HEALTH CLUSTER BULLETIN
Gaziantep, May 2018

Turkey Cross Border

Emergency type: complex emergency
Reporting period: 01.05.2018 to 31.05.2018

11.3 MILLION
IN NEED OF
HEALTH ASSISTANCE

6.6 MILLION
INTERNALLY
DISPLACED

3.58 MILLION
SYRIAN REFUGEES
IN TURKEY

111 ATTACKS
AGAINST HEALTH CARE
(JAN-MAY 2018)

(All figures are for the Whole of Syria)

HIGHLIGHTS

• Mentor Initiative treated 33,000 cases of Cutaneous Leishmaniasis and 52 cases of Visceral Leishmaniasis in 2017 through 135 health facilities throughout Syria.

• The Health Cluster’s main finds from multi-sectoral Rapid Needs Assessment which covered 180 communities (out of 220) from seven sub-districts in Afrin from 3 to 8 May indicates limited availability of health facilities and medical staff, lack of transportation and the lack of medicines and specialized services.

• The medical referral mechanism implemented in Idlib governorate includes 48 facilities and 14 NGO partners that will be fully operational as a network by end of August. The network, which also includes 9 secondary health care facilities, in total serves a catchment population of 920,000 people. In May 2018, these facilities produced 1,469 referrals.

• In northern Syria as of end of May, there are 77 health facilities that are providing MHPSS services, including the active mhGAP doctors who are providing mental health consultations.

HEALTH CLUSTER

| 96 HEALTH PARTNERS & OBSERVERS |
| 369,170 MEDICINES DELIVERED¹ |
| 166 FUNCTIONING FIXED PRIMARY HEALTH CARE FACILITIES |
| 10,210 FUNCTIONING HOSPITALS |
| 1 M CONSULTATIONS |
| 1M VACCINATIONS |
| 10,210 DELIVERIES ASSISTED BY A SKILLED ATTENDANT |
| 70 MOBILE CLINICS |
| 8,342 REFERRALS |
| 29,646 CHILDREN AGED <5 VACCINATED² |
| 495 SENTINEL SITES REPORTING OUT OF A TOTAL OF 500 |
| 63 RECEIVED MILLION IN 2018 |

¹ Supplies were delivered by the WHO Turkey Hub and distributed to health cluster partners in northern Syria.
² Routine immunization with pentavalent vaccine (Penta 1 and Penta 3)

A man inspects a damaged hospital after air strikes in Eastern Ghouta.

Source: SRD
**Situation update**

Two months after the start of operation “Olive Branch”, the Turkish Armed Forces and allied Free Syrian Army factions gained full control over Afrin district (including Afrin city), bringing the military offensive to an end. The military operation resulted in the displacement of tens of thousands of people both within Afrin district, and to areas outside of Afrin. The humanitarian situation for those who remained in Afrin district was uncertain, as unfettered and predictable humanitarian access to the population Afrin district remains challenging.

Coordinated efforts of health services in northern Aleppo has the potential to save lives in one of the most challenging areas of northern Syria affected by the humanitarian crisis since 2011: the Euphrates Shield area. This area has already 950,000 people, from which up to 60% are IDPs that came in the last 4 years. Several waves of displacement continue to reach this area.

The last arrivals were from Douma / Eastern Ghouta area are estimated in around 60,000 new IDPs who are living in dire conditions affected by lack of basic needs. The situation is even more constrained due to the limited number of humanitarian organizations that are allowed to operate in the area. The severe gaps in health care provision and the limited response of agencies operating in the Euphrates Shield area calls for an improved response based on PHC strengthening.

The associated population displacement combined with overcrowding, poor sanitation, inadequate waste management, impaired nutrition, wholesale destruction of infrastructure, and lack of healthcare facilities, has provided the perfect conditions for the growth of sand-fly (vector of leishmaniasis) and hence leishmaniasis. This epidemic is adding on to the devastation already seen in Syria. East Ghouta (EG) evacuee numbers put an additional pressure on the available health and prevention services and infrastructures within the governate and these new IDPs will be easy target for the sand-flies and more susceptible to get infected in these locations.

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

Upon the request of the Regional Humanitarian Coordinator and the Deputy Regional Humanitarian Coordinator, a multi-sectoral rapid assessment was rolled out in Afrin district in coordination with the clusters and operational humanitarian partners. It is the first inter-agency multi-sectoral need assessment undertaken since the end of the military operation. The actual data collection took place between 3 and 8 May 2018.

The Health cluster’s main findings indicate limited availability of health facilities and medical staff and the lack of specialized medicines and specialized health care services. The current overcrowding in many locations, including camps, and lack of hygiene in several IDP sites might be directly linked to an increased risk of potential outbreaks.

The current referral system is sub-optimal (case by case basis rather than a systematic approach) and limitations in reaching health facilities in Afrin city or else to Turkey results in lengthy clearance procedures for referral of sick and injured patients.

The Health cluster recommended that newly accessible areas will require a higher number of mobile clinics/ambulances and fixed primary health care centres to improve overall health access. There are only limited health care options for patients with tuberculosis and leishmaniasis and no facilities for mental health and physical rehabilitation. There is a lack of secondary health care services. Family planning activities need to be enhanced through the distribution of contraceptives and reproductive health kits. Access to vaccination services must be improved.

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4 The process was supported by the following humanitarian organizations: Al-Ameen for Humanitarian Support, Bahar Organization, Ihsan Relief and Development, Silk Road, Syria Relief and Development, Watan, Muzun Humanitarian Development, Ertugrul Social Solidarity Association, İHH Humanitarian Relief Foundation, Qatar Red Crescent Society, Turkish Red Crescent Society, and the Humanitarian Needs Assessment Project.
Needs and gaps

The lack of access, continued insecurity and large-scale movement of IDPs have allowed for the leishmaniasis epidemic to continue to spread with over 2,000 new cases being reported a week in 2018. (See Fig. 2) Following recent gaps in service provision combined with a new influx of IDPs from East Ghouta there is an urgent need to respond. The dangers of gap in service provision were clearly demonstrated in Idleb in 2017. As of 01 April 2018, the remaining pharmaceuticals available for treatment had expired and most HFs now lack the means to provide further treatments. The Mentor Initiative treated 33,000 cases of cutaneous leishmaniasis and 52 cases of Visceral Leishmaniasis in 2018 through 135 health facilities throughout Syria. As of February 2018 Mentor Initiative has some funding constraint and they decreased their services to 25 health facilities. The activities for the leishmaniasis control program are grossly inadequate in comparison to the magnitude of the disease. In addition to the leishmaniasis epidemic, diarrheal diseases are raising and the measles outbreak is ongoing. (See Fig. 3 and Fig. 4)

Given the latest population figures in Afrin District, there should be an estimated 58,000 women and girls in reproductive age and an estimated 6,000 who are currently pregnant. Every month, about 130 pregnancies will end up in miscarriage/abortions and 650 in live births. An estimated 15% of these pregnancies and 9% to 15% of newborns will require a life-saving specialized intervention in referral hospitals.

Efforts to reach remote populations and to ensure quality primary care and early referral, such as through outreach teams, mobile clinics and partnerships with existing community health workforce, are critical in saving the lives of mothers and babies. It is also essential to ensure that those women can give birth in skilled health care providers who can provide normal obstetrics and newborn care and manage complications and emergencies.

There are initiatives like PSWs who work exclusively in communities and doing program on protection, and GBV. But there are still no PSWs who are working as part of the PHC Team and who will work very closely with PHC doctors on MHPSS services. Additional support is urgently needed to scale up services to address increasing mental health needs, with an estimated 27,635 people in need of mental health services through health centres, 61,788 people needing out client psychiatric care and almost 12,000 requiring in client psychiatric care.

WHO estimates that one in thirty people in people living in Syria suffers from severe mental health conditions (such as severe depression, psychosis, or disabling anxiety) and at least one in five suffers from mild to moderate mental health conditions (such as depression or anxiety disorders).

In addition, the negative working environment may lead to physical and mental health problems among humanitarian aid workers inside northern Syria, harmful demotivated with work, absenteeism and lost productivity. It is a fact that acute, chronic and cumulative stress, are debilitating, especially for humanitarian aid workers.

The currently Turkey Humanitarian Common Pool Fund funded the SKT supported Al-Huda Hospital in Western Countryside of Aleppo - Daret Aze/Hur) ended in May 31, 2018. The Hospital was SKT supported since the beginning of 2014 and funds have been secure only for an additional month (end of June).

This health facility provides primary health care and secondary health care services and it is qualified in special department for neurosurgery and trauma department in all the western countryside of Aleppo in addition to other departments as paediatric and orthopaedics. According to the NGO the facility serves more than 5,000 beneficiaries per month.
Health Cluster action

Cluster partners of Turkey hub are present in 7 governorates, 19 districts, 54 sub-districts and 167 communities in northern Syria providing support to 372 health care facilities, including 70 mobile clinics.

As of May, 81 primary health care facilities are providing services of expanded programme of routine immunization.

Health Cluster coordination

The Health Cluster conducted three coordination meetings in May. Among the issues discussed were: addressing gaps in health services especially in Afrin and the Euphrates Shield region of northwest Aleppo, referrals within Syria and to Turkey for advanced care, chemical attacks preparedness, measles outbreak and polio campaigns, leishmaniasis epidemic – infection prevention and control, surveillance and acute watery diarrhea and cholera preparedness and response plans.

Support to health service delivery

During May, the Health Cluster reporting active members provided 1,008,352 outpatient consultations and supported 49,913 hospital admissions. 9,530 people living with disabilities were supported with rehabilitation services.

Routine immunization. During May the Expanded Programme of routine Immunization (EPI) was revitalized in seven additional health centres in northern Syria.

Mental Health and Psychosocial Support Services. By the end of May, there are now 77 health facilities that are providing MHPSS services, including mhGAP trained doctors who are providing mental health consultation. NGOs partners working at entry “zero points” at Madiq Castle and Al Bab, have been continuing to provide psychological first aid for the IDPs from eastern Ghouta and Rural Damascus. MHPSS technical working group (TWG) de developed the Standardized Psychosocial Workers (PSWs) Training Manual for northern Syria. TWG reviewed the MHPSS IEC materials developed, addressing topics like depression, PTSD, Epilepsy, suicide/harm, children behavioral problems, and psychoses. Lastly, the TWG prepared the necessary tools (questionnaires, methodology, and action plan) for a MHPSS Rapid Needs Assessment that is planned to be carried immediately after Ramadan.

Primary Health Care. WHO and six partners established a Network of ten Primary Health Facilities in Saraqeb, Idlib in October 2017. The network adopted a common referral system, which integrates services by linking providers, putting the needs of patients at the forefront of care. Each facility appointed a referral focal point who was trained on the referral processes. To ensure continuity of care, the referral system was supported by three ambulances and three vehicles to transport non-emergency patients across facilities.

A referral system is a set of standardized procedures a facility adopts to transfer a patient when the facility does not have the capacity to treat this patient alone. Referrals are organized across PHC facilities but also to link PHC facilities with secondary health facilities.

Three types of referrals were adopted in northern Syria: (1) emergency, (2) non-emergency, (3) diagnostic support.

Fig. 5. Referral mechanism been implemented in Idleh governorate by health cluster partners.
The referral mechanism implemented in Idleb includes 48 facilities and 14 NGO partners that will be fully operating as a network by end of August. By end of May 2018, training has been completed for 28 PHC facilities. During this reporting month, these facilities produced 1,469 referrals. Strong emphasis was put on training, with a referral field team (training team of 1 field project coordinator, 1 MEAL senior officer, and 1 field assistant) which provides guidance, support and monitoring tasks.

By the end of August 2018, all 48 health facilities in the network will have adopted the standard measures.

The strategic objective of PHC in northern Syria is to ensure access and continuum of care for those in need of health services. This is done by maximizing efficiency in the use of facilities and resources, reducing duplication of services or overlaps in population coverage.

The figure to the right shows the significant increase of medical referrals from January to May 2018.

Capacity building

During May 2018, mhGAP roll-out training for 41 PSWs was done in Idleb and it neighboring areas, including Afrin. A mini-Training of Trainers (ToT) was conducted for 14 psychologists in Idleb governorate. Also, mhGAP refresher training for 21 participants from Azzaz - Al Baba - Jarablus area was held, after participants have completed six months of clinical supervision and support.

During May 2018, the interim Health Directorate in collaboration with SIMRO conducted a training course on DHIS2 for Data Entry assistants in all the districts in Idleb governorate.

As of May, 35 facilities in the network have adopted:
- referral norms developed by WHO
- SOPs and flowcharts that define the roles and responsibilities of Staff
- Step by step tasks on who, how, what, when and how to proceed with a referral
- Common templates and registries
- Service portfolio which is updated weekly to ensure updated referral pathways

Hope Hospital for children provides a vital lifeline in Northern Syria.

Set up through the extraordinary People’s Convoy campaign, after the previous hospital was bombed out of existence, Hope Hospital is a triumph of humanity.

Independent Doctors Association (IDA)
https://www.candoaction.org/ida/light-hope
Advocacy
Under the leadership of the Health Cluster and with the support of OHCHR and WHO communications team the Advocacy and Communications Advisory Working Group was launched to properly grasp the right to health role in redressing the powerlessness experienced by those seeking care and those trying to provide it, across all conflict settings. The group terms of reference were drafted and key areas of work identified.

Monitoring of violence against health care
On 16 May 2018, the Civil Defense reported airstrikes hitting an industrial area in the city of Jisr ash-Shughur in Idleb, killing a civilian, injuring others, and destroying the Teftanaz Hospital. At of the publication of this bulletin, only three verified incidents of violence against the health care infrastructure were reported in May. For more details in the surveillance of attacks against the health care, see http://ssa.who.int

Members Updates

Alliance of International Doctors
supported four IDPs camps in the north countryside of Idlib governorate and Atme Camp Antenatal Care Centre; provided 286 IDPs females with antenatal care and postnatal care services plus family planning; provided outpatient consultations, referrals and health promotion to 1,483 cases in Kemmounan Camp, 1,767 cases in Halep Lebbeh Camp, 1,141 cases in Babiska Camp.

Médecins Sans Frontières
runs two hospitals across northwest Syria and supports 14 other hospitals and health centres; operates five mobile clinic teams, two non-communicable diseases’ clinics and four vaccination teams; provides distance support to around 25 health facilities countrywide, in areas where teams cannot be permanently present. (http://www.msf.org/)

WATAN Foundation
supported Al Amal Hospital for orthopaedics in Idlib governorate, Khayr PHC (level 3), Khayr Blood Bank, Central Laboratory and Kafr Janna level-3 PHC in Aleppo governorate; two level-3 PHC, in Ibta village and in Um Al Mayathen village in Dar’a; on 15 May, the organization started the support of a PHC in Afrin district.

Idleb interim Health Directorate
completed the installation of equipment of the Gynaecology and Paediatrics mobile hospital in Kalb Lawzeh; reported monitoring and evaluation visits to the health facilities supported by Relief International. During the monitoring and evaluation visits, Al-Jouz Hospital was downgraded to a level-3 PHC.

Plans for future response
- To strengthen PHC and the referral mechanism including on-the-job training with emphasis on mentoring and coaching; adopting SOPs for IPC and patient triage; creating a central desk for referrals in Idlib.
- To expand the referral network to Ariha District and northern areas of Idlib governorate, and replicate the network in Afrin, Azaz, Al Bab and Jarablus in Aleppo governorate.
- To establish a new blood bank in Idlib governorate (WATAN).
- To conduct MHPSS Rapid Needs Assessment.
- To maintain disease surveillance system – EWARN/S.
- To ensure availability of medicines, medical supplies, trauma kits, etc.
- To revise and update Idlib preparedness plan.

Humanitarian RESPONSE
https://www.humanitarianresponse.info/en/operations/stimulate/health

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