The total People in Need (PIN) for the WoS Health cluster/sector has increased by 700,000 people, from 11.3 million during the last quarter of 2017, to 12 million by the end of June 2018. A significant reason for the increase in PIN is the displacement of approximately 560,000 people to northwest Syria (NWS) in the first 6 months of the year.

During the first 6-months of 2018, the Turkey-Gaziantep Health Cluster reporting members provided 6,015,772 outpatient consultations, 173,910 hospital admissions, and supported 52,594 people living with disabilities with rehabilitation services.

According to the latest monthly IDP Sites Integrated Monitoring Matrix, there are 313 registered IDPs sites hosting 437,747 IDPs in NW Syria. In Idleb, there are 276 sites with 302,547 IDPs. The majority of the IDP sites are by running beyond their absorption capacity at 400% and health partners unable to cover all sites and needs.

Increased armed hostilities are expected in the northwest Syria, with significant displacements (from estimated 200,000 to over 700,000) expected in Idleb and surrounding areas.

The current humanitarian situation is characterized by a rise in the number of people in need and a sharp decrease in funding.

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1 Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northwest Syria.
2 Routine immunization with pentavalent vaccine children U5
3 Medical staff and community health care workers trained with WHO CLA support.
Situation update

The escalation of hostilities in mid-June in Dara and Quneitra governorates and the subsequent local agreements have triggered displacement of up to 184,000 people by end of July. Thousands of IDPs (over 10,000) reallocated to areas in the north, including Idlib and northern Aleppo governorate.

The response to health needs in Idlib was constrained due to increased insecurity, including attacks on health workers.

These shifting dynamics have driven new patterns of displacement, often increasing the health-related vulnerability of the population. Increased hostilities are expected in the North West in the coming period, to result in displacements of 250,000 to over 700,000 people in Idlib and surrounding areas. This will cause an increased need for humanitarian assistance to the new vulnerable and host communities, especially emergency health services.

Public health risks, priorities, needs and gaps

Less than half of the previously existing public health facilities remain fully functional, resulting in gaps in essential health service provision, such as vaccination, antenatal care, deliveries, and family planning.

In addition, population experience higher needs in trauma, mental health and physical disability care. The waiting lists for prosthetic services, where available, are a clear indication of this service gap. With just a single NGO providing burns care in northeast and northwest Syria, the needs far outstrip the supply of this critical service beyond the humanitarian limitations.

Non-communicable diseases such as hypertension, diabetes, renal diseases, and chronic respiratory illnesses remain a main cause of morbidity and mortality in Syria and pose a great burden on the disrupted health system especially in the northwest of the country.

Urgently addressing health needs of populations located in areas subject to changes in control is challenging, as it required very rapid upscaling of service delivery with very few partners that had the operational capacity to respond rapidly.

Finally, while clinical care for sexual assault survivors and gender-based violence is being rolled out across the country, a significant expansion is required to cover the estimated needs. Only limited reproductive and child care services are available, as the initial focus tends to be on trauma care, immunization and nutrition screening.
Health Cluster Action

Health Cluster Coordination

The Turkey Health Cluster (THC) is currently comprised of 96 partners including national and international NGOs, UN agencies, donors and observers. Over recent months, several cluster stakeholders have expressed concerns regarding cluster management arrangements which are perceived to be impeding the focus and effectiveness of health cluster action and partnership. Substantial dialogue between partners, WHO and OCHA in Gaziantep has taken place to address expressed concerns; however shared co-coordination arrangements remain unresolved.

With regard to the mentioned above, the Global Health Cluster, supported by OCHA, conducted a support mission on 20 - 27 July 2018, in order to review the Health Cluster management arrangements and processes in accordance with IASC guidance and to ensure the cluster fulfil its core functions to meet the needs of the affected population through effective and accountable collective action. As part of the methodology for the review, a Partner Satisfaction Survey\(^5\) was used and the findings presented at the Health Cluster workshop held 26 July 2016.

Based on the review, the THC is functioning well and the response is relevant and appropriate. However, key emerging areas needs improvement: (1) clarity and transparency around pooled funds; (2) Technical Working Groups (TWGs) needing clarity of purpose, more expert membership; (3) steps to improve transparency and participation in the cluster; (4) clarity and decision on co-coordination.

**Key Recommendations:**

- To clarify function and selection process for the Pooled Fund Technical Review Committee.
- To harmonise the TWGs management and engage more partner with relevant expertise.
- To re-boot the SAG (review of ToR and membership) to strengthen its strategic and advisory role.
- To maintain current suspension of co-coordinator until decision on UN cross border resolution.

"Turkey Health Cluster should re-focus its all its energies on operational priorities such as readiness and response for emerging needs and addressing structural issues such as the SAG and TWGs."

Linda Doull, Global Health Cluster

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\(^5\) The survey analysis and workshop presentation will be shared with partner when mission report finalized by August 2018.
Inter-Cluster Coordination

Continuous fighting erupted since January 2018 has resulted in additional IDPs relocated in Idleb and northern Aleppo. Shortage of food, availability and affordability has compounded nutrition status among the most vulnerable population, who tend to be mothers (including pregnant and lactating women) and children younger than five years. Even though malnutrition rates remain below the international emergency thresholds (10-11%), the trend of deterioration is rapid and without proper and optimal interventions malnutrition rates very soon will hit and exceed international benchmarks.

The Afrin RNA undertaken in May 2018 showed severe needs in the areas of non-communicable diseases and significant gaps in reproductive health care services. In addition, a high percentage of infants were identified with feeding problems (53%) due to lack of insufficient coverage Infant and Young Child Feeding (IYCF) services. Although programs remain underfunded, the Health and Nutrition clusters have mobilized partial resources for response in attempt to ensure the continuity of the following services: Provision of medicines and supplies to address the needs of implementing partners through operational cross borders partners; Mobilizing and relocating medical services to maximize coverage and response in underserved communities, camps and IDP settlements; and Capacity building in infection prevention and control, management of malnutrition, and IYCF programs.

Trauma & Physical Rehabilitation and Disability Working Group

The work of the newly re-established Gaziantep hub Trauma & Physical Rehabilitation and Disability Working Group has expanded, with the participation by multiple sectors and health partners across all the hubs, and concrete steps were made towards strengthening data collection and analysis. A new Activity.Info-based platform for 4W data entry was introduced at Whole of Syria level, facilitating data consolidation.

Support to health service delivery

Between January and June 2018, Turkey Health Cluster (THC) partners delivered 6,150,781 medical procedures, including outpatient consultations through fix and mobile services, 23,323 mental health consultations and 54,636 cases referred inside North-West Syria to specialized treatment. Please see the below summary table of the THC cumulative health service delivery indicators for the six months of 2018.

<table>
<thead>
<tr>
<th>Indicator 2018</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>AVG</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># OPD consultations</td>
<td>1,046,425</td>
<td>933,582</td>
<td>1,120,947</td>
<td>1,058,003</td>
<td>1,017,223</td>
<td>839,592</td>
<td>1,002,629</td>
<td>6,015,772</td>
</tr>
<tr>
<td># Hospital Admissions</td>
<td>25,348</td>
<td>26,074</td>
<td>33,583</td>
<td>32,788</td>
<td>30,690</td>
<td>25,427</td>
<td>28,985</td>
<td>173,910</td>
</tr>
<tr>
<td># Vaginal deliveries</td>
<td>7,233</td>
<td>7,598</td>
<td>8,253</td>
<td>7,797</td>
<td>7,997</td>
<td>6,597</td>
<td>7,579</td>
<td>45,475</td>
</tr>
<tr>
<td># Caesarean-section</td>
<td>2,637</td>
<td>2,622</td>
<td>2,781</td>
<td>2,735</td>
<td>2,715</td>
<td>2,149</td>
<td>2,607</td>
<td>15,639</td>
</tr>
<tr>
<td># Deliveries by Skilled Birth Attendant</td>
<td>9,870</td>
<td>10,220</td>
<td>11,034</td>
<td>10,532</td>
<td>10,712</td>
<td>8,746</td>
<td>10,186</td>
<td>61,114</td>
</tr>
<tr>
<td># Minor surgery</td>
<td>16,118</td>
<td>19,655</td>
<td>20,701</td>
<td>18,865</td>
<td>16,258</td>
<td>18,809</td>
<td>18,401</td>
<td>110,406</td>
</tr>
<tr>
<td># Major surgery</td>
<td>9,877</td>
<td>9,541</td>
<td>10,720</td>
<td>11,207</td>
<td>11,431</td>
<td>9,109</td>
<td>10,314</td>
<td>61,885</td>
</tr>
<tr>
<td># Trauma cases supported</td>
<td>31,528</td>
<td>43,389</td>
<td>51,915</td>
<td>43,490</td>
<td>49,218</td>
<td>42,800</td>
<td>43,723</td>
<td>262,340</td>
</tr>
<tr>
<td># War-related new trauma cases</td>
<td>4,267</td>
<td>4,569</td>
<td>5,357</td>
<td>3,971</td>
<td>3,023</td>
<td>1,822</td>
<td>3,835</td>
<td>23,009</td>
</tr>
<tr>
<td># People living with disabilities supported</td>
<td>9,804</td>
<td>7,911</td>
<td>7,513</td>
<td>10,126</td>
<td>9,035</td>
<td>8,205</td>
<td>8,766</td>
<td>52,594</td>
</tr>
<tr>
<td># New cases for Physical Rehabilitation</td>
<td>3,064</td>
<td>1,779</td>
<td>2,791</td>
<td>5,847</td>
<td>4,400</td>
<td>2,399</td>
<td>3,380</td>
<td>20,280</td>
</tr>
<tr>
<td># Mental health consultations</td>
<td>3,569</td>
<td>2,816</td>
<td>3,815</td>
<td>4,438</td>
<td>4,267</td>
<td>4,418</td>
<td>3,887</td>
<td>23,232</td>
</tr>
<tr>
<td># Mental health new-consultations</td>
<td>1,197</td>
<td>700</td>
<td>1,471</td>
<td>1,798</td>
<td>1,330</td>
<td>1,691</td>
<td>1,365</td>
<td>8,187</td>
</tr>
<tr>
<td># Children &lt;5 Penta3 (Routine EPI)</td>
<td>6,378</td>
<td>7,726</td>
<td>11,447</td>
<td>10,013</td>
<td>13,098</td>
<td>10,918</td>
<td>9,930</td>
<td>59,580</td>
</tr>
<tr>
<td># Referrals to Turkey</td>
<td>519</td>
<td>614</td>
<td>577</td>
<td>582</td>
<td>1,354</td>
<td>810</td>
<td>743</td>
<td>4,456</td>
</tr>
<tr>
<td># Referrals inside Syria</td>
<td>7,324</td>
<td>7,241</td>
<td>10,229</td>
<td>7,875</td>
<td>10,241</td>
<td>11,726</td>
<td>9,106</td>
<td>54,636</td>
</tr>
<tr>
<td># Total referrals cases</td>
<td>7,843</td>
<td>7,855</td>
<td>10,806</td>
<td>8,457</td>
<td>11,595</td>
<td>12,536</td>
<td>9,849</td>
<td>59,092</td>
</tr>
<tr>
<td># Leishmaniasis new-cases</td>
<td>11,654</td>
<td>11,975</td>
<td>11,972</td>
<td>12,184</td>
<td>9,702</td>
<td>5,155</td>
<td>10,440</td>
<td>62,642</td>
</tr>
<tr>
<td># Number of deaths in health facilities</td>
<td>836</td>
<td>393</td>
<td>425</td>
<td>205</td>
<td>340</td>
<td>148</td>
<td>391</td>
<td>2,347</td>
</tr>
<tr>
<td># Medical procedures</td>
<td>1,067,641</td>
<td>952,164</td>
<td>1,143,081</td>
<td>1,081,024</td>
<td>1,042,120</td>
<td>864,751</td>
<td>1,025,130</td>
<td>6,150,781</td>
</tr>
</tbody>
</table>
Cluster Partners Updates

**Insan Charity Organization** supports Al-Salam Primary Health Care Centre in Kafrouma, Ma'arat Alnun'man in Idleb governorate. The Centre provides specialized services in pediatrics, gynaecology and internal medicine. In addition, provides screening and treatment of malnutrition, dental services and physiotherapy. The total number of beneficiaries is 21,100 since the beginning of 2018.

The NGO is planning to expand their physiotherapy centre, and provide as well as psychological first aid support to patients. The centre belongs to the referral network. WHO as well other cluster partners support the centre pharmacy with free medicines for the beneficiaries.

The surgery department in the **Bahar Organization** in Afrin Hospital consists of two operation theaters, with high qualified staff trained and experienced in all kinds of surgeries, especially in trauma, gynecology and orthopaedic surgical procedures. The surgical staff consists of: two general surgeons and two orthopedic surgeons, one obstetrics and gynecologist, three anesthesia technicians, two surgical assistants and two nurses.

The department is providing about 75-100 surgical procedures per month, with a majority been Cesarean-sections and trauma cases. 79 major surgeries were performed during the month of July including the Caesarean-sections.

**Syrian Relief and Development (SRD)** supports’ 23 primary health care facilities and seven secondary health care facilities in northern Syria. The PHCs provided 61,306 primary health care and MHPSS services, and the secondary care facilities including two trauma hospitals provided 9,499 outpatient consultations, 732 inpatients services, 448 minor surgeries and 851 major surgeries during the month of July. In addition, during the month SRD supported two dialysis centres in Aleppo with 743 treatments given; and as well two Rehab Centres (Jarjanaz, Idleb and Albab, Aleppo) servicing 110 beneficiaries.

SRD supported Five Maternity and Child Hospitals and provided 20,193 outpatient and 1,874 inpatients services; and 735 normal deliveries and 260 Caesarean-sections. Ten integrated Family planning-GBV mobile clinics and three Women Safe space centres provided consultations of RH and GBV services.

Lastly, the organization is leading PHC network project funded by WHO in five sub-districts in Idleb with nine partners in 28 Health facilities; and two ambulance networks with a total of 29 ambulances plus nine vehicles for non-emergency transportation in Idleb.
Monitoring of violence against health care

Targeted attacks on health care in Syria have reportedly resulted in the damage and/or destruction of 124 health facilities, the reported deaths of 97 health workers in the line of duty, and the injury of 165 health workers since the start of the year. Furthermore, in contested areas, health care workers and humanitarian workers alike face uncertainty about their future status when lines of control shift.

Four incidents of violence against the health care infrastructure were reported in July 2018 with no reported casualties and no injuries. For more details in the surveillance of attacks against the health care, see http://ssa.who.int

Plans for future response

The THC started a planned response to people’s need based on planning assumptions that might unfold in Idleb de-escalation area* during the second half of 2018.

- To identified key hospitals and health facilities to relocate and displace health staff to continue the medical care of affected population. Ensuring the preparedness and security of healthcare facilities and workforce.
- To revise the Idleb referral system, including ambulance inventory and integrate the new health facilities within the current establish mechanism.
- SRH to prioritize lifesaving actions (in particular child-birth with skilled staff and access to EmONC).
- To establish decentralized and/or strengthen surgical trauma units (damage control/stabilization centres) as per identified scenarios, within an effective referral mechanism.
- To strengthen the surgical and critical medical response capacity of geographical “safe” hospital alone frontier with Turkey.
- To establish housing centres as nursing care facilities to alleviate the hospital intensive/critical care bed occupancy burden.
- To establish direct coordination with the Turkish health authorities, to avoid waste of resources and improve the coordination of services to the affected population.
- Preposition of medical supplies in North and South of Idleb governorate
- Besides prepositioning of NCD Kits, the health cluster to ensure patients have continuity of care, recommends to distribute to each patient; patient passport/medical history fact sheet, updated vaccination cards and to increase from one to three months drugs supply for chronic diseases.
- Finalize the cholera contingency plan and update the scenario-based contingency plan for Idleb, Euphrates shield area, and Afrin.

*These propose activities forms just part of the planned response for people’s needs in the de-escalation zone that includes Idleb, part of northern Hama, and part of west Aleppo countryside. This articulates only the propose response from the cross-border team from Turkey.

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