HEALTH SECTOR BULLETIN

March 2022

Syria

Emergency type: Complex Emergency
Reporting period: 01.03.2022 to 31.03.2022

<table>
<thead>
<tr>
<th>Total population</th>
<th>People in need</th>
<th>People in health need</th>
<th>People in acute health need (Severity scale &gt;3)</th>
<th>People targeted</th>
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<tbody>
<tr>
<td>21,653,512</td>
<td>14,360,823</td>
<td>12,225,470</td>
<td>7,976,025</td>
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<td>PIN (Non-displaced)</td>
<td>PIN (Refugees)</td>
<td>PIN (Children 0-17 years)</td>
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<td>4,338,533</td>
<td>47,673</td>
<td>7,839,264</td>
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<td>5,359,602</td>
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<td>PIN (women)</td>
<td>PIN (with disabilities)</td>
<td>Required (US$ m)</td>
<td>Funded (US$ m)</td>
<td>Coverage (%)</td>
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<td>6,022,040</td>
<td>3,459,454</td>
<td>582.8</td>
<td>TBC</td>
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</tbody>
</table>

KEY ISSUES

- Key messages for Humanitarian SOM (Senior Official Meeting) on Syria, 1 April 2022
- National Pulse Survey on continuity of essential health services
- EWARS highlights of Syria for week 9 (27 February - 5 March, 2022)
- Health sector referral pathway
- Plan of action, mainstreaming protection in health sector
- The National Strategy on Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)
- Northeast Syria health sector coordination
- Selection of health sector co-lead organization
- Strengthening Health Information Management in Syria

2022 HRP indicators (February 2022)

| Treatment courses provided | 327,795 |
| Treatment courses provided in areas of severity scale >3 | 100,689 |
| Medical procedures supported | 955,683 |
| Medical procedures supported in areas of severity scale >3 | 54,075 |
| Cases referred for treatment | 1,823 |
| Number of PPE distributed (gloves, masks, gowns) | 552,135 |
| Health staff trained/re-trained on different health topics | 2,680 |
| Community health workers trained/re-trained on different health topics | 0 |
| Percentage of reached districts | 87% |
| Percentage of reached districts in areas of severity scale >3 | 13% |
| Number of operational mobile medical units, including teams | 113 |
| Number of operational mobile medical units, including teams, in areas of severity scale >3 | 7 |
| Number of reporting organizations | 13 |
| Number of implementing partners | 42 |
SITUATION OVERVIEW

The Statement by the Secretary-General - on Syria | United Nations Secretary-General

WHO launched the Global Health Emergency Appeal for 2022. The appeal for US$2.7 billion represents financial requirements for WHO in 2022 to cover all 6 Regions (Syria included), and country-level emergency response operations, including for COVID-19. Syria is featured on page 123. Please access the report here. Appeal video is here.

On March 29, 2022, at 3.45 pm, at Mahjeh town in the countryside of Dar’a, a local doctor working in Al Yasmeen Community Medical Center (private clinic) was killed as a result of direct car explosion. A flash update was issued.

On 28 March 2022 (21.30 local time), a gunfire exchange has taken place in Phase 4 and Phase 5 of Al-Hol camp followed by explosions. The security campaign that was initiated by SDF security forces on 16 March was extended till 31 March. Immediately after the incident, a lockdown has been imposed in Al-Hol camp. The number of injured and death cases were being clarified. As informed by OCHA, humanitarian activities – including life-saving activities – were suspended except for bread distribution as communicated by the Camp Administration.


The complete Humanitarian Response Plan (HRP) for 2022-23 will be published in the near future, following consultations with the Government of Syria. In the meantime, Planned Response Summary (PRS) has been prepared for circulation ahead of the upcoming Senior Officials Meeting on Syria (on 1 April). The Planned Response Summary outlines the strategic and operational approaches to be taken by humanitarian partners across Syria in addressing needs, as highlighted in the 2022 Humanitarian Needs Overview (HNO) for Syria (published in February 2022). The plan covers two years and seeks $4.4bn during 2022, to provide life-saving assistance to 11.8 million Syrians, from among the 14.6 million people in need. An overview of ‘Critical Humanitarian Funding Gaps’, as a complement to the Planned Response Summary, was prepared. This product describes some of the key components of the response, for which funding simply cannot wait – presented in both quantitative and qualitative form. It highlights critical gaps that need to be funded immediately, to allow the response to be sustained from now to August 2022.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Key messages for Humanitarian SOM (Senior Official Meeting) on Syria, 1 April 2022

Subject: Humanitarian challenges in Syria: from conflict-driven humanitarian needs to compounding factors. What adaptation is the humanitarian system suggesting?

Health sector related challenges are broad and complex:

Systemic challenges

- Continued political and security and regional instability, fragmented governance, limited access to certain parts of the country.
- Continuous internal population movement across the country affects prioritization and re-programming of response at all levels.
- Increases in poverty across the country result in economically driven displacement.
- The health system is highly interdependent and relies on electricity, water and road networks for proper functioning.
Donor red lines prevent critical interventions. Resource limitations have hindered ongoing emergency health response activities and threatens continuity of established interventions such as primary care networks and referrals.

COVID-19 pandemic clearly illustrated deficiencies of the quality of the overall governance across the country to adopt to a new reality, given the overall systemic challenges.

State health budgetary planning remains non-transparent and reportedly severely underfunded. Issues of state accountability. Lack of information, on whether health is prioritized.

Operational challenges

- Multiplicity of actors within the health sector, which is the largest sector in terms of number of actors and projects, demands continuous coordination and constant capacitating of national NGOs. Limited number of globally recognized INGOs registered in Damascus. Predominantly, UN driven response in health sector from Damascus side.
- Continued need for close consultations and timely planning of WoS response, including crossline and cross-border deliveries.
- Heavy reliance on external donor funding, as donor interest is declining while health sector needs and expectations are increasing to either cover substantial operational and supply costs (such as procurement of drugs, supplies, and equipment; and maintenance and rehabilitation) or fully operate health facilities.
- An array of approval and clearance procedures within supply chain exercises continues to impact negatively.
- Continuity of health service delivery during changes in lines of control (NWS and NES).
- Despite all attempts by the authorities to regulate and coordinate response at the central level, WHO continuously receive numerous requests for assistance from different health facilities and governorates.

Public health challenges

- Health system – fragile, concurrent emergencies and chronic challenges affect availability and quality of health services. COVID-19 pandemic alone impacted as minimum 50% of essential health services disrupted (26 of 53).
- PHC service delivery is declining while hospital-centric approach is on the rise. 30.3% (543) of PHC facilities (of total 1,790) and 24.6% (28) of public hospitals (of total 114) are not functioning. Reactivation of the PHC services is essential.
- There is an increasing trend for replacement of public hospitals’ network with private contractors which is critical in the situation of the continued economic deterioration.
- Supply chain system situation is of concern providing necessity for health sector to accelerate provision of essential medicines and supplies for further use for outpatient and inpatient services.
  - 40% of functional PHC centers do not have any of the required list of 20 essential medicines.
  - Less than 5% of functional public hospitals have the required list of essential medicines.
  - 83% of PHC centers do not have the required antenatal care services.
  - More than 73% of PHC centers do not provide preventive and curative services for U5.
  - More than 75% of of PHC centers do not provide NCD and surgical services.
- Political fragmentation negatively affects health standardization (roll out of unified SOPs, standards, protocols).
- Anecdotally, essential health services are only available in less than 5% of PHC facilities and 10% of hospitals. Severely disrupted essential health services: primary care, emergency care, rehabilitative and palliative services, community care, hospital inpatient services, immunization, cancer services, care for older people.
- Syria continues to be at risk of outbreaks of vaccine preventable and water borne diseases. HIV and hepatitis B and C could become a major problem because of deteriorating practices in terms of blood safety, injection and treatment in health care service. TB continues to pose a threat to the health system. Leishmaniasis is endemic in the north-east of the country, with resurgent outbreaks.
- Lack of healthcare personnel is a chronic challenge, especially in certain parts of the country. Decreasing salary levels of public health workers (range of 30-40 USD/month) lead to brain drainage and move to private sector. Only 40% of all PHCs are staffed with physicians while specialized doctors are available in 17% of PHC facilities.
• Quality of health information and data on current situation, disease burden and coverage by health services remain low. There is no accurate data on the morbidity incidence of respiratory illnesses, water borne diseases such as acute diarrhea, bloody diarrhea, acute jaundice syndrome, vaccine preventable diseases such as suspected measles, pertussis or meningitis. There is a high likelihood of existing neglect for detection, treatment and follow up while the priority attention has been re-oriented to COVID-19 response. Illustrative the situation with non-availability and disrupted supply of life-saving medicines for TB and HIV treatment with almost total dependence on external assistance by international funds.

• COVID-19 response limitations (from late arrival of most vaccines to overall vaccines hesitancy and lack of diversity of vaccine types delivered through COVAX. Laboratory, IPC and case management related weaknesses. The work and services of 80-90% of PHC facilities across the country continued to be impacted by COVID-19.

Subject: What the strategic adaptation of the humanitarian response means in practice: when, where and how to strengthen early recovery in a humanitarian frame?

First example, continued alignment of 2022 HRP Strategic Objectives:

Strategic Objective 1: Increase access to lifesaving and life-sustaining coordinated, equitable humanitarian health services across all levels of care – community, primary, secondary and tertiary.

Strategic Objective 2: Strengthen health sector capacity to prepare for, detect, and deliver timely response to disease outbreaks, including COVID-19.

Strategic Objective 3: Early recovery and health system resilience, focusing on: Scaling access to essential health services package; Repairing damaged critical health infrastructure; Bolstering linkages with communities through community health workers and MMUs; Inter-sectoral efforts with nutrition, WASH and protection to further enhance communities’ capacity to respond to and recover from future shocks; Emergency preparedness and response capacities.

Second example, as part of regional and country-level technical and strategic dialogue on the future of health system and health service provision in Syria, WHO Syria Country Office jointly updated the Health Profile of Syria under the Humanitarian-Development-Peace Nexus (HDPN) agenda. HDPN Health Profile looks at how national and international actors can work together at the strategic, institutional, and programmatic levels to provide an immediate health-related response to crises while supporting longer-term goals of strengthening Syria's health systems and health security. The following are proposed recommendations for advancing the HDPN for health in Syria:

œ Strengthen existing health coordination mechanisms
œ Conduct joint, comprehensive health system assessments
œ Define health sector development objectives and identify HDPN for collective health outcomes
œ Shift towards multi-year strategic planning
œ Bolster monitoring and evaluation mechanisms
œ Create HDPN-related resource and financing records
œ Mainstream conflict analysis and peacebuilding prioritization

Third example, WHO supported the drafting of the National Strategic Health Plan and updating national health indicators for the SDG agenda.

Fourth example, WHO focuses on quality of care and strengthening clinical governance through revisiting and updating all clinical guidelines related to infection control, medical records, operating theatres, and other areas of health care. Clinical governance ensures health care providers are accountable for continuously improving the quality of their services and safeguarding high standards of care, and long-term sustainable enhancement of health services. The dissemination and scaling up use of guidelines helps paving the way toward better clinical governance.

Together with Ministry of Health and Ministry of Finance, WHO supported planners from national and sub national levels in strengthening their competencies in public health planning and management cycles. WHO is prioritizing the costing of basic services and review National Health Accounts (financial flows).
With a view to building institutional capacity as a key to early recovery activities, WHO also provided both technical and financial support to several activities conducted by the Center for Strategic Studies and Health Training (CSCHT) to support the development of research and training strategies. Support to capacity building continued in many aspects including health economics, health research, and health system management.

Discuss how humanitarian actors can uphold IHL/humanitarian principles in implementing early recovery activities across Syria.

- Prioritization of planning and response should be based on ‘severity’ scale criteria as being the only mechanism based on neutrality and impartiality, including accuracy of data and assessments.
- Focus on community-based initiatives, engagement with grass-root organizations (though not yet ideal as still being perceived through ‘political lenses’).
- Build governance capacity and accountability mechanisms.

Define how humanitarian donors and actors can act to ensure that humanitarian response, including the strengthened support to early recovery, is not instrumentalised.

Investments in feasibility studies, mapping and assessments are essential, some examples:

- Mapping (or update of) existing health facilities (should include private facilities) and/or re-elaboration or update of mapping/data that has already been collected, cost effectiveness analysis to review returns on investment and productivity, and development of criteria for prioritization of health facilities.
- Mapping of pharmaceutical production capacity with a particular focus on role of the private sector and its current challenges with a view to identify parameter compliant entry points for programming.
- Comparative review of lessons learned and WHO experience in private public partnerships in post-conflict and/or fragile state contexts and/or in Syria, including risks and limitations.
- Comparative review of lessons learned and WHO experience in NEXUS implementation and health systems resilience.
- Situational assessment of a selected number of private hospitals to inform entry points for strategic planning of twinning partnerships.
- Assessment of quality and safety drivers and bottlenecks (safety, effectiveness, patient-centeredness, timeliness, efficiency, equity) quality assessment systems, measures and safeguards, adverse events, medication safety, continuity of care, mapping quality improvement initiatives and quality champions with a view to identify main entry points and levers.
- Household Income and Expenditure Survey to determine the incidence and share of out-of-pocket payments for health care, its determinants, the range of services or products concerned.
- Assessment of gaps in the need, demand and willingness to pay for assistive technology alongside private sector role and capacity and barriers to supply.
- Additional and/or complementary analysis with a view to develop a full profile of cadres delivering mental health and psychosocial support services, mapping the cadres that are there and quantifying gaps in preservice training, costing needed investments to increase the health workforce.
- Mapping and review of nursing and medical education in private settings with a view to identify private education establishments that could be leveraged for investments in pre-service training through partnerships with institutions from Europe or the region to strengthen competencies of existing staff and increase their numbers.

Detailed example, currently local pharmaceutical production is not able to cover domestic needs in essential medicines, while was nearly self-sufficient before the crisis. The country and millions of people remain dependent on the humanitarian assistance and import of medicines. Direct support to the pharmaceutical industry may be perceived as instrumentalization but any investment in assessments should be highly relevant and functionally linked to opportunities to inform future programming and interventions concretely. These assessments will inform the future strategy to restore the local production (or else) pharmaceutical sector if the situation changes.

Information sharing and coordination with government authorities (including consultation on scope of analytical outputs) is a normal practice that occurs with baseline studies (for example) in many projects. What would
contravene red lines would be to channel funding through government authorities, pay financial incentives, support capacity building, training and conferences.

Bottomline, WHO would like to open the avenues for better understanding the health financing and finding alternative ways for ensuring UHC and getting ready for reforms if the political situation allows.

Health sector severity scale 2022

Under the WoS umbrella, earlier this year the health sector severity scale ranking was completed. Ranking and methodology are attached. As raised and discussed during the health sector coordination meeting, not only there is a witness a reduction of numbers for areas ranked as 4 and basically no areas ranked as 5, there is an understanding of increasing humanitarian needs, acute shortages for health services and supplies, etc.

The ranking was re-shared with health sector to take back to your people on the ground to check to what extent the ranking meets the reality on the ground with availability, accessibility and functionality of health services, and other related variables. As a practice, people on the ground know better than anyone the real time situation as different from widely recognized and used statistics, figures and reports.

National Pulse Survey on continuity of essential health services

The profile (III round) presents findings from the WHO national pulse survey on continuity of essential health services during the COVID-19 pandemic.

EWARS highlights of Syria for week 9 (27 February - 5 March, 2022)

- A total of 202,670 consultations were recorded in all the 14 governorates.
The leading causes of morbidity among all age groups were Influenza Like Illness 17,036 (59.24%) and Acute Diarrhea 5,690 (19.79%).

MoH reported 583 confirmed cases of COVID-19, the cumulative number of COVID-19 confirmed cases is 54,963

5 AFP cases reported in Deir-ez-Zor (3) Tartous (1) Homs (1).

6 suspected measles cases in Aleppo (2) Deir-ez-Zor (2) Rural Damascus (1) Hama (1).

The increase of acute jaundice syndrome in Tartous, Drikesh district continued week 9 with 161 new cases. And a total of 748 cases between weeks 2 and 9 reported through EWARS weekly reports. All cases were above 5 years old. and cases distributed equally between males and females. The increase of cases was linked with contamination of drinking water provided through water tanks, wells, and springs. While lab results of water samples collected from the main network were potable. DoH of Tartous responded to AJS increase of cases by suspension of water supply from contaminated sources and water chlorination with chlorine tablets. in addition to coordination with water authority in Drikesh to increase number of hours of pumping water through the main network. Moreover, health education sessions were provided to locals and children at schools about hepatitis A and hygiene practice to prevent getting infected with the virus.

HEALTH SECTOR ACTION/RESPONSE

Pillar One: Coordination

- Developed and consolidated key messages, including on COVID-19, for Humanitarian SOM (Senior Official Meeting) on Syria, 1 April 2022.
- Prepared a briefing note, including COVID-19 issues, for planned visit by the DG WHO to NY HQ.
- Disseminated among the health sector: Updated Q&A on COVID-19 from WHO Syria; a list of health sector indicators for reporting under 4W 2022 HRP, including COVID-19; January and February 4W 2022 HRP snapshots; COVID-19 weekly bulletins.
- Conducted national health sector coordination meetings in Damascus, 14 and 24 March including COVID-19 agenda items.
- A round-table discussion with health sector partners was organized in Hassakeh governorate on 28 March to discuss efforts to scale up COVID-19 vaccination in the governorate. Attended by twenty health partners, the meeting was co-facilitated by WHO Representative and Head of Hassakeh Department of Health.
- A sub-national health sector meeting was organized in-person at the Hassakeh Department of Health on 31 March. The agenda of the meeting included updates on COVID-19 epidemiological situation, COVID-19 vaccination and risk communication and community engagement.

WoS WHO meeting in Amman, 2-3 March

WoS WHO teams from Damascus and Gaziantep met to discuss further coordination and planning of XL/XB coordination and other related issues. Key outcome: agreement on SOPs for planning, coordination and implementation of all potential XL convoys.

Health sector sub-national coordination

<table>
<thead>
<tr>
<th>General Info</th>
<th>Sub National Coordination Functionality</th>
<th>Sub National Coordination Human Resources</th>
<th>Capacity Building Needs</th>
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<tbody>
<tr>
<td>AHCT</td>
<td>Availability of a sub-national sector</td>
<td>Availability of a coordinator or a Focal point in the Hub</td>
<td>Dedication of the coordinator/focal point</td>
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<td>Lattakia</td>
<td>Sub-National Sector</td>
<td>Frequency</td>
<td>Time allocated to sectoral work (%)</td>
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<td>Sub-national Sector</td>
<td>Minutes of Meetings</td>
<td>The coordinator/focal point attend AHCT meeting</td>
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<td></td>
<td>Sub-National Sector</td>
<td>Availability of a coordinator or a Focal point in the Hub</td>
<td>Needs for technica l capacity building</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frequency</td>
<td>Needs for general coordina tion capacity building</td>
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</tbody>
</table>

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National health sector coordination meeting in Damascus, 14 March

Regular health sector coordination meeting took place in Damascus on 14 March. Key discussion points: Contact list, national NGOs; Selection of health sector co-lead organization; National Pulse Survey on continuity of essential health services; Coordination of XL/XB on inter-agency convoys (SOPs); UNHCR multi-year strategy, health (by UNHCR); Response and priorities in north-east Syria; Mainstreaming protection in health; Health sector referral pathway; Quality enhancement of needs – essential medicines/equipment in public health facilities; 2022-2023 HRP Health Sector Projects: response hub & partner types.

National health sector coordination meeting in Damascus, 24 March

The ad-hoc national health sector meeting took place in Damascus on 24 March on COVID-19 vaccination, which brought together over 45 participants. The meeting was co-opened by WR, Deputy Minister of Health and UNICEF Representative/Acting UN Resident Coordinator and was devoted to COVID-19 vaccination and duty of care during Ramadan. Health partners have been requested to share their experiences, ideas and suggestions on scaling up COVID-19 vaccination. Consolidated list will be prepared and is planned to be shared with the MOH.

Contact list of national NGOs

OCHA requested the list of NNGOs that are active and part of the humanitarian coordination structure to prepare for the Brussels consultation. Sectors were requested to share the list of the NNGOs who part of respective sector forums are (preferably nationally and sub-nationally) by COB Tuesday 15 March 2022. Health sector consolidated list was shared with OCHA on 12 March. 44 national NGOs provided updated contact information – out of 85. Interested and operational organizations are requested to contact health sector coordinator directly to keep the list updated.

Selection of health sector co-lead organization

Health sector workplan for 2022 highlights the objective to elect the co-lead of national health sector coordination group. Organizations are requested and invited to consider nominations and self-nominations. A list of proposed candidate organizations will be disseminated for voting and winner selection. Health sector was expected to provide feedback by 17 March directly to the health sector coordinator. Only nomination from Medair was received.

Health sector referral pathway

Health sector initiated the creation of straightforward, comprehensive health sector referral pathway which will feed into a similar work conducted by other sectors (protection, child protection, GBV, mine action) and it will allow progressing towards achieving concrete results on accountability to affected population (AAP). Any organization operating below should be reflected in this referral document:
  - Mobile medical teams or mobile medical units
  - Fixed health points/posts/static medical points
Community centers (including health posts)
- PHC clinics
- Charity/private hospitals
- Physiotherapy centers

Feedback was received from: Dorcas, AAH, Medair, UNDP, WHO, Child Care Association, Al-Ta’alouf, Intersos, PACA, Lamset Shifa, IMC, ICRC, UNOPS, Youth Charity, UNICEF, AKDN, Al Sham, GOPA, St.Ephrem, Al Batoul, Aoun, Health Promotion, MSJM, Syria Al Aymama, Yadan Bijad, Al Bir Wa El Ehsan, Namaa, Syria Pulse, Al Birr Association, Building Community and Development, Syria Trust.

For interactive dashboard, please visit this [Link](https://example.com).

**Plan of action, mainstreaming protection in health sector**

Health sector prepared a concept note, or plan of action, shared for consideration and potential inputs on stated objectives, activities and engaged organizations. Organizations were requested to ensure that their respective inputs are incorporated if related to: a) Prioritize safety and dignity and avoid causing harm; b) Meaningful access; c) Accountability; d) Participation and empowerment. Inputs were received from AAH, HI, WHO, UNICEF, UNHCR, UNFPA. The plan is based on 5 objectives.

**Objective 1:** Alignment of agency response on mainstreaming protection in health with the approved 2022 Health Sector Workplan.

**Objective 2:** Alignment of response under the WoS Health Sector Protection Risk Analysis to ensure integration of all necessary components from planning to monitoring/evaluation. This includes ongoing progress on protection risk analysis within the current HRP process.

**Objective 3:** Integrating health sector into the protection resource matrix while producing a full comprehensive inter-sector referral pathway. This will add significantly under the progress for Accountability for Affected Population.

**Objective 4:** Enhanced coordination with the protection sector, child protection, GBV, WASH, mine action and WFP led work on AAP.

**Objective 5:** Essentiality of data disaggregation by sex and age.

**Strengthening Health Information Management in Syria**

WHO mission visited Syria, 21-31 March. Mission members: Dr Pierre Nabeth, Program Area Manager, Emergency Operations, EMRO; Mr Arafat Alkhshbi, Technical Officer, Emergency Operations, EMRO; Mr Emmanuel Habets, Health Information Management and Risk Assessment Officer, AFRO. The mission objectives included:

1. Review the various activities conducted by the Information Management team with focus on HeRAMS, 4Ws, collection of KPIs (for WHO Syria and WoS), monitoring of violence against healthcare, monitoring of delivered assistance by WHO, health care information system, COVID-19 and non COVID-19 surveillance)
2. Provide advice to the WCO for the reorganization of the information management team
3. Identify needs for support in information management from EM/WHE:
   a. Surveillance: Integrated Disease Surveillance; Event-based surveillance, including internet media scanning (a demonstration of EIOS (Epidemic Intelligence from Open Sources), the electronic tool for media scanning can be organized); COVID-19 surveillance.
   b. HeRAMS: Assess the current HeRAMS implementation and how data is being used. Identify the role of each stakeholder (MoH, WHO and partners) in data collection, analysis and data use. Assess the capacity of the IM team to produce the reports on a regular interval. Present the updated HeRAMS Standard Data Model
   c. DHIS2 in support to HMIS and surveillance
4. Initiate the pilot phase of the regional Response Monitoring project:
   a. Present the project to MoH and partners
   b. Review data sources, data flow, means of verification, and data quality of the KPIs
   c. Describe analysis capacities and use of KPIs for decision-making
   d. Establish baseline data through onsite data collection in addition to data reported to EMR 2020/21.
e. Identify available capacities in terms of human resources, platforms, and training needs.
f. Finalize the operational plan, and agree on roles of MoH, WHO, and health partners.

Sub-sector working group on rehabilitation and reconstruction of health and other related facilities

Consultations continued with WHO on the need to take a lead in leading the sub-sector working group on rehabilitation and reconstruction of health and other related facilities.

The National Strategy on Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)

The National Strategy on Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) 2022 – 2025 was launched on 31 March 2022. The strategy was disseminated to the health sector.

Strengthening health systems in Syria

Followed up with WHO Syria to prepare and present WHO views on strengthening health systems in Syria: priorities in resilience and recovery, interpretations and adaptation for Syria context considering existing red flags and principled positions. A separate presentation is ready and to be discussed during the first health sector coordination meeting in April in Damascus.

Northeast Syria health sector coordination

- Organized and facilitated the Al-Hol camp health sector coordination meeting (3, 10, 17 and 24 March).
- Participated in a joint WHO-UNICEF call to discuss preparations for the joint WHO-UNICEF convoy to Ras Al Ain (24 March).
- Provided health sector inputs to Al-Hol camp coordination meetings (22 March) and NES formal and informal camps coordination meeting (27 March) organized by UNHCR.
- Arranged a meeting with health partners in Hassakeh governorate (28 March) to discuss COVID-19 vaccination in the governorate, co-facilitated by WHO Representative and Head of Hassakeh Department of Health, attended by twenty health partners.
- Prepared and circulated the update on security situation in Al-Hol camp and its impact on health services (29 March).
- Organized the Sub-national health sector meeting, hosted in-person at the Hassakeh Department of Health (31 March).
- Provided Northeast Syria inputs to the Secretary General’s 78th report on Syria.
- Updated and circulated the Northeast Syria Health Service Map (February 2022 update).
- Organized and facilitated Northeast Syria (NES) Inter-hub call bringing together major health sector partners in NES (1 March).
- Met with the Operation Desk of Al-Hol camp to discuss the referral of cold cases.
- Provided health sector inputs to Al-Hol camp coordination meetings (1, 8, 15 and 22 March) and NES formal and informal camps coordination meeting (6 and 27 March) organized by UNHCR.
- Provided briefing on health sector response in Northeast Syria during the meeting with the Italian Agency for Development Cooperation (8 March).
- Attended and provided updates related to Northeast Syria during the Whole of Syria bi-weekly 3-level call (9 and 23 March).
- Attended Qamishli AHCT (ad-hoc) meeting on providing durable solutions for IDPs in NES; provided health sector inputs (9 March).
- Attended Areesha camp operational meeting and provided health sector updates (10 March).
- Presented NES health response and priorities during the National Health Sector Coordination meeting (14 March).
- Followed up with health partners in NES to collect RH supply needs for 2022 based on templates provided by UNFPA.

Quarterly WoS health cluster meeting, Istanbul, 30-31 March
Quarterly WoS health cluster meeting was carried in Istanbul, 30-31 March. The objectives included:

- To strengthen coordination and information sharing amongst WoS Health Cluster hubs
- To discuss and finalize 2022 key priority areas for WoS health sector - WoS 2022 Annual Work Plan
- To strengthen monitoring of health sector response across Syria and align with regional and global KPIs – HRP 2022 -23 health sector log frame
- To present, discuss and finalize findings of recent WoS Health Partners Capacity Assessment and agree on next steps.
- To strengthen mainstreaming protection in health sector including identifying priority actions for PSEA implementation within WoS health sector.

Expected outputs included: WoS Health sector key advocacy messages finalized and disseminated. Health sector partners capacity assessment findings discussed and finalized. WoS health sector response monitoring KPIs finalized. WoS health sector AWP 2022 finalized. Priority actions on mainstreaming protection within health sector identified including implementation of PSEA.

National polio vaccination campaign

During 6-10 March, the Directorate of Health, supported by UNICEF/WHO, launched the National Polio Vaccination Campaign, targeting:

- 288,000 under-five children in Deir-ez-Zor, through 32 medical clinics and 160 mobile teams.
- 135,572 under-five children in Dar’a through 84 static health centers and 30 mobile teams. Nearly 551 health workers participated in the campaign.
- 324,000 under-five children in Rural Damascus. 527 health workers participated in the campaign through static health centers and 876 health workers through mobile teams.
- 39,539 under-five children in As-Sweida through 88 static health centers, three hospitals and 18 mobile teams. Nearly 394 health workers participated in the campaign.
- 60,200 under-five children in the communities on Quneitra land as well as Quneitra communities based in Dar’a, Damascus and Rural Damascus Governorates. Nearly 255 health workers participated in the campaign through 46 static health centers and mobile teams.

Various issues:

- Presented health sector among other sectors for the Assembly of Catholic Bishops in Damascus on 14 March 2022.
- Representation of health sector at sub-national level (within Damascus and South AHCT) continues to take place with WHO Syria dedicated technical officer, backed up by UNICEF officer. There is still a rather agency- rather than sector-based approach. Sustainable solutions are required.
- Addressed OCHA leadership in Damascus on status quo of advocacy efforts with Syrian authorities on registration of more international NGOs in Damascus as remaining crucial for health sector work.
- Remained in principled disagreement with the selected way of GBV sub-sector to keep concluding on health sector not undertaking any GBV mainstreaming actions. The work continued, continues and will be continued.
- Launched an enhanced tool to reflect and update health sector coverage as per different hubs inside Syria. More information will be disseminated separately.
- Health sector attention was brought to the reported disconnect from the available HIM systems (e.g. HeRAMS) and need of continuous talks about increasing humanitarian needs across the country; health facilities not being funded and supported through MoH supply chain; continuous gaps and acute shortages with medicines, consumables, essential medical equipment. WHO HIS team was contacted and requested to work on the way forward.
- Initiated a follow up on ensuring the necessary actions for mainstreaming GBV into health sector action plan.
- Provided requested inputs to the HQ for Executive Director’s talking points on WHO engagement with armed non-state actors.
- Initiated a technical consultation for verification and validation of earlier endorsed and developed 2022 health sector severity scale.
Prepared a briefing note for planned visit by the WHO Director-General to NY HQ focusing on:

- Increasing humanitarian health needs and essentiality of humanitarian health funding.
- WHO principled and people-centered response – placing people at the center of the humanitarian response.
- Scale up resilience programming and help people and communities to restore their self-reliance.
- Ensure sustained access to communities and leverage all response modalities.
- Protection, safety and security of civilians and humanitarian workers must be at the heart of the response.
- The impact of sanctions on humanitarian aid delivery and continued engagement in solutions-oriented discussions around red lines.
- Timely, sustained, increased, flexible, and longer-term funding cycles.

Supported development of WHO Syria XL/XB operational plan for NWS.

Relevant inputs were provided for the production of the regular, February-March, UN SG Report on implementation of UN SC resolutions.


Follow up on WHO Syria mission to Raqqa governorate, 6-8 March 2022.

Establishment of Occupational Safety and Health (OHS) Group in Syria

WHO Syria took a lead in establishing a new Occupational Safety and Health (OHS) Group in Syrian Arab Republic. Specific ToR were developed. Background: International Labour Organization defines occupational safety and health “as the science of the anticipation, recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and well-being of workers, taking into account the possible impact on the surrounding communities and the general environment.” Occupational safety and health (OSH) has been recognized as one of the major priorities for humanitarian agencies involved in emergency response. Since COVID-19 was declared as a global pandemic, it has been acknowledged that the pandemic amplified existing occupational risks and hazards.

The main objectives for establishing the Occupational Safety and Health Group (OSHG) are to:

- Provide a mechanism by which safety and health issues affecting the workforce at the duty station and local workplaces can be raised and addressed;
- Provide a resource for advice on safety and health matters for senior management, personnel, and managers at all other levels; and
- Promote the development of a culture of prevention-based safety and health risk management and awareness in UN personnel and workplaces.

COVID-19

Weekly and monthly COVID-19 EPI updates are being produced.

COVID-19 interactive dashboard:
https://app.powerbi.com/view?r=eyJrIjoiNmY5OGYzNDYtNjZhMy00MWIyLWIyMzctYzc4MmI3ZDN1ODk5IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9

Health sector meetings in March

- National health sector coordination meetings in Damascus, 14 and 24 March.
- Physical rehabilitation/disability sub-sector working group meeting in Damascus, 15 March.
- Al-Hol camp health sector coordination meetings, 3, 10, 17, 24 March.
- Northeast Syria (NES) Inter-hub call bringing together major health sector partners in NES, 1 March.
- NES sub-national health sector meeting, in Hassakeh, 31 March.
- Idleb sub-national health sector meeting, in Hama, 28 March.
- Aleppo sub-national health sector meeting in Aleppo, 30 March.

Health Information Management materials produced:
- Updated [https://www.humanitarianresponse.info/en/operations/syria/health](https://www.humanitarianresponse.info/en/operations/syria/health)
- Links to interactive dashboards and updates:
  - Various interactive dashboards maintained by WHO Syria
Materials disseminated in March

- COVID-19 EPI Bulletins, Weeks 10, 11, 12 prepared by WHO.
- “Introduction to Health Sector Coordination Syria – 101”, a separate presentation.
- WHO Syria infographics on 11th anniversary of the Syrian crisis.
- Updated Q&A on COVID-19 from WHO Syria.
- A list of health sector indicators for reporting under 4W 2022 HRP.
- An updated list of IM focal points within the respective health sector partners.
- Weekly EWARS bulletins (weeks 4-9).
- Updated contact list, national NGOs.
- Flash Update on attack on health care on 29 March 2022.
- The minutes of national health sector coordination meeting in Damascus, 14 March, including the health sector presentation; copy of NES sub-national health sector coordination presentation; copy of UNHCR multi-year strategy, health - https://drive.google.com/drive/folders/15OdTJRkit4rz5nDd9UQDFCnoIfsWRFbN?usp=sharing and a copy of National Pulse Survey on continuity of essential health services.
- The update on security situation in Al-Hol camp and availability of / impact on health services in the camp.
- The minutes of national health sector coordination meeting in Damascus, 24 March, including a separate presentation on COVID-19, suggestions received, feedback form developed to collect further ideas/suggestions on how to scale up the COVID-19 vaccination.
- The minutes, Al-Hol camp health sector coordination meeting, 3, 10, 17, 24 March.
- Health sector update for Al-Hol camp (February 2022).
- Health sector operational updates, 1-15 March.
- Health sector severity scale 2022.
- Al Hol contingency plan for medical evacuation, 11 March 31, 2022
- Health sector referral pathway
- Health service map for Northeast Syria as of February 2022.
- Plan of action: mainstreaming protection into health, Syria.
- The minutes of NES Health Sector Inter-Hub Meeting, 1 March

UPDATES FROM PARTNERS:

SSSD Health Intervention

Polio Vaccination Initiative: In the context of the national campaign against polio vaccination, the Syrian Society of Social Development, in cooperation with UNHCR, conducted a vaccination initiative after networking with the Directorate of Health in Souran, Hama. 55 children were vaccinated at the Souran health point, and 145 children were vaccinated by the SSD mobile team in the region, after raising awareness on the importance of the polio vaccine, contraindications, and side effects.

Covid-19 Vaccination Initiative: The vaccination campaign against Covid continued in Souran health point, whereby nearly 775 people have been vaccinated. Furthermore, SSSD, in cooperation with UNHCR, conducted an awareness campaign, in partnership with the medical team and the mobile team from the Directorate of Health concerned with the Covid vaccine. The latter was implemented in a mosque, to raise awareness of the importance of the vaccine, whereby nearly 100 people were reached.
AAH

**Procurement and rehabilitation:** Rehabilitation and handover of Halfaya PHC to Hama DOH were completed; provision of medical furniture and equipment has begun. Provision of medical equipment, supplies, and furniture for Shat-ha PHC in As-Suqaylabiya Health District, in Hama, was finalized. Solar panels are being installed in Tiba Elemam PHC, in Hama. Provision of medical furniture to Khan Shaykun PHC in Idlib was finalized, provision of medical equipment and supplies is ongoing. Spectrophotometer was provided to Al Jameat PHC in Aleppo, thereby finalizing medical equipment provision. 2 mobile medical teams were provided with medical equipment, supplies, and PPE, to provide basic health and nutrition services for hard-to-reach communities in Markada, Shadadah, and Tal Tamer, in Hassakeh. Physical rehabilitation equipment, furniture, medical supplies, and PPE were provided to community center in Hassakeh city to provide services to PWDs.

**Medicines:** As part of ongoing support to MOH and Hama DOH, AAH provided DOH with 37 essential medicines, including antibiotics, anthelmintics, micronutrient supplements, respiratory disease medicines, and antihypertensives, to cover needs for 3 months in Suran, As-Suqaylabiya, Muhradah, and Second Health Districts.

**Assessments:** Multisectoral health, nutrition, FSL, and WaSH needs assessments were completed in 4 villages in Maskaneh, Aleppo, revealing complete lack of health services and widespread water-borne diseases.

**Capacity building:** 234 (21 M: 213 F) teachers in Hama and Aleppo were trained on the basics of psychosocial support (PSS) in the context of COVID-19. Teachers were provided with individual kits to support conducting recreational activities for students. 20 (17 F: 3 M) health workers from Muhradah Health District, Hama, were trained on communicable and noncommunicable disease prevention and management. 39 (31 F: 8 M) health workers from Muhradah, Hama and Khan Shaykun, Idlib were trained on effective communication and community engagement. 104 (33 M: 71 F) CHWs, in Muhradah, Sifsafiyeh, Sheizer, and Tresimeh, in Hama were trained on effective communication, CMAM, IYCF, MHPSS, and maternal, child health and public health issues. 45 (26 F: 19 M) CHWs in Hassakeh were trained on effective communication, CMAM, infectious disease prevention, leishmaniasis prevention and treatment, and MHPSS. Trained CHWs were provided with kits to conduct community-based interventions, providing health consultations, community-based surveillance, and referral of cases in need of facility-based services.

**Service delivery:** With support from AAH, 2 psychotherapy clinics in Aleppo provided 475 advanced mental health services. In Hassakeh, CMAM services were provided at the nutrition clinic in Loulou’a PHC, with technical support and supervision from AAH. 127 children under 5 (CU5) and 76 pregnant and lactating women (PLW) were screened for malnutrition. 39 MAM and 2 SAM cases in CU5 were detected and managed accordingly. The mobile team in northern and southern Hama provided basic health and nutrition services to 1,701 beneficiaries. The mobile medical team in Idlib provided 701 basic health services in hard-to-reach communities in Khan Shaykun, Hamadaniyeh, Tamanah, Tabish, Al-Amriah, and Um Jalal villages, 225 PLW were provided with reproductive health services and screened for malnutrition. 549 CU5 were screened for malnutrition. 2 acute malnutrition cases in PLW and 6 MAM and 3 SAM cases in CU5 were detected and managed accordingly.

**Community outreach activities:** 2,703 households in Halfaya, Muhradah, Murak, and Harbanifse villages in Muhradah, Suran and Second Health Districts in Hama, and 405 households in
Khan Shaykun in Idleb were targeted with health and nutrition consultations. PLW and CU5 were screened for malnutrition. 1,352 cases were referred to designated PHCs to receive facility-based services. CHWs in Hassakeh targeted 7,467 beneficiaries with awareness sessions on community-based management of diarrhoea integrated with malnutrition. 494 CU5 and 472 PLW were screened for malnutrition. 37 MAM and 3 SAM cases in CU5 and 39 acute malnutrition cases in PLW were detected referred to be managed at health facilities. 119 severe acute diarrhoea cases among CU5 were detected and referred immediately for treatment.

UNICEF

The coastal area:

208,144 out of 220,827 U5 years children (94.25) received the polio vaccine within March national polio campaign. In parallel, 5334 U5 children received Vitamin A in DoH Tartous during this campaign.

Idleb:

- The national polio campaign: 4741 U5 years children received the polio vaccine within March national polio campaign.
- Expanded programme on Immunization (EPI): Well-coordinated efforts between key partners on the ground (Directorates of Idleb and Hama, UNICEF, WHO, and Governor Office) within the health sector significantly contributed to ensure that children have access to routine immunization services in areas with large concentration of returnees. During the reporting period, 395 children U5 years (210 female-185 male) were reached with one of the following antigens (BCG, DTP, MMR, IPV and OPV).
  - UNICEF supported health and nutrition four fixed clinics carried out the below activities in Sanjar, Abul Tohur, Heish, and Khan Shykhon sub-districts.
- Primary Health Care (PHC): During the reporting period 1,748 individuals (745 children U15 years, and 1003 adults) benefited from the integrated package of health services including out-patient consultations and health supplies through four fixed UNICEF supported clinics.
- Nutrition Programme: DoH-Idleb with support from UNICEF provided community-based counselling and raised awareness on the importance of exclusive breastfeeding and complementary feeding reaching 131 pregnant and lactating women in newly accessible areas in Idleb. Emphasis was placed on the prevention of malnutrition by providing supplementary food and multi-micronutrients to children and their mothers across Sanjar, Abul Tohur, Heish, and khan Shykhon sub-districts. During reporting period, (459) U5 years children and (131) pregnant and lactating women were screened and provided with complementary and lipid-based supplementary food. Fifteen children (6 male and 9 Female) were identified with severe acute malnutrition and provided with sufficient amount of Plumpy'Nut. These cases will be followed up weekly.

AL-TA'ALOUF Association

<table>
<thead>
<tr>
<th>Support the provision of life-saving and life-sustaining health care services to returnees in Aleppo rural</th>
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<tbody>
<tr>
<td>1.1.1 # of outpatient consultations supported by health partners (excluding mental health, trauma consultations, and physical rehabilitation)</td>
</tr>
<tr>
<td>1.1.3 # of mental health consultations supported</td>
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<tr>
<td>1.1.6 # of caesarian sections supported</td>
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<tr>
<td>1.1.7 # of cases referred for specialized treatment (between levels of care inside Syria, crossline and cross-border)</td>
</tr>
<tr>
<td>1.5.1 # of treatment courses delivered to health facilities (drug treatment for one disease, one medical procedure such as dressing, dialysis)</td>
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</tbody>
</table>

Pediatric clinic. Al Iss
| 3.1.3 # of health staff trained/re-trained on COVID-19 case management | 776 |
| 3.2.2 # of operational mobile medical units, including medical teams | 1 |
| **Total** | **2077** |

**Aga Khan Health Services**

**Health Insurance project**

12.43 million people in need of health services in 2021 in Syria. As the Syria crisis approaches its 10th year, the health system remains heavily disrupted. The COVID-19 pandemic, coupled with the economic downturn in the country, has pushed the health system to the brink. By mid-2020 more than 7.78 million people in 100 sub-districts were living below three critical emergency health standards with just 58% of hospitals and 53% of Primary Healthcare Centers (PHC) fully functional, COVID-19 pandemic has exacerbated weaknesses in the health system.

Based on the current fact, it is so difficult and complex through one initiative to ensure coverage of all health services at all levels to meet the needs of population timely (in general) and the five key vulnerable groups - displaced persons, children under five (U5), women in reproductive age WRA (15-49), older people (60+ and people with disabilities) - (in particular) including the quick access of basic and life-saving services due to the multi-level interventions required, the multiplicity, complexity, fragmentation and high costs of services, in addition to the fact that many public health services are partially functioning and a large proportion of services are incomplete as patients have to pay for unavailable portions of investigations and most of treatments.

As a part of humanitarian response to help the most vulnerable people, the AKHSS has launched the health coverage insurance project the idea of this project is to do that through providing comprehensive health insurance for 25,000 people representing about 5,000 most vulnerable families in the highest severity scale areas in Syria (Rural Damascus, Aleppo, and Hama) to ensure timely access to basic and life-saving health services at all levels of healthcare (primary, secondary, and tertiary) to protect their lives and health (death and complications) caused by failure to access the vital service timely due to their inability to pay, and protect them financially (avoid falling into more poverty due to potentially burden of catastrophic costs to afford those services out-of-pocket, as a result selling what may be their source of income or property or having to borrow), so the AKHSS took the responsibility to pay the costs to cover the cost of health insurance services for the target people for 2,400 individuals (equal to 500 families in Salamieh district) via health insurance cards.

Depending on the success of this experience, the community asked to register at this project on their own cost, so the AKHS has expanded the project to enable other people/families to get the health insurance on their own cost. From 2nd till 29th March 547 families registered (1,331 individuals, 699 F & 632 M), the percentage of individual who register on their cost is equal to 36% of total number.

**UNHCR**

SARC clinic in Qudsaya supported by UNHCR providing PHC services to average 1536 IDPs and returnees monthly. Recently, UNHCR finalized the rehabilitation of a new location, easier to access by PoCs. The new location in the basement of the municipality building will enhance the capacity and expand the package to include simple X ray in the same clinic.
As part of UNHCR contribution to the revitalization of the public health system in the country in return areas, rehabilitation of 8 public primary health care facilities of MOH planned in 2021 has been finalized and facilities delivered to departments of health. 3 PHCs in rural Damascus (Rihan, DerSalman and Adra Al Balad), 1 PHC in Homs (Zara), 1 PHC in rural Hama (KaferZeta), 1 PHC in Daraa (Daraa Al Balad), 2 PHC in rural Aleppo (Kafer Dael, Al Hader).

Support to 11 PHC facilities of NGOs (SARC, Tamayouz and Social care society) in Hama, Damascus, rural Damascus, Homs and Aleppo continue. The clinics are receiving nearly 21,600 patients monthly. UNHCR is disengaging of the support to the mentioned clinics. Exit strategy had been developed with Social care Society in Hama to ensure continuity of care for PoCs after UNHCR disengagement.

Nearly 500 refugees and asylum seekers in urban received secondary health services in the north east (Hasakeh governorate) and 60 refugees and asylum seekers received secondary health-care services in Damascus & rural in MoHE- university hospitals. While Al Baath university hospital in Homs started receiving refugees and asylum seekers and providing inpatient and outpatient services under the agreement between UNHCR and MoHE.

5 days training was conducted for 8 NGO staff (Al Batoul, Syrian Society for social Development, GOPA, and SARC), responsible for medical in-kind assistance (MIKA) in 8 community centers run by the NGOs in the coastal region. The training aimed at building the technical capacity of the MIKA focal point to assess needs and identify the device matching the needs and provide the training to PoC on the proper use of the device.
As part of supporting the national health system in the country, UNHCR delivered 2 generators 250 KVA to Homs national hospital, and Al Hamidia medical center in Derezzor. The electrical generators are with weather and sound-proof canopy, ATS, Cabling, inclusive of testing for one week on-site and warranty for a minimum 1 year or 1500 hours. This is the first batch of total of 15 electrical generators which will be delivered in the coming two months to public MoH and MOHE hospitals in selected locations.

INFORMATION SOURCES:

https://www.humanitarianresponse.info/en/operations/syria/health
https://www.facebook.com/MinistryOfHealthSYR
http://cbssyr.sy/
http://cbssyr.sy/index-EN.htm

CONTACT INFORMATION:

Mr Azret Kalmykov, national health sector coordinator, Damascus, kalmykova@who.int
Dr Fares Kady, sub-national health sector coordinator, north-west Syria, kadyf@who.int
Dr Nadia Aljamali, sub-national health sector coordinator, Homs/Hama/Idleb, aljamalin@who.int
Dr Begench Yazlyyev, sub-national health sector coordinator, north-east Syria, yazlyyevb@who.int
Mr Hasan Hamza, sub-national health sector coordinator, Lattakia/Tartous, hhassan@who.int
Mr Ayman Al Mobayed, information management support, almobayeda@who.int