

HEALTH CLUSTER BULLETIN

August 2019



Fig. CHWs visiting an IDP settlement in Termanin, Idlib. (UDER)

Turkey Cross Border

Emergency type: complex emergency

Reporting period: 01.08.2019 to 31.08.2019



13.2 MILLION*

PEOPLE IN NEED OF
HEALTH ASSISTANCE



2.9 MILLION

HEALTH PIN IN
NWS HRP2019



3.58 MILLION

SYRIAN REFUGGES
IN TURKEY



61 ATTACKS**

AGAINST HEALTH CARE
(**JAN-AUG 2019)

* figures are for the Whole of Syria HRP 2019

HIGHLIGHTS

- The Turkey Humanitarian Fund (THF) changed its name on 1 August 2019 to become the Syria cross Border Humanitarian Fund (SCHF). This change allows to better capture the nature of the fund's activities. The operations and capacity of this funding mechanism remain unchanged.
- Since 28 April, there have been at least 52 attacks on healthcare reported, according to the SSA, including those affecting 44 health facilities and 9 ambulances. Of the incidents, 13 were in Hama, 33 in Idlib, 5 in Aleppo and 1 in Al-Hasakah governorates. In total, at least 20 health workers and patients have been killed.
- As the end of August 87 out of 98 routine immunization centers continue providing services. The EPI centers had suspended operations and are been relocated as the staff safety allows.
- Three WHO-supported tuberculosis centers were fully operational for the first time in the NWS. Patients are receiving services from fully rehabilitated facilities, with qualified staff and all the necessary medical equipment and supplies.
- The World Humanitarian Day (WHD) observe on 19th September 2019 global theme was dedicated towards honoring the work of women in crises, the health care workers unsung heroes who long been working on the front lines in the Syria ongoing armed conflict.



113 HEALTH CLUSTER MEMBERS



MEDICINES DELIVERED¹

308,078

TREATMENT COURSES FOR COMMON
DISEASES



164 FUNCTIONING FIXED PRIMARY HEALTH
CARE FACILITIES

78 FUNCTIONING HOSPITALS

49 MOBILE CLINICS



HEALTH SERVICES²

771,108 CONSULTATIONS

8,732 DELIVERIES ASSISTED BY A SKILLED
ATTENDANT

10,063 REFERRALS

848,410 MEDICAL PROCEDURES

42,777 TRAUMA CASES SUPPORTED

4,826 NEW CONFLICT RELATED TRAUMA CASES



VACCINATION

7,294 CHILDREN AGED <1 VACCINATED³



MENTAL HEALTH SERVICES

4,212 MENTAL HEALTH CONSULTATIONS



DISEASE SURVEILLANCE

469 SENTINEL SITES REPORTING OUT OF A
TOTAL OF 474



HEALTH HRP 2019 FUNDING \$US⁴

**\$58.8
MILLION**

RECEIVED
IN 2019

REQUIREMENTS \$449M
13.1% funded

¹ Supplies were cross border delivered by the WHO Gaziantep Hub and distributed to implementing health cluster partners in northwest Syria.

² Figures reported and updates are from 1 - 31 August 2019.

³ Routine immunization with pentavalent vaccine (5 in 1 vaccine)

⁴ The Health Sector Humanitarian Response Plan contains 107 projects from 52 partners across Syria valued at \$449 Million.

Source: OCHA Financial Tracking System, Syrian Arab Republic Humanitarian Response Plan (HRP) September 2019. <https://fts.unocha.org/>

Situation update

Since 28 April, there have been at least 52 attacks on healthcare reported, according to the WHO Surveillance System for Attacks on Healthcare (SSA), including those affecting 44 health facilities and 9 ambulances. Of the incidents during this period, 13 were in Hama, 33 in Idlib, 5 in Aleppo and 1 in Al-Hasakah governorates. In total, at least 20 health workers and patients have been killed. Alone at the end of the month in three days from 28 to 30 August 2019, seven attacks against health facilities were under investigation, with four facilities been confirmed by the SSA reporting system.

The facilities hit included four hospitals and two primary health care centres that were functional at the time of the reported incident. At least one primary health care centre had been previously evacuated in advance. Several casualties were reported, and few facilities were allegedly destroyed as result of the bombardments. These attacks come at a time of increased military action in and around Idlib province that is greatly accelerating humanitarian need. There are currently more than 13.7 million people in need of health assistance in Syria, including an estimated 4 million in the north-west. In August alone, more than 130,000 people (an increasing) were displaced from Northern Hama and southern Idlib governorates. These are vulnerable men, women and children who should be able to access medical care when they need it.

This pattern of damage or destruction of essential civilian infrastructure such as schools and health facilities is a disturbing trend of the Syrian conflict. Because of continuous armed conflict escalation in Idlib governorate and the NWS region supported by the Turkey (Gaziantep Hub) cross-border operations, the Deputy Resident Humanitarian Coordinator in consultation with the Syria Cross-border Humanitarian Fund (SCHF) Advisory Board, made the decision to launch the SCHF 2019 2nd Reserved Allocation and to allocate a scalable amount up to US\$ 30 million for this allocation. The fund allocation for the health cluster was estimated to be around US\$ 3 million. After several prioritizing meetings, the health cluster partners identified as the main response: to restore, sustain or improve urgent critical life-savings intervention to population directly affected by the armed conflict prioritizing displaced population by:

- providing life-savings health care services with attention to surgical, trauma/injury care and Non-Communicable Diseases at selected needs-based health facilities focusing on medicines and supplies;
- ensuring that strategic health care facilities are functional and services restored and can response to the urgent needs of the armed conflict affected population and the IDPs.

Public health risks, priorities, needs and gaps

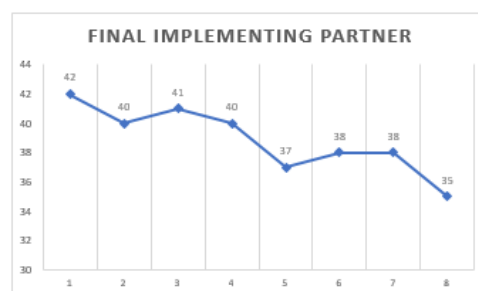
As outlined above as per in the SCBF 2019 Reserved Allocation Strategy, with the marked increase in violence on the civilian population, the need for trauma and surgical kits/supplies, anesthetics drugs had increased. The situation has been aggravated by the increase in the caseload of war-related injuries. Furthermore, the recently displaced IDP population has stretched the health services and available resources in certain arrival destinations in terms of supplementary medicines. The main priority activities in support to the response objectives are the ***Provision of life-saving medicines and medical supplies, the Restoration of Emergency Services, and to Sustain the emergency ambulance referral system.***

WHO's Third Party Monitoring (TPM) documented stock outs of medicine: all surveyed facilities were stocked out of at least one essential medicines; 30% of facilities surveyed were stocked out of more than half of essential medicines. More than half of Level 2 and Level 4 PHC health facilities (56% and 63% respectively) were stocked out of more than half of the medicines. 16% of Secondary Healthcare (SHC) facilities were stocked out of half or more. Stock-outs of basic core medicines were most acute for antibiotics and anesthetics at Level 4 and SHC facilities, including pain relief, diarrheal drugs and medicines to manage non-communicable diseases. Level 1 to 4 facilities showed serious deficiencies in provision of diagnostic tests. While more tests were available at SHC facilities, only four SHC facilities (13%) had all diagnostics. WHO a cross border supply line, which only covers about 20% of the needs in medicines and supplies of the implementing health cluster partners.

Health Cluster Coordination

During August two as regularly schedule health cluster coordination meetings were held and were attended by an average of 70 cluster partners per meeting. The meetings continue to address the attacks against health care and the response to the cluster partners to the estimated 500,000 people further displaced.

Following the monitoring and reporting indicators, the health cluster team received the 4Ws data from 35 partners. This figure is being a slow but continuous decreased in the number of reporting partners since the beginning of the year, as the safety and security of the operations are being jeopardize and frequent suspensions and/or closure of health facilities and activities are happening. In addition, some donors had stopped financial support.

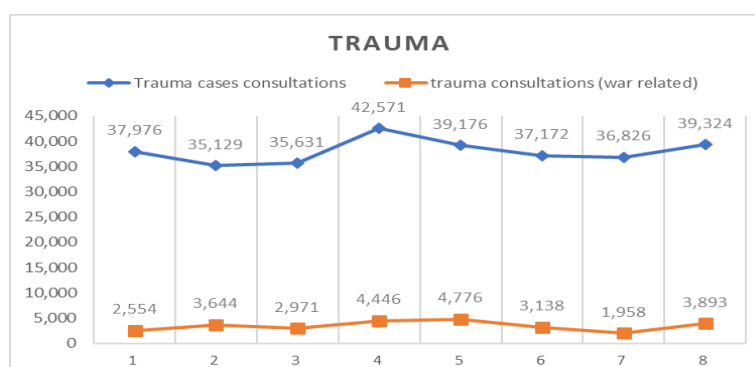


As result of the volatile conflict environment in the NWS and the decreasing reporting partners, the number of outpatient consultations had decreased by the end of August (when compared with the first quarter of 2019) by slight over 20% as per monthly averages.

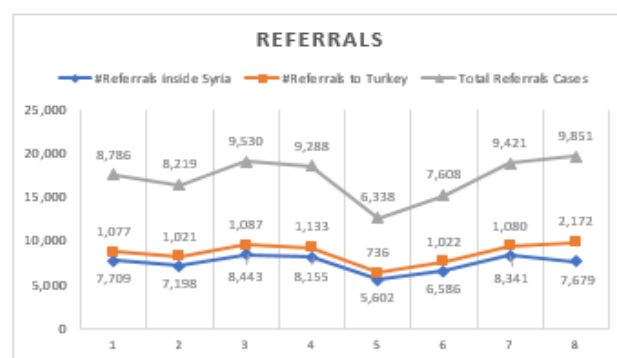
The cumulative monthly 4Ws Health Cluster indicators are summarized in the below table:

Indicator	Jan	Feb	Mar	Apr	May	June	July	Aug	Total	Reached %
#OPD consultations (EXCLUDES trauma, mental health and physical rehabilitation)	942,326	880,908	937,717	963,981	730,583	835,584	843,764	744,520	6,879,383	57%
#Treatment courses provided	460,000	156,290	598,555	92,400	290,457	798,520	122,310	308,078	2,826,610	68%
#Hospital Admissions	27,267	24,665	27,069	28,120	24,742	26,147	22,753	22,117	202,880	59%
#Vaginal deliveries	7,686	6,915	8,193	7,965	12,267	7,651	6,460	6,401	63,538	67%
#C-section	2,319	2,281	2,720	2,406	2,152	2,441	2,159	1,859	18,337	58%
Total Deliveries	10,005	9,196	10,913	10,371	14,419	10,092	8,619	8,260	81,875	65%
#Minor surgery	24,769	21,060	20,540	19,868	17,760	18,013	16,278	21,705	159,993	66%
#Major surgery	8,741	8,322	8,955	10,391	7,426	15,115	8,091	6,748	73,789	60%
Trauma cases consultations	37,976	35,129	35,631	42,571	39,176	37,172	36,826	39,324	303,805	59%
trauma consultations (war related)	2,554	3,644	2,971	4,446	4,776	3,138	1,958	3,893	27,380	82%
#Physical rehabilitation sessions provided	14,820	17,933	15,254	16,766	11,774	8,344	12,666	10,881	108,438	101%
#New patients who received Physical Rehabilitation	2,623	3,885	3,221	3,340	3,066	2,802	4,135	3,415	26,487	62%
#Mental health consultations	4,040	3,942	4,609	4,408	4,328	4,451	4,767	3,965	34,510	56%
#New patients who received mental health consultation	1,952	2,048	1,894	1,562	1,468	1,715	2,179	1,788	14,606	68%
#Children <1 covered with DPT3 or equivalent pentavalent vaccine	8,264	7,669	8,379	9,268	6,575	8,016	10,257	7,294	65,722	42%
#Children 1-2 years covered with MMR2 or equivalent measles vaccine	7,237	7,208	8,862	10,355	6,775	8,011	11,063	7,582	67,093	43%
#Referrals inside Syria	7,709	7,198	8,443	8,155	5,602	6,586	9,674	7,679	61,046	51%
#Referrals to Turkey	1,077	1,021	1,087	1,133	736	1,022	2,413	2,172	10,661	114%
Total Referrals Cases	8,786	8,219	9,530	9,288	6,338	7,608	12,087	9,851	71,707	56%
#Number of deaths in the facility	315	235	203	286	286	320	217	231	2,093	
#Medical procedures	1,017,953	955,327	1,013,654	1,047,385	806,618	903,251	918,729	816,801	7,479,718	58%
Final Implementing Partner	42	40	41	40	37	38	38	35		0%

Highlighting few of the above 4Ws health cluster indicators, the graph to the right shows the trend with the increased number of trauma consultations and as well the conflict related trauma, both in direct correlation with the increase armed conflict in April and increasing during this month of August. In the war related consultations, the increase reflected was over 50% from previous months.



After the peak in trauma cases in April due to the increased conflict, there was a significant decrease of referrals in May which started to bounce back/increasing in June and continues in both referrals inside Syria and to Turkey. The increase can be due to post-operative complications or need to further specialized care and/or directly related to decrease movement during the escalation of the ongoing conflict.



Health Cluster Technical Working Groups and Partners Updates

The **WHO lead Essential Health Service Package (EHSP) Technical Team** review process is ongoing and reported the following updates:

- Shared Library and Guideline for its use established (provides access to process documentation and resources- will serve as an archive of process once completed)
- Costing Expert identified/contracting under process/approach being developed
- Overall EHSP Process Concept note drafted
- TT-members have started to work on a systematic assessment of gaps and lessons learnt from EHSP implementation in mini-groups (service delivery, management/governance, resources) to be finalised next TT meeting, summary plus initial recommendations to be presented to Health Cluster)
- Started search for an expert to conduct a systematic literature review on service delivery models (considering humanitarian crisis, resilience, efficiency and equity; **GIZ** willing to fund): ToR drafted-candidates identified
- Started to establish health profile as a basis for health needs assessment and costing

Establishing the health profile is very challenging: typical sources for doing so not available; DHIS, NGO internal documentation, HNO, research all follow different methodology and rarely relate diagnoses to populations at risk (incidence/prevalence data is shaky) and are often ambiguous nor even contradictory.

Lastly, the team started to use ICPC-2 as a system to harmonise data (this is a ICD-10 linked classification system catering for the specific needs of Primary Health Care <https://www.who.int/classifications/en/>

Sexual & Reproductive Health Working Group

developed and shared the first draft of the IEC materials. The final product should be finalized by mid-September. In addition, the WG is piloting the RH Quality of Care tools: the field observer started the field visits on 1st August 2019. The reports and the checklists' was shared with the RH WG lead and translated to English to be shared when it is finalized.

The newly developed facility base cesarean section tracking tool has been shared with the SRH technical working group members and the health cluster as well for review. It was agreed in the last SRH WG meeting it to be implemented from the 1st of September 2019, and will be shared with the working group on a weekly basis.

27 Kit 3 (PEP Kit) has been distributed by **UNFPA** to 27 health facilities in 19 sub-districts including the so call Euphrates Shield areas.

Hand in Hand (HiHFAD) continued provision of services during August in NW Syria including south of Idleb despite the critical security situation. The NGO is supporting the following facilities:

Armanaz Physiotherapy Center is operating in Armanaz in partnership with **HALO Organization**. The project is also covering installment of prosthetic limbs for more than 100 cases in collaboration with the Prosthetic Limbs Center in Idleb city.

Atmeh Maternity and Children Hospital is located close to the Turkish borders and it opened its door as a specialized hospital for maternal and pediatric hospital in 2013, serving 300,000 population in the catchment area, the most majority of them are IDPs. Full package of sexual and reproductive health, newborn and pediatric health services are provided, it also has a safe space for women and children, and offers mobile physiotherapy and psychosocial

supports to women and children who sustained injuries due to the conflict. The hospital also provides a two-year outreaching health services through community health workers, as well as midwifery training course.

HiHFAD Atmeh Maternity and Children Hospital is registered as a qualified facility for long term programme to train new specialized doctors (pediatrician and gynecologist) with **SBOMS** (Syrian Board of Medical Specialists). The hospital provides in average 430 delivery each month, of which 110 C-section procedures, 8,375 outpatient consultations, over 100 incubators admission monthly added to approximately 25 infants a month in the Intensive Care Unit (ICU), 500 admissions to inpatient wards monthly, and 24 hours open for emergency cases. The hospital has 11 departments, 64-bed inpatient wards, ICU, Radiography unit with mammography (only 3 in NW Syria for early diagnosis of breast cancer), laboratory, pharmacy, warehouses, 4 outpatients' clinics, and a safe space for women.

Shafak Organization is supporting the two dialysis and kidney centres (Idleb and Atareb) with operational costs and dialysis kits from May 2019 to April 2020 funded by **NORWAC** in addition to providing lithotripsy sessions to patients in Idleb centre and providing health services (kidney disease consultations, and laboratory tests) to outpatients. In addition, continue conducting the dialysis machines assessment by coordination with WHO for 18 dialysis centres in NWs. The results will be shared after finalizing the study.

Shafak as well supports Al-Jeenah Comprehensive PHC Centre with basic obstetric and neonatal care (level 4) funded by **SCHF**. The centre is in the western rural of Aleppo (Aleppo, Jebel Samaan, Atareb, Jeineh), and is providing a full package of health services including: child and reproductive health (including BeMONC), nutrition activities, management of communicable and non-communicable diseases, essential medicines and medical supplies, and as well as dental health services. Through this project, Shafak added to the mental health services, which comprise services related to diagnosis and management according to mhGAP.

This integrated approach in Al-Jeena centre through training health workers and PSWs according to WHO protocols also is been use in Hoteh PHC Centre (level 2), located in northern rural of Aleppo.

Shafak continues to provide RH and GBV services through a CeMOC-level health facility and an adjacent women and girls safe space in Idleb. Both facilities provide services to women and girls, including free RH services, as well as GBV response services, women empowerment activities, and community engagement funded by **UNFPA**.

The organization is responding to the new IDPs influx through new four rapid response team (Integrated health, protection and nutrition) funded by **UNICEF**.



Fig. SRD supported newborn under incubator medical care.

Syria Relief and Development (SRD) supports **26** primary health care facilities and **5** secondary health care facilities in northern Syria and two ambulatory system. The PHCs provided **53,897** primary health care and MHPSS services.

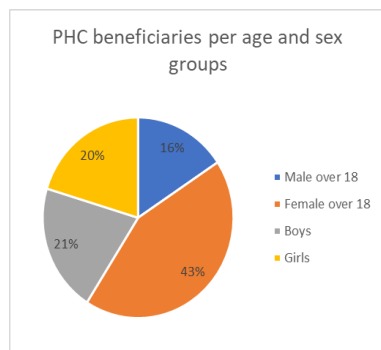
The Syrian NGO supports **two** dialysis centers in Aleppo with **576** treatments given, **one** Rehab Centers (Albab - Aleppo) servicing **574** sessions and **197** beneficiaries (**109** of them were new patients).

Five Maternity and Child Hospitals provided **15,673** outpatients, **1680** inpatients services, **153** Caesarean-sections and **1075** normal deliveries in both primary & secondary health facilities.

Twelve integrated reproductive health-GBV clinics (6 BEmONC, 6 MC levels), **two** Women & Girls Safe Space Centers and **two** Young Mother Clubs outreach team provided **9739** consultations of RH and **3010** GBV services.

Relief Experts Association (UDER) was awarded new grants to continue supporting four primary healthcare facilities in Atareb, Sarmada, Termanin and Armanaz in northern Syria. In cooperation with **AlResala Foundation** and **SRD**, and with funds from THF, the projects started as of June 2019 to fill a critical gap in delivering essential life-

sustaining and life-saving primary healthcare services to the vulnerable population in northern Syria, including IDPs who reached Northern Idlib and Aleppo from Hama and southern Idlib with the latest massive displacement which is ongoing since April 2019.

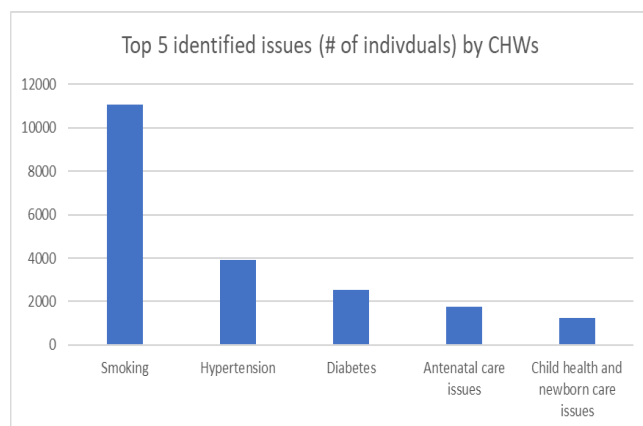


In July and August, the four health facilities provided 28,962 medical consultations; 44% of which were for IDPs, 43% for female patients and 41% for children.

To effectively increase the coverage of these health facilities and to better link them to the surrounding underserved communities, **UDER** continued expanding its Community Health Project in Sarmada, Termanin and Atareb using the standard Community Health package developed by WHO and the CH working Group for northwestern Syria.

In August 2019, 13 new Community Health Workers were recruited in Idlib and 9 in Aleppo, to increase the total number of CHWs to 54 in Aleppo and 50 in Idlib (104 in total). These CHWs work in teams of 2, and provide 5-9 household visits per day.

During the visits, they identify the health issues of family members, deliver the appropriate health messages and refer cases-in-need to health facilities for medical care. The key delivered messages currently focus on 6 topics: Hypertension, diabetes, pregnancy, nutrition, vaccination and danger signs for child-health as per below graph.



Another main objective of this project is to improve the capacity of Idlib and Aleppo Health Directorates in community health provision to cover for the shortage of specialized medical professionals. UDER conducted coordination meetings, practical sessions and joint supervision activities with HD staff. Between 18 May and 22 August, 96,447 individuals (22,512 households) were visited including 13,201 (59%) IDP families and 48,185 (50%) female family members.

UOSSM Bab Al-Hawa Medical Centre, supported by the **King Salman Relief** humanitarian aid and relief centre continues to provide medical services in the hospital, clinics, and cardiac centre. During the second quarter, the hospital provided services to over 55,690 beneficiaries and provided over 330 surgeries.



Fig. UOSSM Bab Al-Hawa Hospital surgeons in one of the 55,500 services supported in the past three months

Since the bombardment began in North West Syria on April 28, the number of patients visiting the hospital of newly displaced, has grown significantly, putting a strain on the staff and the hospital. The hospital continues to provide medical care to those who need it most.

Several mental health professionals offered trainings in UOSSM facilities in Ankara, Istanbul, Gaziantep on dealing with refugees. Discussion and trainings were provided in the following topics: immigration, seeking refuge, shock, working with newcomers, mental health issues of refugees, tension, personal appearance, and mental health sessions for families and children.

Around 30 mental health professionals attended the trainings that took place between August 3-8 throughout Turkey.



The **UOSSM** Physical Therapy Centre in Gaziantep seen above, provided physical therapy to over 700 patients in its first year of operation. Services provided include medical consultations and physical therapy sessions.

In addition, 37 wheelchairs, 34 walkers, 35 pair of crutches and 400 other equipment such as air mattresses, hand and foot braces. Over 60 patients received Orthopaedic splints and prosthetic limbs.

WATAN Khayr Primary Health Centre in Aleppo – A'zaz – A'zaz - Talil Elsham. The centre delivered primary health services to a total of 1847 patients. Available services include: paediatrics, internal medicine, ENT, radiology, gynaecology and reproductive health, dentistry, orthopaedics, ophthalmology and psychosocial support.

WATAN Blood Bank (Khayr) in Aleppo – A'zaz – Mare' – Mare'. The facility delivered health services to a total of 865 beneficiaries in August 2019. The number of performed medical lab tests was 2,830. The number of lab tests for the blood bank was 1180. The number of delivered oxygen cylinders to other health facilities was 79.

Kafr Janna Primary Health Centre in Aleppo – Afrin – Sharan – Kafr Janna. The centre delivers primary health services including general medicine, internal medicine, reproductive health, dentistry, health promotion, referral services, and community health services.

There is a mobile clinic linked to the centre and covers the areas of Qatmet Afrin and Maydanki. The number of beneficiaries in August was 1737. The community health team delivers raising awareness sessions to the parents about Infant and Young Children Feeding IYCF. The number of sessions in August was 22.

WATAN *Thalassemia Specialized Centre, Medical Laboratory, and Blood Bank in Idleb.* The centre delivers services of medical laboratory, blood bank, and thalassemia treatment. There are 121 thalassemia patients registered at the centre who receive regular treatment sessions. 1161 beneficiaries received lab services and 709 blood bags have been distributed in August.

WHO lead Advocacy and Communication WG celebrated the **World Humanitarian Day (WHD) on the 19th August**. The WHD global theme was dedicated this year towards honouring the humanitarian personnel efforts worldwide and those who have lost their lives. **This year honoured the work of women in crises**, the health care workers unsung heroes who long been working on the front lines in the Syria ongoing war.

Women make **up a large number of those who risk their own lives to save others**. They are often the first to respond and the last to leave. **For example, the network of the northwest Syria Community Health Workers is 87% female**. In NWS EPI activities, at least one third are vaccinators and social mobilizers protecting children against preventable diseases.



Women humanitarians dedicate their lives to helping people affected by crises. These women deserve to be celebrated. They are needed today as much as ever to strengthen the global humanitarian response. And world leaders as well as non-state actors must ensure that they – and all humanitarians – are guaranteed the protection afforded to them under international law.

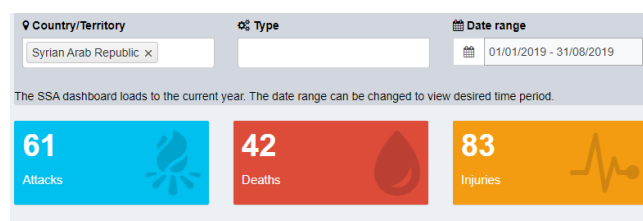
As it is sometimes difficult to discern the identity of those dead and injured, there could be a higher number of health workers who were affected by these incidents.

The incidents themselves and the fear they create causes health workers to operate in highly-risky (physical life-endangering). Yet, this is not the only risk! As the mental wellbeing is continuously challenge. Almost half (44%) of the mhGAP practitioners are female health workers. Besides providing support to others, they as well are wives, mothers, and daughters supporting their families as well and the communities where they live.

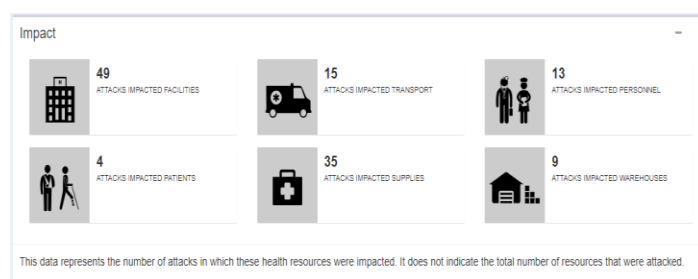
Humanitarian workers in north-western Syria are facing huge challenges to sustain healthcare provision.

Monitoring of violence against health care

In 2019, as of 31st August, 61 attacks on health care (49 on health facilities) in Syria were documented on the WHO Surveillance System for Attacks on Health Care. This resulted in 42 deaths and 83 injuries of health workers, patients and co-patients.



The effect of one violent incident directed at healthcare workers or facilities may be felt by hundreds or even thousands of people. There is a strong knock-on effect.



Plans for future response:

- **Rapid health facilities assessment** was completed in August 2019 in north-western Syria, covering 81 Health facilities (54 PHCs, 25 Hospitals and 2 Dialysis centres). WHO is analysing the data (to be available in September).
- **17 September 2019 World Patient Safety Day** will be celebrated for the first time. Events will be held around the world to raise awareness of the need to establish patient safety as a global health priority.



The day brings stakeholders together in an effort to reduce the unintended harm caused by healthcare.

- **Inter-Sector Pre-Analysis Workshop - 24 September 2019:** This will be a technical level workshop aimed at discussing and validating assessment findings and outputs feeding into the HPC workshop.
- **HPC Workshop – 25-26 September 2019:** This workshop will aim to review the key results of the sector and inter-sector assessments, articulate key messages and priorities to be reflected in the 2020 HNO, and, based on the needs analysis, discuss response planning for 2020.

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