Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northern Syria.

Routine immunization with pentavalent vaccine


Turkey Cross Border
Emergency type: complex emergency
Reporting period: 01.08.2018 to 31.08.2018

11.3 MILLION
IN NEED OF
HEALTH ASSISTANCE

6.6 MILLION
INTERNALLY
DISPLACED

3.58 MILLION
SYRIAN REFUGGES
IN TURKEY

130* ATTACKS
AGAINST HEALTH CARE
(*JAN-AUGUST 2018)

HIGHLIGHTS

World Humanitarian Day 2018
This year’s World Humanitarian Day (WHD) marks the fifteenth anniversary since the attack on the Canal Hotel in Baghdad, Iraq, which killed 22 people, including the Special Representative of the Secretary-General for Iraq, Sergio Vieira de Mello. In 2008, the UN adopted a resolution designating 19 August as World Humanitarian Day.

- Humanitarians and health workers are frequently targeted in attacks and prevented from carrying out impartial humanitarian and/or medical activities.

- Since the attack on the Canal Hotel in 2003, over 4,000 humanitarians have been killed, injured, detained, kidnapped and prevented from responding to those in need. That is an average of 300 cases a year.

- In 2017, WHO recorded 322 attacks across conflict-affected countries including Afghanistan, CAR, DRC, Iraq, Libya, Mali, Nigeria, Somalia, South Sudan, Sudan and Syria. These resulted in 242 deaths of and 229 injuries to medical personnel and patients. (SG 2018 POC report)

- World Breastfeeding Week is celebrated every 1 to 7 August globally to promote and support breastfeeding as foundation of a healthy life.

HEALTH CLUSTER BULLETIN
August 2018

96 HEALTH CLUSTER PARTNERS
178,820 TREATMENT COURSES FOR COMMON DISEASES
159 FUNCTIONING FIXED PRIMARY HEALTH CARE FACILITIES
77 FUNCTIONING HOSPITALS
70 MOBILE CLINICS

1,095,591 CONSULTATIONS
10,115 DELIVERIES ASSISTED BY A SKILLED ATTENDANT
15,842 REFERRALS
1,129,024 MEDICAL PROCEDURES
49,764 TRAUMA CASES SUPPORTED

18,297 CHILDREN AGED <5 VACCINATED
7,502 MENTAL HEALTH CONSULTATIONS
454 SENTINEL SITES REPORTING OUT OF A TOTAL OF 464

87.8M MILLION RECEIVED IN 2018

3 Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northern Syria.
2 Routine immunization with pentavalent vaccine
Situation update

During the first half of 2018, hostilities significantly escalated in many areas across Syria with attacks on civilians and civilian infrastructure, in violation of existing local agreements and de-escalation agreements and Security Council resolutions. As in the previous seven years of the crisis, violence, insecurity and shifting frontlines remained the principle driver of civilian displacement and prevented the safe return of displaced populations, resulting in acute and protracted humanitarian needs.

Since November 2017, hostilities between Government of Syria (GoS) forces and non-state armed groups (NSAGs) in northern rural Hama, southern rural Idleb and southern rural Aleppo have escalated significantly. Late 2017 and early 2018, the Camp Coordination and Camp Management Cluster (CCCM) tracked over 385,000 displaced people who arrived to the central and northern parts of Idleb Governorate (some may be secondary displacements) as a result of the GoS offensive on areas east and south Idleb and northern Hama. Some of them have returned to their communities and others are still displaced. An additional 80,000 people were forcibly displaced towards Idleb from Eastern Ghouta, northern Homs and south Damascus and about 40,000 people arrived to north Aleppo countryside. This ongoing conflict resulted in destruction and potential explosive hazard contamination of civilian infrastructure including health facilities, and has further disrupted the humanitarian response health activities.

Almost three million people are currently living in NSAG-controlled areas of Idleb, western Aleppo, northern Hama and eastern Latakia, where the security situation remains volatile and unstable. The ongoing conflict has had a negative impact on civilian populations, resulted in mass displacements and the destruction of civilian infrastructure, including medical facilities and settlements hosting displaced populations. Less than half of the previously existing public health facilities remain functional across areas that may soon witness increased violence.

In Afrin district, 136,000 individuals are estimated to remain in the district, including more than 40,000 in Afrin city. An additional 134,000 people from Afrin district remain displaced in the Tall Refaat sub-district, Nabul and Zahraa towns and surrounding communities.

A large wave of displacement to the north within the NGAG areas (as illustrated in the map) is likely to follow the offensive in the NW / Idleb de-escalation areas. Hundreds of thousands of people may move into the Afrin and Euphrates Shield area with estimates of 200,000 - 700,000 people potentially displaced.

Mass displacements create complex health needs and challenges. Displaced people are at increased risk of infectious diseases due to limited access to safe water and sanitation, overcrowding and other risk factors. Some of these individuals are patients suffering from trauma injuries that still require post-surgical care, disability and rehabilitation services. A majority of displaced people require maternal and child health services, continuity of care for the prevention and treatment of cardiovascular and renal diseases, diabetes, cancer, mental health and psychosocial services.
Public health risks, priorities, needs and gaps

Key issues that continue to restrict swift humanitarian response to thousands in need include, but not limited to, are the temporary suspension of cross-border convoys, protection issues and security concerns. Furthermore, while many cluster members and health staff in areas that have recently come under GoS control have indicated willingness to continue their work, they requested security guarantees for their protection and ability to continue operating.

Ongoing hostilities and constraints on access and commercial movement are likely to have led to further disruption of the health services and shortages of medicines, food items and fuel. The Turkey Health Cluster has identified critical health gaps which are expected to further deteriorate:

- Ongoing polio and measles outbreak likely to increase due to limited immunization services
- Reduction in dialysis care for renal patients (immediate)
- Reduction in availability of anaesthetics drugs (immediate)
- Limited surgical orthopaedics supplies (ongoing)
- Lack of tuberculosis treatments (critical)
- Equipment for ambulances (assessment required)
- Medical and surgical health facility equipment gaps in all of NW Syria governorates (assessment required)

Health Cluster coordination

Two health cluster coordination meetings were held during the month of August 2018. The main issues addressed during the meetings were the health partners’ capacity and readiness to respond to the imminent conflict escalation affecting mainly Idlib governorate and the potential further population displacements into NW Syria. A cluster and inter-cluster readiness and response plan was developed as a working document with capacities, priorities and gaps identified for the response.

The health cluster partners response is based on the assumption of unhindered humanitarian access to IDPs in the new locations. WHO, as CLA, and the Health Cluster Coordinator on behalf of the partners have started proactively engaging with the Government of Turkey health authorities on this issue. The GoT health authorities, represented by Hatay Health Directorate, and Ankara, at central level, have showed interest and a positive response to strengthening coordination with the health cluster partners. Regular coordination has followed, as is necessary to understand what dynamics will exist to allow for cross-border access activities and partners’ facilitation.

Furthermore, as the dynamics have changed in the last few months more Turkish NGOs are becoming active as health cluster members, giving further clarity to the available resources and services, needs and gaps. This established direct coordination with Turkish NGOs and with the Turkish health authorities will potentially improve effective use of resources and improve the timely coordination of services to the affected population in newly displaced Syrian GoT supported areas.

Support to health service delivery

As end of July, 88 primary health care facilities are providing services of expanded programme of routine immunization.

During July 2018, the Health Cluster reporting active members provided 1,095,591 outpatient consultations and supported 30,776 hospital admissions. 10,089 people living with disabilities were supported with rehabilitation services.
Nutrition

The Nutrition cluster analysis concludes that, life-saving preventive and curative interventions reach only 33% of the accessible communities in Idleb and rural Aleppo, with less than 20% of the critical communities reached with those needy services. Reasons for low coverages are; relatively few partners are working in nutrition compared with other child survival clusters, limited funding for nutrition and insecurity. Shortage of food due to accessibility, availability and affordability has compounded nutrition status among the most vulnerable population which are mothers (including pregnant and lactating women) as well as children younger than 5 years.

The latest Knowledge, Attitudes and Practices (KAP) survey (March 2017) conducted in Idleb recommends that there is a need for strengthening infant feeding practices through behavioural change communication and messaging. It is estimated that nearly 85% of the pregnant and lactating women have no access to necessary micronutrients and less than 1% of children 6-59 months have access to vitamin A.

![MUAC Nutrition screening. Photo by Mercy-USA.](image)

Co-existing morbidities among children and mothers such as measles outbreaks and maternal anaemia interplay to fast track not only global wasting but also deteriorates stunting among children which has a longer-term impact on the future of Syrian children affected. Stunting trends show high prevalence in Idleb and Aleppo (in the surveyed areas) and if not responded to through integrated nutrition sensitive approach that would have a long term cognitive and productive impacts on children. Similarly, surveillance data for rural Aleppo shows increasing trends of both acute and chronic malnutrition coupled with an increasing need especially in Euphrates Shield area. Malnutrition rates almost doubled during the past six months in Aleppo and tripled in Idleb.

Mental Health and Psychosocial Support Services

In the month of August, a MHPSS Assessment for Idleb covered 20 sub-districts – 42 interviews and 23 focused group discussions. The main findings regarding the needs of the newly arrived IDPs include: (1) WASH needs; (2) overcrowding and lack of privacy (protection issues); (3) needs at psychological level (stressful life events prior to the displacement, uncertainty of the future, chronic exposure to life stressors; (4) needs at social level (separation from family members in camps, family arguments and fighting, domestic violence, discrimination and bullying, lack of education and playing space for children); (5) security needs (robbery, kidnapping, assassination, exploitation, and harassment); (6) integration difficulties related to social cohesion.

The most at risk groups were isolated women and children and affected populations felt they have limited control over their lives and limited access to activities or opportunities. The assessment shows a need for social services, livelihood projects, relief assistance and awareness rising. Women expressed needs for support in caregiving and parenting, especially information on how to help children cope and how to deal with their own psychological distress, structured classes on positive parenting for all ages and Early Childhood Development.

Based on the findings, it is recommended to focus on (1) coordination and access to mental health services and informal psychosocial learning activities; (2) community-based psychosocial support including protection (peer support); (3) strengthening of referral to specialized mental health care services and reinforce integration of MHPSS at PHC level; (4) follow-up MHPSS assessment among direct beneficiaries; (5) psychological education and key messages on psychosocial distress; (6) multi-sectoral intervention in maintaining dignity with self-reliance, especially for men (job opportunities and recreational activities); (7) protection related support esp. for children; (8) education related programs and integration of MHPSS; maintain gender-based approach ; (9) respecting community sensitivity.
The main findings of the current problems and stressors identified among newly arrived IDPs include: limited to non-water and sanitation services; lack of privacy (protection issues); psychological and psychosocial needs; stressful life events prior to displacement, uncertainty of their future, community highly and chronically exposed to life stressors, separation from family members in camps, family arguments and fighting, domestic violence, discrimination with conflict and bullying among different groups; lack of education, playing space for children; safety and security concerns: robbery, kidnapping, assassination, exploitation, and harassments; and integration difficulties related to social cohesions.

- Among children: lack of safe play areas and spaces; lack of access to needed health care; and parents are afraid of having an unhealthy generation of children.
- Among women: lack of dignity and humiliation by not being able to access basic needs; high burden on female heads of households.
- Among men: boredom, lack for activities and rising tensions.

**Non-Communicable Diseases**

The Non-Communicable Disease (NCD) Working Group conducted a training for 27 doctors working inside north Syria, (principally Idlib governorate) and others working as NCD leads, health coordinators and managers for NGOs supporting northern Syria from Turkey. The training was devoted to the medical management of hypertension, diabetes and chronic lung diseases, with a mixture of presentations, discussions, addressing clinical and consultation skills. A full day was dedicated to cardiovascular diseases and the care of complex cases.

**Sexual and Reproductive Health**

The World Breastfeeding Week (WBW) is celebrated every 1 to 7 August globally to promote and support breastfeeding.

The WG reminded the partners about the benefits of breastfeeding as a major strategy for newborn survival. It is even more important in a crisis setting due to the limited access to safe water. It also has longer term benefits for the child development and health.

Breastfeeding is safe, sustainable, affordable and reliable. It provides all needed nutrients and contains antibodies that helps protect infants from common potentially life threatening childhood illnesses. Other benefits include:

- Breastfeeding also helps reduce women bleeding after birth by inducing uterine contractions.
- Breastfeeding reduces women risks of ovarian and breast cancer.
- Under certain conditions (frequent day and night feeds), during the first six months, it contributes to child spacing.
- Breastfeeding is NOT contraindicated after a C-section or any other operative birth procedure.
- Contraception is NOT contraindicated during breastfeeding.
Members Updates:

**Alliance of International Doctors (AIDoctors):** supports two PHC units in two IDP camps in Sarmada. AIDoctors is providing medical outpatient consultations, referrals, and health promotion activities. The NGO also supports a women’s health centre in Atma, providing ANC, PNC and family planning services.

*Figure: AIDdoctors providing free services & drugs to IDPs.*

**Al-Ameen Organization for Humanitarian Support** operates and supports six primary health care centres, one specialized centre, a comprehensive health centre, and a secondary health care facility. In addition, it supports 16 mobile clinics covering the areas of Afrin, Al-Bab and Ariha. In August, the PHCs and mobile clinics provided 39,650 primary health care consultations, nutrition and MHPSS services.

In Ariha Idlib, **Al-Ameen** supported one dialysis centre with 250 treatments, and a physical rehabilitation centre servicing 350 beneficiaries. The partner supported one Maternity and Child Hospital with 1,260 outpatient consultations, 335 in-patients services, 121 Caesarean-sections and 214 normal deliveries during the month of August.

**UOSSM**, in partnership with the Idlib Health Directorate, will train 100 female doctors, midwives, and workers in the field of reproductive health care in northern Syria.

The trainings will follow protocols of the Reproductive Health team under the direction of **UNFPA**. The trainees were categorized into four groups of 25 each, and the trainings last for 25 days over the course of 10 months, where clinical training sessions will be provided.

**Bahar Organization**: Bahar delivers primary and secondary health services in Afrin district through three PHCs and one general hospital which is in Afrin city centre.

- **Bahar PHC #1**: located in Afrin city and delivers primary health services including consultations, medicine, and referral services. The centre contains clinics for internal medicine, Reproductive Health RH, paediatrics and nutrition, Leishmaniasis, laboratory and a pharmacy. Besides, there is a tuberculosis clinic in a separate building.

- **Bahar PHC #2**: located in Afrin city and delivers basic health services. The medical staffs consist of a General Practitioner GP, Internist, nurses, and a midwife. There are two clinics at the centre with a pharmacy.

- **Bahar PHC #3**: located in Ma’abatli city and provides basic health services for the affected people in the area. The staffs consist of a GP, nurse, and a midwife, besides the administration staff.

- **Bahar Hospital**: located in Afrin and consists of several wards including: maternity and birthing, paediatrics, in-patient and out-patient, operations, ICU, emergency, X-ray, laboratory, and a pharmacy.

*Figure: Bahar supported dialysis centre in Afrin.*

**Bahar** supports a dialysis center in Afrin (above pic) providing an average of 400 dialysis sessions for about 40 ESRD patients per month. In Idlib, Bahar runs a Mobile Clinic in Ariha district and covers a total of 6 communities in the area. The MC delivers essential health and nutrition services to affected population, besides referral services.
Members Updates cont.:  

**Syrian Relief and Development (SRD)** supports 23 primary health care facilities and seven secondary health care facilities in northern Syria. The PHCs provided 44,043 primary health care and MHPSS services and the secondary care facilities including two trauma hospitals provided 9,522 outpatient consultations, 815 inpatients services, 751 minor surgeries and 520 major surgeries during the month of August. In addition, during the month SRD supported two dialysis centres in Aleppo with 769 treatments given; and as well two Rehab Centres (Jarjanaz, Idleb and Al-Bab, Aleppo) servicing 117 beneficiaries.

**SRD**’s five Maternity and Child Hospitals provided 18,065 outpatient and 1,935 inpatients services; and 919 normal deliveries and 268 Caesarean-sections. Ten integrated Family planning-GBV mobile clinics and three Women Safe space centres provided consultations of RH and GBV services.

**Medical Relief for Syria (MRFS)** health facilities provided 50,780 outpatient consultations and 848 patient-transfers with 15 ambulances across camps in Aleppo and Idleb. The total visits comprised 9,845 (19%) basic reproductive health services and 15,195 (30%) consultations for children aged 0 – 14.

Three static primary health clinics in Aleppo (Bab Al-Salameh, Olive Grove and Khan Toman) delivered services to 10,534 patients, covering 34% of PHC visits in August 2018. The static primary health in Idleb (Atmeh 1, Atmeh 2, Green Idleb and Kafer Yahmoul) offered 20,779 consultations, making 66% of visits to PHCs. Number of consultations provided per PHC was 4,473, 5,195 for Idleb and 3,511 for Aleppo.

**MRFS** field hospital in Atmeh carried out 11,893 (23%) of the consultations and 7,574 (15%) were carried out in 5 mobile clinics. There were 6,802 consultations in mobile clinic in Aleppo and 772 in Atmeh.

MHPSS regular case management services were provided both in Aleppo (Bab Al-Salameh and Bab Al-Nour) and Idleb (Atmeh and Karameh). The MHPSS department began 93 new cases and had 396 follow-up clients in the month of August.

The Health Cluster partners are coordinating the existing 13 **WHO**-supported local NGO mobile teams, and 35 fixed facilities to provide health care and effective referral at the transit points and in the areas of resettlement of the newly arrived internally displaced people.

**Monitoring of violence against health care**

Health care is under attack. The sanctity of health care, the right to health care, and International Humanitarian Law (IHL) are threatened: patients are shot in their hospital beds, medical personnel are menaced or attacked, facilities are bombed, depriving people of urgently needed care, endangering health care providers, undermining health systems and long term public health goals, and contributing to the deterioration in the health and wellbeing of affected populations.

Five incidents of violence against the health care infrastructure were reported in August 2018. Although no casualties were reported within the attacks to health facilities, a Human Appeal International staff pharmacist and family lost their lives during an air strike.

**WHO** as the Health Cluster lead agency seeks to ensure that:

- Health workers are protected and can provide health care in a safe and protected environment;
- Patients have access to health care when they need it most;
- Parties to conflict understand and uphold their responsibilities under IHL;
- Health care delivery is not disrupted by attacks; and
- All forms of violence against health care stop.

**#NOTATARGET**

**WorldHumanitarianDay.org**
plans for future response

- As part of the Idleb de-escalation readiness and response activities, as some humanitarian assets may become unavailable to access due to shift in control lines, looting, etc.; large scale pre-positioning needs to be carefully considered. The Health cluster will pre-position according to the possible phases of the planning scenarios development in identified geographical areas.

- The prepositioning and preparedness includes maintaining the medical emergency supply line for NW Syria from Turkey and the strengthening in the surgical and critical medical response capacity of geographical “safe” hospital alone borderline with Turkey (such as Bab Al-Hawa, Atmeh, Darkoosh, Aqrabat, Dana and Harem, Kafr Takarem). WHO will also deploy additional trauma and surgical kits, sufficient to treat 150% increase of trauma cases.

- Re-location of warehouses and stocks: Based on the assumptions, the cluster had identified partners so will be able to immediately move their stocks and shift their programs from districts in southern Idleb and northern Hama to northern Idleb and Aleppo.

- The health cluster will scale up the critical care for non-communicable diseases, by providing life-saving treatment for patients with diabetes and kidney failure.

- WHO together with SIG and Afrin-based NGO partners and in direct coordination with the Turkish health authorities will conduct supplementary vaccination against polio campaign in Afrin and Euphrates Shield area in order to close the gap of vaccination coverage. This will be followed by the polio campaign for whole north-west areas, which are not accessible for the cross-line and national vaccination activities.

- The health cluster partners supported by WHO, updated the preparedness plan for chemical events and will refresh the stocks of medicines inside Syria to treat cases of exposure to chemical agents.

- WHO will further deploy additional stocks of rapid diagnostic cholera kits and laboratory supplies, as well as medicines for treatment of diarrheal cases and control of a potential cholera outbreak.

Note: Health cluster strategic response plan has been developed and area based operational plans are been finalized with all cluster members.

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