



World Health Organization
Syrian Arab Republic
Donor Update 2014 (Q1)



**World Health
Organization**

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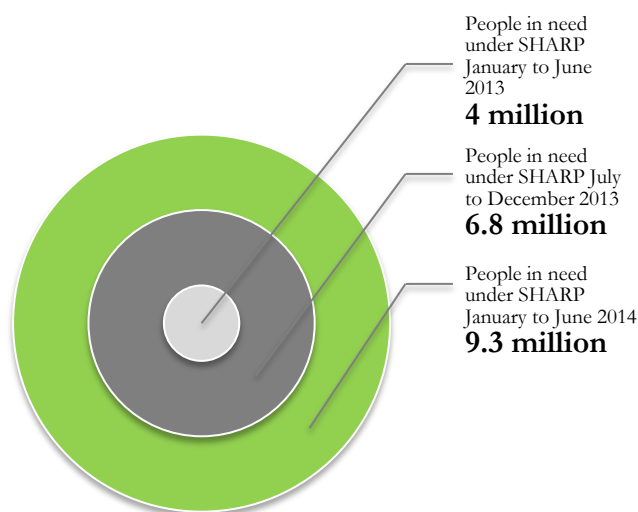
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The situation in Syria in Q1 of 2014



1. People in need of humanitarian assistance

The violence in the Syrian Arab Republic has been steadily escalating in Q1, leading the United Nations' Emergency Relief Coordinator Valerie Amos to describe the situation as "a humanitarian crisis on a scale we have rarely seen"¹. The total number of internally displaced people (IDPs) rose to 6.5 million and the overall number of people in need of humanitarian assistance rose to over 9 million. Over the past three years, more than 100 000 people have been killed and over 575 000 have been injured.

2. Disintegration of the public health system

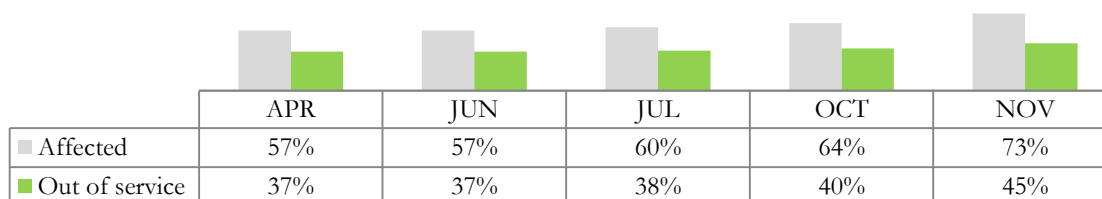
The crisis has disrupted health care services and led to dire shortages of essential medicines, supplies and health care workers, especially those trained in emergency care.

Even when people in need were able to access health services, positive health outcomes were undermined by the effects of protracted stress, suffering and increased vulnerability.

By the beginning of 2014, hospitals and health care facilities had been damaged in 12 of Syria's 14 governorates. The overall percentage of hospitals affected by the crisis rose from 57% (April 2013) to 73% (November 2013)². By March 2014, 45% of the affected hospitals had ceased to function altogether. Similarly, almost one quarter of the country's 1 723 public health care centres are no longer functioning.

In Q1 of 2014, mortar and artillery attacks, car bombs, hijackings and kidnappings continued to be some of the daily challenges faced by health care workers. Many health professionals left the country, depleting the health workforce in the affected governorates and creating severe shortages in badly-needed health staff, including in trauma care, anaesthesiology and laboratory diagnosis.

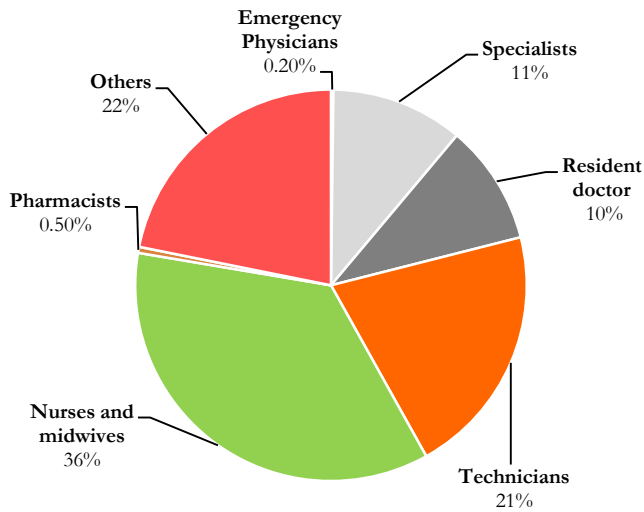
Percentage of hospitals affected and out of service throughout 2013



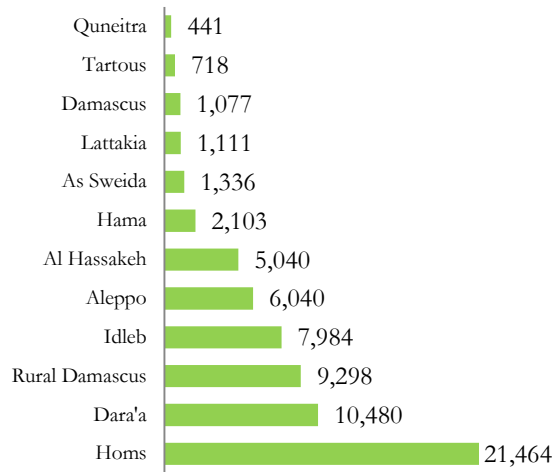
¹ United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Under-Secretary-General Valerie Amos, Remarks to the press, Beirut/New York, 6 Sept 2013.

² Since December 2013, information-sharing between WHO and MoH regarding damage to hospitals and health facilities has been rare and incomplete. Reasons for this seem to be related to a) a lack of capacity at MoH level to collect such information, especially in opposition-controlled areas and b) the sensitivity of this information. Discussions are under way on how to improve information-flow again and allow for regular monitoring in Q2.

Percentage of health staff present in the country by category (March 2014)



Number of people per medical doctor by governorate (March 2014)



In the northern governorates, there was a notable lack of female health staff, including for reproductive health and sexual and gender-based violence care. Hundreds of health care workers were killed or injured. Others were reported kidnapped or missing.

Hospitals were faced with an array of obstacles that severely affected their ability to function, precisely when they were needed more than ever. Lack of fuel and electricity forced many of them to operate at reduced capacity or close altogether. Clean water supplies and waste management processes – both essential to avoid the spread of infectious diseases – were badly disrupted. Critical shortages of essential life-saving medicines and medical supplies left health care facilities unable to meet growing demands.

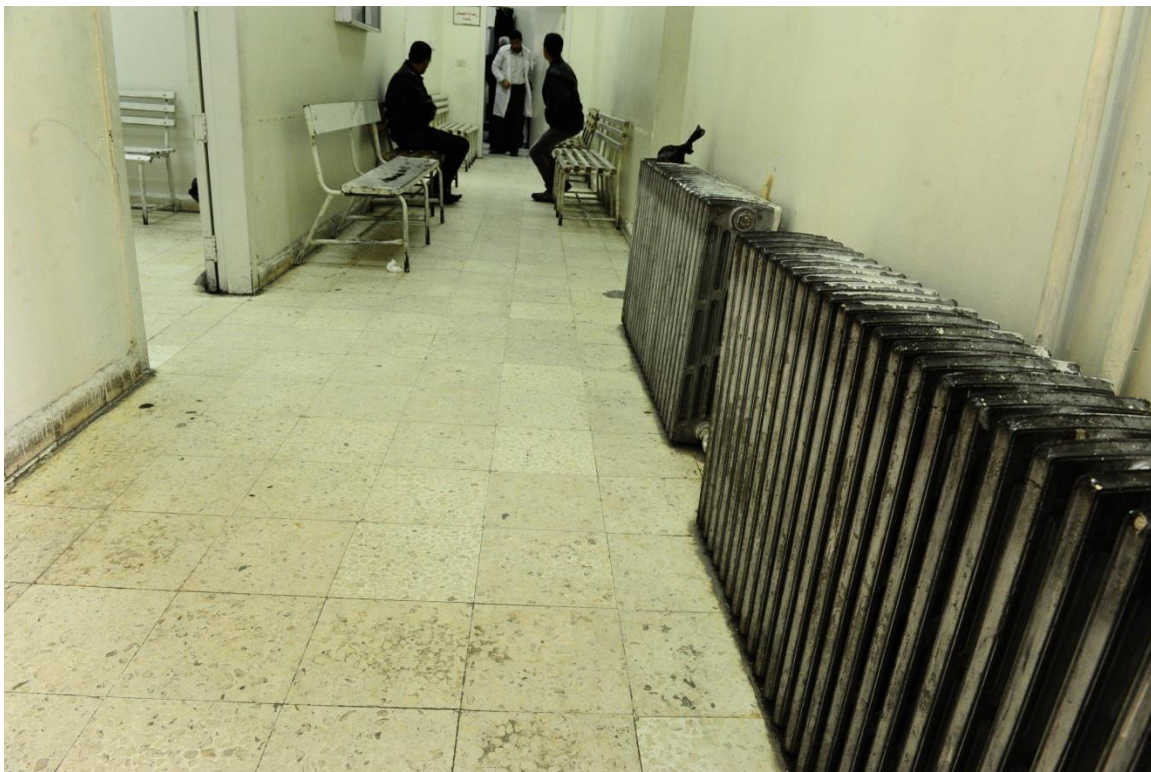


Photo credit: WHO/ Omar Sanadiki

In pre-crisis Syria, noncommunicable diseases (NCDs) accounted for 77% of all deaths. The rate of complications from NCDs grew considerably in 2013, and inadequate treatment increased the risk of early death. The shortage of medicines to treat NCDs was attributable in part to substantial damage to pharmaceutical plants (before March 2011, 90% of medicines in Syria were produced domestically). This was exacerbated by the side-effects of sanctions for specific medicines³, combined with a breakdown in distribution systems, particularly in heavily affected and/or opposition-controlled areas.

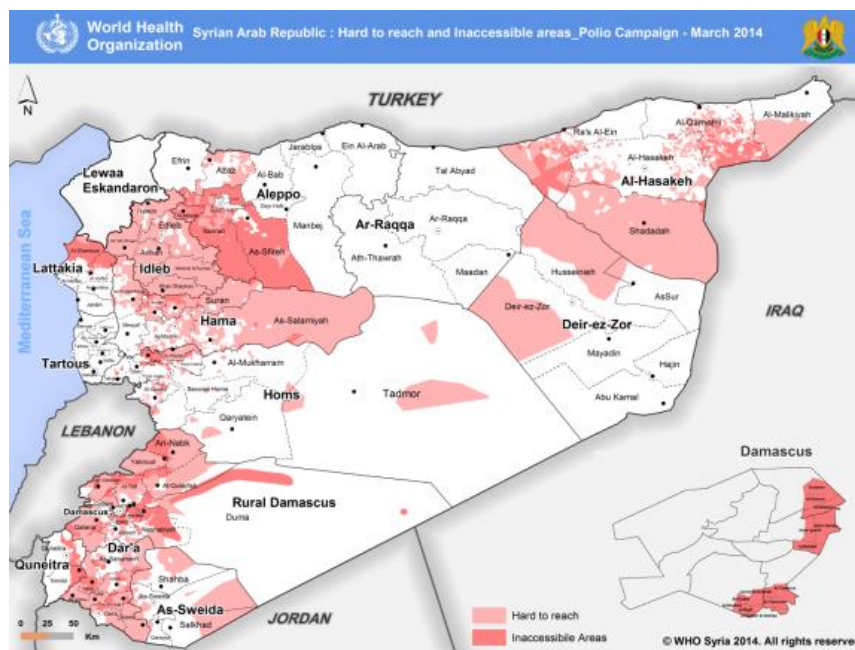
The dramatic devaluation of the Syrian Pound left many people, especially the most vulnerable, unable to pay for health care services. Before the crisis, 51% of the population relied on the private health sector, and spent a significant amount on out-of-pocket medicines. The substantial rise (25% - 50%) in the price of medicines that was announced in early 2013 by the pharmacists' syndicate served to further reduce access to medicines. Prices on the black market rose steeply, leaving medicines beyond the reach of most people, especially in rural areas.

The near-collapse of the national Health Information System (HIS) compromised data collection and led to large gaps in efforts to map the patients' health conditions and needs, as well as the whereabouts of health care providers.

Many governorates were unable to maintain routine disease surveillance. The worst-affected governorates ceased reporting altogether, greatly increasing the delay in the alert and response to epidemics.

Overall vaccination coverage dropped sharply across the country (from 90% before the crisis to 52%⁴ in March 2014), increasing the risk of childhood mortality from vaccine-preventable diseases. The lower coverage of vaccination demonstrated the hindrance encountered by the routine vaccination program, prompting the request of support from WHO and UNICEF. It is estimated that, under the current circumstances, a total of US\$ 28 million are needed to allow for full immunization coverage across Syria (including for Palestinian refugees still present in the country). To date, out of the 157 vaccination mobile units, 117 are damaged, significantly reducing outreach capacity of the MoH.

This gradual disintegration of the public health system led to a greater reliance on nongovernmental organizations (NGOs) and charities. However, many NGOs have pulled out, due to inadequate funding and/or security concerns.



³ The Ministries of Foreign Affairs, Health and Higher Education have underlined the serious impact of sanctions on the procurement of essential medicines, supplies and spare parts for medical equipment. WHO has invited the Government to submit a formal request to WHO, via the Syrian Permanent Mission in Geneva, for assistance with reimbursable procurement.

⁴ Source: UNICEF

Photo credit: WHO

WHO in Syria: Responding to Needs

Achievements in Q1

2,222,833 people

directly benefited through the distribution of medicines and equipment as well as from health care.

147,650 people

benefited through the delivery and distribution of health kits.

2.89 million children

under 5 years of age vaccinated against polio in all governorates.

Over 1,125 health care workers trained

on first aid, infection control, HeRAMS reporting, chemical hazards and water testing, early detection of malnutrition, etc.

25 new EWARS sentinel sites

established throughout Syria in Q1, including over 155 sites in opposition-controlled areas after WHO successfully advocated with the Government for the expansion of the Early Warning, Alert and Response System

(EWARS) and the distribution of essential medicines and medical supplies in opposition-controlled areas.

40 advanced water test kits and 450 simple water test distributed across the country

83% of health care facilities assessed for damage and functionality across the country

Development of Syria's Essential Medicines List (EML) for 2014 including a Priority List - with international and national experts.

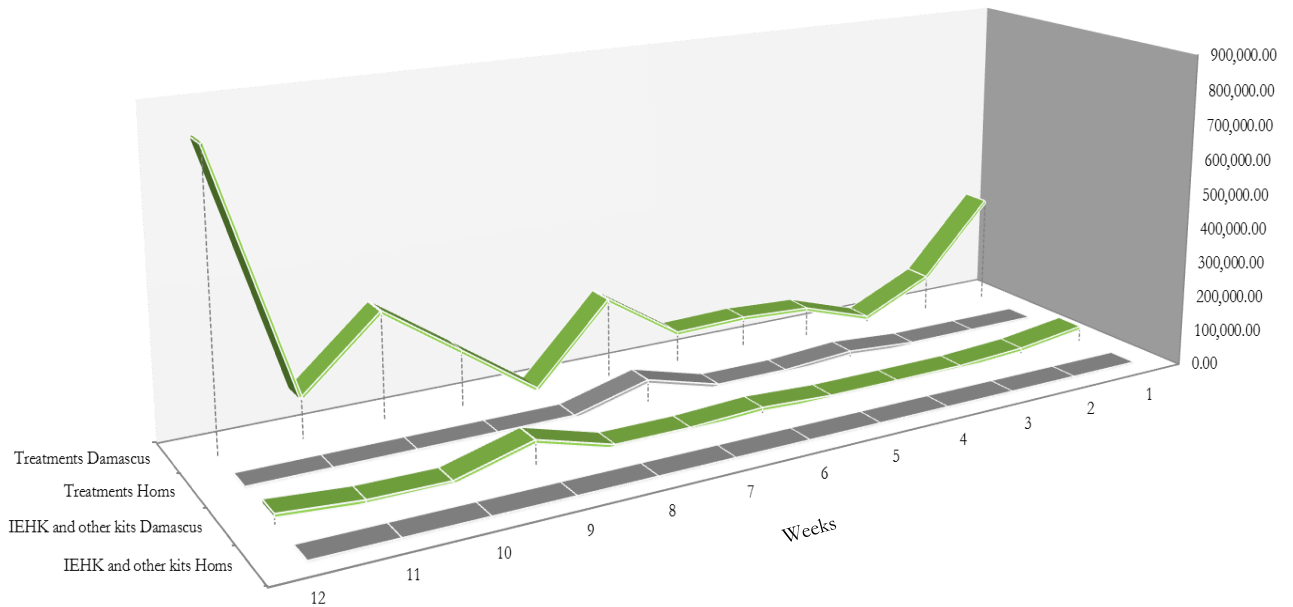
4 Malnutrition (SAM) centres were established and are currently operational in Damascus, Hama and Aleppo

Despite serious obstacles in delivering humanitarian aid to contested areas, the medicines and equipment delivered to opposition areas by WHO accounted for over 25% of all items delivered in Q1 of 2014. A total of 592,621 benefited from these efforts.



Photo credit: WHO

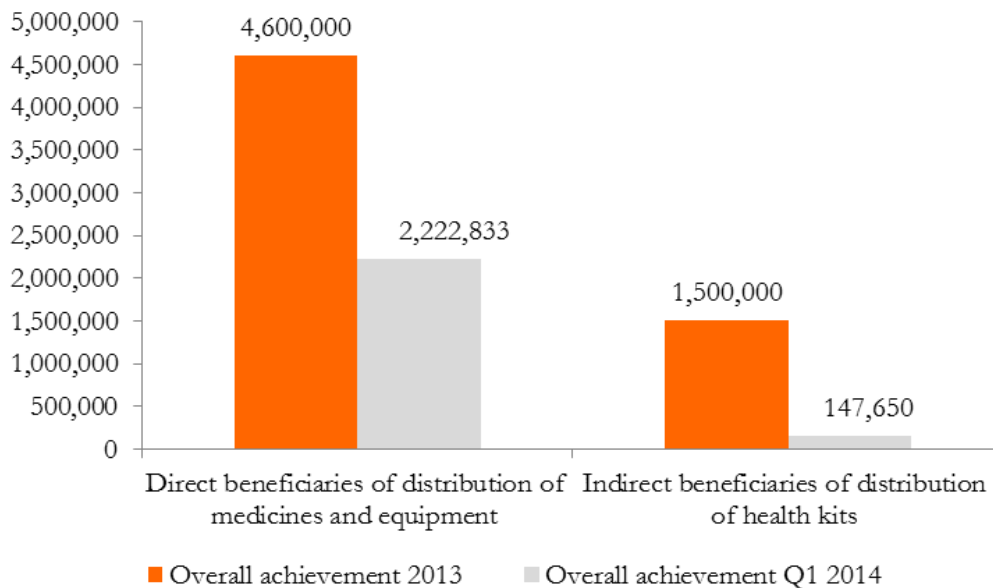
Overview of beneficiaries reached in Q1 of 2014 by distribution hub



	1	2	3	4	5	6	7	8	9	10	11	12
■ Treatments Damascus	317,109.07	104,238.27	12,718.33	77,917.00	88,518.00	82,544.00	219,771.00	175.00	151,167.00	300,984.00	107,622.00	809,509.00
■ Treatments Homs	0.00	0.00	0.00	13,948.00	0.00	0.00	55,984.00	0.00	0.00	0.00	0.00	0.00
■ IEHK and other kits Damascus	38,600.00	12,300.00	1,100.00	0.00	0.00	10,000.00	0.00	0.00	60,200.00	1,500.00	3,300.00	20,650.00
■ IEHK and other kits Homs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

■ Treatments Damascus
 ■ Treatments Homs
 ■ IEHK and other kits Damascus
 ■ IEHK and other kits Homs

Comparison of beneficiaries reached throughout 2013 and beneficiaries reached in Q1 of 2014



Overall goal: to reduce morbidity and mortality in the Syrian population

WHO's regional strategy for the Syria crisis, falling within the WHO Emergency Response Framework, focuses on five priorities:

1. **Leading and coordinating the health sector;**
2. **Providing health information to provide evidence for the emergency response;**
3. **Enhancing access to quality and priority preventive and curative health services;**
4. **Strengthening disease surveillance and response;**
5. **Providing technical guidance on priority public health issues.**

Using a multi-pronged approach, WHO's strategic interventions in Q1 of 2014 - complementary to those of its partners – continued leveraging the Organization's expertise and added value. Interventions were based on needs assessments, and developed for maximum impact and cost-effectiveness while bolstering resilience through building national capacity.

Q1 of 2014 was characterized by the increased momentum in the delivery of essential life-saving medicines, medical supplies and equipment to hard-to-reach areas, whilst added focus was placed on health resources and services availability mapping, as well as addressing mental health needs.

1. Health sector leadership and coordination

As the lead UN agency for the health sector, WHO continued to work with central and local health authorities, other UN agencies, and local and international non-governmental organizations ((I)NGOs) and community-based organizations (CBOs) in both government- and opposition-controlled areas. WHO and its partners agreed on joint strategic objectives and work plans, supported by core indicators and unified reporting systems to monitor progress. WHO continued mapping resources, identifying gaps in the health response, and agreeing with partners to pool funds and collaborate on joint projects such as the response to the polio outbreak in Syria and neighbouring countries. UN partners included IOM, OCHA, UNDP, UNFPA, UNHCR, UNICEF, UNRWA; international partners such as ICRC, IFRC, SARC, as well as international NGO

partners, including IMC and Première Urgence (PU).

The Health Working Group (HWG) -

Emerging health needs were discussed, as in previous quarters, at the HWG's bi-weekly meetings bringing together UN agencies and NGO representatives. Health authorities participated once a month. The HWG reviewed specific requests from the MoH and the MoHE as well as the plans and field reports of each agency for distributing life-saving medicines and supplies through inter-agency convoys. The EWARS weekly bulletin provided health sector partners with timely information on communicable diseases throughout the country, and helped them plan how to pre-position medicines and supplies in key locations.

Inter-agency needs mapping – In Q1, WHO revised the “Who Does What, Where and When (4W)” health matrix to allow for more coherence between health activities and those of other sectors. WHO also provided consolidated health information each month to OCHA's ‘Dashboard’ – a multi-sector monitoring tool that displays the number of beneficiaries reached by each sector. WHO collated information from all health sector partners on damage to the health infrastructure. This information was included in the monthly Humanitarian Bulletin.

Working with local NGOs and focal persons -

WHO worked with networks of local NGOs, increasing the number of partners from 36 (December 2013) to 45⁵ from 14 governorates of Syria to help them provide PHC and essential secondary level medical care, including trauma care⁶. Through these networks, vulnerable populations that had been difficult to reach were able to access care, sometimes through NGO mobile teams. WHO also established a national network of 16 focal persons⁷ to monitor activities and assess the health situation in Aleppo, Al-Hassakeh, Ar-Raqqa, Deir-ez-Zor, Dara'a, Idleb, Lattakia, Quneitra, Hama, As Sweida, Qamishli, Rural Damascus and Damascus.

2. WHO's health information system

Designing an effective response to a crisis with continuously shifting conflict lines and massive displacements represents one of the greatest

⁵ 25% increase compared to previous quarter

⁶ Currently, 122 NGOs are approved by the Ministry of Foreign Affairs, and less than 30% out of these have a health mandate.

⁷ Including 5 new focal persons appointed in Q1.

challenges for WHO in Syria. Working with the Government, health sector partners, health authorities at governorate level and other UN agencies, WHO's Health information system (HIS) maps health care needs and service availability, and provides the basis for comprehensive and effective health sector planning and coordination and more efficient coordination and use of resources. In Q1 the capacity of health staff to effectively utilize the system was strengthened, IT and communication was supported, including via standardized data collection tools and data processing mechanisms that automatically generate information. These tools have improved strategic decision-making and evidence-based actions, and allowed the health sector to monitor changes, prioritize its response and better allocate its resources.

During Q1 of 2014, the HeRAMS (Health Resources & services Availability Mapping System) was further strengthened, through:

- the recruitment of two health data management specialists;
- strategic capacity-building cycles for data collectors.

This has resulted in improved completeness of reporting, improved quality of data, as well as improved flow of information and better utilization of HeRAMS results.

WHO's network of focal points reported on health needs and low and empty stocks of priority medicines. These reports - based on interviews with staff in health facilities and discussions with leaders of local NGOs, CBOs and governorate health authorities - were used to triangulate data and regularly update in-country distribution plans. SARC, ICRC and medical staff of hospitals in Aleppo, Homs and Damascus assessed their capacities for triage and case management.

Key achievements in Q1:

Strengthened management for emergency response – In Q1, 83%⁸ of the public hospitals was assessed, allowing for crucial information to be circulated to all Health Sector partners for decision-making purposes, with regard to distribution of medicines, supplies, equipment and kits as well as emergency rehabilitation. In Q1, WHO supported the Health Sector particularly by mapping all hard-to-reach and inaccessible areas for polio vaccinators and close monitoring of changes in the situation of access to those areas.

⁸ 10% increase since previous quarter

Continued information flow between different reporting levels - Innovative data collection mechanisms (e.g., tele-assessments) continued to be effective in addressing the shortage of timely information at different reporting levels - from individual health facilities up to the level of the health directorate where accurate information was needed to take strategic decisions. HeRAMS permits tele-assessments from remote areas where accessibility is often a real challenge.

Enhanced capacity of health staff – WHO strengthened the capacity of 220 health professionals and statisticians in As Sweida, Hama, Homs and Damascus on HeRAMS reporting by conducting 5 workshops (of which 2 were held in Damascus).



Photo credit: WHO

The trained work force will join the teams of health staff (between two and four persons per governorate) which were established and approved in Q3, functioning as emergency cells for HIS reporting. This step improved the timeliness and quality of the reported data.

“Thanks to the HeRAMS, an efficient tool was provided:

- ✓ to update the health facilities database of Hama governorate;
- ✓ to monitor the status of facilities and availability of services;
- ✓ to use the collected data for planning purposes;
- ✓ to use ICT means, such as mobile phones for reporting from remote areas;
- ✓ to ameliorate the teamwork between health staff, hospitals, the Health Directorates;
- ✓ to improve relationships and boost the team-spirit.”

Dr Amer Sultan/ Health Director of Hama

3. Enhancing access to preventive and curative health services

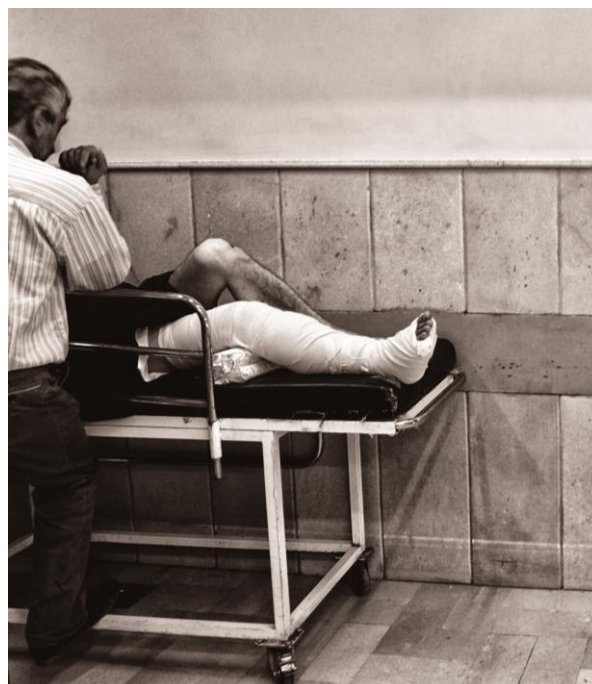
Increasing the availability of essential life-saving medicines - The ongoing lack of essential life-saving medications is greatly affecting the capacity of first-responders and trauma care units to perform their work. In Q1, WHO provided critical support for trauma care (including emergency obstetric care) by procuring and distributing essential medical supplies and life-saving medicines (anaesthetics agents, antibiotics, IV fluids, albumin, analgesics, anti-pyretic, antidotes, blood products and plasma substitutes and muscle relaxants); medical equipment (defibrillators, ultra-sound machines, oxygen cylinders, portable x-ray machines, ventilators and oxygen generators, anaesthesia machines, ICU beds and operating theatre equipment); and Inter-agency Emergency Health Kits (IEHKs), trauma kits, burn kits and surgical kits.

Specifically, WHO supported:

- Essential life-saving medicines and medical supplies were provided to Al Radi hospital in Rural Damascus governorate;
- Participation in UN inter-agency convoys enabled delivery of essential life-saving medicines supplies to hard-to-reach areas, such as Talbeiseh, TerMaala, Ghanto, Barzeh, Bloudan and Aleppo;
- Direct delivery – organized independently by WHO – allowed for distribution of essential life-saving medicines and supplies to hard-to-reach areas such as Deir-ez-Zor, Ar Raqqa and Dara'a, Idleb and Homs, as well as in areas hosting a high number of IDPs such as Lattakia, Tartous and Hama.
- Emergency Kit Type A and B (600 beneficiaries), Basic and supplementary emergency kits (257,100 beneficiaries), 80 burn dressing kits (1,050 beneficiaries), Interagency Emergency Health kits (100,000 beneficiaries) were distributed in Aleppo and Hama.

Maintaining blood safety – In order to increase blood safety, WHO is providing essential reagents, diagnostic kits (rapid testing kits for Hep B and C, HIV) and equipment. In Q1, WHO procured safety blood kits for both the central blood bank and hard-to-reach areas, including equipment for ELIZA testing for the Hepatitis C Virus (HCV). The current procured quantity will serve about 100,000 blood recipients.

Photo credit: WHO



Stories from the field

11-year old Moustapha suffers from burns, as well as fractures, in his right leg and muscle loss in both legs due to a mortar shelling on his villager in rural Damascus last year. He was referred to a hospital in Damascus more than two month ago. “My friends and I were playing when a mortar fell on the house,” Moustapha said. “My friend Ahmad died and Maher’s leg was amputated.”

His father, Adnan, works as a driver and struggles to treat his injured son because of the medicines shortage in the war-torn country. “I must count every penny because my son’s treatment takes up a big portion of my salary,” 46-year-old Adnan said “everything is expensive!” Now, Moustapha and his father Adnan spend most days at the WHO-supported Burns Unit at Al Mouwassat hospital in the Syrian capital. The shortage of albumin has become a nationwide problem. According to the head of the Burns Unit, many patients have had to purchase albumin from local markets for more than a year, as the hospital did not have the sufficient supplies. “Now, the situation is much better: we have received necessary albumin shipments from the World Health Organization.” the head of the unit said.

Besides the superficial skin implantation he went under few weeks ago, other procedures are scheduled for the coming weeks. “I pray for him every day,” his father said. “I hope tomorrow holds a better day for my son.”

Effective distribution of medicines – Based on collated information from assessments conducted across the country by its own staff and by other health sector agencies, as well as information

provided by partner NGOs and local health authorities, WHO developed the Distribution Plan for 2014, in collaboration with local health authorities and local partner NGOs across the country. The plan specifies the number of people in need of assistance by governorate/disease and pinpoints which percentage of medicines should go to which hospital, health facility or partner NGO. Since its inception, the distribution plan is proving to be an effective tool for the timely procurement and distribution of medicines, supplies and equipment.

Supporting emergency services and operating theatres in health facilities – To step up its efforts in emergency rehabilitation of emergency units, including operating theatres, WHO:

- Provided 4 anaesthesia machines to hospitals located in Damascus, Homs and Lattakia; 8 oxygen concentrators to hospitals in Homs and Hama; 2 ventilators to a hospital in Hama and 2 defibrillators to an Aleppo hospital.
- Installed an elevator in the burn unit at the Al Mouwassat hospital (Damascus) that will allow patients to be moved from one floor to the other in an aseptic environment and avoid infections by sharing the same space with trauma patients;
- Supported the rehabilitation of the emergency entrance of Ibn Rushid hospital (Damascus) in order to allow for safety of both health workers and patients during acceptance.

Strengthening the capacity of first-responders

- The steady loss of health professionals across the country called for continuous capacity-building of first-responders. During Q1 of 2014, a total of 45 health professionals were trained in first aid.

Primary health care (PHC)

Responding to the decrease in vaccination coverage – Childhood vaccination coverage rates dropped from 70% in January 2013 to 52% in March 2014. To support regular immunization activities across the country, WHO (i) implemented 'gap-filling' interventions, designed to assist local health authorities in reaching all children in need of vaccination and (ii) met repeatedly with the Syrian Ministry of Foreign Affairs to advocate for more effective outreach.

A development of a comprehensive Extended Plan for Immunization (EPI) was initiated and will include also opposition-controlled areas.

Through extensive collaboration with central and local health authorities, in Q1 of 2014:

Polio

- 61 Acute Flaccid Paralysis (AFP) cases were reported, out of which one was confirmed as a polio case (Salamiyeh District in Hama governorate);
- Two international polio experts were recruited to strengthen the surveillance system and support national immunization activities with regard to the polio response.
- Three anti-polio vaccination campaigns were conducted in January (2.53 million children <5 years of age), February (2.70 million children <5 years of age), and March (2.89 million children <5 years of age) utilizing bivalent oral polio vaccine (bOPV);
- Two workshops were conducted after each campaign polio vaccination campaign for evaluation purposes;
- The national polio laboratory was provided with technical support.

Other vaccine preventable diseases:

- Vaccine against diphtheria, pertussis and tetanus (DPT) were procured to benefit a total of 631,322 children;
- Pentavalent⁹ vaccine are planned to be procured, based on an official request of the MoH. Given its high cost (US\$ 6.29 per child) requests for funding were submitted to several donors in Q1;

Strategic collaboration between health sector partners was greatly enhanced during the polio outbreak that was first detected in the Deir-ez-Zor governorate in October 2013. WHO helped develop a multi-country, multi-agency response strategy, with specific micro-plans aimed at vaccinating 23 million children under 5 years of age in the region (of whom 2.2 million were in Syria). By March 2014, a total of 2.89 million children <5 years of age were vaccinated in Syria against polio.

Regular supervisory visits conducted by WHO focal points and other health staff in seven heavily affected governorates (Aleppo, Al Hassakeh, Ar Raqqa, Deir-ez-Zor, Homs, Idleb, Qamishli and Lattakia) helped identify gaps in vaccination coverage and develop recommendations for

⁹ A combination of "five-in-one" vaccine, that protects children from diphtheria, pertussis (whooping cough), tetanus, hepatitis B and Haemophilus influenzae type b (Hib) which causes pneumonia and meningitis.

vaccine distribution in settings where security was often unpredictable.

Reaching out to those most in need - In order to improve PHC and referral services for people in the seven most affected governorates (Aleppo, Rural Damascus, Homs, Dara'a, Deir-ez-Zor, Idleb and As-Sweida), WHO provided in Q1:

- 6 mobile clinics - equipped with basic essential medicines, supplies and equipment – to MoH;
- 3 mobile clinics to local partner NGOs;
- 1 mobile clinic to UNRWA.



Mental health

WHO's review of the mental health increased needs in the affected population, as well as of the 2013 mental health program in Syria, revealed there were significant gaps in the availability of mental health and psychosocial support services (including mental health professionals) to adequately address the need of the affected population.

To address these needs, WHO implemented the following activities in Q1:

- The global *Mental Health Gap Action Plan – Intervention Guide* (mhGAP-IG) was adapted to the context in Syria and mental health care in non-specialized settings was mainstreamed, by conducting a national meeting in Damascus in February 2014. The meeting was attended by MoH mental health and primary health care professionals, MoHE mental health professionals and relevant UN agency staff.

The mhGAP-IG represents an integrated management tool for priority mental health conditions, using protocols for clinical decision-making and targeting primary health care professionals. The priority conditions included are: depression, psychosis, bipolar

disorders, epilepsy, developmental and behavioural disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders, self-harm/suicide and other significant emotional or medically unexplained complaints.

- Based on the achievements of the above meeting, a Training of Trainers (ToT) workshop was conducted by two international experts for a team of 30 Syrian mental health professionals based on the adapted mhGAP Intervention Guide.
- The setting up of a Mental Health Technical Reference Group which has as its members all relevant health sector actors was a positive development towards the prioritization of mental health interventions in the current situation. The main providers of mental health care are the MOH, MOHE and the Syrian Arab Red Crescent (SARC), which are coordinating the activities of all NGOs active in the field of health service delivery. Given the collapse of the health infrastructure, there is a need to contribute to collating information on the current situation within the mental health sector for planning, mitigation and monitoring purposes.

Malnutrition - In order to respond adequately to the needs of an increased number of children affected by acute severe malnutrition and micro-nutrient deficiencies under SHARP 2014, WHO implemented the following activities in Q1:

The capacity of nutrition sector partners to establish early detection of acute malnutrition among children (between 6 and 59 months of age), as well as pregnant and lactating women, was strengthened through a training of trainers for 28 paediatricians and 36 residents from Damascus, Lattakia, Aleppo, Homs, Hama, Quneitra, Rural Damascus and Tadmor.

The following *inpatient clinics* to treat Severe Acute Malnutrition (SAM) were operational and receiving SAM cases in Q1:

- 2 centres in Damascus serving an estimated catchment population of 1 million children
 - 1 centre in Hama serving an estimated catchment population of 200.000 children
 - 1 centre in Aleppo serving an estimated catchment population of 1 million children
- Other centres are under establishment in Deir-ez-Zor, Tadmor (Homs), Tartous, Lattakia, Al Hassakeh and As Sweida.

WHO is reaching out to support local NGOs and

referral services to private hospitals in order to cover cases in governorates with damaged/out of service hospitals like Homs, Ar Raqqa and Dara'a.

Outpatient clinics in Hospitals to treat malnutrition were established and are currently operational in:

- Damascus (2), serving an estimated catchment population of 1 million beneficiaries;
- Aleppo (1), serving an estimated catchment population of 1 million beneficiaries;
- Hama (1), serving an estimated catchment population of 200,000 beneficiaries.

Recommendations with regard to the effective merging of the nutritional surveillance and national vaccination program were formulated, based on discussions conducted during a training of 97 health workers in Damascus. Combining the nutritional surveillance and the national vaccination program is crucial for country-wide, strategic data collection and analysis. This joint system will be piloted in Damascus, Rural Damascus, Aleppo, Homs, Lattakia, Deir-ez-Zor as an initial step. A 3 months pilot evaluation on the efficacy of this joint system will determine the continuity of the program in Q2.

WHO has held extensive discussions and planning meetings to revive and strengthen the national nutrition surveillance system.

Breastfeeding was promoted through a training of 80 health workers and 91 doctors in Damascus. Topics covered were: breastfeeding in emergencies, promotion of WHO guidelines, practical training on (complementary) breastfeeding techniques.

Further to the Nutrition Sector Working Group established in mid-2013 and chaired by MOH, bilateral UN coordination meetings on nutrition (WHO, WFP, UNICEF) are being held. The UN coordination group was introduced in January 2014 and meetings have been held every two weeks, with the goal of maintaining a clear overview of assessments, trainings and activities conducted.

Essential medical care at the secondary and tertiary levels

In Q1 of 2014, it was estimated that more than 2 million people were in acute need of secondary and tertiary health care services. The lack of skilled health professionals and absence of policies and procedures for infection control were compounded by shortages of life-saving medicines

(e.g., insulin, oxygen, nitrogen gas, anaesthetics, serums and intravenous fluids, antibiotics, and medicines and supplies for renal failure patients). In order to meet the needs of MoH and MoHE hospitals, WHO focused on strengthening the capacity of health staff to provide specialized care.

Infection control – One workshop on infection control was conducted. 37 participants reviewed the infection control guideline and agreed on the final draft. The final agreed copy will be distributed in Q2 to health facilities across the country.

Providing supplies and equipment to support hospitals – Based on needs identified, the following supplies and equipment were procured:

- 2 haemodialysis machines for Idleb governorate, along with supplies for 2,000 sessions;
- 4 haemodialysis machines for Aleppo governorate, along with supplies for 4,000 sessions;
- 10 machines for the MoH, along with supplies for 10,000 sessions;
- 3 haemodialysis machines for Damascus governorate, along with supplies for 3,000 sessions.

Covering gaps for NCDs and other crucial medication – In view of the great lack of essential life-saving medicines and supplies across the country, WHO procured and distributed critically needed medicines, based on the 2014 Syrian Essential Medicines List. These included medicines for anaesthesia, cardiovascular diseases, blood products, antibiotics, immunosuppressant, analgesics, anti-allergy insulin.

In addition, 6,000 vials of anti-rabies immunoglobulin of human origin were procured.

Strengthening Syria's overall readiness and capacity to respond to acute public health events involving chemicals

Awareness raising and strengthening of capacities - WHO improved the level of awareness and capacity of front line responders by:

- issuing its revised clinical management guidelines for chemical exposures in English and Arabic¹⁰;
- producing 4 generic quick reference posters for hospital settings (distributed in Syrian

¹⁰ http://www.who.int/environmental_health_emergencies/deliberate_events/interim_guidance_en.pdf?ua=1

- health facilities);
- providing guidance, quick reference material and training on public health aspects of the chemical weapons destruction process;
- Developing and testing tailored plans for chemical incidents.

WHO conducted several capacity-building activities, targeting a total number of 129 clinicians and public health officials.



Photo credit: WHO

WHO is establishing and supporting a roster of WHO-trained trainers to build capacity across the country.

Strengthening planning capacity - An incident planning tool has been developed and will be rolled out to Syrian hospitals in the next quarter.

Procurement and distribution of Personal Protective Equipment to priority hospitals across Syria - During February-March, WHO initiated and completed the procurement of 500 sets of level C chemical PPE for Syrian healthcare facilities. The PPE is being distributed to 22 locations in Syria across 6 Governorates. 100 sets of PPE are also being distributed through NGOs, including SARC.

Training and protection of UN/WHO staff - In Q1, over 136 UN staff were trained by WHO on chemical weapon awareness and self-protection. Recently, WHO agreed to contribute chemical weapon training to the UN's Safety and Security Training Course (SSAFE), which runs on a weekly basis with 30 participants/week. Since February, WHO has maintained a stockpile of 1,500 nerve agent auto-injectors. These devices will serve the needs of all eligible UN agencies working in Syria. An associated program of training was initiated to ensure UN staff are prepared for possible issue.

4. Disease surveillance and response

Following the collapse of Syria's routine disease surveillance system, WHO's complementary surveillance system – the EWARS – became the primary mechanism for monitoring the occurrence and geographic distribution of epidemic-prone diseases such as measles, cholera and bacterial meningitis. At the beginning of 2013, only government-controlled areas were reporting through EWARS, in contravention of the International Health Regulations. After lengthy negotiations with the Syrian Government up to the level of the Prime Minister, in September 2013 WHO secured the Government's agreement to include opposition-controlled areas in the EWARS¹¹. As a result, the number of sentinel sites rose from 97 in January 2013 to 466 in March 2014 (25 new sentinel sites in Q1 alone). Just over one third of these sites are in opposition-controlled areas.

EWARS uses simple data collection tools, and covers priority epidemic-prone diseases that have been selected in consultation with the MoH, based on the epidemiological situation in the country. Reporting formats have recently been enhanced to allow for data disaggregation by gender. During Q1, data were collated into weekly epidemiological bulletins that were used to support informed decisions on contingency planning and the strategic pre-positioning of supplies in key areas including Damascus, Deir-ez-Zor and Homs. As a result of these preparedness measures, WHO was able to procure leishmaniasis medicines, bed-nets, influenza vaccines, antibiotics and other specific medicines to respond to the influenza A (H1N1) outbreak identified in the Syrian Arab Republic in Q1.

Main achievements under the EWARS program in Q1 of 2014:

- WHO assessed the needs of medicines, supplies and laboratory equipment needed to strengthen national response capacity to outbreaks.
- The quality of EWARS reporting was monitored through Q1 by MoH and WHO focal persons by means of supervisory visits (2 per month) and quality control checklists in all 14 governorates.
- WHO introduced several improvements to EWARS following planning meeting with MoH health professionals, which also included the development of a capacity-building plan.

¹¹ In opposition-controlled areas, sentinel sites report directly to WHO focal points through private physicians and NGOs.

- The EWARS allowed for the rapid detection of and response to H1N1 across Syria and among Syrian refugees on the Lebanese and Turkish borders. WHO coordinated the rapid response to this outbreak by a) procuring vaccine and medicines (such as antibiotics), b) awareness raising activities, including a TV spot, the distribution of brochures and posters, and c) presentations for students, media persons and NGO staff.
- Regular shipment of stool samples of suspected polio cases continued throughout Q1 unhindered, also thanks to the payment of incentives to health staff operating at laboratory level.
- Capacity-building activities were conducted targeting a total of 538 people, including sessions on:
 - EWARS planning (62);
 - H1N1 identification and treatment (289);
 - Tuberculosis (44);
 - Brucellosis (45);
 - Events-based surveillance (51);
 - Leishmaniasis (47).
- The warehouse in Al Boukamal (Deir-ez-Zor governorate) was strengthened by establishing the cold-chain capacity for pre-positioned medicines and vaccines.
- Crucial Information and Communication Technology (ICT) means were distributed to EWARS sentinel sites staff to improve information-flow.

Water, sanitation and hygiene (WASH)

Under SHARP 2014, the WASH programme addresses two crucial areas: a) water quality surveillance and emergency response system and b) improvement of emergency water supply and hospital hygiene at Public and NGO-administered hospitals.

Water Quality Surveillance and Emergency Response System

– Activities under this component aim at establishing a national system for surveillance of water quality in emergency situations and provision of rapid response in case of water contamination in Syria.

- In Q1, regular meetings and discussions were held with the advisory team to the Ministry of Water Resources, the Head of the Water Quality Laboratories at the Ministries of Health and Environment, and representatives of the Syrian Red Crescent to:
 - determine responsibilities of the various actors consisting of governmental agencies and NGOs,
 - identify communication protocols.

- A proposed plan of action was prepared on the implementation of the surveillance and response system, to clarify roles and responsibilities of the various actors in the system and effectivize response:
 - NGOs will support with water quality testing activities in suspected areas;
 - local branches of the water utilities will undertake formal water quality testing to confirm contamination cases;
 - the Central Water Quality Laboratories in each of the 12 water utilities in Syria will report findings to WHO;
 - the Central Water Quality Laboratories will ensure the preparedness of the local branches to undertake their water quality testing duties and to maintain their mobile water test kits;
 - WHO will coordinate with relief aid agencies in order to implement rapid response measures in the short term to drinking water contamination prior to the spread of disease. For that purpose, an IT company has been subcontracted to develop a special web site and database as an information management tool which will enable WHO to collect, review, establish historical trends, and report to other agencies on the status of drinking water quality in all 14 governorates in Syria.
- Capacity-building activities were implemented to strengthen the system:
 - 20 persons from the Red Crescent have been trained in Damascus to conduct simple water tests, as part of the pilot project currently under implementation in Damascus and Rural Damascus.
- Laboratory and mobile water quality testing equipment was procured and distributed in Q1 in the following way: 40 professional water test kits; 450 simple water test; consumables and chemicals for undertaking water quality tests.

Improvement of Emergency Water Supply and Hygiene for Public Health Hospitals

– Activities under this component aim at providing assistance to functional hospitals administered by the MoH and NGOs in order to ensure the safe supply of drinking water and proper hospital hygiene. The scope of work is based on the results of a field assessment, which is currently being undertaken for 40 public health hospitals in 10 Syrian governorates.

The outputs of the assessment will determine:

- a) the materials and equipment needed for ensuring 24-hour access to clean water (e.g. institutional filters, roof-top tanks, submersible pumps, generators for groundwater wells, chlorine disinfecting materials, water treatment units for haemodialysis equipment, etc.);
- b) the materials and equipment needed for proper medical waste collection and treatment (e.g. waste collection bins, sharps containers, medical waste shredders and sterilizers, etc.), in addition to capacity building needs;
- c) the supplies and materials required for improving hospital hygiene conditions (e.g. cleaning and disinfection materials, dispensers and cleaning tools and supplies, etc.).

5. Technical guidance on priority public health issues

Building national capacity

In Q1 of 2014, WHO supported training initiatives for 1,285 health care providers on:

- first aid (45),
- infection control (37),
- EWARS planning (62);
- H1N1 identification and treatment (289);
- tuberculosis (44);
- brucellosis (45);
- events-based surveillance (51);
- leishmaniasis (47);
- HeRAMS reporting (220),
- Strengthening response to chemical risks (129);
- early detection of malnutrition (28);
- nutritional surveillance system (97);
- breast-feeding promotion (171);
- water testing (20).

Cross-cutting issues

Rehabilitation and early recovery

The preparation of a well-designed early recovery plan for the Syrian health system is essential in order to reduce harmful long-term effects, especially on the most vulnerable strata of Syrian society.

In Q1, an international consultant was recruited to i) conduct a needs assessment based on findings of the HeRAMS reports and discussions with the Ministry of Health (MoH), ICRC, World Bank and other central/ local health authorities; ii) develop a preliminary concept note for a medium-term plan for the rehabilitation of public hospitals in a limited number of governorates [3]; iii) conduct a cost-benefit analysis based on technical expertise for geographical areas which are currently

accessible; iv) engage in dialogue with all relevant stakeholders on the ground to review the initial set of tasks foreseen in the concept note.

Strengthening due diligence

WHO has established a rigorous monitoring and evaluation framework that includes several data collection tools. WHO is using these tools, and its unified reporting formats, to improve the effectiveness and transparency of its operations and enhance the quality of reporting to the many donors that have generously supported its work in Syria.

Promoting gender equity in humanitarian interventions

WHO is using the gender marker tool developed by the Inter-Agency Standing Committee to assess whether boys and girls, men and women benefit equally from its planned interventions. These assessments have confirmed that WHO projects implemented in 2014 have equally benefited women/girls and men/boys.

WHO has taken advantage of specific training initiatives such as the workshop on scaling up mental health support in emergencies to raise awareness of the importance of equal access to services for both women and men. WHO has been careful to ensure an equitable gender balance of workshop participants themselves.

Raising awareness of communities

Improving communities' knowledge of health issues enables them to make informed decisions. This is critically important for vaccinations, when parents fail to bring their children to be vaccinated against life-threatening childhood diseases. WHO's successful polio vaccination campaigns in Syria were in part due to its work reaching out to communities through religious and other community leaders.



Challenges and mitigation measures

WHO faced major operational challenges throughout Q1. It addressed those through operational and contingency planning, capacity building, as well as advocacy activities.

Organizing vaccination campaigns targeting millions of children in a country with a highly mobile population, and huge numbers of people in opposition-controlled areas, was another logistic challenge in Q1. Thanks to coordinated advocacy efforts, WHO and UNICEF successfully supported three comprehensive anti-polio vaccination campaigns that reached 2.89 million children < 5 years of age. They achieved this by relying on mobile clinics and a network of trained health professionals in opposition-controlled areas, coordinated by WHO focal persons. In parallel, health information campaigns helped mobilize public awareness and demand.

Measures to mitigate the effects of the sanctions included the identification of alternative medicines that could be imported. A committee of health stakeholders and experts from WHO, MoH, MoHE, and UNICEF met at the beginning of 2014 to develop Syria's Essential Medicines List (EML) budgeted at US\$ 450 million. The list enhances the effectiveness of WHO's and partners' health operations by enabling the projection and quantification of essential medicine requirements and streamlining procurement.

To mitigate the effects of the dramatic devaluation of the Syrian Pound, local NGOs and CBOs began increasingly providing free health care and medicines. Nonetheless, relatively few health NGOs and CBOs were approved by the MoFA to work in Syria. Those that were allowed to operate were unable to reach restricted areas, and overwhelmed by demand in the areas that remained accessible. WHO supported these NGOs by increasing its procurement, logistic and warehouse capacity, and air-lifting essential supplies. The number of health NGOs supported by WHO rose from 36 (December 2013) to 45 (March 2014).

The procurement of medicines, supplies and equipment was delayed by lengthy approval procedures. Local procurement possibilities were limited and exchange rates fluctuated sharply. This, combined with a Syrian government decree (repealed in August 2013) that did not allow payment in US\$, led many companies to insist on payment within 48 hours after orders had been placed.

WHO's security arrangements fall under the United Nations Security Management System (UNSMS). The UN has shifted its policy from "when to leave" to "how to stay". The means to continue implementation of programmes in a safe and secure manner are determined by the UN's security management team at country level, with support and advice from security professionals at UN headquarters in New York.

The UN has established criteria that determine the point at which the evacuation of international staff becomes mandatory. The most significant indicator is the serious likelihood that any UN agency will become a direct target or will be collaterally affected. WHO has prepared for this eventuality through training national staff to take over until such time as expatriate staff are able to return. Evacuated staff are also able to oversee operations from a designated alternative office outside the country.

The main challenge to the **delivery of trauma care** in Syria is the interdiction of the MoH in regard to the distribution of essential life-saving surgical and all related medicines and supplies (including sedatives, antibiotics and all injectable items) to the contested areas.

Thanks to its intensive advocacy efforts, WHO had managed to reach both government- and opposition-controlled areas in Q1. Medical supplies were delivered via international convoys and distributed to local NGOs providing health care services, as well as through air-lifts (i.e. to Al Qamishli airport).

It is to be noted that in a report to the Security Council on aid diversion and blockage of aid (submitted March 2014), WHO provided information on difficulties faced with the following shipments:

- In February 2014, a WHO shipment with medicines and medical supplies destined to Ar Raqqa governorate and Deir-ez-Zor was held up at the Palmyra check-point. Through the intervention of the MoH, goods intended to reach Ar Raqqa were successfully delivered without any hindrance.
- With regard to items planned to be distributed in the Deir-ez-Zor governorate (25% to government controlled areas and 75% to Al Boukamal (opposition-controlled area)) only those destined to the government-controlled areas reached the destination.
- In March 2014, medicines and medical supplies contained in an inter-agency convoy

to Adraa were offloaded prior to the departure, as the Ministry of Foreign Affairs stated that there are no functioning health facilities in this location. However, assessments conducted by MoH and local partner NGOs highlighted that there are still two physicians operating in the area and that the need for medicines to treat (non)communicable diseases, malnutrition, women with special needs, etc. is great.

- Also, great difficulties have been reported by field staff in reaching the following areas with polio vaccines in Q1:
 - Rural Damascus (East Ghouta: Douma, Nashabieha, Mleha);
 - Damascus (Jobar, Qaboun, Barzeh, Yarmouk);
 - South Hassakeh (Shadade);
 - East Aleppo;
 - Rural Idleb;
 - Border area of Dara'a;
 - Deir-ez-Zour (Hajin).

In order to enhance clarity of needs and thereby improve efficiency in providing **essential secondary and tertiary care**, WHO increased in Q1 the number of coordination meetings and strengthened the presence of MoH staff at the Health Sector Working Group meetings. As a result, in March 2014, the Ministry of Health attended one of the meetings and an open exchange was encouraged with regard to needs with all Health Sector partners present.

Bottlenecks in the MoH storage capacity have generated delays in the distribution of items. To improve this situation, WHO:

- is planning capacity-building sessions conducted by specialised WHO logistics staff,
- conducted ad-hoc visits to MoH warehouses to provide technical assistance.

With regard to the **Health Information System (HIS)**, data collection and reporting was disrupted for several reasons:

- limited access due to the unstable security situation,
- power cuts,

- no mobile phone coverage in areas which are currently affected by heavy fighting.

This challenge was addressed by strengthening the operation capacity of the HIS by procuring and distributing ICT equipment such as faxes, computers and smartphones. Concerning the shortage of health staff able to report to the system, WHO has conducted several capacity-building sessions, training a total of 220 health professionals and statisticians, as outlined in sections above.

The implementation of the two **WASH programme** components negatively affected by a number of challenges:

- The timely procurement and delivery of materials and equipment in order to meet deadlines set has proven to be difficult because of coordination and lengthy approval issues with the Eastern Mediterranean Regional Office (EMRO). Regular follow up with the WHO procurement officer and EMRO have reduced the risk for such delays to occur.
- Regular coordination meetings between all actors involved in the WASH surveillance and monitoring system were conducted in order to:
 - explore means and ways to improve the developed protocols and processes in place;
 - allow for systematic reports from partner NGOs on cases of contamination of drinking water;
 - support trained government technicians with validating cases of water contamination;
 - monitoring that water test kits are being used by trained personnel;
 - monitoring that mobile water test kits are being maintained and provide accurate results;
 - check whether personnel from partner NGOs and governmental authorities have regular access to areas where water contamination is present.



Strategic approach: opportunities for replication

By focusing on fostering strategic partnerships, pursuing innovation, building capacity and ensuring due diligence, WHO in Syria was able to raise over US\$ 40 million to fund its humanitarian interventions in Q1 of 2014.

The Syrian crisis is widely recognized as particularly challenging for humanitarian implementing partners both politically and practically. WHO has piloted a number of approaches that can be applied to other crises.

Empowering WHO's national staff

Strengthening the capacity of WHO's 46 national staff is a cornerstone of its operational strategy. By allowing these staff to take the lead on initiatives and represent the Organization in important fora, their profile and capacity have been strengthened, reinforcing their ability to take over operations in the event of decreased international presence. National health authorities have recognized WHO's efforts and consider them exemplary.

Collaboration with NGOs

In Q1, WHO's network of 45 health NGO partners provided trauma, primary and secondary level health care to people in need across the country, with a special focus on Aleppo, Homs and Rural Damascus. Beneficiaries in remote or hard-to-reach areas were able to access health care through NGO mobile teams. Although this number represents a fraction of the overall

number of people in need, these partnerships are crucial in complementing health care services provided by the badly disrupted and overburdened health system.

Strengthening EWARS

EWARS offers an operationally and cost-effective means of enhancing surveillance and response. Its rapid expansion, achieved with the involvement of NGOs and other health partners, has helped halt the spread of epidemic-prone diseases in both Syria and neighbouring countries, where the risk of disease outbreaks is greatly increased by cross-border movements of people.

Crucially, WHO was able to successfully advocate with the Syrian Government for the expansion of EWARS into areas controlled by opposition forces. As a result, by March 2014, the number of sentinel sites had risen from 441 to 466 in Q1.

Decentralizing WHO presence

WHO reinforced its implementation capacity by establishing focal points in Aleppo, Al-Hassakeh, Ar Raqqa, Dara'a, Deir-ez-Zor, Idleb, Homs and Lattakia. This allowed it to perform real-time assessments and verify local health needs based on reviews of health facility and NGO records and interviews with stakeholders. The focal points' reports allowed WHO to accurately identify needs and promptly deploy essential medicines and supplies to where they were needed most. The WHO focal points also monitored the accuracy

and timeliness of the distribution of medicines and medical equipment.

WHO established a sub-office in Qamishli, where several other UN agencies have set up operations. Qamishli was selected because of its strategic, close to the hard to reach populations of Al Hassakeh and its increasing health needs.

Monitoring, evaluation and reporting

WHO has undertaken a number of measures to reinforce monitoring, reporting and financial tracking, and apply lessons from independent assessments with a view to doing more with fewer resources.

WHO has faced a number of programme monitoring challenges. In Al Hassakeh, for instance, the WHO focal point had to cross over into Turkey to send health information to WHO's office in Damascus. In some instances, NGO staff used their own cars to deliver vital medical supplies. WHO is using medical and pharmaceutical students to collect health information and conduct spot-checks of activities implemented by partners. These spot-checks have proved to be highly effective.



WHO's internal Outcome Monitoring Plan clearly identifies activities, methodologies and timeframes for spot-checks. Other tools such as organizational capacity assessment grids are being used to monitor, evaluate and train partner NGOs.

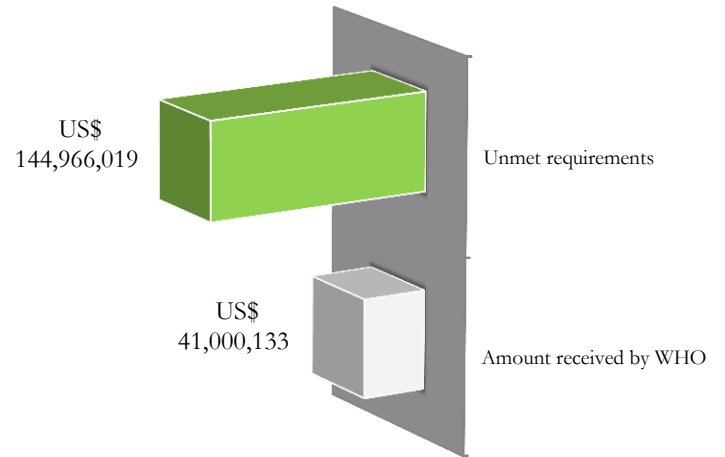
The above are just some of the examples of WHO's commitment to improving monitoring and maximizing the use of resources. WHO has developed an internal tracking system to map resources and expenditures against approved activities and timelines. This detailed charting of implementation has enabled it to analyse the factors that facilitate or hamper good progress, with a view to systematically improving performance and cost effectiveness. WHO's commitment to transparency, best practice standards of reporting, standardized data collection and analysis, the development of unified reporting formats and regular (formal and informal) reporting to donors has been strongly welcomed by all partners and has served to consolidate collaboration, both internal and external. This focus on expenditure oversight and strong reporting has proved to be a strategic investment.

Financial overview for Q1 of 2014



Photo credit: WHO

Overview of total funding required and received in 2013



US\$ 175,807,652

US\$ 40,000,133

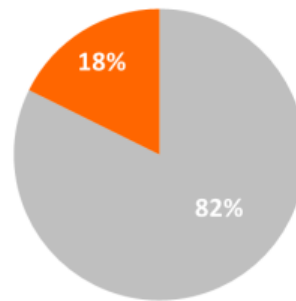
US\$ 8,500,000

US\$ 1,658,500

	Health	Nutrition	WASH
Funds requested	175,807,652	8,500,000	1,658,500
Funds received Q1	40,000,133	-	-

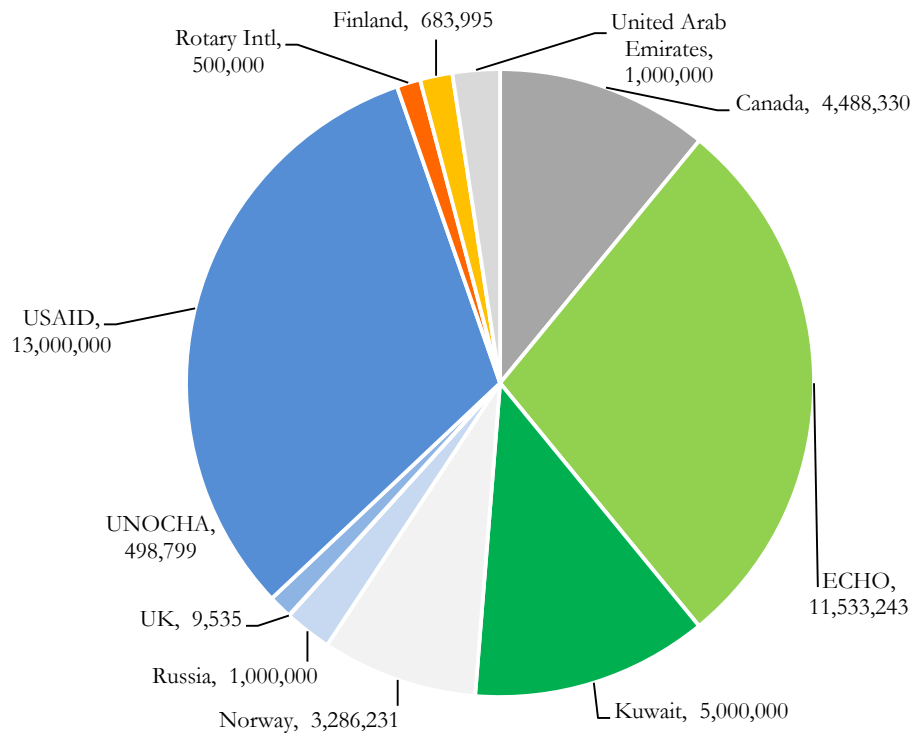
■ Funds requested

■ Funds received Q1

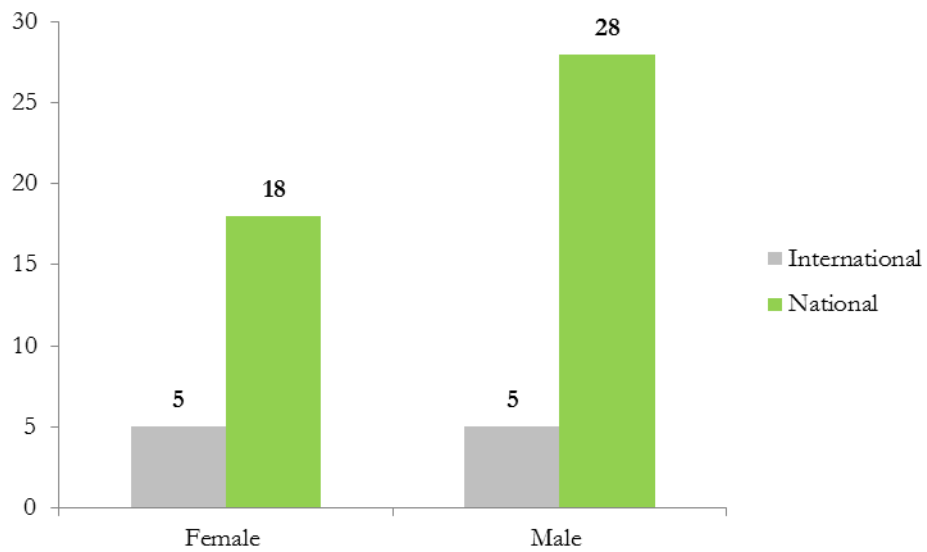


■ Percentage of pending requirements under SHARP 2014
 ■ Percentage of overall amount received by WHO

Overview of funding received by donor in Q1 of 2014



Overview of human resources present in the WHO Syria country office





WHO strategic interventions under SHARP 2014

The United Nations estimates that 9.3 million people will be affected by the crisis in 2014, including 6.4 million IDPs, and 2.8 million who have lost their jobs. **The Health Sector will require US\$ 233,376,172**, with WHO requiring US\$ 178,309,652, in order to continue providing essential health care services to increasingly vulnerable people in need across the Syrian Arab Republic. The Essential Medicines List for 2014 is budgeted at US\$ 450 million.

Building on lessons learned from the approaches adopted in 2013 and interventions undertaken, WHO is pursuing the following strategic areas for 2014:

1. Revitalization of primary health care

services: To improve access to comprehensive primary health care (PHC) services, including reproductive health and vaccinations.

- Funds needed: US\$ 101,898,970
- Implementing agencies: WHO, UNFPA, UNICEF, UNHCR, IOM, PU and IMC

2. Essential medical care at secondary and tertiary level:

To improve access (including to Palestinian refugees) to secondary health care services and limited tertiary health care services i.e. for burn victims.

- Funds needed: US\$ 55,514,126
- Implementing agencies: WHO and UNRWA

3. Trauma care:

To strengthen the level of preparedness for and management of trauma, including referral mechanisms, for an increasing number of injuries across the country.

- Funds needed: US\$ 45,495,000
- Implementing agency: WHO

4. Early warning, alert and response system (EWARS):

To prevent, early detect and respond to epidemic prone diseases and contain the current polio epidemic and its spread to other countries/regions.

- Funds needed: US\$ 16,486,560
- Implementing agency: WHO

5. Mental health:

To strengthen mental health service delivery across Syria.

- Funds needed: US\$ 8,206,900
- Implementing agency: WHO

6. Rehabilitation of health facilities:

To support public and private health infrastructure and services affected by the crisis and enhance

revitalization of health services and restoration of health facilities in affected areas.

- Funds needed: US\$ 4,000,000
- Implementing agencies: WHO and UNDP

7. Health information system (HIS):

To further strengthen the HIS for emergency using Health Resources and Services Availability Mapping System (HeRAMS) for regular, timely and accurate collection and dissemination of data.

- Funds needed: US\$ 921,270
- Implementing agency: WHO

8. Coordination:

(i) To strengthen health sector coordination to address the needs of people in need and (ii) to provide improved access of vulnerable populations to a quality basic health care package of services and allow for adequate preparation and response capacities for ongoing and new emergencies.

- Funds needed: US\$ 462,796
- Implementing agency: WHO

9. Tuberculosis and HIV/AIDS:

To strengthen the national Tuberculosis and HIV/AIDS programme.

- Funds needed: US\$ 390,550
- Implementing agency: UNDP.

Health Sector partners will also continue implementing life-saving WASH and Nutrition interventions in 2014:

10. Water, sanitation and hygiene (WASH):

Ensure water, sanitation and hygiene services to the agreed standard with primary purpose of satisfying vital needs, dignity and reduction of public health related risk for population in need in all governorates.

Funds needed: US\$ 115,780,725

- Implementing agencies: UNICEF, UNFPA, UNDP, WHO, IOM and PU.

11. Nutrition:

Emergency Life Saving Nutrition Services for crisis affected Internally Displaced population in all governorates inside Syria.

- Funds needed: US\$ 16,858,500
- Implementing agencies: UNICEF and WHO.

List of abbreviations

CBO	Community-based Organization
EMST	Emergency Support Team
EML	Essential Medicines List
EWARS	Early Warning, Alert and Response System
HeRAMS	Health Resources Availability Mapping System
HIS	Health Information System
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IEHK	Inter-agency Emergency Health Kit
MoH	Ministry of Health
MoHE	Ministry of Higher Education
NCDs	Noncommunicable Diseases
(I)NGO	(International) Nongovernmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PFA	Psychological First Aid
PHC	Primary Health Care
PSS	Psychosocial Support
SAM	Severe Acute Malnutrition
SARC	Syrian Arab Red Crescent
SHARP	Syria Humanitarian Assistance and Response Plan
UNFPA	United Nations Population Fund
WCO	WHO Country Office
WHO	World Health Organization

