vaccine.
3. Medical staff and community health care workers.
**Situation update**

Following clashes between Ahrar Al Sham and Hayat Tahrir Al Sham (HTS) in July, HTS consolidated its hold on Idleb governorate in August. Movement through Celvegozu/Bab-Al-Hawa crossing stays limited for non-humanitarian goods. The corridor for humanitarian aid and some categories of people is not affected.

**Public health risks, priorities, needs and gaps**

**Communicable diseases**

The trend of diarrhoeal diseases shows a decrease in the seasonal trend and within the expected range, the age distribution shows that more than 50% of the reported cases are in <5 years old age group. In addition to the regular update of the cholera risk scale map, the Early Warning, Alert and Response Network (EWARN) team is monitoring any conversion in children aged >5 years to those aged <5 years as a warning sign of a possible cholera outbreak. Fig. 1 shows the trends in diarrhoeal diseases, influenza-like illness (ILI), severe acute respiratory infection (SARI) and leishmaniasis.

The incidences of ILI and SARI observed among the affected population are within the seasonal baselines, despite the minor decline of SARI trend and increase in ILI trend. The trends on the sub-national level are monitored regularly to investigate and respond to any possible outbreak.

**Needs and gaps**

Local health providers reported a shortage of medical supplies, including atropine sulphate, trauma kits and anesthetic drugs, snake and scorpion antivenoms, oxygen generator and other equipment, blood bank supplies. Forensic medicine services of Aleppo governorate are in dire need of equipment and consumables, as well as support to running cost. Several health care facilities in Idleb, Aleppo and Homs governorates are at risk of discontinuing their services owing to lack of funding.

According to Health Cluster partners (Syria Relief Network) there is no accessible health care in Al-Twehne camp, which is hosting IDPs from Ar-Raqqaa: no health care specialist is present in the camp and the nearest health facility is located in Mahmudli community, 14 km away. There are movement restrictions for the newly-arrived IDPs. Diarrheal diseases were also reported in spite of the availability of water containers and purification means in the camp.

Shortage of health care professionals remains the main gap in service provision, followed by inadequate funding.

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1 Tall Ad-Damman Hospital in Aleppo governorate, Al-Ghanto Hospital in Homs governorate; 4 hospitals and 4 PHCs in Idleb governorate, dental clinic and a Physiotherapy and Rehabilitation center, as well as Al-Iman Hospital in Idleb governorate.
Health Cluster action

Health Cluster coordination

The Health Cluster conducted two coordination meetings in August. Among the issues discussed were: EWARN evaluation report and recommended actions to improve the coverage, sensitivity and specificity of the surveillance system; pilot project of District Health Information System (DHIS) in selected health facilities and its implementation; HeRAMS 2nd quarter report 2017 and gap analysis; Turkey Humanitarian Pooled Fund 2nd Allocation and Health Cluster strategic priorities; new project for strengthening local governance; routine immunization in north-west Syria; mental health services and new membership in Strategic Advisory Group.

Evacuation from Arsal, Lebanon to parts of Idlib and Aleppo governorates. Health Cluster partners participated in the evacuation process by mobilizing 46 ambulances and 4 mobile clinics. 21 severely ill cases were referred for intensive care to Idlib central hospital and Maaret Mesrin hospital. Most of hospitalized cases suffered from different complicated fractures, neurosurgical problems, shrapnel injuries and one scorpion bite.

Support to health service delivery

In August, Health Cluster partners provided 1 084 427 outpatient consultations and supported 31 858 hospital admissions. 7 363 people living with disabilities were supported with rehabilitation services.

Routine immunization. The expanded programme of routine immunization was revitalized in three additional health centres in northern Syria, making a total of 37 operational centres by the end of August.

In August, Health Cluster partners provided medical supplies and essential equipment to health care facilities in northern Syria, including CT scan.

Cluster partners of 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 76 mobile clinics.

As of August, 37 primary health care facilities are providing services of expanded programme of routine immunization.

Find out more

https://www.facebook.com/healthclusterturkeyhub

A doctor examines a child in northern Syria
Photo: Syria Relief and Development

A pharmacist talks with a patient about medicines.
Photo: Independent Doctors Association

6 SRD, AHF, SAMS, SEMA, Syria Charity, HCO, Turkish Religious Affairs Society, Civil Defense, RI.
From January to August 2017, 72 verified incidents of violence against health care infrastructure were reported.

Monitoring of violence against health care

In August 2017, 12 incidents of violence against the health care infrastructure were reported: three of them were verified. The three verified attacks affected one specialized paediatric hospital in Idleb and one specialized maternity hospital in Deir-Ez-Zor. Incidents resulted in minor structural damage, wounding at least nine people and destroying an ambulance that led to temporary suspension of services.

In total, from January to August 2017, 72 verified incidents of violence against the health care infrastructure were reported. For more details, see the Monitoring violence against health care, August report, 2017.

Assessments, information and planning

Health Cluster partners are planning to conduct an assessment on reproductive health staff to enhance service delivery in terms of coverage and capacity building. A survey on health situation in western and southern rural Aleppo is also in process.

Capacity building

During August 2017, Health Cluster partners have trained in total 376 health staff in various topics, namely:

- preparedness and medical management of chemical incidents;
- basic life support for emergency cases;
- neonate intensive care; infant and young child feeding;
- management of mental health illnesses (mhGAP).

In August, 16 doctors who are working in primary health care settings attended refresher training on mental health and psychosocial support (MHPSS). In addition, online and field supervision was launched for total 53 trained mhGAP professionals.

Gender mainstreaming. During August, Health Cluster partners attended a one-day workshop on engagement of men in building gender equality. The workshop targeted male leaders from different sectors, including education, health, protection, nutrition and logistics.

Plans for future response

The Health Cluster developed priorities for HPF second Standard Allocation 2017. The priorities are: (1) improve equitable access to quality primary health care services including reproductive and child health and referral services; (2) support secondary health care services including trauma care and referral pathways; (3) support Rehabilitation of people with disabilities; (4) improve access to health services by supporting community resilience, and strengthening institutional capacity. The call for proposals is expected to be in third week of September.