

Map based on health facilities assessment conducted by WHO in the first quarter of 2012

## Highlights

The draft humanitarian assistance response plan for the Syrian Arab Republic is currently funded at 26% for WHO, with WHO unmet requirements amounting to a total of US\$ 23 103 098.

In Jordan, 6100 children and adolescents were vaccinated against measles and polio in a vaccination drive conducted by UNICEF, the Ministry of Health, WHO and the French hospital at Al-Zaatari camp. In Lebanon, routine vaccination activities are being reinforced to include refugees in the North and Bekaa.

WHO and health partners continue to provide 24-hour health services through the camp's health centre operated by the Directorate of Health.

## Health situation

### Syrian Arab Republic

Access to health facilities for both patients and health care providers in the Syrian Arab Republic is one of the main obstacles to the provision of health care. Current health priorities include:

- improving access to basic primary health care
- improving access to medicines, including for chronic diseases;
- improving access to trauma care;
- strengthening disease surveillance;
- strengthening the referral system;
- improving health information systems; and
- conducting nutritional surveillance.

There is an acute shortage of transportation for referral services. According to the Ministry of Health, 271 out of 520 ambulances have been damaged or affected, of which 177 are out of service. As a result, there are large numbers of patients requiring urgent medical, surgical and obstetric care who are no longer being referred to hospitals for adequate care.

The current unrest has also created challenges in implementing the national immunization programme. The shipment of vaccines to target areas has been complicated due to blocked roads and security issues. In addition, 157 vaccination/supply vehicles have been damaged or affected, of which 117 are out of service.

According to WHO and the Ministry of Health, many public hospitals and primary health care centres (PHCs) across the country have been badly damaged, with almost one in five public hospitals out of service (see Table 1).

|                             | Total | Number of affected health facilities | Percentage affected, out of total health facilities | Number of out-of-service health facilities | Percentage of out-of-service health facilities, out of total affected health facilities |
|-----------------------------|-------|--------------------------------------|---|--|---|
| Primary health care centres | 2000  | 161                                  | 8%  | 68   | 42%   |
| Hospitals                   | 88    | 59                                   | 67%   | 17   | 29%   |

**Table 1. Affected and out-of-service health facilities in the Syrian Arab Republic**

## Jordan

Health services and routine immunizations for Syrian refugees in Jordan are provided both inside Al-Zaatari camp through clinics and field hospitals operated by nongovernmental organizations, as well as outside the camp through public health facilities and nongovernmental organization clinics. Reproductive and maternal health services are provided to Syrian refugees through the Ministry of Health and nongovernmental organization clinics. Obstetric deliveries take place in hospitals both inside and outside Al-Zaatari camp.

According to national surveillance systems, no outbreaks have been reported. One case of bloody diarrhoea and one case of suspected hepatitis in Al-Zaatari camp have been referred for laboratory examination. One case of cutaneous leishmaniasis in a toddler has also been reported.

The International Organization for Migration (IOM), in collaboration with the national tuberculosis (TB) programme and the Ministry of Health, is conducting regular screening of Syrian refugees in Al-Zaatari camp. To date, 11 TB cases have been detected through the screening, of both pulmonary and extra-pulmonary TB. Confirmed cases are referred to Al Noor TB sanatorium where they receive anti-TB medications free of charge.

The Moroccan field hospital in Al-Zaatari camp reports that the highest cause for consultations in their outpatient clinics is medical emergencies (see Figure 1).

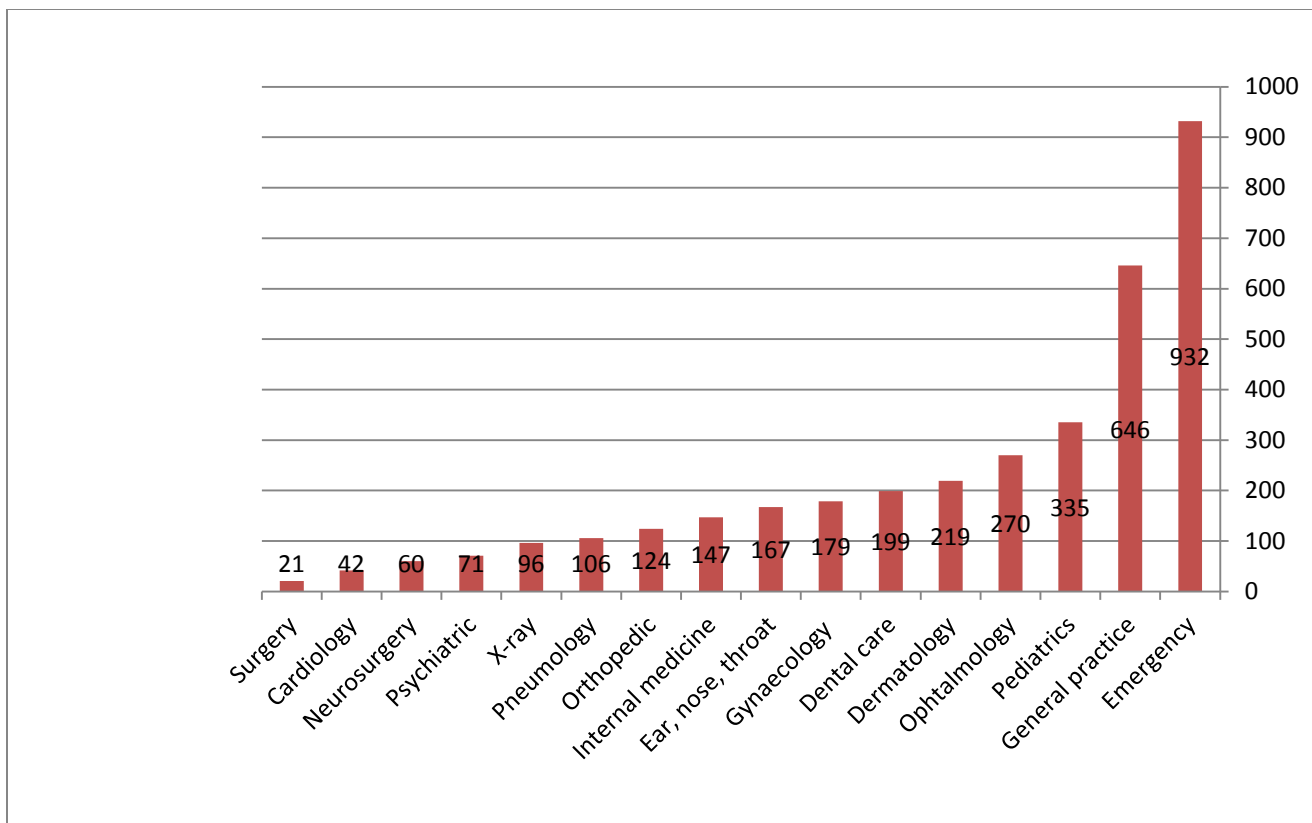


Figure 1. Outpatient consultations at the Moroccan field hospital from 16-22 September 2012

## Lebanon

According to UNHCR, the total number of registered Syrians in Lebanon has reached 67 848, of whom 29 667 are in the north and 22 114 are in the Bekaa Valley. An additional 29 102 refugees are awaiting registration. The United Nations Refugee Response Plan is being revised for an expected scenario of 120 000 displaced Syrians in Lebanon by the end of 2012.

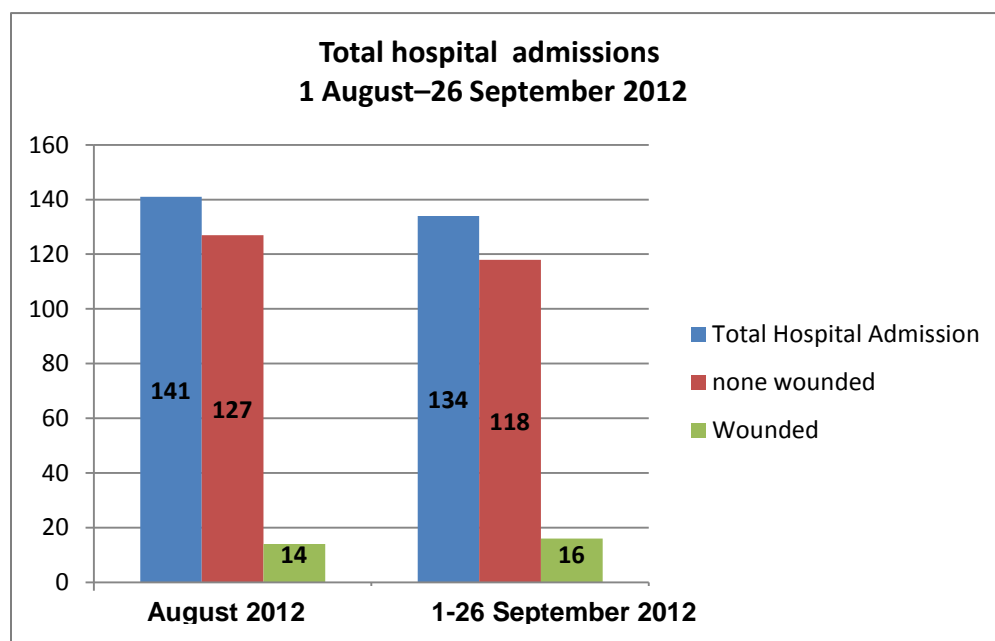
The most common cause of hospitalization for Syrian refugees aged 10–49 is injury due to war trauma (see Table 1).

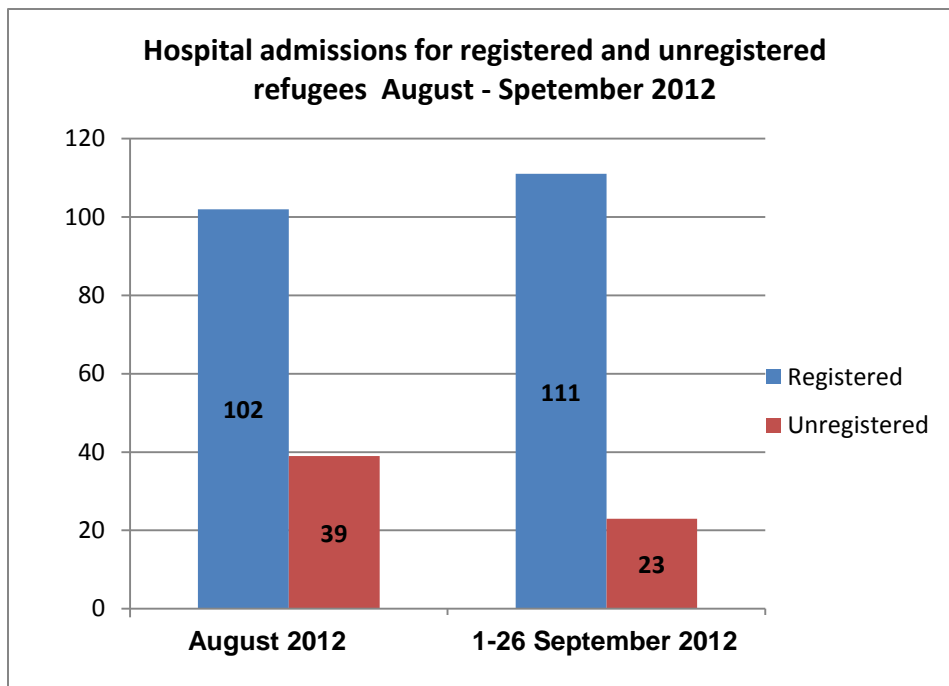
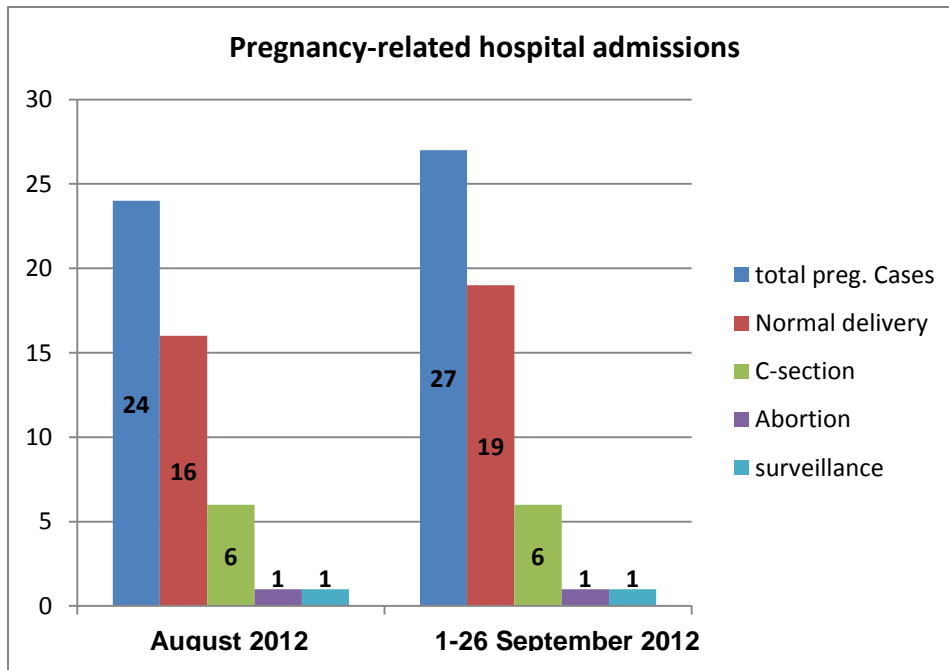
| Age Group                 | <5                           | 5–9                          | 10–14                 | 15–19              | 20–29              | 30–39              | 40–49                         | >50                           |
|---------------------------|------------------------------|------------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------------------|-------------------------------|
| Main causes for admission | Acute non-surgical condition | Injury non-war trauma        | Injury war trauma     | Injury war trauma  | Injury war trauma  | Injury war trauma  | Injury war trauma             | Cardio-vascular               |
|                           | Respiratory tract infections | Acute non-surgical           | Injury non-war trauma | Pregnancy          | Pregnancy          | Pregnancy          | Acute non-surgical conditions | Acute non-surgical conditions |
|                           | Premature                    | Respiratory tract infections | Acute non-surgical    | Acute non-surgical | Acute non-surgical | Acute non-surgical | Cardio-vascular               | Respiratory tract infections  |

**Table 1. Main causes for admission to health facilities in Lebanon from September 2011 to June 2012**

In the north, where access to secondary health care remains a challenge due to funding needs, assistance to unregistered medical cases with health coverage is being provided by Arab Medical Doctors and the Islamic coalition of nongovernmental organizations.

Data collected by the IMC team in the north show the following for August and September 2012:





## Iraq

The total number of Syrian refugees is 40 000, with Al-Qaim and Domiz camps hosting populations of 7000 and 19 000 refugees, respectively.

There is an increased demand for health care services among all refugees, especially for the treatment of chronic illnesses. The most commonly reported causes of consultation among all Syrian refugees are upper respiratory tract infections, diarrhoea, skin infections and sexually transmitted infections.

The current outbreak of acute watery diarrhoea in Suleimaniyah poses an increased risk to refugees within Domiz camp in Dahouk, although there has been no increase in the number of acute watery diarrhoea cases reported from the camp to date.

The Directorate of Health foresees shortages of some medicines for chronic illness in Domiz camp.

### **Al Qaim camp follow-up visit assessment**

The health assessment team could only visit the camp and public building hosting the displaced population. Although some health services have been initiated for the population living in camps the overall health situation is grave and needs immediate attention to prevent excess morbidity and mortality among population. There are NO health services on the border crossing for the population stranded on the Syrian side. The team reported many injured, including women, children and elderly people in need of urgent treatment for chronic illnesses. The team identified lack of essential medicines, rudimentary health information system, access to obstetric care, access to child care, emergency health care, outbreak prevention and control and management of chronic illnesses as gaps in the health care delivery to target population.

The physiological status of the population of Al Qaim camp in Iraq is of concern, with refugees expressing anxiety about a lack of freedom of movement, interruption in children's education, separation of family members, fear of spending the upcoming winter in soft shelters, and general uncertainties about the future.

According to the basic health information system in Al Qaim camp, the predominant disease profile of the refugees reveals that urinary tract infections, gastro-intestinal complaints, trichomonas vaginalis and gonorrhoea are the major causes of consultation at the camp clinic. Accurate data are not available due to a weak health information system within the camp. There have been no recorded cases of TB, malaria, HIV/AIDS or any other communicable disease.

Provision of essential medicines and supplies, care of the elderly, treatment of injured, preventive health measures, delivery of essential package of health care, including reproductive health care, availability of experienced staff are recommended by the team as immediate action. In addition to this staff training, strengthening of the health system, nutritional surveillance, support for environment health interventions as medium-term needs to maintain the health status and avoid deterioration in the long term.

Health-related needs and gaps identified by WHO in areas hosting refugees include:

- increasing health services coverage of target populations, especially to those living outside the camps
- strengthening the existing active disease surveillance for timely detection of, and response to, communicable disease in hosting areas
- strengthening reproductive health services, including prenatal, natal and postnatal services
- ensuring timely treatment and management of noncommunicable disease
- monitoring water quality in the camp
- providing assistive devices to people living with disabilities.

## Health response

### Syrian Arab Republic

WHO and the Ministry of Health hosted a 2-day workshop in Damascus on 2 October in preparation for the measles and polio vaccination campaign on 4-15 November 2012 targeting 1 500 000 children under 5 years of age at health care facilities in 10 governorates. Mobile teams will also be deployed in areas hosting high numbers of internally displaced persons.

In continuation of the Early Warning Alert and Response System (EWARS) implementation plan, WHO and the Ministry of Health hosted a 3-day workshop on 8-10 October 2012 for health district officers around the country to build national capacity and strengthen surveillance networks for effective response to epidemic threats.



Minister of Health Dr. Saad Al Naïf (left) and acting WHO Representative Ms. Elizabeth Hoff (centre) at the opening session of Early Warning Alert and Response System (EWARS) workshop

WHO has provided the following medicines and medical supplies to the Ministry of Health and health directorate during the last week of September and first week of October 2012.

- 1 interagency health supplementary kit for 10 000 beneficiaries for 3 months, 1 trauma kit - A and 1 trauma kit – B for 100 surgical interventions.
- 15 interagency health kit basic units for 15 000 beneficiaries for 3 months, 10 diarrhoea kits for 6000 diarrhoea cases and 6 surgical kits for 600 surgical interventions to the Health Directorate of Aleppo.
- 15 interagency health kit basic units for 15 000 beneficiaries for 3 months, 10 diarrhoea kits for 6000 diarrhoea cases, and 5 surgical kits for 500 surgical interventions to the Health Directorate of Tartous.

The Ministry of Health has requested support from WHO in delivering additional essential medicines, including insulin, to affected areas. WHO has contracted with 8 nongovernmental organizations to support the provision of these medicines, as well as medical supplies, and emergency services, including support for referrals in affected areas.

The Ministry of Health has also requested WHO's support in procuring antiretroviral medicines for people living with HIV/AIDS. WHO has provided the national HIV/AIDS programme with the required medicines, partly donated by the Iranian national AIDS programme through WHO's country office in the Islamic Republic of Iran. Additional AIDS medicines are required to cover 25 patients for 3 months and WHO is awaiting further support from the New York-based organization AID for AIDS.

Following WHO's visit to Homs, Albir Hospital, located in the centre of Homs with a catchment population of 400 000, has been provided with urgently needed medicines and supplies for 100 surgical interventions and basic treatment for common diseases for 10 000 patients for 3 months.

The Ministry of Health has received the last shipment of 800 000 doses of vaccines for the 2012 national vaccination programme. WHO has been requested to assist with the distribution of the vaccines to affected areas, including Homs and Aleppo, and a vaccination distribution plan is currently being finalized.

The International Committee of the Red Cross is performing a facility-based assessment of hospitals in Damascus and has requested support from WHO in providing trauma surgery and emergency care supplies, large quantities of intravenous nutrition fluid and consumables. WHO is working with the Ministry of Health, the Ministry of Higher Education and several larger hospitals around the country to determine estimated needs in order to procure the required medical supplies.

## Jordan

6100 children and adolescents were vaccinated against measles (< 15 years) and polio (<5 years) in a vaccination drive conducted by UNICEF, the Ministry of Health, WHO and the French hospital at Al-Zaatari camp. WHO and UNICEF are planning a post-immunization survey inside the camp as a follow up to this campaign.

A measles and polio campaign for 200 000 Syrian and Jordanian children in Mafraq and Irbid is being planned by the Ministry of Health, WHO and UNICEF.

Based on a request from the Ministry of Health, WHO is providing 250 000 Albendazole tablets for the treatment of intestinal parasites. WHO and the Mafraq Directorate of Health have requested random stool samples from 50 refugees for laboratory testing from health care providers inside Al-Zaatari camp.

Epidemiologists from WHO and the Moroccan and French hospitals in Al-Zaatari camp held two rounds of training for 15 members of the Directorate of Health in Mafraq rapid response team. The sessions focused on communicable diseases in emergencies, including prevention, outbreak control, vaccination and early warning and response network (EWARN).

A UNICEF-led mid-upper arm circumference assessment took place in Zaatari camp to establish the proportion of children aged 6–59 months at risk of malnutrition and/or nutrition-related mortality, as well as identify risk factors that may be undermining their nutritional well-being. Initial findings from the assessment indicate that 2.3% of a total of 845 children included in the assessment suffered moderate or severe acute malnutrition. A more comprehensive health and nutrition assessment for children under the age of 5 and women of childbearing age in



an average of 784 families inside and outside the camp is being implemented. Field work has begun and data collection is ongoing.

The Director General and staff of the Jordanian Food and Drug Agency visited Al-Zaatari camp on 20 September and met with WHO staff and Directorate of Health Mafraq staff. The three teams visited the French, Moroccan and Italian/Jordanian field hospitals in the camp, as well as a camp kitchen (under construction), and contacted some of the local food providers to arrange a visit to the locations where the food is prepared. The director and staff also attended the health coordination meeting, exchanged information and ideas with UN staff and nongovernmental organizations, and discussed health issues with health partners.

WHO is fielding public health expertise for the Jordanian Food and Drug Agency to monitor the food quality in Al-Zaatari camp, as well as public health data analysis experts for the Ministry of Health.

Due to a serious security event in early October, WHO recruited staff were relocated from the camp to the Directorate of Health/Mafraq. Equipment was removed from the prefabs for fear of damage by fire/looting. Staff now working in Directorate of Health/Mafraq and the field to collect data relevant to Syrians from the sentinel sites selected based on geographic locations, density of Syrians and the health centre category. This is starting in Mafraq, but is planned to eventually include Irbid and beyond. WHO is meeting with directors of health centres and hospitals in Mafraq to discuss the data collection form. A WHO sub-office in the Directorate of Health/Mafraq is being established.

WHO is supporting the recruitment of three data entry and analysis staff for the surveillance unit in the MoH based on their request.

## Lebanon

The Qatar Red Crescent is planning to halt coverage for secondary health care in the north and cover the cost of treatment for wounded cases instead.

UNHCR has sufficient funds to cover the cost of wounded refugee cases until the end of October 2012.

In Bekaa, the Lebanese Red Cross is cooperating with UNHCR and International Medical Corps (IMC) to cover gaps in coverage for secondary health care services.

The health service guide is being updated to include the entire primary/hospital care network serving displaced Syrians in Lebanon.

Routine vaccination activities are being reinforced to include refugees in the north and Bekaa. A vaccination outreach project was conducted in the Bekaa valley to enhance routine vaccinations carried out by the Ministry of Public Health, in addition to raising awareness on the importance of vaccination. This was achieved by contacting the mayors of the regions where most displaced Syrians are concentrated to gain their support, and by mapping the clusters of refugees to provide them with the following vaccines: penta (3 doses), MMR (2 doses), and oral polio (3 doses). Meetings with relevant health coordinators in the north are ongoing to implement the activities in the North.

Data collection for the nutrition survey targeting displaced Syrian is in progress.

A master training of 35 hospital emergency health care providers has been carried out on the management of hazards. Several training sessions will continue with the aim of upgrading the knowledge and preparedness of hospital staff to deal with cases exposed to nuclear, chemical, and biological hazards.

## Iraq

### Domiz camp

Currently health services in the camp are being delivered by the Directorate of Health with support from WHO and Médecins Sans Frontières (MSF). UNHCR supported the establishment of the health centre with two containers detected for health services in a common area used for registration and other services. A third container is provided by MSF is used by them for multiple functions.

The health centre is operated by Directorate of Health staff with WHO support in the morning hours and by MSF staff in the evening and night hours. The Directorate of Health has dedicated two general practitioners (one male and one female) to work daily in the out-patient department in addition to this one specialist doctor visit the camp on weekly basis. MSF has a staff of two doctors working in the centre from 2–8 p.m. and a paramedic is to cover the night. There is one ambulance available 24/7 to cover the emergency transportation needs. The doctors have reported more than 400 consultations per day (approximately 150 by Directorate of Health staff in morning hours and 250 by MSF evening and night hours). A mental health team lead by psychologist of Directorate of Health was also present four days a week which has reported 7–10 consultation for anxiety, depression and stress. The mental health services are linked with MSF hired community health workers which are conducting community session.

Vaccination services are provided by the Directorate of Health staff in addition to a polio vaccination campaign from 9–13 September in the camps for a total of 1602 children under the age of 5. Another 10-day campaign for MMR and diphtheria/tetanus was conducted from 26 September. A total of 3200 people (age group of 6 years to 24 years, excluding married females) were vaccinated against a target of 5000.

The Directorate of Health has established a pharmacy at the health centre, staffed by one pharmacist. The pharmacy is adequately stocked, including three types of antibiotic (tablets and suspension), iron syrup, folic acid tablets, analgesics ((tablets suspension and injections), two types of antihypertensive, twotypes of oral diabetics treatment and one type anti-asthma were reported by the pharmacist.

Five basic boxes of Interagency Emergency Health Kit (IEHK) having primary health care medicines for 5000 beneficiaries for one month were provided by WHO to the Directorate of Health on 24 September 2012. Ten water quality kits with supplementary material were also delivered to support water quality monitoring in Domiz camp.



The current camp situation is very conducive to the rapid spread of any communicable disease. The inadequate sanitation and hygiene facilities as witnessed by the team coupled with unhygienic community practices and sale of food items, especially to children, are main cause of concern.

WHO has recruited one health technician in Domiz camp to coordinate health response in the field with all concerned stakeholders (Directorate of Health, UN, international nongovernmental organizations and nongovernmental organizations and communities), facilitate implementation of health service delivery, represent WHO in field level meetings and collect daily/weekly data on health (number of consultation, children vaccinated, deliveries conducted, etc.).

Due to the increase in number of the refugees, a second water source has been identified to supply additional water to Domiz camp. Currently, water is supplied in tanks (with a tank for each tent) although on a few occasions there have been water shortages reported, possibly due to some camp inhabitants who are in the habit of leaving taps running for long periods of time. The water quality is regularly monitored by UNICEF and WHO and reports show that the water is sufficiently chlorinated.

#### **Al Qaim camp assessment visit**

The Ministry of Health has reported health service delivery to camp population through its mobile teams. WHO has recruited one field public health officer to coordinate, implement and monitor health activities.

## Coordination

### **Syrian Arab Republic**

The WASH Working Group Meeting was held on 27 September 2012, chaired by Syrian Arab Red Crescent and attended by the WHO WASH consultant who has been deployed to WHO Syrian Arab Republic country office. WASH partners reported fragmented activities in different parts of the country; therefore it was decided to develop a comprehensive WASH sector response plan to conduct WASH activities in more coordinated and collaborative manner. WHO will support and assist in scaling up the WASH activities in the health care facilities in the country. WHO will also liaise between the Health Working Group and WASH Working Group to share information on disease outbreaks related to environmental risks, as well as streamlining successful implementation of the response plan.

The Health Working Group bi-weekly meeting was held on 24 September 2012 to discuss the implementation plans and mapping of activities ("4W Matrix") of the participating agencies, as well as scaling up the capacity of health sector through strengthening partnerships with local nongovernmental organizations. The group was also briefed about the Early Warning Alert and Response System (EWARS) reporting format and flow of information between implementing partners. WHO will be responsible for collating and processing of data.

WHO is currently updating its contingency plan in light of the upcoming winter season in order to respond to health needs.

## Jordan

Meetings are held on a weekly basis in WHO's meeting hall in Zaatari camp in the areas of mental health and psychosocial support, reproductive health, nutrition, and security.

The Ministry of Health Coordination Committee is meeting regularly on a weekly basis, with WHO participation.

## Lebanon

WHO is attending the joint Task Force on the Impact of the Syrian Crisis on Lebanese Communities brought forward by the UNHCR and United Nations Development Programme (UNDP), which aims at addressing the pre-existing problems in Lebanon which are exacerbated by the Syrian crisis and the influx of refugees, such as insecurity, poverty, and fragmentation. This falls in line with the constant WHO recommendations of the need to include host communities in planning for the displaced.

One field visit to the north was taken to assess the vaccination activities and plan for the outreach vaccination sessions in October 2012.

The health working group discussions on the revised Regional Refugee Response Plan were chaired by WHO.

The information management working group was revitalized by UNHCR for the timely sharing of data between partners.

## Iraq

WHO and the Dohuk Directorate of Health co-chair a monthly health working group to coordinate and respond to the health needs of Syrian refugees; there is usually a monthly meeting conducted at the Directorate of Health/Dohuk with participation of key players (UN agencies and nongovernmental organizations).

The Director General of the Directorate of Health Dohuk appointed a coordinator who will be handling all public health efforts with regards to the Syrian refugees and is actively pursuing activities with UN and non-UN partners. The coordinator will also be co-chairing a weekly health sub-working group with WHO and will coordinate, together with WHO, UNHCR and UNICEF, the provision of health services in Dohuk.

The Director General of the Directorate of Health Dohuk has also appointed a camp coordinator who will be heading a team of epidemiologists and health workers and are visiting the camp daily to assess the quality of health services and respond to the needs of the population.

## Donors and funding

### Current funding status by country:

| Appeal document                             | Country of operations | Total requested by health sector US\$ | Total requested by WHO US\$ | Amount received by WHO (including pledges) US\$ | % of overall amount requested by WHO | WHO unmet requirements US\$ |
|---|-----------------------|---------------------------------------|-----------------------------|---|--------------------------------------|-----------------------------|
| Draft Humanitarian Assistance Response Plan | Syrian Arab Republic  | 53 150 319                            | 31 145 000                  | 8 041 902                                       | 26%                                  | 23 103 098                  |
| Regional Response Plan                      | Iraq                  | 2 089 000                             | 1 350 000                   | -   | 0%                                   | 1 350 000                   |
|   | Jordan                | 15 625 999                            | 2 650 000                   | 288 900   | 11%                                  | 2 361 100                   |
|   | Lebanon               | 6 613 440                             | 400 000                     | 149 800   | 37%                                  | 250 200                     |
|   | Turkey                | 2 089 000                             | 1 200 000                   | -   | 0%                                   | 1 200 000                   |
| <b>TOTAL</b>                                |                       | <b>79 567 758</b>                     | <b>36 745 000</b>           | <b>8 480 602</b>                                | <b>-</b>                             | <b>28 264 398</b>           |

### Syrian Arab Republic

WHO has submitted a proposal to the Humanitarian Aid and Civil Protection department of the European Commission (ECHO), for US\$ 4.5 to respond to the health needs through the provision of medicines, medical supplies and equipment, as well as strengthen a disease outbreak early warning system, strengthen solid waste management and hygiene and support water purification in affected areas.

### Jordan

A Letter of Intent has been submitted to the Humanitarian Aid and Civil Protection department of the European Commission (ECHO) requesting 1.9 million Euros to support WHO's response for displaced Syrians in Jordan, Lebanon and Iraq.

### Lebanon

Lack of funding for secondary healthcare is creating gaps in the availability of medication and services at the primary health care level.

### Iraq

A revised CERF proposal for US\$ 275 000 has been submitted to OCHA in New York.

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