HEALTH CLUSTER BULLETIN
April 2019

Turkey Cross Border
Emergency type: complex emergency
Reporting period: 01.04.2019 to 30.04.2019

HIGHLIGHTS

- A survey conducted end of February and March in cooperation with partners (SHAFAK – WATAN - ACU), confirmed the rate of infection with blood-borne viruses (namely Hepatitis C) in patients receiving hemodialysis and staff working in the NW Syria Dialysis centers is very high.

- World Immunization Week 2019 was celebrated in the last week of April – aimed to promote the use of vaccines to protect people of all ages against disease.

- Since 28 April, as the closing of the month, three health facilities (two hospitals and one primary health center) suspended operations due to airstrikes. Another six facilities ceased operations as the security worsens in the NWS.

- Eleven NGO health cluster partners are working in Afrin running 29 health facilities; 2 general hospitals, 17 public health care centers, 4 health units and 6 mobile clinics.

- The Turkey Humanitarian Pooled Fund (THF) 2019 1st Standard Allocation was launched on the 29th March 2019. By the closure of the THF GMS as 19 April, 19 projects from 18 agencies were accepted for revision with a cumulative requesting budget of ca. $13M. The available health envelope is $6M.

GAZIANTEP HUB

- 122 HEALTH CLUSTER MEMBERS
- 598,555 TREATMENT COURSES FOR COMMON DISEASES
- 167 FUNCTIONING FIXED PRIMARY HEALTH CARE FACILITIES
- 83 FUNCTIONING HOSPITALS
- 80 MOBILE CLINICS

HEALTH SERVICES

- 942,996 CONSULTATIONS
- 10,855 DELIVERIES ASSISTED BY A SKILLED BIRTH ATTENDANT
- 9,614 REFERRALS
- 1,020,902 MEDICAL PROCEDURES
- 37,865 TRAUMA CASES SUPPORTED
- 3,156 NEW CONFLICT RELATED TRAUMA CASES

VACCINATION

- 8,379 CHILDREN AGED <1 VACCINATED

MENTAL HEALTH SERVICES

- 11,959 MENTAL HEALTH CONSULTATIONS

DISEASE SURVEILLANCE

- 486 SENTINEL SITES REPORTING OUT OF 490

HEALTH / HRP 2019 FUNDING $US

- $8 MILLION HEALTH REQUIREMENTS $449M

1 Supplies were cross border delivered by the WHO Gaziantep Hub and distributed to implementing health cluster partners in NW Syria March 2019.
2 Figures reported and updates are of 31st March 2019.
3 Routine immunization with pentavalent vaccine (5 in 1 vaccine)
Situation update

By the end of April 2019, an increase military offensive was reported on northern Hama and southern Idleb governorates in North-West Syria (NWS). As closing of the month, three health facilities (two hospitals in Hama and one primary health center in Idleb) suspended operations due to airstrikes. Another six facilities ceased operations due intense bombardment in their localities. Displacement of hundreds of thousands is expected towards the further north –west of Idleb and possible into Afrin district.

The health system in Afrin is still very fragile and not fully responding to the needs of the affected populations, which will be hardly hit is major influx of IDPs happens. The Turkey Humanitarian Fund is currently funding health projects in Afrin and WHO supports all 6 mobile clinics currently existing and three PHCs. At the time being access to health care is not sufficient in remote areas where health care provision depends on mobile clinics and their number needs to be increased to reach remote populations more regularly. Also Bulbul and Raju have to be considered as underserved areas.

Deployment of hospitals by NGO partners depend on the authorization and validation of Turkish authorities. The Health Cluster and WHO has been advocating for an increase of hospital beds and negotiations between NGOs and authorities are ongoing. By the end of April 2019, and as part of the response capacity 11 NGO health cluster partners are working in Afrin running 29 health facilities; 2 general hospitals, 17 public health care centers, 4 health units and 6 mobile clinics.

In the described situation, referral services are key to maintain the current system and assure that patients can have access to appropriated services. Mental health services and ambulatory reproductive health care have to be strengthened as services and specialized staff is not available in appropriate numbers. One center for physical rehabilitation exists but is not reporting and it can be assumed that one single center cannot cover the needs for the population.

In the scenario of a massive population displacement (estimated maximum 700,000) into Afrin due to large scale military operations, the existing health services are neither able nor prepared to cope with an increase of activities. Discussions with the Turkish authorities about the necessity of preparedness, the presence of enough partners and the potential scale up are ongoing through the Health Cluster and WHO with the health authorities. The health cluster continues to update the contingency and response plan and a health facility prioritization exercise has been started under the critical ongoing situation.

Public health risks, priorities, needs and gaps

According to Dialysis Task Force lead by WHO and Health Cluster partners, the results of the survey conducted end of February and confirmed in March in cooperation with partners (SHAFAK – WATAN - ACU), the rate of infection with blood-borne viruses (mainly Hepatitis) in patients receiving haemodialysis and staff working in the NW Syria Dialysis centres (20 centres) is very high and there is need to take immediate action to prevent the aggravation of the situation. According to the recommendations adopted after the survey, from Syria Immunization Group (SIG) and health colleagues in the directorates of health in Aleppo and Idleb were coordinated to start a Hepatitis B vaccination campaign to provide prevention for negative patients and staff as well as families of positive patients and staff.

Managers of dialysis units and NGOs supervising the affected centres were requested to communicate with the nearest vaccine centre to each dialysis unit to coordinate the work, develop the data collection mechanism and facilitate the transfer of patients to receive the vaccine.
The duration of the data collection and the completion of the consent forms will be during the first week of May. During the 3 remaining weeks of May, the vaccination campaign will be completed for all beneficiaries. Each vaccine centre at the end of the campaign will provide both dialysis centres and health directorates in the area with the names of the vaccinated persons to compare and keep these records in both (dialysis centre’s records and health directorate’s records).

Furthermore, according to the preliminary data we got from the water sources study, more than half of the 20 dialysis centres are using unusable water. Although in many cases the results were borderline (very close to the values accepted within the criteria), EWARN team stressed to record these results as unusable water only to alert that there is a problem and it is the responsibility of the centres to take corrective measures to avoid exacerbate the problem and become difficult to solve. To ensure the validity and to confirm the results are correct and to avoid errors, a second study was conducted during this month which results are pending. Our colleagues in EWARN, they already part of WASH cluster will share this results with WASH cluster after completing the second study.

**Health Cluster Coordination**

The Turkey Gaziantep Health Cluster was able to held two coordination meetings during the month of April. During the month several new NGOs joined the health cluster and currently we have registered over 120 cluster members and partners.

During the health cluster meeting, the Global Health Cluster (GHC) results of the international partner’s capacity survey conducted in 2018 was shared and discussed. The GHC Partners’ Capacity Survey is an annual exercise that captures information on partners’ technical, operational and coordination capacities, including surge, at global (first phase) and country level (second phase) launched this month. - Links can be accessed for English Version [https://extranet.who.int/dataform/446882?lang=en](https://extranet.who.int/dataform/446882?lang=en) and Arabic version [https://extranet.who.int/dataform/446882?lang=ar](https://extranet.who.int/dataform/446882?lang=ar)

The result of this exercise helps to more effectively identify critical gaps in global health response capacity and inform future partner engagement for the Health Cluster. The first phase’ survey targeted 216 international partners of which 190 were sent tokens and 93 completed the survey, with a 49% response rate. Results around organizational capacity, services offered, and surge deployments were described, as well as the most common barriers to intervention.

Overall, the international NGOs capacity survey results demonstrated that gaps in highly technical areas continue to persist and highlight concerns about quality of service provision and overall response, demonstrated in limited technical capacities. Surge staff capacity and rate of scaling up for maternal and newborn health, operations and logistics, as well as non-communicable diseases and mental health remain weak. Deployment of clinical staff – doctors and nurses – is significantly well-resourced than the core operations support staff (i.e. program managers, operations and logistics). Barriers to response include lack of funding with 58% of partners without unrestricted emergency funds.

The GHC survey of national partners’ capacity targeting national, in our case Syrian NGOs was launched in mid-April and is ongoing at the time of this bulletin. The National partners’ questionnaire-survey addresses the following:

- Description of your organization
- Geographical presence of the organization
- Organisational expertise
- Health services supported by your organization in your humanitarian programmes
- Intervention modalities
- Organisational surge capacity
- Surge capacity in support of Health Cluster Coordination functions
- Logistic support
- Funding
The 2019 THF first Standard Allocation was launched on the OCHA managed Grant Management System (GMS) as of 29 March 2019 and during the month of April partners submitted the project proposals. A Health Cluster Strategic and Technical Review Committees were established from INGOs, NNGOs and the UN agencies. By the closure of the THF GMS as 19 April, 19 projects from 18 agencies were accepted for revision with a cumulative requesting budget of ca. $13M. The available health envelope is $6M.

Support to Health Service Delivery

Celebrated in the last week of April, World Immunization Week aimed to promote the use of vaccines to protect people of all ages against disease. Immunization saves millions of lives every year and is widely recognized as one of the world’s most successful and cost-effective health interventions. Yet, there are still nearly 20 million unvaccinated and under-vaccinated children in the world today.

The theme of this year’s campaign was Protected Together: Vaccines Work!, and the campaign celebrated Vaccine Heroes from around the world – from parents and community members to health workers and innovators – who help ensure we are all protected, at all ages, through the power of vaccines.

In NW Syria, in addition to vaccination campaigns and the support for the re-establishment of a functional routine Expanded Program of Immunization (EPI) against vaccine preventable disease, the Health Cluster’s continues to implement live-savings activities. The summary table below shows the selected group of monthly indicators measure and where we stand as for Q1 2019 in reaching our target* as per the HRP and the cluster annual indicators.

**Table: Health Indicators per month and cumulative as Q1 2019**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total</th>
<th>Reached %*</th>
</tr>
</thead>
<tbody>
<tr>
<td>#OPD consultations (EXCLUDES trauma, mental health and physical rehabilitation)</td>
<td>940,302</td>
<td>874,161</td>
<td>942,996</td>
<td>2,757,459</td>
<td>23%</td>
</tr>
<tr>
<td># treatment courses provided</td>
<td>460,000</td>
<td>156,290</td>
<td>598,353</td>
<td>1,214,645</td>
<td>29%</td>
</tr>
<tr>
<td># hospital Admissions</td>
<td>27,181</td>
<td>24,592</td>
<td>26,080</td>
<td>78,753</td>
<td>23%</td>
</tr>
<tr>
<td>#Vaginal deliveries</td>
<td>7,624</td>
<td>6,852</td>
<td>8,150</td>
<td>22,626</td>
<td>24%</td>
</tr>
<tr>
<td>#C-section</td>
<td>2,283</td>
<td>2,268</td>
<td>2,705</td>
<td>7,256</td>
<td>23%</td>
</tr>
<tr>
<td># Deliveries assisted by skilled attendant</td>
<td>9,907</td>
<td>9,120</td>
<td>10,615</td>
<td>29,642</td>
<td>24%</td>
</tr>
<tr>
<td># Minor surgery</td>
<td>24,792</td>
<td>21,109</td>
<td>20,880</td>
<td>66,781</td>
<td>28%</td>
</tr>
<tr>
<td># Major surgery</td>
<td>8,832</td>
<td>8,434</td>
<td>9,100</td>
<td>26,366</td>
<td>21%</td>
</tr>
<tr>
<td># Trauma cases consultations</td>
<td>36,162</td>
<td>35,512</td>
<td>37,665</td>
<td>111,539</td>
<td>21%</td>
</tr>
<tr>
<td># Mortality related trauma consultations (war related)</td>
<td>2,552</td>
<td>3,650</td>
<td>3,156</td>
<td>9,358</td>
<td>28%</td>
</tr>
<tr>
<td># Physical rehabilitation sessions provided</td>
<td>14,203</td>
<td>17,873</td>
<td>14,939</td>
<td>47,015</td>
<td>44%</td>
</tr>
<tr>
<td># New patients who received physical rehabilitation</td>
<td>1,559</td>
<td>3,673</td>
<td>3,191</td>
<td>8,323</td>
<td>23%</td>
</tr>
<tr>
<td># Mental health consultations</td>
<td>3,894</td>
<td>3,422</td>
<td>4,620</td>
<td>11,935</td>
<td>19%</td>
</tr>
<tr>
<td># New patients who received mental health consultation</td>
<td>1,825</td>
<td>1,825</td>
<td>1,957</td>
<td>5,609</td>
<td>27%</td>
</tr>
<tr>
<td># Children &lt;1 covered with DPT3 or equivalent pentavalent vaccine</td>
<td>8,264</td>
<td>7,669</td>
<td>8,379</td>
<td>24,312</td>
<td>16%</td>
</tr>
<tr>
<td># Children 1-2 years covered with MMR2 or equivalent measles vaccine</td>
<td>7,237</td>
<td>7,208</td>
<td>8,682</td>
<td>23,127</td>
<td>15%</td>
</tr>
<tr>
<td># Referrals inside Syria</td>
<td>7,755</td>
<td>7,223</td>
<td>8,527</td>
<td>23,505</td>
<td>20%</td>
</tr>
<tr>
<td># Referrals to Turkey</td>
<td>1,077</td>
<td>1,021</td>
<td>1,087</td>
<td>3,185</td>
<td>34%</td>
</tr>
<tr>
<td># Referrals Cases</td>
<td>8,882</td>
<td>8,244</td>
<td>9,614</td>
<td>26,940</td>
<td>21%</td>
</tr>
<tr>
<td># Medical procedures*</td>
<td>1,015,320</td>
<td>948,342</td>
<td>1,020,962</td>
<td>3,984,564</td>
<td>23%</td>
</tr>
</tbody>
</table>

*Reached and/or Target when applicable, or as when compare to 2018 average figures.
Health Cluster Technical WGs and Cluster Members Updates

The Sexual and Reproductive Health Working Group: under the leadership of UNFPA as part of the Quality of Health Care services approach finalized an exercise to identifying the most common RH morbidities and mortalities reported.

The top five morbidities are:
- UTIs and STIs
- Hypertension disorders and Pre-eclampsia
- Anaemia
- Miscarriage
- Preterm labour

The top five mortalities are:
- Postpartum haemorrhage
- Antepartum haemorrhage (Abruptio placenta): >20 gestational weeks
- Puerperal sepsis
- First trimester pregnancy bleeding (miscarriage, ectopic pregnancy)
- Eclampsia

Additionally, the SRG WG identified the top five neonatal mortalities as:
- Birth asphyxia
- Birth injuries (e.g. obstructed labour)
- Prematurity, Low-birth weight
- Hypothermia
- Infections

In partnership with UOSSM, the SRH WG developed a training targeting midwives and gynecologists in standarise medical protocols. This training is the third module among the five modules regarding the training package of medical protocols.

The SRH WG developed a package of guidelines in Quality of Care and a pilot of the tools will be rolled out. 9 NGOs (supporting 10 PHCs) expressed their interest in participating in the piloting of the quality of care tools regarding the provided SRH services in the Northwest Syria.

The framework with drafted new tools have been completed, and discussed in the SRH working group. It is planning to start in the middle of May 2019, and the rest of the tools set will be finalized before that time drafting of the new package of RH IEC materials.

In partnership with UNICEF and the Nutrition Cluster the key indicator: Number and proportion of women who initiated breastfeeding within one hour after childbirth is been reported on by 8 NGOs of the SRH WG partners. As of end of March, from a total: 4,243 deliveries almost 78% (3,299) mothers reported breast feeding within one hour.

In February, UNFPA targeted 22 NGOs with 486 full RH kits, 9,000 IUDs and 10,132 oral contraceptives. By the end of April an additional 44 RH kits were distributed covering the BEmONC, CEmONC, PHCs and supported general hospital. -most of the locations were in Aleppo and northern Idleb.

Violet Organization (above picture) supports the following health projects: Ariha Maternity Hospital, Extended Program of Immunization (EPI) centres, seven health units and an ambulance network of 4 ambulances.

By the end of April 2019, Violet Organization teams supported:
- 2,077 outpatients and 286 impatiens beneficiaries in Ariha Maternity Hospital
- 10,144 of medical consultations through the seven health units in Idleb and Aleppo governorates, 70% of them are children.
- 1,400 beneficiaries with laboratory services
- 121 cases reached by violet emergency team through the ambulance systems
- 1,604 children under five benefitted from EPI services in cooperation with SIG team.
- 35 Awareness sessions were being conducted by the EPI staff of the two centres at both facility and community levels.
- 1,801 of direct beneficiaries with nutrition and outreach activities
Al-Ameen for Humanitarian Support (AHS) continues the support of 5 Primary Health Care (PHC) facilities in Afrin district, one PHC in Albab district (‘Euphrates Shield’) and one Comprehensive Health Care facility in Ariha district in Northern West Syria. During the month of April the AHS provided:

- **16,892** primary health care services
- Alameen Centre for Haemodialysis provided **136** sessions to 16 patients with renal failure.
- The Physical Rehabilitation Centre provided **388** physical therapy sessions

In addition, **Al-Ameen** supported **4,845** medical outpatient consultations through Mobile Clinic teams in Albab, Afrin and Ariha districts. The NGO supported three PHC (with outreach activities) in Afrin district with **1,537** immunization services in cooperation with the Syrian Immunization Group. As part of a comprehensive approach and in coordination with the Nutrition Cluster, AHS CMAM centre in Idleb provided **571** services. Nutrition activities were provided in all districts that AHS active. In the PHCs and outreach activities Al-Ameen CHWs conducted **4,273** nutrition services for both children and women.

**AIDoctors** runs a prosthetics and orthotics centre in Jarablus, plus two PHC units in two IDP camps in Sarmada providing outpatient consultation, referral, and health promotion services. **4,769** people received services during the month of April. AIDoctors women’s health centre provides ANC, PNC, and family planning services in Atma. In April, 205 women received services of which 30% of them are reported to be pregnant.

**Monitoring of violence against heath care**

*Physicians for Human Rights (PHR)* visited the Gaziantep hub and the cluster partners to complete an ongoing research project on “‘Detained Medical Personnel in Syria’. According to PHR, the project goals are to:

- Research the characteristics of the arrest, detention and torture of medical personnel.
- Examine the impact of detention, torture, loss and trauma on medical personnel as well as on the capacity of the health system.
- Raise awareness of the persecution of medical workers in Syria – specifically, the arrest, detention and torture of healthcare professionals by the Syrian Government and associated forces.
- Advocate for the release of detained health workers from Syrian prisons and the resolution of the issue of missing health workers. Once return becomes a viable prospect, advocate for the safe return of medical professionals to Syria without fear of reprisals.
- Contribute to building cases for justice and accountability of previously detained medical personnel and/or strengthen the cases of killed medical personnel by providing additional context.

Since the beginning of the year and as of the end of April, 11 attacks on health care were reported to the WHO Surveillance System for Attacks on Health Care (SSA) with a total of 22 deaths and 46 injuries.

For more information: [http://ssa.who.int](http://ssa.who.int)

**Plans for future response:**

The Humanitarian Program Cycle (PHC) Kick Off Workshop, which will take place in Beirut from 14 – 15 May, with WoS Sector Coordinators and Sector/Cluster Coordinators at the hub level invited to take part.

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