These figures are expected to be higher, as not all the facilities affected are reporting to the Health Cluster 4Ws monthly data collection.

Supplies were cross border delivered by the WHO Gaziantep Hub and distributed to implementing health cluster partners in northwest Syria.

Significant decrease (from 80 to 50) due to reclassification between mobile clinics and mobile teams.

Figures reported and updates are from 1-30 April 2019.

Routine immunization with pentavalent vaccine (5 in 1 vaccine)

The Health Sector Humanitarian Response Plan contains 107 projects from 52 partners across Syria valued at $449 Million.

Situation update

Since the beginning of the conflict in Syria, Physicians for Human Rights has documented⁷ 566 attacks on at least 350 health facilities. Any military escalation can be expected to be accompanied by a surge in attacks on health facilities. What is happening now in Idlib is the latest testament to the deliberate nature of attacks on health in Syria and their appalling health and safety consequences on civilians.

According to WHO Surveillance System for Attacks on Health Care –SSA (http://ssa.who.int), since the beginning of the Idleb offensive as the 28th of April and ending in the 31st May 2019, there were 24 attacks on health care registered across Syria, resulting in 5 deaths and 7 injuries of health workers and patients. This does not yet include the attack on As-Suqailbiye Hospital, which occurred on 26 May in North West Hama (GoS held area), which has resulted in 1 death and 4 injuries of health workers and patients. The chronology and location of the attacks in the NW Syria reported to the Gaziantep hub are listed below:

1) 28 April, Latmana Hospital, Hama Governorate  
2) 28 April, Madiq Castle Hospital, Hama Governorate  
3) 30 April, Hbeit Primary Health Care Center, Idlib Governorate  
4) 1 May, Qastun Primary Health Care Center, Hama Governorate  
5) 1 May, Surgical unit in Kafr Nbodah area, Hama Governorate  
6) 2 May, Al Madiq Primary Health Care Center, Hama Governorate  
7) 3 May, Rakaya Sejneh Primary Health Care Centre, Idlib Governorate  
8) 5 May, Has Hospital, Idlib Governorate  
9) 5 May, Kafr Zeita Maghara (cave) Hospital, Hama Governorate  
10) 5 May, Kafr Nobel Hospital, Idlib Governorate  
11) 6 May, Al-Amal Orthopedic Hospital, Idlib Governorate  
12) 6 May, Alzerbeh Primary Health Care Center, Aleppo Governorate  
13) 7 May, Kafr Nbudheh Primary Health Care Center, Hama Governorate  
14) 7 May, middle-Algab Primary Health Care Center, Hama Governorate  
15) 8 May, Kafr Zeita Primary Health Care Center, Hama Governorate  
16) 8 May, Maar Tahroma Primary Health Care Center, Idlib Governorate  
17) 9 May, Has Hospital, Idlib Governorate, (facility hit twice)  
18) 11 May, Alsham Central Hospital, Idlib Governorate  
19) 11 May, middle-Algab Primary Health Care Center, Hama Governorate, (facility hit twice)  
20) 11 May, Al-Hawash Women and Pediatrics (112) Hospital, Hama Governorate  
21) 15 May, Tarmala Dialysis Unit, Idlib Governorate  
22) 15 May, Tarmala Hospital, Idlib Governorate  
23) 28 May, Al Aqra’a (private) Hospital, Idlib Governorate

As the SSA system reports all attacks on health care not only facility base, another reported attacked was on an ambulance driver killed on the 8th of May in Idlib governorate.

From the facilities listed above, seven (the ones with bolded font and underlined) were reported to be deconflicted by the UN OCHA deconfliction mechanism. (the final confirmation is within UN OCHA).

In addition, the heavy shelling targeting northwest Syria resulted in closure of nineteen EPI centres which are still temporarily non-functional including all four EPI centres in Hama and fifteen EPI centres in Idlib. Among the nineteen EPI centres, four health facilities (one in Hama and three in Idlib) were supported by WHO. The 98 EPI centres established in north-western Syria vaccinated more than 67,000 children with more than 203,000 vaccine doses during April 2019.

---

⁷ https://phr.org/resources/syria-destroying-hospitals-to-win-the-war

⁸ also known as Nabd Al-Hayat Hospital
In summary, specifically in northern Hama and southern Idleb, by the end of May there were 31 facilities with suspended health services due to damages or staff and patient safety precaution measures. These facilities collectively served an estimated population of 290,000 with an average of 107,000 monthly medical consultations. The peak of the facilities affected during mid-May was 50. According to the Gaziantep cluster partners’ 4Ws data, the 50 facilities that went out of service as a direct or indirect result of the armed conflict escalation provided over 171,000 outpatient consultations, 2,760 major surgeries, and 1,424 deliveries per month at the peak of the suspension time. All the prior quoted figures are expected to be higher, as not all the facilities affected were regularly reporting to the 4Ws data.

During the escalation of attacks, according to the Syria Immunization Group (SIG), besides hospitals and primary health care centres, 21 of the 98 routine immunization centres have suspended activities, of which four are supported by WHO. Displaced EPI teams (from two EPI centres) will be relocated to the areas with the most of the displaced people have settled.

As of 20 May, CCCM Cluster tracked 201,492 individuals / 38,755 households moved to different communities in Aleppo and Idleb governorates between 1st to 16 May 2019. This brings the total number of IDPs displaced from Northern Hama and Southern Idleb to 239,647 individuals / 45,653 households between 1 April 2019 and 16 May 2019.

By the end of the month, is been estimated over 300,000 displaced individuals. According to OCHA, about a third of these displacements were recorded at IDP sites and reception centres, whereas more than 200,000 displacements were recorded outside IDP sites. Dana in Idleb Governorate remains by far the sub-district that received the largest number of IDPs with more than 173,000 displacements while Aleppo Governorate received about 28,000 displacements. At community level, Atma remains the largest recipient with some 80,000 displacements, followed by Qah with some 48,000 displacements.

The most critical gaps are in northern Hama and in the areas close to the Turkish border, where the most of IDPs have settled. The areas with low coverage of health services included Samidoon, Kalbeet and the area 30 kilometres west of Atmeh. Atmeh camp is a "cluster" of camps falling all under the name of "Atmeh"; around 10,000 new IDPs arrived during last week (estimated 100,000 IDPs population). In response to the movement, one NGO partner launched a new mobile clinic at the southern part of the river to respond to the new compartment of the camp.

In Atmeh camp, the NGO supports two PHCs level III and in each there are five clinics and one protective health care clinic and also providing mental health services. In addition, Atma Hospital is functioning and continuous to provide services. Whilst coordinating with cluster partners, is concluded that Atmeh camp is considered covered in terms of health services provision.

Between Samidoon and Kalbeet areas there are very limited services. NGOs are being directed there. WHO will fund one PHC level II centres in Samidoon starting June 1. Also three mobile PHC units will be in the same area reaching up to 18 communities per week. Vehicles for referrals are also operating in the area for emergency and non-emergency cases.

Another NGOs health partner activated a mobile clinic and visited 9 camps (Safsafa, Al rahman, Qadimoun, Kafr Houm, Abu Talha, Jabel Harem, Omahat Almomenoon, Delbia and Samidoon) on a regular basis, during the past weeks the camps with new IDPS were visited more frequently (Safsafa, Al rahman, Qadimoun, Kafr Houm, Jabel Harem, Delbia and Samidoon) covering 1100 families, new IDPS living in one of the 9 camps mentioned were supplied with blankets, shelter kits and hygiene kits. Water was trucked in for the 1100 families.

In addition, the health partner added 3 hospitals to their regular program (Al Sahel, Jisr sjeghour and Maret Al Neman) were provided with 1 first aid kit and 1 surgical kit each. A further five surgical units supported by WHO are operational in northern Hama and Idleb, providing essential care in these areas and continue to be supported by 13 ambulances.
In relation to the medical ambulance referral system, given the fact that a significant number of facility operations in south Idleb are still suspended, referrals in south Idleb are focused on emergency cases. Given the large flow of displaced people towards north Idleb the referral network reorganized this mechanism and relocated 12 vehicles and ambulances by cluster partners to affected IDPs in displaced locations.

Public health risks, priorities, needs and gaps

The big headlines of health needs identified by the north-western Syria local health authorities came as need for ambulances to evacuate injured people from the field to the remaining active health facilities in the area, mobile clinics to reach IDPs and need for back-up hospitals or health facilities as to replace the ones no longer functional.

The destruction and /or permanent suspension of health facilities left a huge gap in response to the remaining population as well creating a load on health facilities in the areas of IDPs’ movement.

To identify back-up facilities is still a constraint for the partners when they are trying to respond to the needs resulting on the ground and the unpredictable dynamic of the conflict.

Further provision of funds is urgently needed to enable the health cluster to provide health services for vulnerable people including populations living in areas of acute need, districts witnessing increased hostilities and/or overburdened communities. There is an urgent need to scale up or maintain the response in areas which have recently witnessed considerable population displacements in northwest Syria and have placed health partners operating in the area under considerable strain. One of the major needs is the immediate training of CHWs on Psychological First Aid and to help in responding to the new IDPs.

In areas receiving newly displaced individuals such as Dana sub-district, there are major gaps in hospital-bed capacity for children and women inpatient health care services. Failure to invest in essential health services – including rehabilitation/refurbishment of health structures and capacity-building of health care workers – will lead to increased mortality and morbidity among an already-vulnerable population.

The health cluster/sector HRP contains 107 projects from 52 partners valued at 449.1 million. Due to incomplete reporting of committed and received funds by donors and partners, a thorough census of funding levels of each project is not feasible. The health cluster/sector therefore reverts to its severity scale and international standards to determine areas of greatest need (severity 3+) where continuity of funding streams is at risk and/or minimum standards are not yet achieved.

The priorities and objectives stipulated in the 2019 Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) remain reflective of severity level and overall response needs in Syria and should be the basis for any funding strategy in health. Nonetheless, gaps in funding streams, as well as emergent response needs, threaten the disruption of life-saving and life-sustaining essential health services.

Breaks in pipelines in the below areas may and will create an immediate threat to life:

- **Direct service delivery** through health facilities, both static and mobile;
- **Medical supplies and commodities** delivered to health facilities and implementing health partners;
- **Disease surveillance, prevention and response** activities delivered through sentinel reporting sites, immunization and response teams.
The Turkey Gaziantep Health Cluster was able to hold two regular coordination meetings during the month of May. Although, during the month of May several new NGOs joined the health cluster others are temporarily suspending operations; currently we have registered 113 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 or national level (second phase) launched this month. Other agenda items included the attacks on healthcare, the deconfliction mechanism and the response of partners’ vis-à-vis the security situation.

Moreover, the findings of the Third Party Monitoring (TPM) on the WHO Supply Line\(^9\) of medicines and medical supplies were presented by SREO consulting in a session for health cluster partners and donors. The key findings of the TPM are:

- Transportation generally timely and organized. Almost all arrived at the facility level within one month of dispatch.
- Transportation and storage of stock along the supply line resulted in no incidents or damaged stock. However, some damage to boxes was observed.
- Observed stock management practices appear to avoid waste.
- Lack of reported waste suggests supply line is generally relevant.
- Respondents reported dispatched stock met needs to varying extents (respondents reported the supply line met up to 100% of facilities’ needs)
- Respondents noted generic nature of kits limited to varying amounts extent to which the supply line was relevant to specific facility level needs (however, UN procurement system limits tailoring)
- Few beneficiaries reported paying user fees for medicines. No evidence collected that these medicines were provided by WHO.
- All stock followed through the assessment accounted for/ in line with the WHO distribution plan.
- NO evidence of aid diversion. The majority selected WHO equipment traced was verified and in use in facilities.
- Storage areas generally in good condition. However, investments in temperature and humidity control could improve conditions.
- Cold chain predominantly maintained with commercial refrigerators, and polystyrene boxes when in transit. Observed cold chain was not broken. Scope to improve record keeping of cold chain. Observed discrepancies in inventories suggest scope for improvement and standardization in inventorying practices.

Lastly, as a result of this meeting, it was agreed to draft a preliminary framework for monitoring and evaluation and initiate the revision of the essential health service package.

In timely respond, the Deputy Humanitarian Coordinator guided OCHA Turkey Humanitarian Fund (THF) and the clusters to add support operational readiness for new emergencies focusing on the needs of newly displaced people and communities in front-line areas at greatest risk of actual or imminent absence of services. Taking this into consideration, the health cluster in addition to prioritizing live-savings quality health care services with attention to surgical, trauma and injury care at selected needs-base health facilities; and the provision of holistic and standardized quality services for people with special needs, with physical disabilities and mental health including psychiatric care; lastly, further attention was given to the forefront health care facilities and second line referral facilities to able to response to the needs of armed conflict affected population during displacements. At the time of writing this bulletin the THF 1\(^{st}\) SA allocation enveloped stands at $.7.7M in support of the readiness and response in the current situation.

---

\(^9\) Note: WHO supply line is a supply line of last resort intended to cover the most urgent gaps. It is estimated that this supply line addresses about 15 – 20% of the total needs in medicine and supply.
Support to Health Service Delivery

The health cluster partners continue to support the provision of health care services and the monthly 4Ws reported indicators, highlights and the cumulative total HRP followed indicators are seen below:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</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>928,400</td>
<td>3,685,859</td>
<td>31%</td>
</tr>
<tr>
<td>Treatment courses provided</td>
<td>460,000</td>
<td>156,290</td>
<td>598,555</td>
<td>92,400</td>
<td>1,307,245</td>
<td>31%</td>
</tr>
<tr>
<td>Hospital Admissions</td>
<td>27,181</td>
<td>24,592</td>
<td>26,980</td>
<td>26,516</td>
<td>105,269</td>
<td>30%</td>
</tr>
<tr>
<td>Vaginal deliveries</td>
<td>7,624</td>
<td>6,852</td>
<td>8,150</td>
<td>7,200</td>
<td>29,826</td>
<td>31%</td>
</tr>
<tr>
<td>IC-section</td>
<td>2,283</td>
<td>2,268</td>
<td>2,705</td>
<td>2,293</td>
<td>9,549</td>
<td>30%</td>
</tr>
<tr>
<td>Deliveries assisted by skilled attendant</td>
<td>9,307</td>
<td>9,120</td>
<td>10,855</td>
<td>9,493</td>
<td>39,375</td>
<td>31%</td>
</tr>
<tr>
<td>Minor surgery</td>
<td>24,792</td>
<td>21,109</td>
<td>20,880</td>
<td>19,720</td>
<td>86,501</td>
<td>36%</td>
</tr>
<tr>
<td>Major surgery</td>
<td>8,832</td>
<td>8,434</td>
<td>9,100</td>
<td>7,390</td>
<td>36,096</td>
<td>29%</td>
</tr>
<tr>
<td>Trauma cases consultations</td>
<td>38,182</td>
<td>35,512</td>
<td>37,865</td>
<td>40,970</td>
<td>152,529</td>
<td>29%</td>
</tr>
<tr>
<td>Hostility-related trauma consultations (war related)</td>
<td>2,552</td>
<td>3,650</td>
<td>3,156</td>
<td>4,478</td>
<td>13,836</td>
<td>41%</td>
</tr>
<tr>
<td>Physical rehabilitation sessions provided</td>
<td>14,203</td>
<td>17,873</td>
<td>14,939</td>
<td>15,884</td>
<td>62,899</td>
<td>59%</td>
</tr>
<tr>
<td>New patients who received Physical Rehabilitation</td>
<td>2,599</td>
<td>3,867</td>
<td>3,191</td>
<td>3,247</td>
<td>12,904</td>
<td>30%</td>
</tr>
<tr>
<td>Mental health consultations</td>
<td>3,894</td>
<td>3,432</td>
<td>4,633</td>
<td>4,199</td>
<td>16,158</td>
<td>26%</td>
</tr>
<tr>
<td>New patients who received mental health consultation</td>
<td>1,923</td>
<td>1,925</td>
<td>1,957</td>
<td>1,527</td>
<td>7,332</td>
<td>34%</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>9,268</td>
<td>33,580</td>
<td>22%</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>8,862</td>
<td>10,355</td>
<td>33,662</td>
<td>22%</td>
</tr>
<tr>
<td>Referrals inside Syria</td>
<td>7,755</td>
<td>7,223</td>
<td>8,527</td>
<td>8,036</td>
<td>31,541</td>
<td>27%</td>
</tr>
<tr>
<td>Referrals to Turkey</td>
<td>1,077</td>
<td>1,021</td>
<td>1,087</td>
<td>1,133</td>
<td>4,318</td>
<td>6%</td>
</tr>
<tr>
<td>Referrals Cases</td>
<td>8,832</td>
<td>8,244</td>
<td>9,614</td>
<td>9,169</td>
<td>35,859</td>
<td>28%</td>
</tr>
<tr>
<td>Medical procedures*</td>
<td>1,015,320</td>
<td>948,342</td>
<td>1,020,902</td>
<td>1,008,115</td>
<td>3,992,679</td>
<td>31%</td>
</tr>
</tbody>
</table>

Note: *Reached and/or target as applicable, when compare to 2018 average yearly figures.

Health Cluster Technical WGs and Members Updates

Al-Resala Foundation: Syria is the country that his crisis was perhaps the most severe crisis after the World War II. This crisis affected the whole country, the economy, living conditions, people (women, children, men and elders).

For eight years, no one has been spared the horrors of this crisis. Some of them emigrated and left their homeland, some of whom have been deprived of completing their education and fulfilling their dream. Some of them even within their country have separated from their families and relatives. Some have lost their money, property and homes and their house became a tent in IDPs or refugee camps where they spend the summer and winter in cold and or hot unprotected weather conditions.

Others lose their work which earns their livelihood and became without source of income. All these harsh conditions have made every Syrian sit and look to his future wondering... When will the end be? and how? And how long we will continue in this pain?

All these made the great proportion of Syrians suffer from psychological fatigue and depression in various degrees.

Severe service gaps in mental health and physical rehabilitation were found in the Afrin Rapid Needs Assessment on June 2018. In response, Al-Resala opened a centre providing mental health and psychosocial support following the mhGAP approach. Al-Resala as a humanitarian organization seeks primarily to alleviate the suffering of people and improve their social, living and wellbeing conditions.
In complementarity for the Trauma and Disabilities WG the Medical Education Council (MEC) is implementing the project of the Academic Centre for Physical Therapy in Idleb - Marat Al-Nu'man (the same city of Marat Al-Nu'man).

The Academic Centre for Physical Therapy is a centre that provides physiotherapy services for patients and injured for free of charge. It is supervised by five male and three female therapists. It is equipped with many devices for physiotherapy, both kinetic and electrical. The centre also provides some aids for patients such as wheelchairs, crutches and walkers according to the available facilities.

Work in the centre lasts six days a week with a day off (Friday), where the rotation is at 3 days for male patients and 3 days for the treatment of female patients. Previously, the centre received about 35 patients a day during the treatment days for men, and about 25 patients during the days of female treatment. From the beginning of May until the date of this report, and because of the intensification of shelling on the area, the work in the centre was suspended until further notice.

Hand in Hand for Aid and Development (HIHFAD) continued provision of health services during May 2019 and responded to the new increase of IDPs on the community and camps by establishing a mobile clinic in Deir Hassan Camps in coordination with the local health authorities on May 11th and HIHFAD is working now to establish the second mobile clinic in Atmeh Camps on 3rd June.

HIHFAD supported Kafr Nobol Surgical Hospital was targeted by airstrikes on May 5th and resume emergency services on 11 May. On the 17th May, the hospital resume all functions and since then, it provided 133 Trauma surgeries, 47 referral cases and serviced 388 war related injured civilians.

In partnership with the Turkish Red crescent (TRC), on 15th May, HIHFAD (above picture) established a multi-clinics mobile unit and 2 dental mobile clinics in Afrin district. The multi clinics includes X-ray and laboratory services been the first in type in the area.
The mobile clinics began operating on May 18, 2019 in Jisr Alshaghour, Saraqeb, Maarat Masreens, Aldana, and Quorqania. The mobile clinics provided medical services to 894 people in the first three days of operation; 502 doctor visits, 392 nutrition and community health services.

In addition, mental health mobile clinics, part of Sarmada Hospital, visited the Meeznaz Camp in Maarat Al Akhwan providing emergency mental health services and psychosocial support. The UOSSM Dayr Hasan Community Health team provided advice to the newly displaced families in areas near the centre.

The World Health Organization (WHO) during May 2019 delivered six truckloads (33.9 tonnes, 184.8cbm) of medical supplies, including: Burn dressing kits, Surgical Supply Kits, IEHK- Basis & Supplementary, Italian Trauma A and B kits, Anaesthesia Kits, Essential Medicines, Insulin, Insulin Syringes, Rapid Diagnostic Test Cholera Dipsticks and Glucantime) through Bab Al Salam and Bab Al Hawa crossing points.

The supplies will provide 913,445 treatments to respond to the ongoing humanitarian crisis in Syria, including enough Insulin to treat 33260 insulin dependent diabetic patients for one month. The trauma kits, will support at least 700 trauma patients and the surgical supply kits covering the needs for 600 surgeries.

The distribution will be supporting 158 facilities (124 PHC, 34 SHC). 13 out of 22 in Harim, Dana (8PHC, 5SHC) and 2 out of 22 PHC facilities are in Harim, Salqin. A part of the supplies will also replenish the emergency stocks which were handed out in March.

**Monitoring of violence against health care**

In north-western Syria, the health care is under attack. The sanctity of health care, the right to health, and International Humanitarian Law are threatened. Such attacks deprive people of urgently needed care, endanger health care providers, and undermine health systems.

As reported in the SSA (http://ssa.who.int) - insert below- since the beginning of the year 32 attacks have been reported against the health care in Syria with 27 deaths and 53 injured.

As the conflict in NW Syria intensifies, WHO as cluster lead agency and the Health Cluster reminds all parties to the conflict that attacks on health facilities are a blatant violation of international humanitarian law. Health facilities must never be attacked or damaged, and health workers should be allowed to provide medical treatment and services to all people in need wherever they are.

**Plans for future response:**

- HIHFAD will operate two tuberculosis treatment centres in Idlib and Aleppo Governorates with the support of WHO.
- WHO is currently in the process of procuring additional essential medicine supplies with funding from DFID to cover 30 primary healthcare centres.
- The MHPSS WG is coordinating to mobilize (ongoing) all the fixed non-specialized and specialized MHPSS facilities and provide immediate MHPSS services to the IDPs. As well, to mobilize (ongoing) all the Mental Health mobile clinic teams to respond to the areas where IDPs are located and without any MHPSS services available.
- EPI Centres, which cannot resume activities in the coming weeks will be relocated or merged with already existing centres.
- The OCHA managed Turkey Humanitarian Fund 2019 15 SA have been completed and 15 projects have been approved by the reviews committees pending financial clearance. Partners should receive in June an estimated total $7.7M.
- SREO will prepare a monitoring framework for implementing cluster partners in the WHO Medical Supply Line that will inform future routine third party monitoring.

**Contacts:**

Dr Annette Heinzelmann
Emergency Coordinator
World Health Organization
Mobile: +90 530 011 4948
Email: heinzelmanna@who.int

Dr Jorge MARTINEZ
Health Cluster Coordinator
World Health Organization
Mobile: +90 530 238 8669
Email: martinezj@who.int

Mr Mohammed Elamein
Information Management Officer
World Health Organization
Mobile: +90 534 355 4947
Email: elameinm@who.int