

WHO SYRIA
DONOR UPDATE
Q1, 2017



World Health
Organization

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DONOR UPDATE**
Q1, 2017

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CONTENT

07	FOREWORD
08	1.0. EXECUTIVE SUMMARY
08	1.1 Highlights
08	1.2 Access to health care
10	1.3 Attacks on health care facilities and personnel
11	2.0. PUBLIC HEALTH AREAS OF FOCUS IN Q1, 2017
11	2.1. Technical leadership and coordination
12	2.2. Trauma
14	2.3. Primary health care (including vaccination campaigns)
17	2.4. Secondary health care
18	2.5. Mental health
20	2.6. Disease surveillance
21	2.7. Health information system
22	2.8. Partnerships with NGOs
22	2.9. Nutrition
24	2.10. WASH
25	3.0. CAPACITY BUILDING
26	4.0. WHO SYRIA: SUB-OFFICES AND HUBS: AREAS OF FOCUS IN Q1, 2017
27	Inside Syria
29	Jordan
29	Turkey
30	5.0. FINANCIAL OVERVIEW FOR Q1, 2017
31	6.0. LOOKING AHEAD TO Q2, 2017
35	7.0. WHO STRATEGIC INTERVENTIONS UNDER THE HUMANITARIAN RESPONSE PLAN FOR 2017
36	8.0. ACHIEVEMENTS BY PUBLIC HEALTH AREA OF INTERVENTION
40	9.0. WHO SYRIA WEB STORIES AND MEDIA UPDATES FOR Q1, 2017 THE HUMANITARIAN RESPONSE PLAN FOR 2017



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“All over Syria, people continue to suffer because they lack the most basic elements to sustain their lives – and because of the continued risk of violence. We – indeed, the world – must not stand silent while parties to the conflict continue to use denial of food, water, medical supplies, and other forms of aid as weapons of war..”¹

Joint Statement on Syria:

Dr Margaret Chan
WHO Director-General

Ertharin Cousin
World Food Programme Executive Director

Anthony Lake
UNICEF Executive Director

Stephen O’Brien
Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator

Filippo Grandi
United Nations High Commissioner for Refugees

¹ <http://www.who.int/mediacentre/news/statements/2017/joint-statement-syria/en/>



Photo Credits: WHO

FOREWORD

In the first quarter (Q1) of 2017, the situation remained highly unstable. Heavy military activities continued in some parts of the country, while other parts witnessed the reaching of reconciliation agreements. Living conditions remained dire, with around 80% of the population living under the poverty line.

Attacks on health care facilities in the country continued, with up to 37 confirmed reports of attacks that caused the deaths of 10 health workers.

Battles are raging across Ar Raqqa; more than 25 000 people have fled to surrounding areas and there are serious concerns about those who have remained. Only seven (out of 77) health care facilities in Raqqa are still functioning, but with greatly reduced capacity.

Although the government has agreed to limit the removal of medical items from inter-agency convoys to surgical supplies only, this has had little impact, since approvals for the convoys have substantially decreased (only nine convoys have been approved since the beginning of 2017)

Working from its country office in Damascus and its hubs in Gaziantep (Turkey) and Amman (Jordan), WHO continued to advocate for unimpeded access to all parts of Syria to assess health care needs and ensure that people received appropriate health care and follow up. Seriously ill patients in besieged areas must be promptly evacuated for proper medical care, and their safe return to their homes and families must be guaranteed.

The report covers a wide range of interventions implemented or supported by WHO, in accordance with the priority health projects set out in the Humanitarian Response Plan for Syria for 2017. WHO could not have carried out much of its work without the close support of other UN agencies and NGOs. The Organization extends its sincere thanks to its health partners in Syria, many of whom are working in extremely difficult conditions to bring health care to those most in need.

Elizabeth Holtz

1.0. EXECUTIVE SUMMARY

According to the Humanitarian Needs Overview for 2017, over 11 million people in Syria require health assistance. A staggering 25 000 people are injured each month and require trauma care.

As of March 2017, according to WHO's Health Resource Availability Mapping System (HeRAMS), over half of Syria's 111 public hospitals and half its 1787 public health care centres were either closed or functioning only partially.

1.1 Highlights

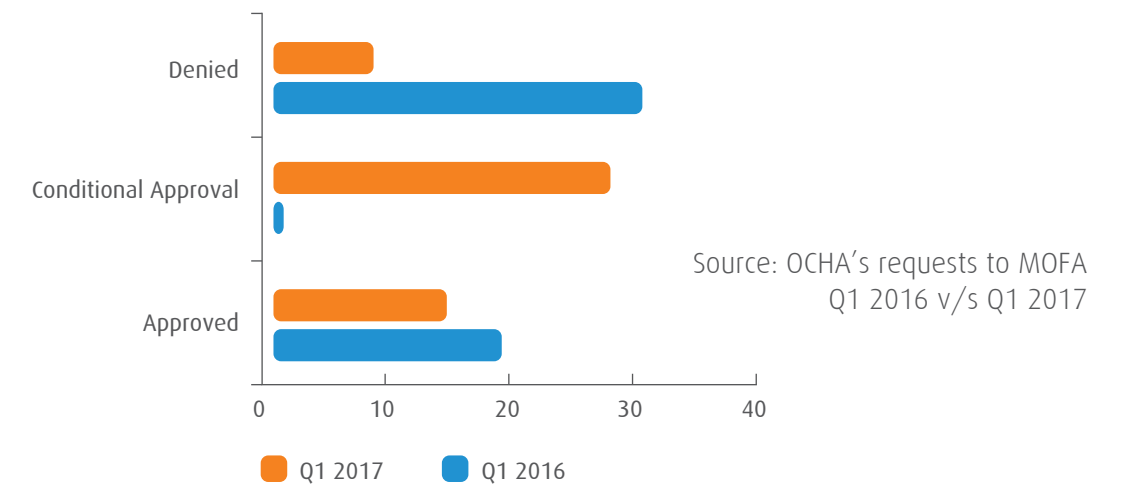
In Q1, 2017, WHO:

- Delivered almost 3.7 million treatments (over 3.3 million inside Syria, and over 385 000 through cross-border operations);
- Participated in nine inter-agency convoys, and led four health convoys and nine cross-border missions to hard-to-reach locations;
- Supported over 130 000 outpatient consultations (128 353 inside Syria and 1754 through cross-border support);
- Supported 293 880 trauma cases (265 142 inside Syria, and 28 738 cross-border);
- Screened 173 000 children under five years of age for malnutrition;
- Vaccinated 2.4 million children inside Syria against polio. Another 655 149 children were vaccinated through cross-border activities;
- Tested the quality of water supplies that serve more than 1.8 million people in four governorates;
- Continued to advocate for unhindered access to people in need;
- Monitored attacks against health care facilities and personnel, and advocated for their protection;
- Trained 6423 health care staff (3491 inside Syria and 2932 through cross-border activities).

1.2 Access to people in need

As the country enters its seventh year of conflict, access to health care remains severely compromised. For example, in Q1, 2017, military advances in southern Syria displaced over 4000 people in western Dar'a and cut off access to a hospital and four primary health care (PHC) centres supported by health partners working from Jordan.

Over 4.7 million people – almost a quarter of the population – live in besieged and hard-to-reach locations. WHO has continued to advocate for regular access to these areas to ensure that people receive the health care they need. However, the government approved fewer inter-agency convoys in Q1, 2017 compared with the same period in 2016 (15 inter-agency convoys approved between January and March 2017, and 19 approved in Q1, 2016). Only nine of the Q1, 2017 convoys included health supplies.

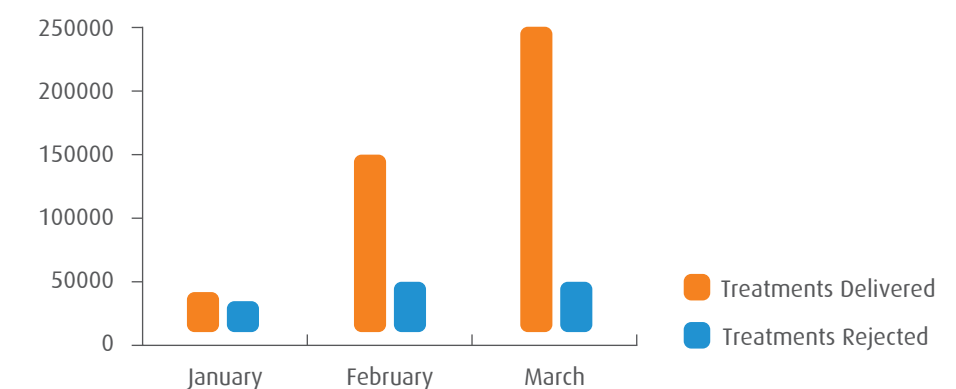


In spite of these challenges, WHO delivered more than 768 000 treatments to hard-to-reach and besieged locations². In coordination with other partners including the Syrian Arab Red Crescent (SARC), the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP), WHO managed to deliver more than 118 000 essential medicines to Al-Hassakeh and Deir-ez-Zor.

Removal of medical items from inter-agency convoys

In Q1, 2017, government security forces removed medical items from all nine inter-agency convoys. A total of 87 529 treatments were removed, together with equipment and surgical supplies.

Treatments delivered versus treatments rejected in Q1, 2017

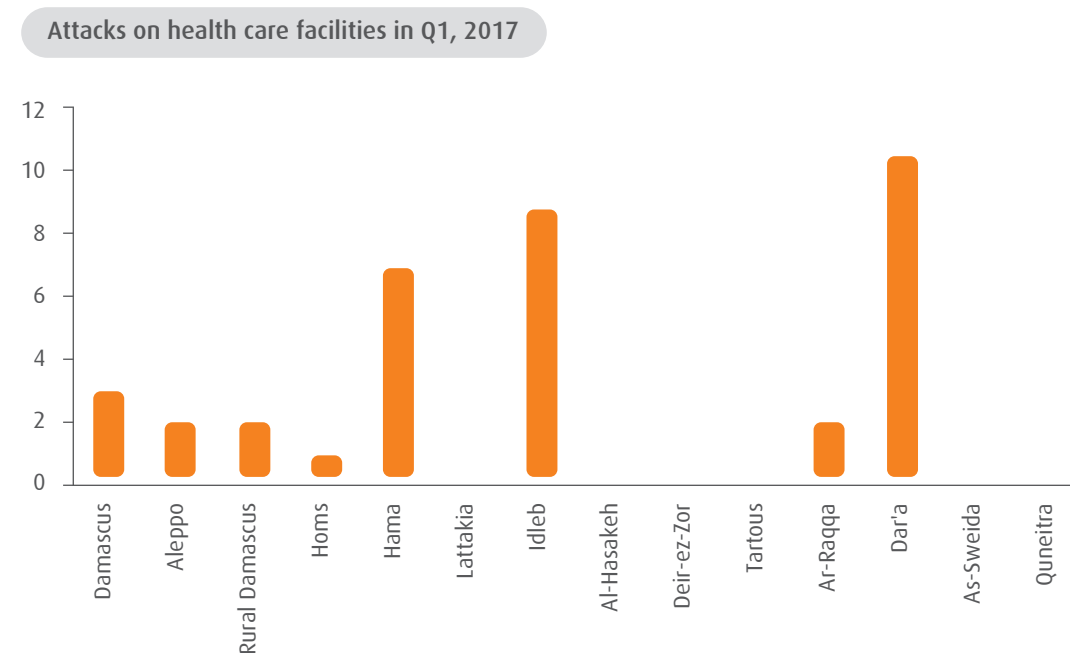


WHO maintains detailed information on all items removed from inter-agency convoys. WHO informs the Ministry of Foreign Affairs (MoFA) and the Ministry of Health (MoH) of all rejected and removed items. It also includes this information in WHO's contribution to the Secretary-General's monthly report to the Security Council. WHO continues to advocate for the importance of the safe delivery of all medical supplies, including medical equipment for specialized diagnosis and advanced treatment.

² 383 000 via inter-agency convoys and over 385 000 via cross-border operations. Areas reached include Ar-Rastan and Talbiseh in Homs, Foua/Kafraya in Idleb; and Az-zabadani/Madaya and Madamiyat Alsham in Rural Damascus.

1.3 Attacks on health care facilities and personnel

During Q1, 2017, 65 incidents of violence against health care facilities were reported, of which 37 were verified. In total, 18 people were killed including 10 health care staff. Other health care staff were abducted, arrested or injured. Several ambulances were destroyed, and 22 health care facilities were damaged.



Attacks on health care – whether deliberate or the result of collateral damage – risk the lives of health care workers and their patients and affect thousands of others. Those at risk include wounded patients whose injuries are left untreated, people with life-threatening chronic diseases, children who are not vaccinated, and pregnant women who have no access to life-saving obstetric care. Health staff working in challenging conditions and with limited resources should not have to live in fear of attacks, and the populations they serve cannot afford to be deprived of health care.

2.0 PUBLIC HEALTH AREAS OF FOCUS IN Q1, 2017

2.1 Technical leadership and coordination

WHO continued to lead health partners in Damascus, Gaziantep and Amman. In Q1, 2017 WHO completed the following activities:

Strategic and policy coordination

- Advocated for the restoration and strengthening of health care services in newly reconciled areas including east Aleppo, Al Waar (Homs), Madamiyat Alsham and Wadi Barada (Rural Damascus).
- Developed a micro-operational plan to reactivate health services in Wadi Barada and Madaya (Rural Damascus).
- Developed a strategy for health sector planning for the post-agreement transition in Syria.
- Developed a health recovery plan for east Aleppo while focusing on the need to rehabilitate health care facilities throughout the city.
- Provided regular updates to the Special Advisor to the United Nations Special Envoy. These were also shared with the International Syria Support Group (ISSG).
- Monitored attacks on health care facilities and personnel.
- Prepared monthly reports to the Secretary-General on the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015).

Working in hard-to-reach and besieged locations

- Facilitated cross-border and cross-line medical evacuations of patients from besieged locations.
- Developed (in coordination with cross-border partners and the United Nations Office for the Coordination of Humanitarian Affairs) medical evacuation plans for the residents of besieged east Ghouta and Al Waar.
- Delivered over 47 tons of medicines and medical supplies to hard-to-reach and besieged areas across the country.
- Pre-positioned health supplies to be dispatched to five key besieged locations, subject to the granting of the necessary approvals.
- Advocated at the highest levels of government for sustained access to besieged areas, including uninterrupted access for medical teams and mobile clinics.
- Reviewed requests for medical supplies, and consolidated the lists of health sector supplies to be included in inter-agency convoys, based on priority needs and convoy capacities.

Partner coordination

- Led the strategic and technical review of eight health sector projects to be funded under the new Syria Humanitarian Fund for Aleppo.
- Coordinated the delivery of health supplies to be airlifted by UNHCR to Al Hassakeh governorate to cover the needs of 20 000 Iraqi refugees in Al Hol camp.
- Provided technical guidance to health sector partners on 1) the rehabilitation of health care facilities and 2) WHO's Essential Health Service Package and list of essential medicines (both of which should be adapted to local contexts).

Beyond its immediate objective of delivering life-saving medical supplies, WHO has continued to advocate at the highest levels of government to lift the siege of all affected areas across Syria. In parallel, the Organization has continued its rapid assessments of the status of all public hospitals and PHC centres in the country. It continuously monitors the numbers of people ill and injured, including those requiring life-saving medical evacuations and/or specialized health care.

2.2 Trauma

Support to Al Muasat hospital

Al Muasat Hospital in Damascus is one of the oldest and largest teaching hospitals in Syria. The current crisis has severely strained the capacity of its emergency department, which receives around 500 patients each day. In early 2017, after eight months of major rehabilitation supported by WHO, the new emergency department re-opened. The hospital's emergency operating theatre has been fully re-equipped, and damaged infrastructures including water pipes and heating systems have been replaced.

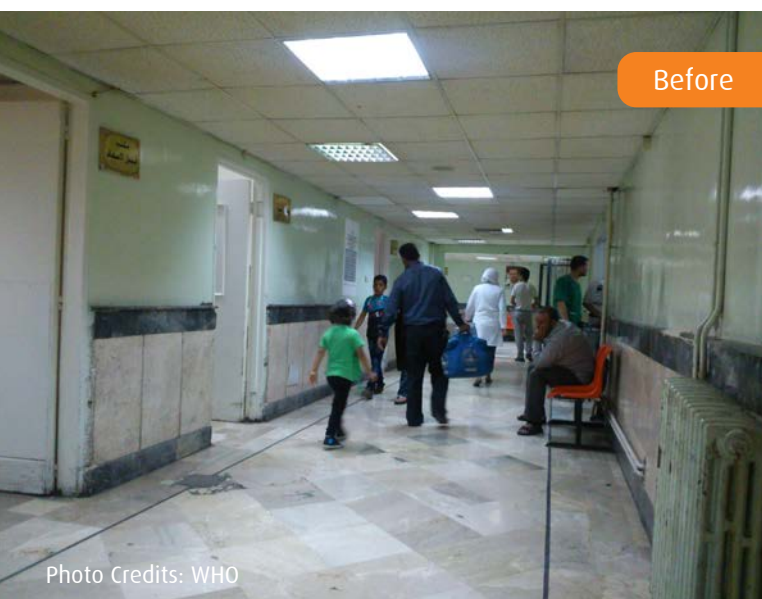


Photo Credits: WHO



A TRAUMA STORY IN ALEPPO

Eight-year old Ahmad was playing outside his house in east Aleppo with several other children. One of the boys discovered a round metal object. He picked it up, examined it out of curiosity, and threw it on the ground.

The object of his curiosity was an unexploded ordnance. When it detonated, one child was killed instantly and three others including Ahmad were seriously injured. "The last thing I remember was a very loud bang", said Ahmad. He was rushed to Al Razi Hospital, where he underwent two emergency operations in one week. "Ahmad is lucky to be alive. His abdomen and intestines were badly injured and a major artery was severed", said Dr Batteikh, the hospital director.

When WHO staff visited Ahmad in hospital, he was well on the way to recovery. "I just want to eat. I haven't eaten for a week", he said.

Ahmad's mother Amenah said that she and her family had been through a horrible time. "My husband was killed during the fighting in December, leaving me with four children to support. We fled to west Aleppo before coming back to the eastern part of the city, where we were lucky enough to find an empty building that was still habitable. And now this terrible thing has happened to Ahmad."

WHO has been supporting Al Razi Hospital with life-saving medicines, medical supplies and equipment and specialized training on trauma care. Thanks to WHO's continuing support, patients like Ahmad have a greatly increased chance of survival.

2.3 Primary health care including vaccination campaigns

National polio campaign

WHO and UNICEF supported a national polio campaign in March 2017 targeting 2.7 million children under five years of age in all governorates except Idlib. A total of 2.4 million children under five years of age were vaccinated.

Vaccination teams managed to reach Tal Abyad district in Ar Raqqa governorate for the first time in two years. (The rest of Ar Raqqa remains inaccessible.) In some areas, local people have risked their lives distributing vaccines in hard-to-reach areas.

A total of 306 816 children under five years of age in Rural Deir-ez-Zor received polio vaccine³. Only children who visited health care facilities and fixed vaccination points were immunized (the local authorities did not permit the use of mobile vaccination teams), raising concerns that some children might have been missed.

Another 8700 children under five years of age were vaccinated in the besieged town of Deir-ez-Zor. (The vaccines were delivered via airdrop.) Due to the volatile security situation, supervision and monitoring in Deir-ez-Zor remain difficult.

In February 2017, WHO and partners implemented a sub-national polio vaccination campaign in accessible areas in Aleppo, Hama, Homs and Idlib governorates. Vaccination teams managed to vaccinate 617 731 children under five years of age. However, security concerns mean that many areas in northern Syria remain off-limits.

WHO is supporting the reactivation of disrupted immunization programmes in northern Syria. In Q1, 2017, the expanded programme of routine immunization was launched in eight PHC centres in Idlib.



A vaccination team in Rural Ar Raqqa

Photo Credits: WHO

³ Al-Bokamal, Al-Hamadyya, Al-Hosayneh, Al-Kasrah, Al-Sawar Al-Mayaden, Hajeen

Management of chronic diseases in northern and southern Syria

WHO's offices in Amman and Gaziantep are piloting a project to improve the management of chronic diseases in PHC centres in southern and northern Syria. The project aims to train health care providers, collect more data and distribute WHO's new standard kit to manage noncommunicable diseases (NCDs).

Health care providers are trained via webinar sessions followed by face-to-face training for health professionals who are providing remote supervision to clinical teams in southern and northern Syria. Thus far, 45 health care providers (including in besieged areas) have been trained on the diagnosis and management of hypertension, diabetes, asthma and chronic obstructive pulmonary disease.



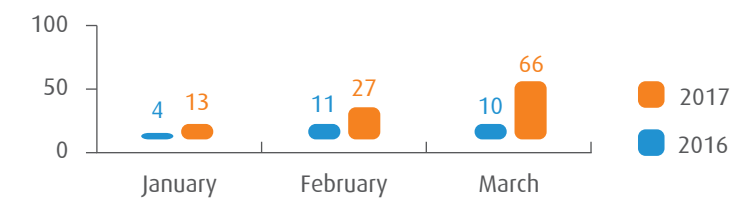
Training for staff who provides remote supervision to clinical teams in southern Syria

Photo Credits: Primary Care International

2.4 Secondary health care

In Q1, 2017, WHO donated emergency equipment and supplies to hospital operating theatre, intensive care and haemodialysis units. WHO has substantially increased its donations of medical equipment compared with the same period in 2016.

Medical equipment distributed - Q1 2016 v/s Q1 2017



55-year old Abo Abdo from east Aleppo has suffered from kidney disease for the last ten years. He relies on twice-weekly dialysis sessions to keep him alive.

“When the fighting intensified in east Aleppo , my health suffered greatly as I could not always reach my usual health centre for treatment. Travelling to safer areas such as Hama or Turkey was not an option, as the trip is risky and expensive”, said Abo Abdo.

After he was evacuated from east Aleppo, Abo Abdo moved to a safer place in west Aleppo, where he was able to receive regular dialysis at Aleppo University Hospital.

WHO has donated medicines and equipment to Aleppo University Hospital since the crisis began. Thanks to WHO's continuing support, patients like Abo Abdo are able to remain healthy and alive.

Medical Training Programme

WHO has developed a training curriculum on basic and advanced life-support learning techniques for doctors and paramedics. The curriculum will be introduced in Syrian hospitals in the second half of 2017.

2.5 Mental health

Community Centres

In Q1, 2017 WHO continued to support three community centres established in Aleppo in late 2016. The centres are managed by NGOs and provide mental health and psychosocial support (MHPSS) services to local communities. Almost 40 000 people, including women who have experienced violence at the hands of their partners, have benefited from these services thus far. The NGOs encourage patients to find meaning in their lives in the face of adversity.

mhGAP

WHO trained another 159 non-specialized health care professionals on its Mental Health GAP Action Programme (mhGAP) and intervention guide. Thirty of those trained were gynaecologists who received additional training on care and support for survivors of gender-based violence. WHO's office in Turkey is also providing online supervision on mhGAP to 37 previously trained doctors in northern Syria.

Currently more than 260 PHC centres across Syria provide integrated mental health services in 11 governorates. In Q1, 2017, they provided 50 000 psychiatric consultations, 25% of which were given to children and adolescents.



Photo Credits: WHO

Community members are given vocational training at a family well-being community centre in Aleppo supported by WHO



Nine year-old Rayyan lives in a neighbourhood that has been subjected to fierce shelling. When she accompanied her mother and sister to the local PHC centre, the doctor noticed she was anxious and withdrawn. When gently questioned, Rayyan's mother said that her daughter wet the bed all the time, avoided other children, and spent her time drawing bleak pictures. After a one-month follow-up from a WHO-trained doctor Rayyan is playful and outgoing again. She's helping others and has rediscovered her zest for life. Most significant of all, her drawings are full of roses, trees and butterflies.

2.6 Disease surveillance

The Evaluation of EWARS

WHO assessed the functionality and responsiveness of Syria's Early Warning Alert and Response System (EWARS) in March 2017. The assessment team was composed of experts from WHO's Regional Office for the Eastern Mediterranean who joined forces with national counterparts to assess more than 30 health facilities and 14 laboratories in 10 governorates over a two-week period. The team met with EWARS focal points including surveillance officers, data managers and clinicians to conduct interviews and directly observe the surveillance process.



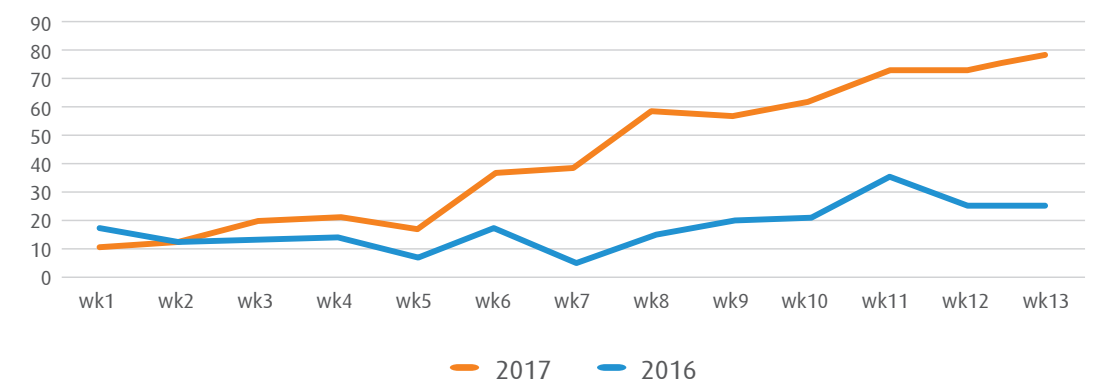
The assessment is the first its kind since EWARS was established in Syria in 2012. The team highlighted the successful establishment of trained rapid response teams in all governorates visited, as well as the introduction of electronic data entry systems in all reporting governorates and five out of 11 districts. The move from paper-based to electronic data entry has improved the quality and accessibility of the data collected, further enhancing the country's surveillance capabilities. Surveillance focal points from the MOH and local NGOs report to EWARS on a regular basis, and all surveillance sites are well equipped with tools and trained staff.

The collaborative efforts of the MoH, local authorities, WHO and health partners have contributed to the success of EWARS in Syria. WHO will convene a meeting with all stakeholders to review the assessment recommendations and develop a medium-term disease surveillance and response plan.

Response to Measles

In Q1, 2017, an outbreak of measles was reported in Damascus, Dar'a, Quneitra and Rural Damascus, with a total of 555 suspected cases reported through EWARS. Two deaths were registered in the besieged town of east Ghouta in Rural Damascus.

Trend analysis of suspected Measles cases between Wk1 and Wk13 in 2016 and 2017



WHO and health partners supported local vaccination campaigns to contain the outbreak. WHO also increased surveillance in high-risk areas and informed private health care providers about the standard case definition for measles and the requirement to report suspected cases immediately to EWARS.

Following a measles outbreak in Shamarekh camp in Aleppo governorate, WHO's office in Gaziantep supported an emergency vaccination campaign that reached more than 6500 children. The camp is hosting IDPs from Ar Raqqa and refugees from Iraq.

2.7 Health information system

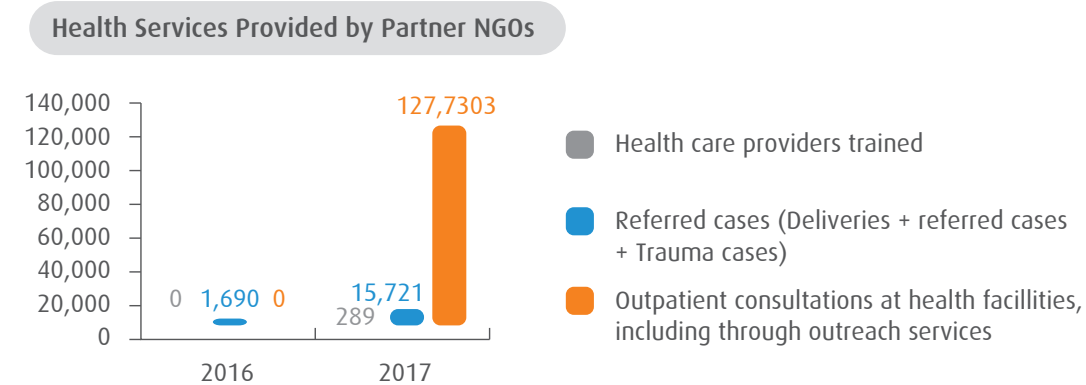
HIS/HeRAMS Evaluation

Throughout Q1, 2017, WHO published regular information on the functionality, level of damage and accessibility of health care facilities and the availability of health resources, services, medicines and equipment. In addition, WHO recruited a consultant to assess the development of a health situation profile for Syria, review WHO's work to improve the national health information system, and evaluate the reports generated by HeRAMS. The consultant's recommendations will be shared with all partners.

2.8 Partnerships with NGOs

WHO's 68 NGO partners continue to provide essential primary, secondary and trauma health care services, especially in hard-to-reach areas.

In Q1, 2017, there was a substantial increase in the number of consultations provided by WHO's NGO partners compared with the same period in 2016.



2.9 Nutrition

WHO has adopted a threefold approach to strengthen the nutrition programme in Syria: (i) support nutritional surveillance; (ii) support the in-patient management of cases of severe acute malnutrition in hospitals; and (iii) decrease the incidence of acute malnutrition through training and promoting breastfeeding and complementary feeding practices.

In Q1, 2017, WHO supported the expansion of nutritional surveillance to another 60 PHC centres. A total of 510 PHC centres and 50 clinics across the country are now screening children for malnutrition and referring those in need to specialized facilities. Over 173000 children under five years of age were screened for malnutrition in Q1, 2017.



A child is screened for malnutrition in a nutrition surveillance centre supported by WHO in Aleppo



12-month-old Samer was born a year after his parents fled their home in war-torn Rural Hama. "The situation in the area we settled in was very bad", said Samer's mother. "I was exhausted, depressed and always hungry. Sometimes I could barely find a loaf of bread to share with my husband. I couldn't breastfeed Samer any more, and I could see that my baby was suffering", she said, holding back her tears. Samer grew weaker and weaker. He was so thin that his bones protruded. "My heart broke every time I heard him crying. I was afraid of losing my only son", said his mother.

By January 2017, Samer weighed just under 6 kilos. He was admitted to the malnutrition treatment centre in Hama governorate, where he was diagnosed with severe acute malnutrition, pneumonia and breathing difficulties. Thankfully, he responded rapidly to intensive treatment, and began gaining weight after just ten days. When she heard her son's laughter for the first time in many months, Samer's mother burst into tears of joy and relief.

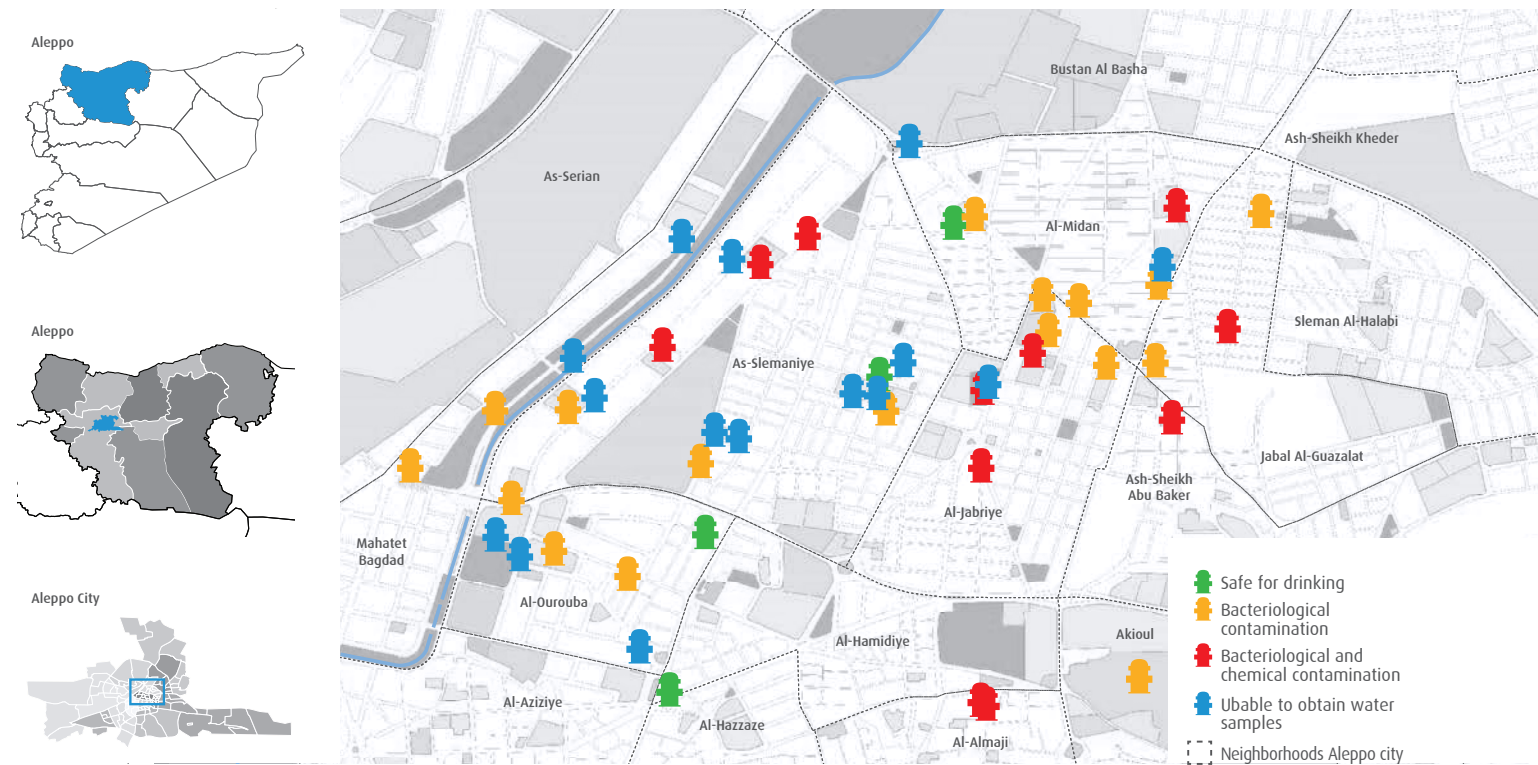
Samer is just one of over 173 000 malnourished children under five years of age who have been screened for malnutrition at nutrition surveillance centres in 13 Syrian governorates during Q1 of 2017. WHO has donated equipment and supplies and trained health care staff in these centres.

2.10 Water, Sanitation and Hygiene

Assessment of the Quality of Drinking Water in Aleppo

Efforts to manage water quality in Syria have been hampered by the fact that several different government agencies are responsible for national water services. In Q1, 2017 WHO negotiated a model for cooperation among four different government agencies in Aleppo⁴. These agencies are now working together to assess the quality and availability of drinking water and take remedial actions to prevent the spread of waterborne diseases. This model will be disseminated across all Syrian governorates. In addition to facilitating the nation-wide adoption of this model, WHO will continue to support partners' work to assess water quality and rehabilitate water and sanitation networks. The Government has agreed to grant WHO access to data on the location of uncontrolled sources of water. WHO will use this information to map these locations, assess the suitability of water for drinking purposes, and track the spread of waterborne diseases across Syria.

Syria Arab Republic: Distribution of wells in Aleppo city, March 2017



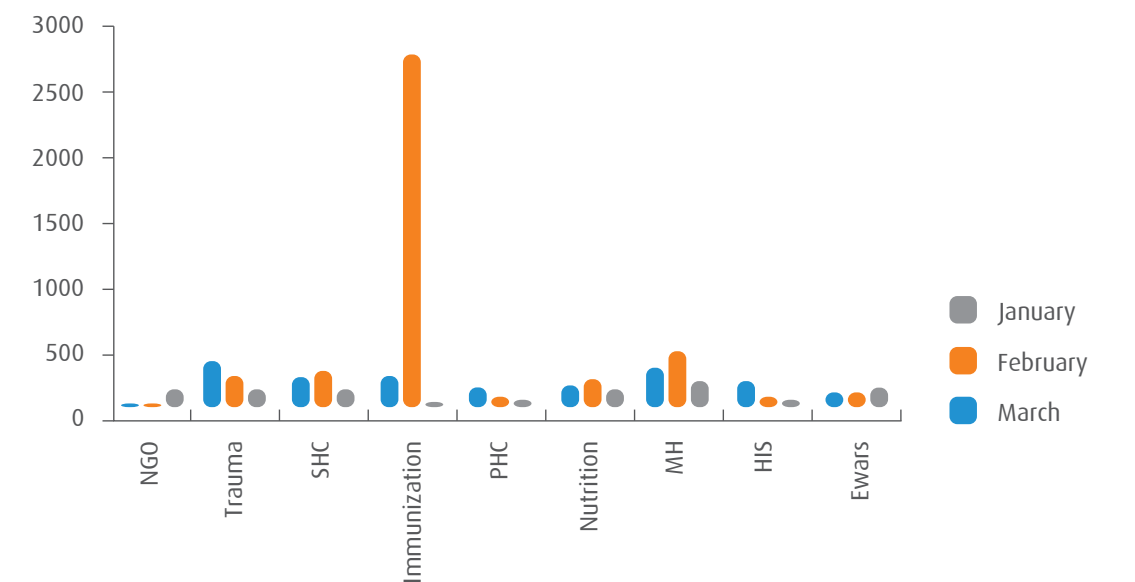
⁴ Directorate of Health, Directorate of Water Resources, Directorate of the Environment, and Aleppo Water Establishment.



Photo Credits: WHO

3.0 CAPACITY BUILDING

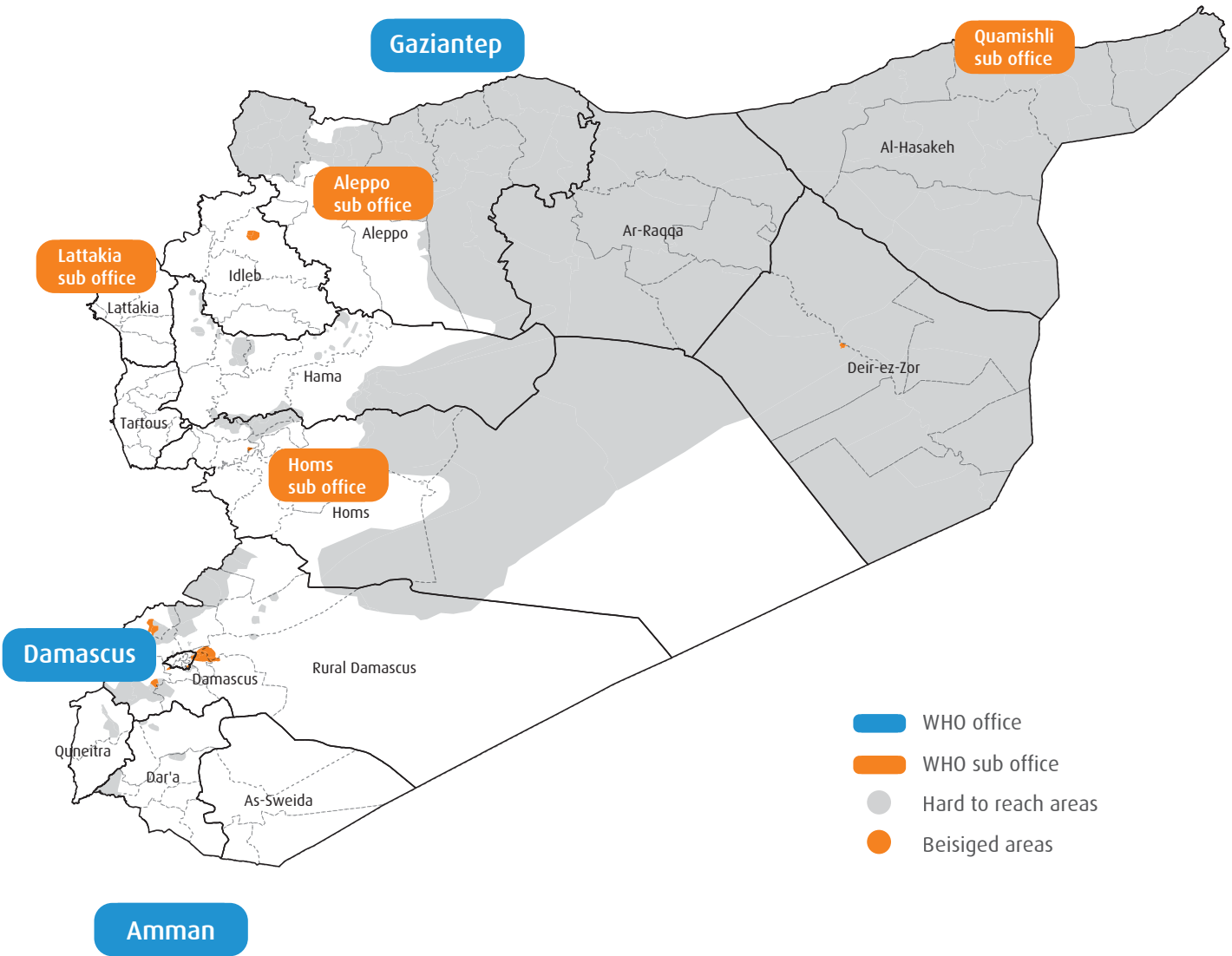
The exodus, displacement and/or deaths of large numbers of Syrian health care workers have severely depleted the health care workforce. In Q1, 2017, WHO trained 6423 health workers across the country on various health interventions (see chart below).



4.0. WHO SYRIA SUB-OFFICES AND HUBS:

areas of focus in Q1, 2017

Syria Arab Republic: Location of the hubs inside Syria and the location of the GZT and AMM offices



INSIDE SYRIA:

In addition to its main office in Damascus, WHO Syria maintains offices in Aleppo, Homs, Latakia and Qamishli.

Aleppo

In Aleppo, WHO is supporting seven mobile clinics and seven NGOs that are providing health care services in collective shelters, IDP-hosting areas and neighbourhoods with high numbers of returnees. Although active conflict in Aleppo has decreased considerably, unexploded ordnance, improvised explosive devices and landmines pose a serious risk. WHO has donated trauma care supplies and is training health care workers on the management of patients presenting with injuries from such devices.



A WHO team visiting a WHO-supported family community centre in Aleppo

Homs

WHO's sub-office in Homs covers a geographical area that includes hard-to-reach and besieged areas that are home to more than 273 000 people. The office gathers information on health care in these locations and reports back to Damascus. The office was responsible for overseeing the logistics related to WHO's participation in six of the nine inter-agency convoys that took place in Q1, 2017.

Lattakia

WHO sub-office in Lattakia – which opened in 2016 – serves as the centre for logistical support for WHO’s overall operations in Syria. A team of logisticians in Lattakia manages the main WHO warehouse in the country. In Q1, 2017, the office organized more than 70 medical shipments to health care facilities throughout Syria, including besieged and hard-to-reach areas.



Qamishli

WHO’s sub-office in Qamishli covers the north-eastern part of the country. As a result of the escalating violence in northern rural Ar Raqqa and Al-Tabaqa (Al-Thawra), there have been several waves of displacements from these areas to other locations. In Q1, 2017, 169 critically ill patients were evacuated from Deir-ez-Zor to hospitals in Qamishli. WHO’s team in Qamishli is working closely with partners to respond to the increasing needs of around 35 000 IDPs in four camps in Ar Raqqa and Al Hassakeh governorates, with close support and oversight from WHO’s main office in Damascus.



Photo Credits: WHO

Jordan

In Q1, 2017, the escalating hostilities in and around Dar’a City resulted in the displacement of over 10 000 people and forced the UN to suspend its cross-border convoys for three weeks. While WHO’s office in Jordan is still able to deliver supplies and medicines across the border, Syrian health care workers are increasingly unable to travel to Jordan for training courses. In response, WHO is shifting its training approach to focus on online training and other learning tools. In Q1, WHO’s Amman hub coordinated the delivery of over 10 500 treatments to southern Syria.

Turkey

In Q1, 2017, WHO’s office in Gaziantep continued to provide medical supplies to health service providers in northern Syria to cover the critical needs of IDPs and host communities. WHO worked with partners to support the evacuation of residents from the besieged neighbourhood of Al Waar. More than 50 ambulances were placed on standby to receive and transport those in need of urgent medical care. Of the 6631 people evacuated during the first four convoys, 83 patients received life-saving first aid before being referred for treatment. Almost 600 children received oral polio, pentavalent and MR vaccines. In Idleb, WHO is supporting one mobile clinic serving rural areas that have limited access to essential PHC services. WHO has also donated five mobile clinics to NGOs to increase health care coverage in underserved areas.



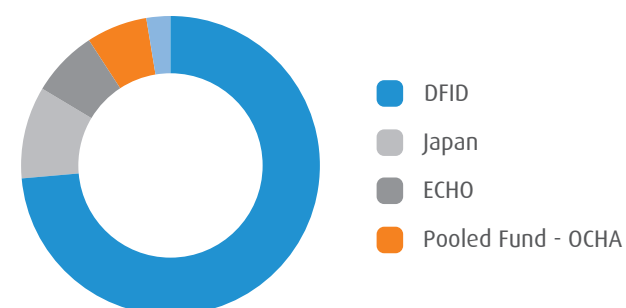
Photo Credits: WHO

5.0 FINANCIAL OVERVIEW FOR Q1, 2017

Under the Humanitarian Response Plan for 2017, WHO appealed for US\$ 163 748 100 to implement the activities outlined in section 7 of this report. As of the end of Q1, 2017, WHO had received only 18% of the required amount.

The table below shows the funds received by WHO in Q1, 2017.

Donor	Amount received	%
United Kingdom Department for International Development (DFID)	21 688 916	13.2
Japan	3 124 975	1.9
European Commission Directorate-General for Humanitarian Aid and Civil Protection (ECHO)	2 116 924	1.3
Pooled Fund -OCHA	2 062 847	1.3
China	500 000	0.3
TOTAL	29 493 662	18



6.0 LOOKING AHEAD TO Q2, 2017

Technical leadership and coordination

- Improve access to Ar Raqqa.
- Explore new methods to overcome the logistical challenges of reaching Al Hassakeh governorate.
- Establish stronger cooperation with UNHCR and WFP.
- Begin early recovery and rehabilitation activities in newly reconciled areas.
- Strengthen health care delivery across Aleppo city.
- Rehabilitate 17 health care facilities.
- Develop a micro plan to strengthen the health sector response in newly reconciled areas⁵.
- Pre-position supplies in Aleppo, Al Hassakeh and Hama governorates to respond to the health needs of IDPs and refugees in north-east Syria.
- Pre-position medicines and health supplies in Damascus to support functioning health care facilities in east Ghouta.
- Implement the medical evacuation plan for east Ghouta.
- Report all acts of violence against health care in Syria.

Trauma

- Train health care staff on trauma preparedness, care and management, including the management of patients exposed to chemical agents.
- Procure ambulances to strengthen the referral system.
- Initiate the establishment of the first burns department in Lattakia National Hospital
- Strengthen prosthetics and foot orthotics services and donate supplies for manufacturing artificial limbs to the Directorate of Disability and Physical Rehabilitation.
- Establish a referral mechanism for patients in IDP camps in Al Hassakeh in cooperation with local NGOs and private hospitals.
- Expand partnerships with NGOs, especially in hard-to-reach and opposition-controlled areas, and train them on trauma care.
- Pre-position medical supplies near areas of intense conflict.

⁵ Al Tal, Madamiyat Al Sham, Qudsaya, Hameh, Khan El Sheh, Al Waer, Yelda, Babila, Beit Seham, Qadam, Wadi Barada, Yarmouk camp area, Madaya, Zabadani

Primary health care/vaccination

- Implement a national measles vaccination campaign and a sub-national polio campaign in northern Syria.
- Support the National Immunization Days in April.
- Support NCD management in PHC facilities and NGO clinics in Al Hassakeh and Aleppo governorates.
- Establish a maternal death surveillance and response system.
- Distribute family planning supplies to refugees and IDPs in Al Hassakeh.
- Strengthen coordination of cross-border activities.
- Rehabilitate selected PHC centres in Aleppo, Homs and Idleb governorates.
- Train health workers on NCD management and reproductive health.

Secondary health care

- Install software in three hospitals in Syria to track information on cancer . This application will enable the national cancer registry team to have accurate data on morbidity and mortality rates.
- Conduct the second part of the cancer assessment study (part 2 involves obtaining feedback from patients on their cancer care).
- Train health workers in Al Hassakeh on infection control.
- Procure and distribute antibiotics, rabies vaccines, human tetanus immunoglobulin and other essential medicines.
- Rehabilitate selected hospitals.
- Support referral services in northern Syria.

Mental health

- Support the establishment of three NGO-run family well-being community centres in Al Hassakeh. The centres will provide mental health and psychosocial support (MHPSS) services.
- Train health care providers in Aleppo, Al Hassakh, Homs, Lattakia, Rural Damascus and Sweida on reproductive and mental health care for survivors of gender-based violence.
- Train NGO-managed mobile teams in Al Hassakeh governorate on MHPSS services for IDPs in camps.
- Train social workers and teachers on early school-based mental health interventions.

Disease surveillance

- Reactivate sentinel sites to the extent possible in Ar Raqqa governorate.
- Conduct a second deworming campaign among schoolchildren.
- Develop a medium-term disease surveillance and response plan for Syria.
- Launch a communicable disease control programme in Aleppo.

Health information

- Launch HeRAMS in Al Hol camp (Al Hassakeh governorate) in collaboration with UNHCR.
- Expand HeRAMS to include SARC health care facilities.
- Assess the status of health care services in Aleppo.
- Support a socio-demographic survey conducted by the Central Bureau of Statistics.
- Launch the District Health Information System (DHIS) in health care facilities reporting to HeRAMS.
- Launch DHIS2 (including a module to collect detailed mortality data from health care facilities).
- Launch a special health information system to assess the health situation in hard-to-reach and besieged areas.
- Improve inter-hub coordination for Whole of Syria health information management.

Partnership with NGOs

- Coordinate the health response for newly displaced IDPs with NGO partners in Al Hassakeh.
- Prepare a strategy for NGO involvement in the health sector.
- Support the delivery of NGO health care services in newly reconciled areas in Homs and Rural Damascus.
- Expand WHO's network of NGO partners, especially in areas such as Al Hassakeh .
- Expand the coverage of NGO-managed mobile clinics to include IDP camps in rural areas.
- Train NGOs on early recovery initiatives.

Nutrition

- Scale up screening for malnutrition in hard-to-reach and underserved and newly reconciled areas, and strengthen nutrition services in collaboration with nutrition sector partners.
- Assess the Baby-Friendly Hospital Initiative in participating hospitals and further expand the initiative to 20 additional hospitals in 10 governorates.
- Strengthen monitoring and reporting for the nutrition surveillance system to improve quality of data to support planning for cases requiring referral.
- Improve the referral system for the community-based management of acute malnutrition in surveillance, outpatient and inpatient centres to reduce defaulting malnourished children and improve recovery rates.
- Enhance breastfeeding promotion and complementary feeding practices through training health workers, private paediatricians and NGOs.

WASH

- Expand the water quality monitoring programme to include Rural Damascus, where large segments of the population depend on groundwater wells as their principal source of water
- Distribute water quality monitoring equipment and train health staff in Hama, Homs, Lattakia and Tartous.
- Procure two water tankers for the Aleppo Directorate of Health.
- Procure two vehicles to transport medical waste.

7.0 WHO STRATEGIC INTERVENTIONS UNDER THE HUMANITARIAN RESPONSE PLAN FOR 2017

WHO has requested a total of US\$ 163 748 100 to implement the following interventions under the Humanitarian Response Plan for Syria for 2017:

- Enhance trauma care, mass casualty management and physical rehabilitation: US\$ 25 365 900
- Strengthen secondary health care, obstetric care and referral services: US\$ 60 372 500
- Sustain delivery of primary health care: US\$ 34 307 500
- Reinforce immunization and polio eradication activities: US\$ 22 156 000
- Enhance and expand disease early warning alert and response systems/networks: US\$ 5 549 750
- Integrate mental health and psychosocial support services in primary, secondary and tertiary health care services and at community level: US\$ 4 785 000
- Reinforce inter- and intra- hub health sector coordination: US\$ 3 086 250
- Reinforce Health Information Systems for Emergency Response and Resilience - US\$ 1 527 700
- Enhance the prevention and early detection of malnutrition in children under five and referral services for patients with severe acute malnutrition with complications: US\$ 1 666 250;
- Establish sustainable quality water supply and integrated medical waste management systems in health care facilities; support WASH services in under-served and vulnerable populations and IDPs: US\$ 4 931 250.

8.0. ANNEX 1:

Achievements by public health area of intervention

Coordination

Outputs

Coordinated:

- Health partners' participation in inter-agency convoys and the health supplies included in each one.
- The health sector response to displaced people in the governorates of Al Hassakeh and Rural Damascus.
- The emergency health response to the refugee influx from Mosul, Iraq.
- A health recovery plan for Aleppo city
- The continuity of health care services in the aftermath of attacks on health care facilities.
- The evacuation of residents of Al Waer in Homs.
- The development of a medical evacuation plan for residents of the besieged town of east Ghouta.
- The development of a micro-operational plan (as part of the UN response) to reactivate health services in Wadi Barada and Madaya areas.

Advocated:

- For greater access to besieged and hard-to-reach areas to assess health needs, identify gaps and deliver humanitarian aid.

Monitored:

- Attacks on health care facilities and personnel.
- The overall health response.

Informed:

- The Special Advisor to the United Nations Special Envoy by means of regular updates addressing the evolving health situation in Syria and access to besieged and hard-to-reach areas. These updates were shared with ISSG members.

Trauma care

Medicines and supplies donated

- Over 286 000 trauma patients supported with life-saving medicines, surgical supplies and kits.
- 24 315 treatments delivered through trauma kits.
- Operating theatre equipment, beds for intensive care units, X-ray machines.

Training

- 762 health care workers trained on trauma care, first aid, basic life support.

Other outputs

- Rehabilitated the emergency department of Al Muasat Hospital.
- Supported 2540 physiotherapy sessions.

Primary health care

Medicines and supplies donated

- Almost 777 000 medical treatments
- Five mobile clinics to health partners in northern Syria.

Training

- 3193 PPHC providers trained on basic routine immunization, vaccine management, cold chain and logistics, AFP surveillance, management of NCDs and childhood illnesses, reproductive health care.
- Online training on NCDs for doctors and nurses in besieged areas in northern Syria.

Vaccination campaigns

- National polio vaccination campaign implemented (approximately 2.7 million children vaccinated.)
- Sub-national polio vaccination campaign implemented in northern Syria (approximately 617 731 children vaccinated).
- Measles vaccination campaign supported by WHO in Shamarekh camp, northern Aleppo (approximately 6500 children vaccinated).

Other activities

- Conducted a workshop to review services offered by mobile clinics in accessible areas in northern Syria (Aleppo, Hama, and Idleb). The workshop was attended by more than 35 participants from international and national NGOs that are operating more than 120 mobile clinics.
- Supported over 3 million consultations in health care facilities across the country.

Secondary health care

Medicines and supplies donated

- Approximately 423 636 treatments.
- Over 20 000 doses of insulin (11 700 inside Syria and 9000 through cross-border deliveries to northern Syria).
- Supplies to support 12 850 dialysis sessions.
- Medical equipment for emergency and diagnostic services in Aleppo, Damascus, Homs and Rural Damascus.

Training

- 324 health care workers trained on the rational use of medicines, infection control, leadership, warehouse management and quality control.

Other outputs

- Developed a medical training programme for doctors, nurses and technicians to support Syrian hospitals' efforts to respond to increasing needs for critical and life-saving health care.

Mental health

Medicines and supplies donated

- Almost 68 000 psychotropic treatments distributed to 12 governorates.

Training

- 1169 health care workers and mental health professionals trained on mhGAP, psychological first aid, self-help strategies, psychotherapeutic interventions, supporting survivors of gender-based violence, treating substance abuse, and psychiatric nursing.

Other outputs

- Three family well-being community centres in Aleppo supported to provide mental health and psychosocial support (MHPSS) services to people suffering from psychological distress.

Nutrition

Medicines and supplies donated

- More than 6826 medical treatments.
- Therapeutic nutrition medicines and supplies, anthropometric equipment and WHO guidelines on the management of severe acute malnutrition distributed to hard-to-reach and besieged areas via inter-agency convoys.

Training courses

- 344 health care workers trained on nutrition surveillance, breastfeeding promotion, malnutrition care and management.

Other outputs

- 50 private clinics activated for nutrition surveillance.
- 18 stabilization centres launched in hospitals across the country.
- 183 patients with severe acute malnutrition with complications received life-saving treatment.
- More than 173 000 children screened for malnutrition.

Working with NGOs

Medicines and supplies donated

- Over 11 515 medical treatments provided by NGOs supported by WHO.
- Medicines donated to NGOs in rural Hama in response to the escalating violence.

Other outputs

- Quarterly NGO forum with 68 NGO partners held in WHO's office in Damascus.
- More than 127 000 medical consultations provided by NGOs supported by WHO.
- Initiated work to develop a strategy for health sector support through NGOs.
- Supported the referral of 15 721 patients.

Disease surveillance

Medicines and supplies donated

- 2 017 752 treatments for communicable diseases.
- Cholera kits (including oral rehydration salts, zinc, intravenous fluids and antibiotics) pre-positioned in Aleppo and Idlib.

Training

- 265 health workers trained on disease surveillance through EWARS, laboratory safety procedures, managing communicable diseases.

Disease outbreaks

- Supported local vaccination campaigns to contain the measles outbreak that occurred in Q1.
- Reinforced active surveillance in high-risk areas and sensitized private health care providers about measles (standard case definition and the requirement to notify suspected cases).

Other outputs

- 1122 sentinel sites reporting to EWARS and 473 reporting to EWARN.
- EWARS evaluation.
- Gap analysis for communicable disease control programmes in Aleppo governorate.
- Deworming campaign for schoolchildren. Over 2 million children were treated.

Health information system

Supplies and equipment donated

- Computers, laptops, tablets, 3G routers and mobile phones distributed to HeRAMS focal points across the country.

Other outputs

- Produced health profile reports and infographics for more than 13 areas in Syria including east Ghouta and newly reconciled areas.
- Issued flash updates on attacks against health care.
- Developed software applications and automated systems.
- Published regular updates on the status on functionality and accessibility of health care facilities.

Water, Sanitation and Hygiene

Supplies and equipment donated

- Delivered mobile water quality test equipment to Homs and Lattakia.
- Strengthened power supply systems for water quality laboratories in Damascus.

Other outputs

- Initiated rehabilitation of water supplies in four main hospitals.
- Launched a water quality monitoring and response system in Aleppo, Homs and Rural Damascus. The pilot phase has been completed.

9.0 ANNEX 2:

WHO web stories and media updates for Q1, 2017

10 things you should know about the Syrian crisis
<http://www.who.int/hac/crises/syr/10-things/en/>

WHO support saves lives of malnourished children in Syria
<http://www.emro.who.int/syr/syria-news/who-support-saves-lives-of-malnourished-children-in-syria.html>

WHO mobile clinics bring health care to northern Syria
<http://www.euro.who.int/en/countries/turkey/news/news/2017/03/who-mobile-clinics-bring-health-care-to-northern-syria>

Timeline of the Syrian crisis: 6 lives affected by 6 years of war
<http://www.emro.who.int/eha/news/timeline-of-the-syrian-crisis.html>

WHO concerned at deteriorating health situation in east Ghouta, Syria, calls for immediate and unimpeded access
<http://www.emro.who.int/syr/syria-news/who-concerned-at-deteriorating-health-situation-in-east-ghouta-syria-calls-for-immediate-and-unimpeded-access.html>

WHO alarmed by use of highly toxic chemicals as weapons in Syria
<http://who.int/mediacentre/news/statements/2017/toxic-chemicals-syria/en/>

Syrian Arab Republic: Wishes for Wafaa
<http://www.who.int/hac/crises/syr/releases/wishes-for-wafaa/en/>

Bringing life-saving health services to Syria's most vulnerable
<http://www.who.int/hac/crises/syr/releases/bringin-life-saving-health-services/en/>

WHO increases support for cancer patients, the forgotten casualties of the Syria war
<http://www.emro.who.int/syr/syria-news/who-increases-support-for-cancer-patients-the-forgotten-casualties-of-the-syria-war.html>

WHO calls for increased support for health aid in Syria and refugee-hosting neighbouring countries
<http://www.emro.who.int/media/news/who-calls-for-increased-support-for-health-aid-in-syria-and-refugee-hosting-neighbouring-countries.html>

