HEALTH CLUSTER BULLETIN
September 2018

Turkey Cross Border
Emergency type: complex emergency
Reporting period: 01.09.2018 to 30.09.2018

HIGHLIGHTS

The Humanitarian Response Plan / Humanitarian Needs Overview (HRP/HNO) Workshop was held 19-20 September and over 100 participants took note of the preliminary humanitarian planning figures identified (population, IDPs, returnees) and to use these figures to help formulate 2019 sector People in Need (PIN) and severity and complement sector-specific data. The projected figures are:

- 1.2 - 1.5 million IDP returns
- 250,000 refugee returns
- 960,000 – 1.2 million IDP movements

The presidents of Turkey and Russia agreed on Monday 24th September to declare Syria’s Idlib governorate a “demilitarized zone,” with the aim of halting the Syrian government’s assault on the region. The decision been considered crucial to preventing a major humanitarian crisis.

As of September 2018, approximately 61% of people in need are in areas under government control, with the remainder in areas controlled by non-state armed groups and other forces.

The security situation across the country remains volatile and unstable with the most intense violence now limited to a handful of areas, while many other parts of the country remain fragile with severe latent humanitarian needs.

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HEALTH CLUSTER MEMBERS

MEDICINES DELIVERED¹

TREATMENT COURSES FOR COMMON DISEASES

FUNCTIONAL HEALTH FACILITIES HERAMAS

FUNCTIONING FIXED PRIMARY HEALTH CARE FACILITIES

FUNCTIONING HOSPITALS

MOBILE CLINICS

HEALTH SERVICES²

CONSULTATIONS

DELIVERIES ASSISTED BY A SKILLED ATTENDANT

REFERRALS

MEDICAL PROCEDURES

TRAUMA CASES SUPPORTED

NEW WAR REALTED TRAUMA CASES

VACCINATION

CHILDREN AGED <5 VACCINATED³

MENTAL HEALTH SERVICES

MENTAL HEALTH CONSULATIONS

DISEASE SURVEILLANCE

SENTINEL SITES REPORTING OUT OF A TOTAL OF 475

FUNDING SUS⁴

REVISED REQUIREMENTS $436M GAP 78.6%

¹ Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northern Syria.
² Figures reported as for the end of August 2018.
³ Routine immunization with pentavalent vaccine
Situation update

The beginning of the month of September was marked for what was considered to be the beginning of the battle of Idleb. The intense bombing started on September 5th and during the coming days three health facilities were out of service affecting hundreds of population. The crises came to a hold, as a ceasefire was reached. On September 24th the presidents of Turkey and Russia agreed to declare Syria's a buffer “demilitarized zone” in Idleb governorate with the aim of halting the Syrian government's assault on the region.

As part of the agreement: Russia and Turkey will establish a 15 - 20 kilometres (9-12 mile) demilitarized zone around Idleb province (see insert picture); both Turkish and Russian troops will patrol the demilitarized zone, radical rebel groups, such as al-Qaida-linked Hayat Tahrir al-Sham, will be ordered to leave the zone by 15 October) and the Syrian government will gain access to a key highway passing through Idleb governorate that connects the north of the country with other major cities. The effects on humanitarian access and service delivery modalities in the demilitarized zone are still unknown.

Public health risks, priorities, needs and gaps

Past and ongoing hostilities have resulted in high levels of disability and trauma related injuries. It is been estimated that war injuries have left behind at least 2.9 million people with disabilities and a greater disadvantage in accessing much needed healthcare services.

International Rescue Committee Protection Monitoring in the NW Syria June 2018 survey confirmed that “prior to the conflict in Syria, a lack of adequate health facilities that could cater to the specialized needs of persons with disabilities (PWDs), along with the social stigma attached to individuals who needed such support, had already led to a meaningful gap in services for this population. Seven years plus of active conflict and the associated increase in conflict-related injuries and psychological stress has exacerbated this gap in services.” For the Syria HNO 2019, the official estimate of Persons with Disability in Syria will be increased from 15% in prior years, to 20% (this is linked to outcomes from the survey).

Other disadvantaged groups include pregnant women and neonates, girls and women with little access to reproductive healthcare, and mental health patients. One in 30 Syrians suffer from a severe mental health condition, and at least 1 in 10 suffer from mild to moderate mental health condition as a result of prolonged exposure to violence. This is exacerbated with the limited availability of trained psychiatrists across the country.

Health Cluster Coordination

Two health cluster coordination meetings were held during the reporting period (6 & 26 September), plus one ad-hoc meeting on the 10th, addressing the health facilities attacks during beginning the month. The main issues addressed during the regular meetings were the health partners’ continue preparedness plans, capacity, gap identification, the UN deconfliction mechanism and the service provision and readiness to respond to the latent conflict escalation affecting the northwest Syria and the potential further population displacements and sequelae into NW de-escalation zone. The ad-hoc meeting besides gaps identification and streamlining the health cluster response called for an advocacy meeting.
In addition, the Health Cluster team actively participated in the Humanitarian Program Cycle HRP/HNO Workshop held 19 - 20 September. Over 100 participants from the Whole of Syria approach took note of the preliminary humanitarian planning figures identified (population, IDPs, returnees) and to use these figures to help formulate 2019 sector People in Need (PiN) and severity and complement sector-specific data. The workshop discussed the key findings of the 2018 humanitarian needs assessments and implications for the 2019 response. Disability was emphasized as a stand-alone vulnerability factor, with cross-sectoral considerations for the Vulnerability and Prioritisation Framework.

The team highlighted the challenging and evolving situation in Syria, especially Idleb and the NE Syria and underlined the continued need for a credible HNO and HRP, based exclusively on assessed need and prioritized on the basis of these needs. The forum discussed the main conflict and political dynamics, displacement trends and socio-economic conditions likely to shape the humanitarian response context in 2019 such as:

- Impact of ongoing GoS offensive to consolidate control over the whole of Syria, noting scope for localized escalations in hostilities and restrictions on access/ freedom of movement in attempt to force local agreements.
- The internationalization of the Syria crisis and the added layer of volatility and unpredictability this adds.
- Possibilities for improved access as besiegement is no longer a defining feature of the crisis, while noting that many areas will continue to be hard-to-reach (including areas which have recently witnessed changes control)

On 25 September, the Health Cluster Coordinator and WHE lead visited the Hatay (Turkey) health directorate in order to discuss (1) coordination between the Health Cluster, NGO partners and Turkish authorities; (2) public health concerns in northwest Syria, such as tuberculosis, leishmaniasis and outbreaks and coordination and collaboration between WHO and Turkish authorities; (3) implementation and roll out of primary health care networks and referral systems in Idleb, Afrin and Euphrates shield areas and potential collaboration between the Health Cluster, WHO as CLA and the Turkish health authorities.

In the last week of September, several donors issued emails to each of their implementing partners and required the suspension of all their-funded shipments through Bab al-Hawa. They stated that this is due to reported taxation by the National Salvation Government, which is the reported civilian wing of the HTS. The donors stated they are taking this precautionary step based on information received about instances of possible aid diversion. On the 29th September, the National Salvation Government issued a public statement that trucks going to Bab al-Hawa for the purposes of picking-up and delivering humanitarian supplies will not be taxed. At the time of issuing this bulletin (October 1st), the Bab al-Hawa border administration issued its own statement confirming that humanitarian aid is not taxed either through financial or in-kind payments.

Support to health service delivery

During the reporting period the Health Cluster active members provided:

- ca. 900,000 outpatient consultations,
- over 28,300 hospital admissions, and
- 7,222 people living with disabilities were supported with rehabilitation services.

Establishing Community Health Workers (CHWs) training programme for Northern Syria came to improve access to PHC services. The training programme has been divided into several phases, starting with a training of master trainers in Turkey by WHO. The training took place in Gaziantep in the period from 11 to 18 September with the attendance of 23 trainees. The thematic modules included: family health, communicable diseases, non-communicable diseases, nutrition and healthy lifestyle. The main objectives of this work are to unify the work of CHWs within Syria, ensure that all working teams on the ground have the same standardized training curriculum to bridge the gaps in PHC sector, develop effective referral system, connect communities with PHC centres, and work to raise health awareness and deliver key health messages to beneficiaries at the household level.
Sexual and Reproductive Health (SRH)

During the month of September 2018, the SRH technical working group of the Turkey Health Cluster focused mainly on capacity building and inter-agency coordination.

From the 4th to the 7th of this month, a training of trainers on family planning was carried out in Gaziantep. In total 17 people participated in the training and 14 obtained a certificate of achievement.

The lead trainer, a senior SRH consultant hired by UNFPA was supported by six co-facilitators from four NGOS members of the TWG (CARE, SRD, UOSSM and Syria Charity). Indeed, this activity aimed not only at reinforcing and increasing knowledge and skills on family planning methods and counselling, but also at mainstreaming an effective approach to adult learning among the trainers.

Moreover, the working group finalized comprehensive lessons plans for each of the SRH clinical guidelines previously developed. Thanks to inter-agency training initiatives currently taking place in Idleb, the first module of the lessons plans is currently at the field testing stage. This includes: Respectful Maternity Care, Clinical Documentation, and Referral among SRH services and IPC for SRH.

Finally, two distributions of RH kits took place in September for health facilities in Idleb, Aleppo, Hama and Afrin. In total, 13 NGOs received the supplies for SRH services at all levels of care.

Mental Health and Psychosocial Support Services (MHPSS)

A set of training courses on Psychological First Aid for humanitarian workers was completed reaching a total of 301 trainees in Idleb, north Hama, western countryside of Aleppo and Afrin.

The MHPSS WG finalized the MHPSS service mapping and identified in total 109 facilities providing mental health and psychosocial support services in Idleb and Aleppo governorates, including Afrin. Also, mapping of mhGAP trained doctors and infographics on their supervision was completed. WHO has prepared MHPSS IEC materials covering ten MHPSS problems and will hand it out to implementing partners and 60 active psychosocial workers, to be further distributed in the field.

Non-Communicable Diseases (NCD)

The NGOs cluster partners: QRCS, SEMA, SIMRO, and Syria Relief, conducted a 3-day health education campaign to PHCs and communities with hypertension and diabetes screening (see picture), plus distribution of the Health Cluster NCD Technical WG IEC materials on diabetes, smoking cessation and hypertension. A 4-days training on NCD/ Package of Essential NCD intervention was conducted September 15-29 for 188 doctors and nurses in Idleb and Azzaz.

Trauma and disabilities

A Disability, Injury, and Mental Health Survey data designed (in a census or survey format) to identify people with a disability by the Washington Group. The purpose built survey tool to capture physical, cognitive and psychosocial disability, war related injury and access to health services with 3,715 households with 4,865 consenting adult participants showed:

- Average rate of disability across the Aleppo, Idleb & Ar-Raqqaa governorates of 33%
- Average of 44% were injured by the conflict, of those > 95% said this war injury caused their disability
- Average of 14% of population reported a lot of anxiety or depression on a daily basis.
- Average of 73% stated Mental Health issue caused by the crisis

Figure: PAC supported Latamneh Hospital surgical team.

Members Updates:

Alliance of International Doctors (AlDoctors): supports two PHC in two IDP camps in Sarmada. During the month of September they reached 3,164 people with outpatient consultations, referrals, and health promotion activities. One hundred boys were circumcised in the same period in these camps.

The AlDoctors supported women’s health centre provides ANC, PNC, and family planning services in Atma. 142 women received services on September, 71 of them were pregnant women. In addition, six people received prosthetics devices in Jarablus by their mobile team.

As reported by UOSSM September 2018 newsletter, in the past six months over 90,000 internally displaced persons in northern Syria were supported in their medical facilities. The following facilities provided the medical care: Jisr Al Shaghoor, Al Barra, Areeha, Quorqonia, and Dayr Hassan. The centres provide nutrition and psychosocial support services as well. There were also 60,000 beneficiaries from supported hospitals, part of the emergency response project by the Turkey Humanitarian Pooled Fund, which provided medical equipment, medicines and consumables.

Since the launch of the UOSSM supported Dayr Hassan Clinic in northern Syria six months ago over 10,000 patients have received medical care. The clinics include the following departments: internal medicine, paediatric and gynaecology, nutrition, and psychosocial support and mental health care services.

UOSSM Mobile Clinics reached over 9,000 patients in internally displaced camps and hard-to-reach areas. The mobile clinics provide medical health care, nutrition services, psychosocial support and mental health care services in northern Syria. The goal of the mobile clinics is to provide medical services to patients that are not within reach of healthcare or who are unable to get to medical facilities.

Syria Relief and Development (SRD) continue to supports 23 primary health care (PHC) facilities and 7 secondary health care facilities in northern Syria. The PHCs provided 51,322 primary health care and MHPSS services and the secondary care facilities including two trauma hospitals provided 6,910 outpatient consultations, 652 inpatients services, 621 minor surgeries and 321 major surgeries during the month of September.

SRD supported two dialysis centres in Aleppo with 708 treatments given; and as well two Rehab centres (Jarjanaz in Idleb and Albab in Aleppo) servicing 157 beneficiaries. 19,264 outpatient and 1,875 inpatients services; 810 normal deliveries and 230 Caesarean-sections were provided in SRD’ supported Maternity and Child health facilities.
Physicians Across Continents – (PAC-Turkey) is supporting a wide range of health activities and modalities. In their supported mobile clinics and CHW network to 26 communities. The NGO provides; IMCI services for children over 5 years, RH services ANC-PNC-Family planning, NCD services Diabetes - high pressure - high triglycerides and cholesterol screenings, Nutrition services IYCF-CMAM and Internal Medicine.

The number of beneficiaries reached in September was 21,567 beneficiaries (7,213 children, 1,136 pregnant & lactating women, and 4,370 elderly with chronic diseases).

PAC also supports specialized medical services and provides mental health and physical disabilities support. Through September, 63 prosthetic limbs were delivered to patients and training program for new technicians is ongoing.

Monitoring of violence against health care

Although more incidents were reported in the media, only three incidents of violence against the health care infrastructure were reported in September 2018 with four staff injured, as per WHO Surveillance System for Attacks on Health Care (http://ssa.who.int).

No health workers casualties as a result of attacks were reported, but one staff kidnapping was reported pending confirmation during the reporting period.

WHO has supported close to 180 health facilities in Northwest Syria thus far in September 2018 with essential medical supplies, totalling over 104 tons worth USD 1.3 million. This is one of the biggest monthly shipments to date this year from its operational hub in Turkey, delivered to prepare for any possible escalation of conflict.

With these supplies, health facilities will be able to provide approximately 677,000 medical treatments for surgery and trauma, communicable and non-communicable diseases, and more. Medical supplies allow health facilities to remain functional and continue providing medical services to both trauma patients and those in need of primary health care.

Plans for future response

- The Primary Health Care referral project in Idlib is planned to be extended for another six month and is aiming to expand the coverage to include 100 PHC facilities by the end of February 2019.
- WHO has started the planning process of transfer of a Central Referral Desk to the Idlib acting health directorate.
- Data collection of Third party monitoring for Supply Line concluded and review of collected data is planned to be conducted in October.
- WHO as CLA has revised the list of essential medicines which are procured and delivered to northwest Syria and will adjust future procurement plan accordingly.

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