

Donor Update 2015 (Q2)

World Health Organization
Syrian Arab Republic



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Organization

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“WHO is now responding to five high-level grade 3 emergencies around the world, two of them in this (EMRO) region. It is unprecedented since the era of the Second World War to see such numbers of people affected. The humanitarian crisis in Syria was the first emergency ever to be categorized as a grade 3.”

- Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean

Index

08 Message from the WHO Representative, Syria

10 Executive Summary

13 The Situation in Q2, 2015

18 WHO Core Functions in Emergencies

24 Q2, 2015 Achievements

26 Capacity Building

28 Strategic Partnerships

30 Challenges and Mitigations

32 Strategic Interventions under SRP 2015

34 Priorities and Way Forward for Q3, 2015

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Cover photo credit: WHO/Mohammed Badra

Abbreviation

AFP	Acute Flaccid Paralysis
CBO	Community-Based Organization
EML	Essential Medicines List
EMST	Emergency Support Team
EWARS	Early Warning, Alert and Response System
HeRAMS	Health Resources Availability Mapping System
HIS	Health Information System
HR	Human Resources
ICT	Information and Communication Technology
IDP	Internally Displaced Person
IEHK	Inter-agency Emergency Health Kit
INGO	International Nongovernmental Organization
MH	Mental Health
mhGAP	Mental Health Gap
MHPSS	Mental Health and Psychosocial Support
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoHE	Ministry of Higher Education
MoSA	Ministry of Social Affairs
MoWR	Ministry of Water Resources
NCDs	Noncommunicable Diseases
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 Response Plan
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WASH	Water, Sanitation and Hygiene
WCO	WHO Country Office
WHO	World Health Organization
WoS	Whole of Syria
WPARS	Water Pollution Alert and Response System



Foreword

According to the United Nations, the conflict in Syria has brought about the largest humanitarian crisis since World War II. More than 12.2 million people are in dire need of humanitarian assistance. Almost 8 million people have been internally displaced, and over 4 million have fled to bordering countries, particularly Turkey and Lebanon.

ACCORDING TO UNHCR, refugees are overstressing the coping capacity of host countries, communities and humanitarian organizations. This includes 2.2 million Syrians registered by UNHCR in Egypt, Iraq, Jordan and Lebanon and 1.7 million Syrians registered by the Government of Turkey. There are over one million Syrian refugees in Lebanon who make up 30% of the population, making it the country with the highest concentration of refugees in the world. Their situation is exacerbated by forcible evictions, the dismantling of informal refugee settlements, and new Lebanese government regulations that require Syrians to obtain entry visas. Jordan has over 600 000 registered Syrian refugees with limited access to essential health care. Almost a quarter of a million Syrian refugees in war-torn Iraq are competing with host communities for increasingly

scarce local services. Egypt and other countries in North Africa are also hosting more than 130 000 Syrian refugees.

The second quarter (Q2) of 2015 was marked by the continuing violence. Attacks on health care staff and facilities have become more commonplace. According to Physicians for Human Rights, there have been 242 attacks against health care facilities and 615 attacks against health care workers since the beginning of the crisis. Between February 2014 and February 2015, these attacks increased by 20 per cent compared to 2013. At least 83 separate attacks were reported and more than 172 medical personnel were killed.

Overwhelming numbers of critically wounded patients, severe shortages of staff, and damaged or destroyed health facilities have strained health care services to the limit. Many hospitals, especially

those in hard-to-reach and opposition-controlled areas, face shortages of life-saving medicines and surgical supplies. Patients with chronic diseases lack access to life-saving treatment and continuity of care. Health care services for the most vulnerable, including the disabled, women and neonates, have been badly disrupted.

Vaccination coverage has decreased drastically from 99% in 2010 to 62% in 2014. Water supplies have dropped to half of pre-war levels. At the same time, unhealthy and overcrowded living conditions for IDPs have led to an increase in hitherto uncommon communicable diseases such as leishmaniasis, hepatitis A, typhoid and brucellosis.

Despite the above obstacles, WHO's commitment to all Syrians remains unwavering. WHO has continued to display proactive leadership and foster strong collaboration with the health

authorities, other partners, and NGOs. We have achieved a great deal in Q2 of 2015 thanks to the unceasing efforts of our staff, consultants and health partners. I convey my deepest thanks to each and every one of them ■

Elizabeth Hoff
WHO Country Representative
Syrian Arab Republic

Photo credit: WHO/Aleppo



Executive Summary

THE CONFLICT CONTINUED unabated in Q2 of 2015, with civilians continuing to bear the brunt of the crisis. Access to many besieged and hard-to-reach areas remained restricted, with some locations, especially in Dar'a, Eastern Aleppo and Idleb, totally inaccessible to aid agencies. The civilian population was unable to access health care in many highly insecure areas. Tens of thousands of people, especially in Aleppo, Ar Raqqa, Deir ez-Zor and Al Hassakeh governorates,

continued to be displaced each day. The number of people in need of humanitarian assistance has increased from 1 to 12 million since the onset of the conflict, while funding has increased only threefold.

Civilians as well as health care personnel and medical facilities are deliberately and routinely targeted as part of the military strategies of the parties to the conflict. As a direct consequence of the crisis, more than 4.8 million people remain trapped in hard-to-reach and besieged locations,

including 163 500 in East Ghouta and over 4.5 million in areas that the humanitarian community can reach only sporadically. Half of the population lacks regular access to clean water. The UN Commission of Inquiry and other organizations have documented the systematic and widespread use of rape, sexual harassment and other forms of sexual violence in Syria. Cases of cutaneous leishmaniasis, previously common only in northern Syria, have spread to neighbouring Jordan and Turkey ■

Photo credit: Karam Al-Masri

WHO'S MAIN ACHIEVEMENTS IN Q2, 2015










-  Surgical and post-surgical supplies for 3.2 million patients were delivered to operating theatres and intensive care and emergency units in Damascus, Aleppo, Ar Raqqa, Al Hassakeh, Dar'a, Hama, Homs, Rural Damascus, As-Sweida and Lattakia.
-  2.4 million treatments for vulnerable groups and IDPs were delivered in partnership with NGOs.
-  Nearly 80 000 families were reached with medicines to treat noncommunicable diseases.
-  Seven dialysis machines were donated to Damascus and Rural Damascus, of which two were delivered to the besieged town of Douma. More than 5000 haemodialysis sessions were supported in different governorates.
-  Delivered medicines and supplies for over 400 000 people across conflict lines to hard-to-reach areas in Aleppo, Da'ra, Deir ez-Zor, Homs and Rural Damascus.
-  Vaccinated over 2.3 million children against polio and 1.6 million children against measles, mumps and rubella.
-  Donated long-lasting insecticidal nets (to control leishmaniasis) to more than 490 000 people in Aleppo and Deir ez-Zor governorates in collaboration with Mentor Initiative.
-  Strengthened partnerships with NGOs. Half of WHO's network of NGOs are working in hard-to-reach and opposition-controlled areas.
-  Trained more than 7000 health care workers across Syria on various aspects of health care.



Photo credit: WHO/ Karam Al-Masri

The Situation in Q2, 2015

With no political solution in sight, the number of people affected by the crisis continued to increase in Q2. The scale of destruction presents a major obstacle to return and reintegration efforts.

Humanitarian access to some parts of the country shrank as a result of the intense fighting. Population displacements continued, especially in Dar'a, where over 24 000 people were displaced in June 2015 alone. Another 60 000 were displaced in Al Hassakeh, and thousands of Kurds were displaced in Ar Raqqa. The number of people living in areas that are difficult or impossible for aid agencies to reach has almost doubled over the past two years (from 2.5 million in 2013 to 4.8 million at the start of 2015). Presently, UN agencies and partners are reaching only one third of people in need in hard-to-reach and besieged areas.

The Stark Numbers Involved in the Conflict

220,000	1	12.2	7.6	3.98
people have been killed	Million	Million	Million	Million
	people have been injured	people within Syria are in need of humanitarian aid	people have been internally displaced	people have sought refuge in neighbouring countries

IMPACT OF CRISIS ON HEALTH CARE STAFF

Insecurity, overwork, lack of pay and traumatic daily working conditions have taken a huge toll on health care staff. Most health workers interviewed were fearful and traumatized. Hazeem, a nurse at the Children's Hospital in Damascus said: "I cannot forget the horrific sight of a child with amputated limbs and other horrible cranial injuries. It still haunts me to think of how her parents will cope with that child for the rest of her life."

In Idleb governorate, health care staff, working without electricity or adequate instruments, treat around 4500 severely injured patients per month. In April 2015, five health care workers were killed in the bombing of Yarmouk camp. (Around 18 000 people remain trapped in besieged Yarmouk, where aid workers are unable to enter, and the inhabitants are unable to leave.) The health workforce across Syria has fallen to less than half of pre-conflict levels. In nine governorates there are fewer than 22 health workers per 10 000 people. Many health centres operate without adequately trained personnel. There are severe shortages of surgeons, anaesthesiologists, laboratory staff and female health professionals. Frequent population displacements also place a heavy burden on health care services in other governorates.

Over half of health facilities in Rural Damascus have been damaged since the beginning of the

conflict. Almost two thirds of public hospitals and over one third of primary health care clinics have been damaged or destroyed. As the conflict continues, fewer people have access to even basic health care. Nutrition stabilization centres treating children with severe to acute malnutrition were recently forced to cease services following the escalation of violence in Tadmor, Homs governorate, Al Mayadeen Boukamal, Deir ez-Zor and Idleb. The destruction of so many hospitals has had a spill over effect on the remaining facilities, creating a huge increase in demand. Because of the shortage of medical specialists to treat complex injuries, many other health care workers are having to step in and attempt to provide care far beyond their level of training.

The suffering in Syria goes beyond physical injuries. Sabeen, a mother of two, recounts her ordeal.

Dr. Basem Al Arsan, the Deputy Manager of Damascus Hospital, reported attending to a family of six caught up in a mortar attack in Damascus. Both parents had been killed, two children had lost their lower limbs, and the remaining two had life-threatening injuries. Another doctor witnessed a mother and daughter whose bodies had been blown apart but whose hands were still clasped together. Overstretched medical staff confront mass casualties on a daily basis, as a result of bombings and secondary attacks on rescue workers. One field hospital

in Aleppo reportedly averaged 50-75 war-related trauma cases a day between January and March 2014, with a staff of only 13 surgeons and 30 doctors to serve 300 000 people. One surgeon reported: "If an operation is likely to take more than two hours, we have to forget it and the patient dies." Another doctor said: "Once beds are filled, there is nothing to be done for others."

ACCESS TO HARD-TO-REACH AND BESIEGED POPULATIONS

Security operatives continue to tamper with surgical kits and other items in these convoys. In April 2015, injectable medicines, surgical supplies and medical kits destined for over 10 000 people in Ar-Rastan, Homs governorate were removed by security operatives. In May 2015, WHO secured approval to deliver 250 haemodialysis sessions per month for eastern Ghouta, Rural Damascus. However, some requests for medical supplies and deliveries to Dar'a, Deir ez-Zor, Aleppo and Damascus governorates have been pending government approval since the beginning of this year. Surgical kits and intravenous fluids for over 30 000 people in eastern Aleppo have yet to be approved by the local security authorities.

In April 2015, due to the intense fighting, only 1.6 million children out of the 2.6 million targeted were vaccinated against measles, mumps and rubella. Similarly, a polio vaccination campaign that targeted 2.9 million children in May/June reached only 2.3 million ■



Photo credit: WHO/Omar Sanadiki

▲
"Since February, 18, 2014, my husband was taken away by unknown persons during an offensive attack launched on Dar'a. I do not know if he is dead or alive. I am left with my two children, Hafiz, 11 and Jabar, 7, both of whom have renal failure. Before the conflict, my children were treated at a nearby clinic managed by an NGO. But since we left our home in Dar'a to join an IDP camp in As-Sweida, my children have no regular access to kidney treatment. Sometimes, we eat anything; drink anything - even muddy water - just to survive. Life is not worth living any more but for the sake of my poor innocent children",
Sabeen laments.





WHO Core Functions in Emergencies

Photo credit: WHO/ Karam Al-Masri

3.1 LEADERSHIP

WHO Syria leads 13 health sector partners and coordinates the emergency response through its main office in Damascus and its sub-offices in Aleppo, Qamishli and Homs. In Q2 of 2015, WHO convened six bi-weekly meetings with its health partners including UN agencies, INGOs, and NGOs.

WHO held strategic advocacy meetings with the governors and health authorities of Lattakia, As-Sweida and Hama, where thousands of IDPs from Aleppo, Ar-Raqqqa, Idleb, Homs, Queinetra, Rural Damascus and Dar'a have sought refuge. WHO also met with the Ministers of Foreign Affairs, Health, Higher Education, Social Affairs and Education.

WHO has continued to advocate for access to deliver health and humanitarian aid to all Syrians, especially those in besieged and opposition-controlled areas. WHO managed to deliver life-saving medicines and supplies to beneficiaries in besieged Douma, Rural Damascus, and hard-to-

reach parts of Deir ez-Zor, Dar'a, Homs and Aleppo.

WHO also discussed the rehabilitation of health care facilities, the pre-positioning of medicines and supplies and the establishment of district warehouses with the Syrian authorities.

WHO conferred with the Ministers of Health and Education on steps to curb tobacco consumption among schoolchildren in Syria. According to the Minister of Education, almost one third of schoolchildren in Syria smoke. The MoH and MoE have agreed to collaborate with WHO on a strategy to tackle tobacco consumption in the country.

3.2 TECHNICAL EXPERTISE

I. Trauma

Demand for trauma care – estimated at 25 000 cases per month nationwide - has increased in line with the conflict. Lattakia National Hospital has reported a more than 40% increase in trauma

cases in 2015 compared to 2012. Damascus Hospital has reported a four-fold demand in 2014 compared to pre-crisis levels, and six-fold increase so far in 2015.

WHO provided life-saving medicines and supplies for more than 1.7 million trauma patients in Q2.

► 480 000 people in Damascus, Hama, Lattakia, Al Hassakeh, As-Sweida and Rural Damascus benefited from trauma kits provided by WHO.

► WHO provided 324 wheelchairs for disabled children and adults in Damascus, Dar'a, Hama, Homs and Aleppo.

Public Health and Primary Health Care

Vaccination coverage for diphtheria, pertussis and tetanus (DPT3) and oral polio vaccine (OPV3 dropped from 99% and 100% in 2010 to 62% by December 2014.

WHO and the MoH worked to improve immunization coverage.

In Q2, WHO:

► Supported a polio vaccination campaign that reached 2.3 million children in May/June 2015.

► Facilitated a nationwide measles, mumps and rubella campaign in which 1.6 million children were vaccinated.

► Supported the routine vaccination of 128 175 children who had dropped out of the vaccination schedule.

► Facilitated the delivery of vaccines to east Ghouta, Al Qaboun in Damascus, and Hama.

Secondary Care

Life-saving treatments for noncommunicable diseases such as cancer, high blood pressure and renal failure have been disrupted for many Syrians, including Hasra, whose story is below. WHO estimates as of 2012 showed that injuries accounted for 48% of deaths in Syria, and NCDs accounted for 45.8%.

In Q2, WHO provided:

► Medicines and surgical supplies

for operating theatres, intensive care and emergency units in Damascus, Aleppo, Ar Raqqa, Al Hassakeh, Dar'a, Hama, Homs, Rural Damascus, As-Sweida and Lattakia. These supplies were enough to treat 3.2 million patients.

► Emergency medicines and surgical kits for Damascus and Rural Damascus, Homs, Aleppo, Hama, As-Sweida and Al Hassakeh. These supplies were enough to treat 140 000 patients.

► Seven haemodialysis machines for Damascus and Rural Damascus. WHO also covered the cost of more than 5000 haemodialysis sessions in Rural Damascus, Lattakia, Hama and Homs.

► Enough insulin to treat 5 900 diabetic patients in Damascus.

► WHO plans to assess the quality of services in hospitals throughout the country in Q3. The survey results will be used to respond to short term needs and inform the rebuilding of the health system.



◀ “Although we are operating at tremendously reduced capacity since the beginning of the crisis, the burden of care, especially trauma care, has increased by 600%, says Dr. Basem Al Arsan, deputy manager of Damascus Hospital. We use to have about 180 cases of trauma per month before the crisis. Now, in May 2015 alone, we had over 1300 cases and other months have been similar to this. More than half of our 408 hospital beds are occupied by trauma patients because we receive referrals from other governorates especially Rural Damascus, Dar'a, Homs, Ar Raqqa and Aleppo. We resorted to delaying other surgeries to weekends and public holidays, but this worsens outcomes for other patients. Unfortunately, there is nothing more we can do. Some of us have had to work for seven days and nights without a break. Yet we still can't cope with the demand for trauma care.”

Photo credit: WHO/ Carole Al-Farah

Photo credit: WHO/ Delil Souleiman



Mental Health

Around 600 000 Syrians are estimated to be suffering from severe mental health disorders. Another 4 million may be experiencing mild or moderate mental health disorders according to WHO. Only two public hospitals provide specialized mental health care to Syrians.

WHO:

► Developed Arabic language materials for mental health self-help programmes. The materials are designed to be used by non-specialized community health care workers.

► Distributed 470 000 psychotropic treatments to

health care facilities in different governorates including Azaz mental health hospital in Aleppo.

► Assessed the feasibility of establishing mental health units in two public hospitals in Hama and Lattakia.

► Identified potential NGOs to provide mental health and psychosocial support services, especially in opposition-controlled and hard-to-reach areas.

► Monitored the implementation of the mhGAP Intervention Guide geared towards training health care staff in non-specialized health care settings on treating five priority mental health conditions.

Nutrition

Malnutrition rates in children have risen substantially as a direct result of the conflict. In Q2, WHO:

- Established 40 new nutrition centres in Damascus, Rural Damascus, Quneitra, Al Hassakeh Homs and As-Sweida.
- Provided support to Severe Acute Malnutrition (SAM) stabilization centres in Damascus, Hama, Lattakia and Tartous.
- Strengthened supportive supervision and capacity building in 17 stabilization centres across the country.
- Promoted the importance of breastfeeding in IDP camps and shelters.

WASH

Water cuts continue to be employed as weapons of war by parties to the conflict, especially in Aleppo and Damascus. Wastewater treatment has decreased by over 90%, resulting in contaminated groundwater. Half of the population has no access to clean water.

In Q2, WHO provided the following items:

- Ten water purification units for Aleppo water establishment. Together, these units generate enough clean water for approximately 100 000 people.
- Water purification units for public hospitals in Damascus, Dar'a and Homs.
- 1270 chlorine dosage pumps for Damascus, Rural Damascus, Aleppo, Homs, Deir ez-Zor, Hama, As-Sweida, Quneitra, Idleb and Dar'a.
- Ninety water storage tanks to Damascus, Rural Damascus, Aleppo, Homs, Deir ez-Zor, Hama,

As-Sweida, Quneitra, Idleb and Dar'a.

- Sixty mobile water quality testing kits.
- 42 000 jerry cans and 500 000 chlorine tablets for IDPs in Dar'a.

3.3 DISEASE SURVEILLANCE

EWARS

Following the collapse of routine disease surveillance in Syria, WHO has established EWARS as the primary mechanism for monitoring disease outbreaks. The number of sites reporting to EWARS has risen from 104 in 2012 to 906 in Q2 of 2015. Almost 40% of these sites are in hard-to-reach, besieged and opposition-controlled areas. As a result, 86% of disease outbreaks have been promptly investigated and addressed. Moreover, the timeliness of reporting improved from 51% (as of end of March 2015) to 83% by the end of June 2015.

In Q2, WHO:

- Supported the prompt investigation of an outbreak of acute diarrhoea in Dar'a governorate involving 574 people, and donated 40 000 sachets of oral rehydration salts and one diarrhoeal disease kit to the affected areas.
- Provided mobile phones and computers for data entry staff, and trained them on data entry processes.
- Printed and distributed standard reporting formats, tally sheets and posters.
- Pre-positioned cholera rapid diagnostic test kits across the country in preparation for the summer.

- Conducted a symposium on the prevention of hepatitis A for 55 participants.
- In collaboration with the MoH, assessed EWARS functionality in 166 sentinel sites.

Health Information Management

WHO regularly assesses the status of the country's 113 public hospitals and 1776 health centres. WHO's Health Resources Availability Mapping System (HeRAMS) analyses the functionality, staffing levels, accessibility and infrastructure of each facility. The information generated is used to identify needs and ensure that humanitarian assistance is targeted where it is most needed.

In Q2, the latest HeRAMS assessment showed that only 41% of public hospitals were fully functioning compared to 43% since the previous assessment in May 2015. This figure shows a further deterioration of the health care system. WHO and health partners prepared a comprehensive list of life-saving medicines and equipment based on the data generated by HeRAMS.

Other activities in Q2 included:

- The development of a database to monitor training activities.
- The development of a web-based application to manage national medical supplies (pharmaceutical and non-pharmaceutical). The application will form the basis of a national registry for locally and internationally procured medicines, a unified database management system, and an interactive web site ■

“Because of the frequent bombardments, we have to concentrate on trauma cases, at the expense of primary health care. In many areas, no primary health care or vaccinations are available for children, especially among the IDPs who often live in makeshift camps,” said Dr. Qamar, a general practitioner at Aleppo.



Photo credit: WHO/ Mohammed Badra



Q2, 2015 Achievements



8.4 M

MEDICAL TREATMENTS medical treatments delivered to people in need across the country compared to 5.1 million for the same period in 2014.



2.3 M

POLIO VACCINE children vaccinated in 2 nation-wide polio campaigns



7,000

CAPACITY BUILDING health care providers trained on critical and emerging health issues



1.6 M

MEASLES VACCINATION children vaccinated against measles, mumps and rubella



902

REPORTING EWARS SITES Early Warning and Response Network (EWARN) reporting sentinel sites across the country, 1/3 of which are in opposition-controlled areas



400,000

REPORTING EWARS SITES people in hard-to-reach areas in Aleppo, Da'ra, Deir ez-Zor, Homs and Rural Damascus were reached with medicines and supplies



Capacity Building

Photo credit: WHO/ Karam Al-Masri

Yaman Dalla, head of the nursing section of the Kidney Hospital in Damascus, attends to about 120 kidney patients every day. He has worked in the section for several years. “Before I attended WHO’s training course on infection control, I had grown insensitive to personal protection practices in the hospital,” says Yaman. “I did not regularly wash my hands after attending to a patient, or wear hygiene gloves and a white gown. After attending the WHO training course, not only do I now wash my hands, but my knowledge of medical waste management has also improved, and I have shared this knowledge with my colleagues. Now, we use the yellow bags for patient secretions, the black bags for paper waste, and the safety boxes for needles and other sharp objects.”



Photo credit: WHO/ Omar Sanadiki

THE LACK OF ADEQUATELY trained health care staff is one of the biggest challenges facing the health system across Syria. Training staff and building their capacity is a priority for WHO. Yamama’s story demonstrates the added value of WHO’s training programmes in Syria.

In Q2, WHO:

Trauma

In collaboration with the Syrian Resuscitation Council, trained 360 health care workers on first aid, basic life support, adult and paediatric life support and major incident medical management.

PHC

Organized eight workshops for 395 health service providers on different NCD topics and 15 workshops for 405 participants on

polio and routine immunization. Secondary Care: Trained 196 health personnel on infection control, 100 on case-based management and six on the installation of dialysis machines.

Mental Health

Provided on-the-job training for 50 physicians on community-based approaches to mental health care; 63 non-specialized health professionals on the mhGAP intervention guide; and refresher training for 252 non-specialized health professionals on the management of epilepsy.

Nutrition

Trained over 120 professionals on the updated WHO guidelines for the management of inpatient-cases of SAM in stabilization centres; over 170 professionals

on malnutrition screening; and more than 400 professionals on breastfeeding and infant and young child feeding.

WASH

Conducted a workshop for over 80 participants from environment and water resources directorates across the country.

EWARS

Trained 1474 personnel on EWARS sentinel sites expansion and operations; 237 staff on managing waterborne diseases; and 135 laboratory staff on the detection of epidemic-prone diseases.

HeRAMS

Trained 141 participants on HeRAMS data management and interpretation.

5.0 STRATEGIC PARTNERSHIPS

Since access to large swathes of north-eastern Syria and many other parts of the country remains

highly restricted or off-limits for UN agencies, WHO relies on its NGO partners to provide essential health care services in these areas. Radia’s story, captured below, demonstrates the life-saving health care being provided by NGOs in partnership with WHO.

Highlights of NGOs sponsored by WHO

- ▶ In Dier ez-Zor governorate, Islamic Charity’s mobile clinic provides health care services in Al Bokamal city and outlying areas. In Q2 of 2015, it carried out a total of 5754 patient consultations in several towns and villages.
- ▶ In Aleppo, Al Ihsan Charity provided general health care services including haemodialysis sessions in Western Aleppo and other areas.
- ▶ In Homs, Al Berr Association in Homs city and Al Berr Association in Al Qaryatein (Rural Homs) provided 5991 treatments to IDPs and host communities in besieged areas ■



◀ When rumours of a fresh, imminent attack on Douma in Rural Damascus filtered in that morning, families and residents were jolted into fear and confusion. Amidst the general rush to safe areas, Radia ,49, fell off the staircase of a two-storey building and sustained life-threatening injuries. Fortunately, Circassian Association, a WHO-supported NGO running a mobile clinic, provided immediate first aid, brought her to hospital, and paid her medical bills. Otherwise, Radia’s story could have ended very differently.



Photo credit: WHO/ Mohammed Badra



Challenges and Mitigation Measures

Photo credit: WHO/ Karam Al-Masri

CHALLENGES:

The major challenges that hampered the delivery of humanitarian assistance in Q2 of 2015 included:

- ▶ An increase in the number of injured to over 25 000 people per month as a direct result of the conflict. The situation was exacerbated by the continuing lack of surgical supplies, safe blood transfusions and anaesthetics.
- ▶ Frequent power cuts that hampered the ability of hospitals to operate at full capacity.
- ▶ The lack of access to many areas meant that WHO was unable to deliver vaccines to Al Hassakeh, Rural Lattakia, Deir ez-Zor, Idleb, Dar'a, Ar Raqqa, rural Homs and Al Yarmouk camp in Damascus.
- ▶ Dwindling funds have curtailed some of WHO's emergency operations. Over the last three years, humanitarian needs have increased twelvefold inside Syria, while the funding received has not kept pace.
- ▶ Attacks on health facilities and health workers have continued to violate the basic humanitarian principles of neutrality, impartiality, humanity and independence, and have led to the increased exodus of health personnel.
- ▶ National NGOs require significant investments to improve their capacity to deliver emergency health care.
- ▶ Almost two thirds of hospitals have been damaged or destroyed.
- ▶ More than half of the country's health workforce has left, leaving a severe shortage of surgeons, anaesthesiologists, laboratory professionals, and female health professionals.
- ▶ Relatively few international and

local NGOs are allowed to operate in Syria. Only 15 international NGOs have approval to operate in the country, but they are not allowed to open field offices, participate in inter-agency convoys, or collaborate with local NGOs.

- ▶ The destruction of the water supply infrastructure has reduced the availability of safe drinking water to one third of pre-crisis levels.
- ▶ Procurement is hampered by stringent regulations for vaccines. Moreover, only companies registered in the country can supply blood, blood products, factor IV, and narcotics.

MITIGATION MEASURES:

- ▶ Training surgeons and emergency specialists and expanding partnerships with SARC and NGOs to provide services in difficult and hard-to reach areas.
- ▶ Integrating mental health care services in hospitals and primary health care centres across the country.
- ▶ Distributing educational materials to health centres to raise awareness of the importance of mental health.
- ▶ Supporting the drilling and equipping of three groundwater wells in Ibn Al-Nafees hospital in Damascus, Al-Mouwassat Al Khairi (NGO) hospital in Damascus, and Ibn Roushed hospital in Rural Damascus.
- ▶ Providing detailed technical specifications for sophisticated medical equipment, so as to accelerate procurement.
- ▶ Convening high-level meetings with the national authorities to identify and propose solutions for procuring medicines and supplies ■

WHO Strategic Interventions Under SRP 2015

Under the Strategic Response Plan for 2015, WHO has appealed for a total amount of US\$131 600 669. Of this amount, the WHO country office in Damascus requires US\$123 619 945 to continue providing life-saving medicines, medical supplies and equipment to vulnerable people across Syria.

Under the Strategic Response Plan (SRP) for 2015, WHO plans to:

Enhance access to primary health care (PHC) services to reach more underserved people.

Funding requirements:
US\$35,556,200

Support implementation of immunization programmes.

Funding requirements:
US\$6,955,000

Support delivery of secondary and tertiary health care services to improve care for injured and burn victims.

Funding requirements:
US\$32,468,080

Strengthen trauma care

management for preparedness and management of trauma, including referral mechanisms.

Funding requirements:
US\$27,071,000

Expand disease surveillance and response systems for early detection and response to epidemic prone diseases including polio.

Funding requirements:
US\$5,136,000

Scale up mental health services to strengthen service delivery across Syria.

Funding requirements:
US\$6,152,000

Strengthen HIS for emergencies using the Health Resources

Availability Mapping System (HeRAMS).

Funding requirements:
US\$777,275

Improve health sector coordination to: i) better address people in need, ii) improve access of vulnerable populations.

Funding requirements:
US\$2,262,390

Improving water supply and hospital hygiene conditions in functional public and NGO hospitals in Syria

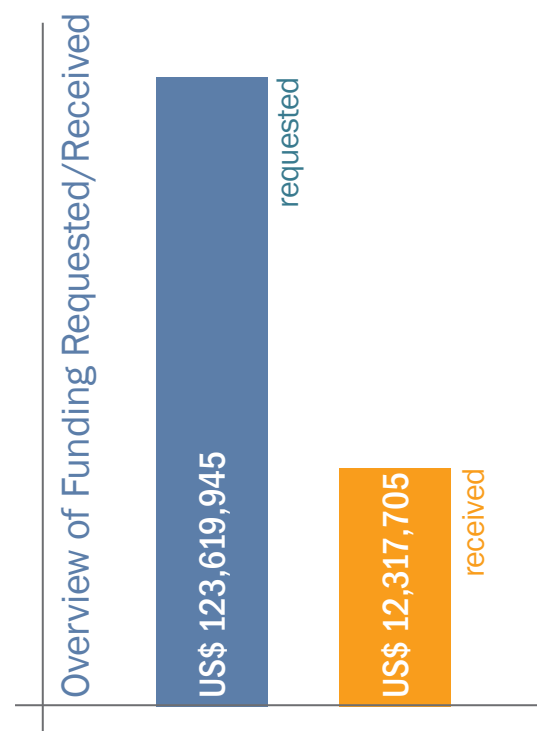
Funding requirements:
US\$5,690,000

Reduce excess morbidity and mortality due to malnutrition

Funding requirements:
US\$1,551,500 ■

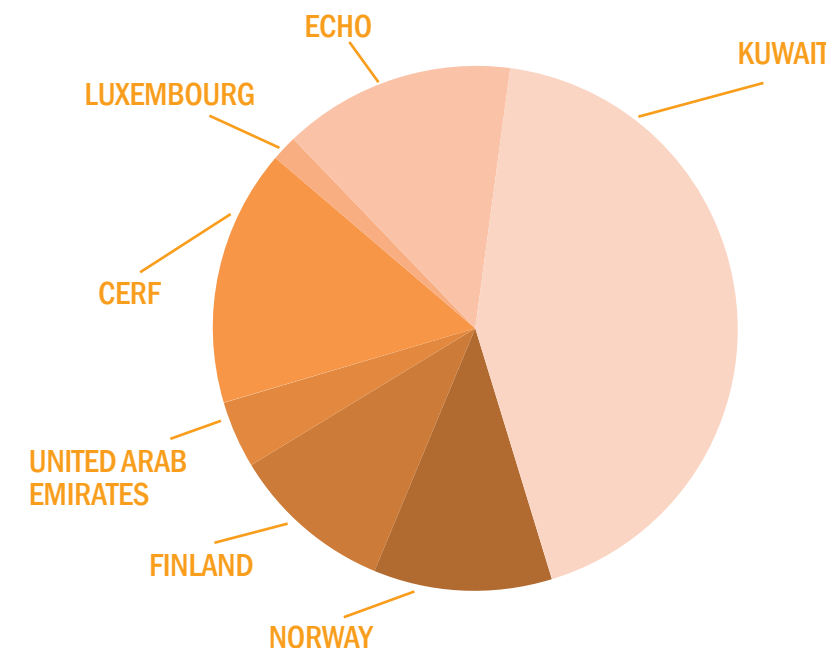
Financial Overview

WHO Syria requested US\$ 123,619,945 to support its effective response to identified health needs in 2015. By the end of Q2, WHO had received US\$ 12,317,705.



Funding per Donor

As of end of Q2, 2015, 7 donors supported WHO operations in Syria. The highest donor as of this quarter is Kuwait followed by ECHO and Finland.



In Syria, for every \$1 million WHO cannot raise in Syria, some 226,000 people lose vital health services, health facilities will not be able to respond to the growing demand for healthcare, and many more people will therefore die or become disabled.

Priorities and Way Forward for Q3, 2015

WHO will pursue the following strategic priorities in Q3, 2015:

Trauma Care

- ▶ Provide medicines, safe blood, surgical kits and equipment for the management of trauma cases across Syria.
- ▶ Further develop prosthetics and foot orthotics services in Damascus and Homs.
- ▶ Provide supplies for manufacturing artificial limbs and prosthetics.
- ▶ Train 760 health professionals on trauma management, first aid, physical rehabilitation and prosthetics.

PHC

- ▶ Strengthen vaccination coverage across the country by:
- ▶ Improving supportive supervision, monitoring and evaluation of EPI programmes.
- ▶ Developing a comprehensive EPI multi-year plan with technical support from the regional office.
- ▶ Rehabilitating PHC centres in densely populated areas where presently no services are available in three governorates: Queinetra, Homs and As-Sweida.
- ▶ Updating the MOH vaccines registration conditions to meet WHO pre-qualification policies.

Secondary Care

- ▶ Assess secondary health care services.
- ▶ Continue the implementation of a web-application for drug information systems.
- ▶ Strengthen training and skills in the areas of infection control, patient safety, quality management and the rational use of drugs.

Mental Health

- ▶ Train 60 non-specialized health professionals following an agreement with UNRWA to integrate mental health services into other services provided by UNRWA for Palestinian refugees in Syria.
- ▶ Rehabilitate two psychiatric units in Hama and Lattakia.
- ▶ Launch the mental health Self-help Plus (SH+) as a first phase of the self-help programme.
- ▶ Build capacity on mhGAP –IG, mhGAP refresher training and PFA for NGOs and MOH in several governorates, especially rural Aleppo and Idleb.

Nutrition

- ▶ Collaborate with SARC and NGOs to screen children in hard-to-reach areas.
- ▶ Integrate infant and young children feeding practices in WHO-supported nutrition activities.
- ▶ Integrate early childhood development activities within the emergency nutrition programme.

WASH

- ▶ Implement the pilot phase of the Water Pollution Alert and Response System (WPARS) in Damascus and Rural Damascus areas for monitoring drinking water quality.
- ▶ Provide and install water purification equipment and accessories in selected functional hospitals and NGO-managed facilities.
- ▶ Upgrade the infrastructure for already supplied medical waste sterilizers in four public hospitals.
- ▶ Provide water chlorination chemicals and jerry cans.
- ▶ Provide chemicals and reagents for mobile water quality test equipment previously provided to governmental

agencies and NGOs.

- ▶ Train 120 MoH technicians on water quality testing.
- ▶ Train personnel from 10 public and NGO hospitals on good practices in medical waste management.

EWARS

- ▶ Improve surveillance in hard-to-reach and opposition-controlled areas.
- ▶ Expand the list of communicable diseases for EWARS.
- ▶ Strengthen the Monitoring and Evaluation system for EWARS programmes.
- ▶ Implement the winterization plan.

Health Information Management

- ▶ Produce comprehensive statistical analyses and studies on the impact of the crisis on the health situation, using the available datasets to guide national policy and operational planning.
- ▶ Improve the monitoring and evaluation framework of HeRAMS.
- ▶ Strengthen automated information systems and tools.
- ▶ Continue capacity building activities for health information managers including NGOs.

NGOs

- ▶ Expand partnerships with NGOs working in hard-to-reach and opposition-controlled areas that are off-limits to WHO and other UN agencies.
- ▶ Support NGOs by providing artificial limbs and prosthetics for affected civilians.
- ▶ Follow up on patients receiving physiotherapy.
- ▶ Continue to build the capacity of national NGOs to improve proposal writing and project management and evaluation skills ■



Photo credit: WHO/Omar Sanadiki

▲
“At first I wanted to commit suicide because I couldn’t understand what was happening to me,” said Nazli Ahmad, a 42-year old, nurse who lost her job as a result of the current crisis. “I lost interest in everything and felt very guilty that I could not take care of my family. I preferred to stay alone, away from my husband and children. But I couldn’t express myself. My neighbours told me that I had a mental health problem and that I should see a doctor.”
“It was at this point that I became eager to commit suicide. I cherished the idea of suicide so much that I thought of it constantly. Then I was brought to Ibn Khaldoun centre. My life which seemed so bleak turned positive again. There was no financial cost to my family as all my treatments were provided free of charge.”



Photo credit: WHO/Omar Sanadiki

▲
Fourteen year-old Hasra has been on three sessions of haemodialysis per week for the past five years. “It has been miserable but I thank God because I don’t know what it could have been if not for the free medication my daughter receives in this hospital”, laments Hana, Hasra’s mother. Hana’s trembling voice speaks volumes of her misery, frustration and the desperate condition of her child as she struggles to find words to describe her situation. She is at least relieved by the continuing availability of free treatment for her daughter.

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