Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northwest Syria (Aleppo, Idleb, and Hama).

Figures reported as for the end of January 2019.

Routine immunization with pentavalent vaccine


13.2 MILLION* PEOPLE IN NEED OF HEALTH ASSISTANCE

3.58 MILLION SYRIAN REFUGGIES IN TURKEY

3** ATTACKS AGAINST HEALTH CARE (**JAN-FEB 2019)

Fig. AIDoctors providing Physical Therapy sessions.

HIGHLIGHTS

- The funds suspension from the governments of Germany and France in humanitarian activities in the health sector was lifted for some NGOs and the programs with humanitarian activities will resume. Although suspension was lifted, the NGOs must adhere to several additional measures to allow full resumption of the humanitarian activities.

- The Azaz Mental Health Asylum Hospital will stop operating end of February 2019. The hospital, supported by PAC, is currently funded by King Salman Foundation. The mental health patients of this hospital should be transported to Aleppo or Damascus City. An Exit Strategy/Transfer plan is not clear yet but been develop.

- On 26th February, local sources reported that the SSG issued a new circular that all the NGOs vehicles and ambulances must get a mission order from the SSG to be able to cross from Idleb to Afrin and Northern Aleppo. On the same day the SSG issued a circular for vehicles registration in Idleb which is affecting NGOs rented vehicles. The annual fees are between 20-40 USD for private vehicle. The partners reported that have never paid for these fees for ambulances and are not enforced in doing so.

- In NW Syria 200,883 displacements were tracked between SEP 2018 and FEB 2019.
**Situation update**

On the ongoing 8th year of conflict in Syria, disability is emerging as a core issue for the health system, with the burden of care challenging not only the capacity of health providers, but also impacting communities and affecting the overall livelihood situation. Care for disability and rehabilitation is a major need for many communities, with a reported prevalence of 1 in 5 persons with disability in Ar-Raqqa and reaching as high as 44% in Aleppo governorate. We have 3 million people living with disability across all Syria. The health system is struggling to respond to needs for post-trauma care and rehabilitation. Conflict related injuries increase demands on health services, resulting in the availability of fewer resources for those with disabilities not caused by the conflict, or present from birth. In early 2019, the likely escalation of hostilities in several areas in north-west Syria could potentially result in high numbers of wounded patients. Over 97,000 people were displaced from areas near the frontlines as hostilities continued and due to flooding. Strengthening health facilities in the frontline of the armed conflict for trauma care and referral services will be required to cope with the increasing caseload of these patients.

Besides the physical trauma, mental trauma continues to be reported. An average of 14% of population across the governorates of Idleb, Aleppo and Raqqa reported a high level of anxiety or depression on a daily basis, with 73% stating the crisis as the cause. While significant effort has been made to train health workers on Mental Health Gap Action Programme (mhGAP) and case management, the lack of specialized services is still an obstacle, there are only two psychiatrists per million population in north-east and northwest Syria. Obtaining necessary approvals to procure psychotropic medications and monitoring their use is adding further challenges. A MHPSS Rapid Health Needs Assessment was carried out last June-July 2018, from the qualitative focus –group discussions and interviews done to among 255 responders, the findings showed that among children (mhGAP doctors and psychologists) there is a great problem on aggressiveness, hyperactivity, enuresis and other psychosomatic symptoms. These are confirmed by the teachers and included the poor learning performance, high drop-outs, and lack of communication skills among peers and family. Among the women, it was noted that there were high numbers of widows and women as head of the family. There a lot of stress, isolation, neglect in appearance, fears and psychosomatic symptoms. Some has lack of functionality, mistreatment of their children, sleep disorders, and social withdrawal. Among men, there is lack of services provided for distress men in their communities.

**Public health risks, priorities, needs and gaps**

Physical rehabilitation services are considered as urgent priority. An assessment conducted in July 2018 showed a 33% - 44% prevalence of physical/mobility-related disabilities among Idleb, Aleppo and communities, where over half of persons with a disability report the cause as conflict-related injury (44% were injured by the conflict, of those > 95% said this war injury caused their disability). Overall 45% of people injured by the conflict in Syria are likely to face a permanent impairment and require specialist support which will far outlast the hostilities. Primary barriers for the disabled to access essential health services are ancillary costs including transportation and distance. The services should be delivered throughout static centres and outreach activities to be conducted by mobile teams in order to facilitate delivery of services for persons with physical disability by helping them to improve joint and limb function, assure proper pain management, helping to get appropriate wound healing and assure the mental health well-being. On another hand, assistive devices such as a wheelchair or mobility aid will be provided for better mobility and to prevent impairments becoming more severe so the physically disabled persons can access services.

Although trauma and injury care continues to be needed, quality and continuity for post-trauma care for injuries, reconstructive surgery for both war and non-war related injuries (such as in diabetic amputations), orthopaedic care and physiotherapy must be improved. Surgical care is an integral part of health care; however, surgical care is also associated with a considerable risk of complications and death. Surgical site infections (SSIs) remain one of the most common causes of serious surgical complication. Patients with orthopaedic SSIs have substantially greater physical limitations and significant reductions in their quality of life. Infectious complications may range from superficial infections to deep and organ-space infections, many
of which may be associated with increased mortality. Infection prevention and control in bone surgery within the medical chain is now recognized as a high priority.

**Health Cluster Coordination**

In February 2019 two health cluster coordination meetings were held, plus an ad-hoc urgent meeting addressing the suspension of some NGOs funds by the governments of France and Germany. By the end of the month and after lobbying from all partners and the Health Cluster, plus the proactive and positive approach of the donors, both funds suspension ban was lifted for the humanitarian activities. Under the Health Cluster umbrella, all the following Technical Working Groups (TWG) continue their regular meetings; in Non-Communicable Diseases and MHPSS lead by WHO, Sexual & Reproductive Health (SRH) lead by UNFPA, the Advocacy/Communications WG chair by WHO, and the Trauma and Rehabilitation WG lead by an NGO partner and the cluster team.

During the month of February, the Humanitarian Response Plan (HRP) for 2019 was in full process. The HRP 2019 serves as the strategic framework of the Turkey Humanitarian Fund (THF) standard allocations. Simultaneously, the 2019 THF 1st Standard Allocation process was started. Both the THF allocation and the HRP 2019 are based on the following three objectives:

1. **SO1 - Save lives**: Provide life-saving humanitarian assistance to the most vulnerable people with an emphasis on those in areas with a high severity of need;
2. **SO2 - Enhancing protection**: Enhance the prevention and mitigation of protection risks, and respond to protection needs through supporting the protective environment in Syria, by promoting international law, IHL, IHRL and through quality, principled assistance, and;
3. **SO3 - Increase resilience and access to services**: Increase the resilience of affected communities by improving access to livelihood opportunities and basic services especially amongst the most vulnerable households and communities.

In summary, as part of the HRP 2019 process (which included the projects revision and the approval of a join Health and Nutrition Cluster Strategic and Technical Review Committees) by the end of February the Turkey hub approved 69 health projects with a budget request of **217,132,452 USD**. These projects then were submitted to the Whole of Syria Health Sector team for the final revision before been defended in early March to the UN Resident Humanitarian Coordinator for his final approval. The 2018 HRP for Syria received 65% of the funding requirement\(^5\). See below funding breakdown per cluster.

5 According to funding reported to the Financial Tracking System (FTS) [https://fts.unocha.org/](https://fts.unocha.org/)
Support to health service delivery
Health Cluster Cumulative Provision of health services per Indicator for Jan and Feb 2019

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Jan</th>
<th>Feb</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPD Consultations (EXCLUDES trauma, mental health and physical rehabilitation)</td>
<td>940,043</td>
<td>818,302</td>
</tr>
<tr>
<td>Treatment courses provided</td>
<td>480,000</td>
<td>219,800</td>
</tr>
<tr>
<td>Hospital Admissions</td>
<td>27,121</td>
<td>24,188</td>
</tr>
<tr>
<td>Gynaecological deliveries</td>
<td>7,624</td>
<td>6,605</td>
</tr>
<tr>
<td>PC-Section</td>
<td>2,285</td>
<td>2,211</td>
</tr>
<tr>
<td>Deliveries assisted by skilled attendant</td>
<td>9,907</td>
<td>9,817</td>
</tr>
<tr>
<td>Minor surgery</td>
<td>24,792</td>
<td>20,843</td>
</tr>
<tr>
<td>Major surgery</td>
<td>8,852</td>
<td>8,161</td>
</tr>
<tr>
<td>Trauma cases consultations</td>
<td>51,112</td>
<td>55,999</td>
</tr>
<tr>
<td>Hostility-related trauma consultations (war related)</td>
<td>3,552</td>
<td>3,566</td>
</tr>
<tr>
<td>Physical rehabilitation sessions provided</td>
<td>14,203</td>
<td>17,358</td>
</tr>
<tr>
<td>New patients who received Physical Rehabilitation</td>
<td>2,599</td>
<td>3,041</td>
</tr>
<tr>
<td>Mental health consultations</td>
<td>3,094</td>
<td>3,390</td>
</tr>
<tr>
<td>New patients who received mental health consultation</td>
<td>1,923</td>
<td>1,915</td>
</tr>
<tr>
<td>Children &lt;1 covered with OPV or equivalent pentavalent vaccine</td>
<td>8,264</td>
<td>7,649</td>
</tr>
<tr>
<td>Children 1-2 years covered with MMR or equivalent measles vaccine</td>
<td>7,237</td>
<td>7,208</td>
</tr>
<tr>
<td>Referrals inside Syria</td>
<td>7,799</td>
<td>7,031</td>
</tr>
<tr>
<td>Referrals to Turkey</td>
<td>1,077</td>
<td>927</td>
</tr>
<tr>
<td>Referrals Case</td>
<td>0,862</td>
<td>0,862</td>
</tr>
<tr>
<td>Number of deaths in the facility</td>
<td>312</td>
<td>227</td>
</tr>
<tr>
<td>Medical procedures*</td>
<td>1,015,361</td>
<td>911,385</td>
</tr>
</tbody>
</table>

**Health Cluster Technical WGs & Partners Updates**

**Haemodialysis task force: BBVs (blood borne viruses) among haemodialysis patients in NW Syria**

A survey was conducted, between 15 Jan and 15 Feb 2019, collecting info about Hepatitis-C Virus (HCV), Hepatitis-B virus (HBV) and HIV for patients and medical staff.

The results of survey conducted on 598 haemodialysis patients shows:
- 300 Positive HCV (50.2%),
- 32 Positive HBV (5.3%) and
- 1 Positive HIV;

The results of survey conducted on 95 medical staff found:
- 5 Positive HCV (5.2%),
- 7 Positive HBV (7.3%) and
- 0 (zero) Positive HIV

Since the water sources used in the dialysis process have a significant impact on the quality of the machine and the effectiveness of the dialysis session, ACU will support in taking samples from the water sources used in these centres and conduct chemical and bacterial analysis. WHO provided guidelines for infection prevention and control measures, and a further evaluation is ongoing with the dialysis task force and partners.

**Azaz Mental Asylum Hospital (PAC)**

The Azaz Mental Hospital It is the only mental health facility outside the GoS authority area and is managed through PAC with King Salman Foundation’ funds. The hospital inpatients are 148 chronic cases (5 years inpatients), with unknown relatives. It’s expected an increase to 160 chronic cases during the coming weeks. In addition, 500 out-patients are followed by the hospital.

As psychiatry care was not to the standards, WHO allocated a psychiatrist to support the hospital, but according to PAC supporting the facility for a longer term is no-longer the donor priority and an exit/closure strategy is been developed. 33 patients with relatives had been identified and a home discharge is possible. The partner is actively looking for funding support, and the THF is been considered until the full transfer of patients is accomplished. The monthly running cost is estimated to be 40K USD during the winter months decreasing to 30K in the other seasons.

**Alliance of International Doctors (AlDoctors)** continues providing physical rehabilitation services and prosthesis devices in the Jarablus health facility.

The NGO runs two PHCs serving IDPs camps in Sarmada. In February, 3,959 persons benefited from the medical consultations, referrals and health promotion sessions. At their women’s health centre in Atma 50 out of 122 females were pregnant, received ante-natal and post-natal care services.
SHAFAK continues the support of three (3) haemodialysis centres in Idleb and one centre in Aleppo. During the month of February, 50 renal failure patients received haemodialysis services. During the last two months, distribution of dialysis kits was done from which the quantity distributed in January will serve 226 renal failure patients and the distribution of February will serve 234 renal failure beneficiaries. The kits will provide haemodialysis sessions for more than 3 months.

This activity was/is fully funded by the emergency allocation of the Turkish Humanitarian Fund (THF) and was coordinated within the Health Cluster, with WHO and the local health authorities; and provides services in the below listed nine haemodialysis centres supported by SHAFAK and other humanitarian health cluster partners:

- Ibn Sina Centre, Idleb sub-district
- Shafak Centre, Idleb sub-district
- Bab Al-hawa Centre, Dana sub-district
- Qaah Centre, Dana sub-district
- Ariha Center, Ariha sub-district
- Maart Al Noman center
- Kafr nobol surgical hospital
- Daret Azzeh center
- Tarmala (Dialysis Unit)

In addition, Shafak provides Reproductive Health care services, such as GBV services funded by UNFPA (especially EmONC) by supporting the specialist H1 Hospital for women and children.

**Independent Doctors Association** has opened a Physical Therapy centre officially in Gaziantep. The centre provides the beneficiaries with the following services:

- Physiotherapy and Rehabilitation services.
- Mobility devices & requirements (crutches, wheelchairs, toilet chairs, etc.)
- Transportation to and from the centre for the beneficiaries with disabilities.
- Psychosocial support for the physiotherapy patients in addition to their caregiver and family.
- The centre is wheelchair accessible for the physical therapy patients. The 1st floor, stair access only, is meant for psychosocial and psychological support with possibility to conduct a focus group discussion in the meeting room. PSS staff is passing by the physical rehab room frequently to support the patients as well their relatives.

**Success story**

“I have been suffering from this disease (kidney failure) for more than a year, and because of the psychological and physical stress and the homesickness that I faced after I had displaced from my home town, this increased my suffering. I had felt, then, that I need to undergo medical examinations to reassure about my health, so my sons took me to the hospital and the examinations said that I had renal failure and that I need to go through dialysis sessions” Abu Mohammad stated.

“Firstly, I started attending the dialysis sessions in Idleb city and continued for four months in this centre. It was very difficult for me to travel to this hospital until I was referred to Saraqeb Dialysis Centre, where, firstly, the medical services were not sufficient due to the lack of support from organisations and the unavailability of some medical supplies; this forced me to pay for securing some of these unavailable medical supplies. Around four months ago, the nurse told us that there is new support that would be secured for the centre and that the services of the centre would become better. Indeed, since that time, the support was seen and the services improved in the centre, and I no longer had to pay for any dialysis session”, Abu Mohammad pointed out. (*Photo credited to SHAFAK - consent signed*)

**SIMRO** continues its primary health care services in Dadikh (Saraqeb) and Al-Bsheiriyeh (Jisr Al shugur) PHCs and community level in Idleb providing; child health services including IMCI protocols for children < 5 years old; Reproductive health services and dental care. Awareness sessions on health practices and screening of mal-nutrition cases supported by distribution of IEC materials. Also there had been training for PSWs as seen below:
Humanity and Inclusion (HI) during 2018 supported 15,976 beneficiaries with global rehabilitation services in North Syria. Out of this 5,689 are PWI, 2,230 are PWD. HI provided:

- 34,493 rehabilitation sessions
- 14,283 psychosocial sessions
- 8,062 care givers received education and psychosocial support sessions.

HI rehabilitation mobile teams provided services in Idleb and North Aleppo Governorates; they went to fixpoints where they provide physical rehabilitation services and to camps and communities. In Idleb Governorate, services were provided by mobile teams in Kafar -karmeen, Howar, Maret Misreen, Harim, Sarmada, Zardana, Daret-ezzah, Atmeh area camps (Atmeh, Qah, and Aqrabat) and Barisha. In Aleppo Governorate, the physical rehabilitation services were provided by mobile teams in Qabasin, Bazagha, Sendi, Shimarin, Azaz and Sujjo.

In Aleppo HI signed a partnership with Happy Steps, based on that HI provided the required materials, technical, financial support to deliver P&O. Happy Steps delivered 162 prosthesis. Also, HI has MHPS intervention in 4 fixed-points, Shamarin, Qabasin, Albab and Suran by two teams, HAS no diagnostic and/or clinical purpose and aims to:

- Alleviate suffering related to the mild and moderate mental health conditions
- Mitigate negative consequences of those conditions in everyday life (problem-solving)
- Help beneficiaries and their families to return to their own environment with the right level of support to successfully manage their condition
- Enable fully participation in life as result of mental ill-health.
- Delivering Prosthesis and orthosis is one of the main parts of HI intervention. In Idleb from January 2018 to January 2019 HI delivered 92 prosthesis. The number of mobility aids and specific items donated are 9,240 and the number of beneficiaries which received the assistive devices is 6,145.

Success story

Syrian’s crisis continuous and the people are still suffering in the north of Syria and which did not end compatible the end of the journey of displacement, but became more harmful. From the southern Aleppo countryside, 14-year-old Hiba, a fourteen-year-old girl, was brought to HI Center after being held in hospital for 40 days for treatment and surgery. At the first encounter with the girl began her story:

"I was very happy when we went back to the house we had left for years because of the barbaric bombardment of our village, but my happiness was not complete. When I was farming, I was hit by a mine planted near the tree I was playing around since I was young. I lost consciousness and I did not feel anything. When I woke up from my coma, I found that I lost my left eye and my left foot under the knee, in addition to broken fractures in my body. "I wished death over and over again"

After meeting the people who were supporting me and raised my spirits and bring the joy to my life. I realized that my will is to restore the wreckage of my life and overcome these tribulations and sorrows. Psychological sessions were given to Hiba after she refused to receive physical therapy for the first time. Afterward, she visited the center periodically and committed to the sessions. Measures had been taken and prosthesis designed well for Hiba. She is receiving training sessions to the prosthesis she got till now."
Hand in Hand for Aid and Development (HIHFAD) provided the below summary figure for their Health and Nutrition February update:

Syria Relief and Development (SRD) supported 26 primary health care facilities and 6 secondary health care facilities in Northern Syria and two ambulatory systems.

The PHCs provided 67,393 primary health care and MHPSS services and the secondary care facilities including one trauma hospital provided 4,032 outpatient consultations, 271 inpatients services, 230 minor surgeries and 200 major surgeries.

SRD supported two dialysis centers in Aleppo in which 589 haemodialysis sessions were provided. The NGO also supports two Physical Rehabilitation Centres (Azaz and Albab / Aleppo) provided 1,225 sessions for 425 beneficiaries; out of which 170 were new patients).

In addition, SRD supported five Maternity and Child Hospitals which care for 12,847 outpatients, 1,482 inpatients services, 186 Caesarean-sections and 1,149 normal deliveries in both primary & secondary health facilities. Last but not least, SRD two nutrition centres in Azaz and Aleppo provided the following services:

- 2,260 of PLWs reached through IYCF indoor and outdoor activities,
- 2,492 pregnant and lactating women (PLW) screened for malnutrition (160 out of them were referred to supplemental feeding program
- 2,299 children aged 6 to 59 months were MUAC screened for malnutrition.
- Out of them 48 were referred and admitted to CMAM program, 36 to SFP and 12 to outpatient therapeutic program (OTP).

Al-Ameen for Humanitarian Support (AHS) supported five Primary Health Care facilities in Afrin district, one PHC in Albab district (‘Euphrates Shield’) and one Comprehensive Health Care facility in Ariha district in Northern West Syria.

Summary of activities of January 2019:

- 14,543 primary health care services
- 128 dialysis sessions in Alameen Center for Hemodialysis,
- 268 physical therapy sessions in the Rehabilitation Center,
- 3,840 medical services through Mobile Clinic teams in Albab, Afrin,
- 1,160 EPI services, in cooperation with Syria Immunisation Group (SIG) in PHC in Afrin,
Other NGO has achieved in February 2019:

- 52,788 out-patient consultations in 17 facilities in Idleb;
- 18.4% visits for basic reproductive health services;
- 36.1% consultations for children aged 0 to 14;
- 979 patient-15 transfers using ambulances;
- 12,883 consultations in 3 static primary health clinics in Aleppo (Bab Al-Salameh, Olive Grove and Khan Toman) = 38.7% of PHCs’ visits;
- 20,285 consultations in 4 statics primary health in Idleb (Atmeh 1, Atmeh2, Green Idleb and Kafer Yamhoul) = 61.2% of PHCs’ visits;
- The field hospital in Atmeh carried out 6,993 (13.2%) of the consultations and 9,836 (18.7%) were carried out in 5 mobile clinics. Also, the maternity and child hospital in Idleb (Al Salam MCH) offered 2,791 consultations, (5.3%) of the total consultations including 98 normal deliveries and 51 caesarean Sections.

Monitoring of violence against health care

As of the end of February, the SSA recorded from partners 3 attacks; these attacks are classified as:

- Violence with individual weapons (knives, bricks, clubs, guns, grenades and improvised explosive devices (IED))
- Abduction / Arrest / Detention of health personnel or patients, Armed or violent search of health care personnel, facility or transport
- Removal of health care assets (e.g. transport, supplies, materials)

Plans for future response:

- WHO will conduct a Training of Master Trainer (TOMT) for Community Health Workers program which will take place in the period of 07 - 16 March 2019 in Gaziantep. The course will be the third and the last course for the master trainers who will be able to transfer the knowledge and skills they gain to the staff inside Syria.
- In mid-March WHO with the support of the Turkish health authorities will conduct an 11 days Master Training for Syrian paramedics. The Syrian doctors to be selected as master trainers will be front line emergency doctors. The aim is that at the end of the training they will go back to Syria and start the training of 120 paramedics within 2 months.
- In-line with the Humanitarian Response Plan (HRP) 2019, the cluster has been requested to review and update the inter-cluster OCHA Readiness and Response Plan for North-West Syria as from the Cross-Border response from Turkey Hub. The readiness and response plan targets people in need in North-West Syria affected by any escalation in the crisis. This plan aims to enable humanitarian actors to be ready to respond, and provide protection, and life-saving humanitarian assistance for affected people from Idleb, north-east Lattakia, northern Hama and northern and western/south-western Aleppo Governorates over the next six months. The plan is based on the humanitarian needs that may arise based on developments projected by humanitarian actors from the Gaziantep hub for the cross-border operation into northwest Syria from Turkey.

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