



WHO-supported mobile medical team provides health services in Syria

SYRIAN ARAB REPUBLIC
Emergency Type: Level 3 Emergency
Reporting Period: 1-31 January 2021



12.4 M
PIN of health assistance



12 M
Targeted with health interventions



6.5M
IDPs



650 M
Funds required



336,200
Returnees

HIGHLIGHTS

- As of 31 January 2021, the Ministry of Health COVID-19 reported cases in Syria have reached 14,048 including 921 deaths and 7,562 recoveries¹. The first confirmed case was declared on 22 March 2020 and the first death on 29 March 2020.
- In 2020, the health sector provided 10 229 215 treatment courses and supported 11 865 432 medical procedures, including 241 423 mental health consultations, 29 583 physical rehabilitation sessions and more than 14 000 referrals for secondary health care services.
- WHO dispatched 139 tons of health supplies (medical, WASH and lab supplies, kits, equipment, artificial limbs and printing materials) to MOH, MOHE, MOE, non-governmental organizations and SARC.
- IDPs' departure from Al-Hol to Al Hassakeh and Menbij continued during January. The number of IDPs who left the camp is 91 families/314 individuals.

HEALTH SECTOR



70 HEALTH SECTOR PARTNERS

KITS DELIVERED TO HEALTH FACILITIES/PARTNERS



25 IEHK BASIC & SUPPLEMENTARY KITS
00 FISRT AID KITS
15 CHOLERA KITS

SUPPORTED MOBILE HEALTH UNITS



127 MOBILE HEALTH UNITS/TEAMS

HEALTH ACTION



1,388,385 MEDICAL PROCEDURES
673,522 TREATMENT COURSES
10,002 TRAUMA CASES

VACCINATION



23,768 PENTA 3

EWARS



1,363 REPORTING SITES

FUNDING \$US



443.2 M REQUESTED WOS IN 2020
138 M FUNDED (31% ONLY –SOURCE-FTS) IN 2020

¹ Currently, there are 15,094 confirmed cases of COVID-19 including 994 associated deaths as of 19 February 2021.

SITUATION UPDATE

- As the Syrian crisis enters its tenth year, the scale, severity and complexity of humanitarian needs remain extensive. This is the result of continued hostilities in localized areas, new and protracted displacement, spontaneous returns and sustained erosion of communities' resilience during more than nine years of crisis. Syria is still one of the biggest and most complex crises globally. The Syrian crisis has generated more than six million refugees and displaced further six million Syrians inside their own country.
- Health needs in Syria are already significant. Thousands of children are suffering from severe malnutrition. Thousands more are suffering from cancer, diabetes and other chronic conditions for which treatment is limited.
- By end **December 2020** and out of **1,790** assessed public health centres, **48% (861)** were reported fully functioning, **21% (376)** partially functioning (i.e., shortage of staff, equipment, medicines, or damage of the building in some cases), while **31% (553)** were reported non-functioning (completely out of service).
- By end **December 2020**, and out of the **113** assessed public hospitals [MoH & MoHE], **48% (54)** were reported fully functioning, **28% (32)** partially functioning (i.e., shortage of staff, equipment, medicines, or damage of the building in some cases), while **24% (27)** were reported non-functioning (completely out of service).
- In 2021, more than 12.4 million people (out of the total estimated population of 20 million) require health care services.
- COVID-19 has aggravated the situation further. In January 2021, health authorities announced 2,614 confirmed COVID-19 cases, as compared to: 3,547 in December, 2,159 in November, 1,528 in October, 1,435 in September, 2,008 in August, 478 in July, 157 in June and 79 confirmed cases in May 2020. All indicators point out to the disease occurrence across the communities in the country.
- The health sector agencies continue supporting interventions to suppress the transmission of the virus through risk communication and community engagement; procurement and distribution of medical supplies and equipment; supporting COVID-19 clinical readiness; supporting case management and safeguarding the public health care system.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS

- The ongoing conflict, violence and displacement have had grave public health consequences with increased morbidities, mortalities and disabilities among affected and vulnerable populations. The most affected are children, women and elderly people.
- Despite challenges, the Ministry of Health, WHO as well as humanitarian partners continue to assist people in need where access is possible, with a focus on vulnerable people, by delivering essential health services and supporting referrals.
- **The first confirmed case of COVID-19 was announced on 22 March 2020.** As of 31 January 2021, the number of reported cases in Syria has reached 14,408 including 921 deaths and 7,562 recoveries.
- The areas of concern are densely populated, notably Damascus/Rural Damascus, Aleppo and Homs, in addition to those living in camps and informal settlements in Northeast Syria (NES), collective shelters throughout the country.
- Populations living in low-capacity settings face enhanced vulnerabilities in the COVID-19 context. Persons who are homeless or displaced, whether internally or as a refugee or asylum-seeker, as well as those who are stateless and migrants with tenuous legal status, face additional compounding risk factors, which may dramatically increase the risks they face in the context of the COVID-19 pandemic. It is important to recognize the extent to which the COVID-19 outbreak may affect people differently according to their age, sexual orientation and gender identity, ethnicity, disability, education, employment, displacement, migration status and other socio-cultural attributes.

- The populations of concern are all groups susceptible to the virus. However, the elderly (those 60 years and above) and people with underlying health conditions are particularly at risk; as are vulnerable refugees, IDP populations and healthcare workers with inadequate personal protective equipment (PPE).
- COVID-19 testing is taking place in **six** laboratories in **Damascus, Rural Damascus, Aleppo, Homs and Latakia** governorates. One GeneXpert machine is functioning at the health centre located at the Syrian-Lebanese border, mostly for returnees, another GeneXpert machine was donated by WHO to Al Qamishli National hospital.
- There are 32 quarantine centres with 5,182-bed capacity; 86 hospitals with 956 ICU beds; and 22 designated isolation hospitals with 1,090 beds and 214 ICU beds.

ASSESSMENTS

- An inter-agency field assessment mission including WHO, UNFPA, UNICEF, IRC, RI, UPP & KRC was conducted to investigate the mortality cases in Al-Areesha camp. The health facilities were assessed on 10 and 11 January 2021. The vital findings are as follows: no epidemiological link was detected among the reported deaths during November and December 2020.
 - The total number of deaths are within the emergency range, with no associated clustering.
 - A limitation in medical services including referral mechanisms was observed in several health facilities.

EWARS and epidemiological updates at national level (week 1-4, 2021)

Surveillance performance:

- A total of 1,079 out of 1,363 active reporting sites (79%) in all 14 governorates of Syria reported through early warning alert and response system (EWARS) with 59% of timeliness.
- Out of the 749,057 total consultations, a total of 100,650 EWARS notifiable cases were reported.

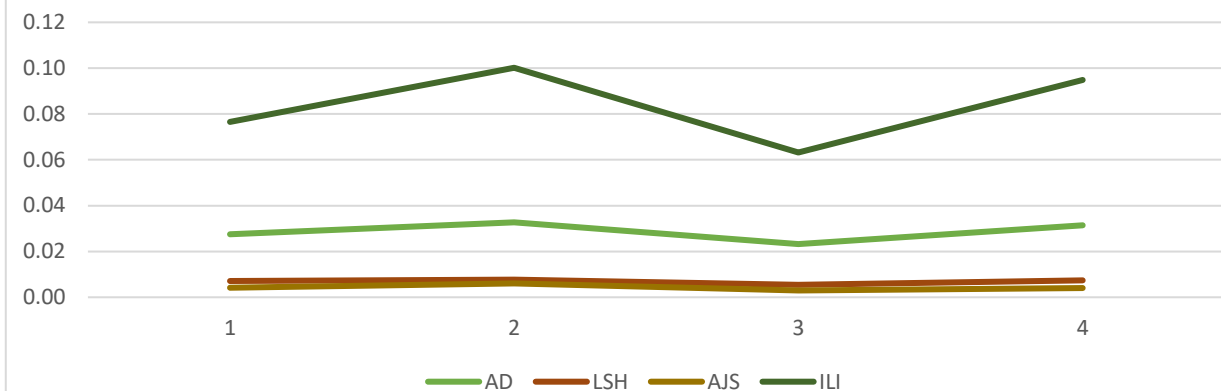
Morbidity:

The leading causes of morbidity among all age groups were influenza-like illnesses, and acute diarrhoea (Figure 1).

The breakdown was as follows:

- Influenza-like illness (ILI): 60,829 accounting for 60% of total cases. Most cases reported from Deir-ez-Zor, Aleppo and Rural Damascus, the average number of ILI case per week was 15,207.
- Acute diarrhea (AD): 21,025 (21% of total cases), most reported from Deir-ez-Zor, Aleppo and Al-Hasakeh.
- Severe acute respiratory infection (SARI): 866 case were reported.
- Acute jaundice syndrome (AJS): 3,096 most reported from Deir-ez-Zor, Ar-Raqqa and Aleppo.
- Suspected measles (SM): 24, most reported from Damascus and Rural Damascus.
- Acute flaccid paralysis (AFP): 14, reported from Damascus, Hama, Aleppo, and Hassakeh.
- Suspected COVID-19: 4,335. Most reported from Hama, Tartous and Daraa.
- For the “other diseases” category 9,312 cases were reported, with the most reported cases is Leishmaniasis (5,059), Scabis (1,098) and Lice (913).

Figure 1: Proportion of Morbidity of top 5 diseases among the total consultation between week 1 and week 4, 2021



EWARS and epidemiological situation in Al-Hol camp (week 1-4, 2021)

Surveillance performance:

- Total number of reporting site is 25.
- Average completeness of reporting 64%.
- Total number of consultations were 1,934. Out of the total consultations, 2,484 EWARS notifiable cases were reported.
- 57.9% of the cases were among females, and 44.93% were distributed among children under 5 years.

Morbidity:

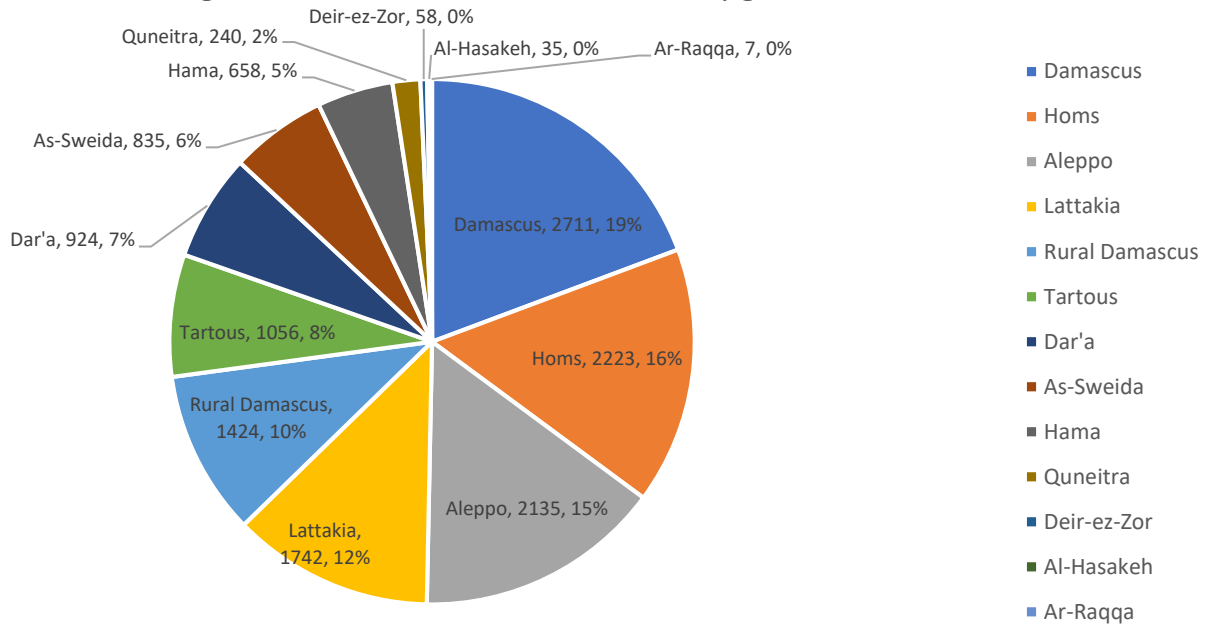
- The leading causes of morbidity among all age groups were influenza-like illnesses (44.21%/855); then acute diarrhea (36.76%/711).
- 1 suspected measles case was detected in Al Hol camp in December 2020; the case was investigated, and no positive measles case was reported
- 0 cases of AFP reported.
- 0 suspected COVID-19 case was reported in January.

COVID-19 updates 31 January:

Situation:

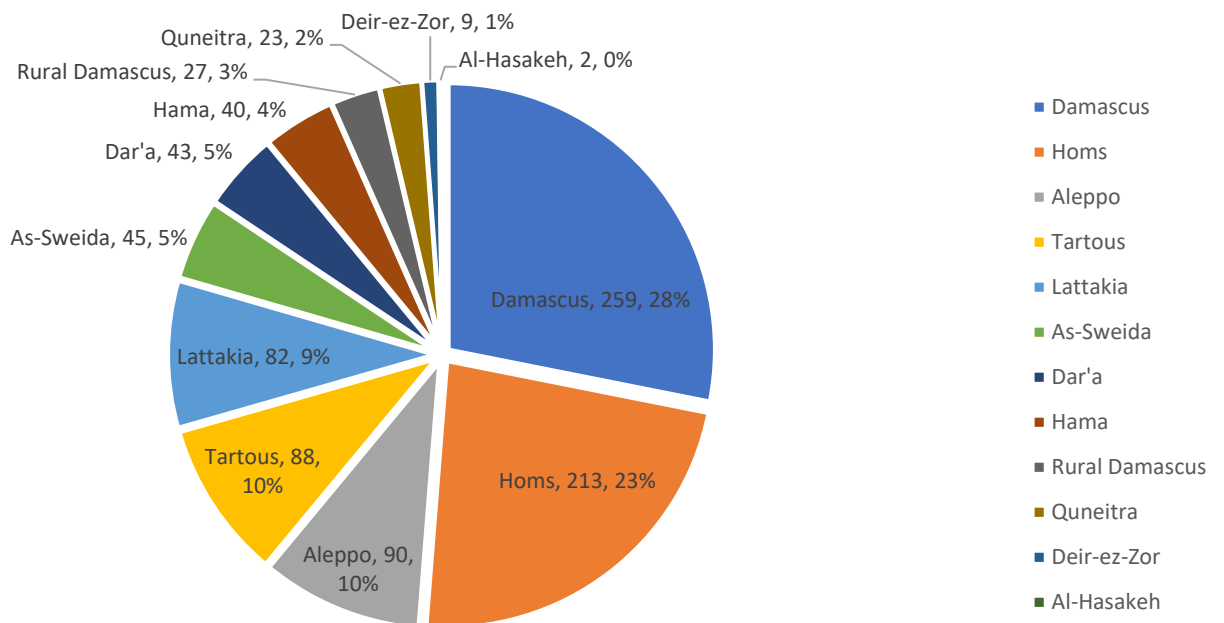
- The first case of COVID-19 was detected on 22 March 2020 in Damascus, imported from the USA; no positive cases through contact tracing.
- As of 31 January 2020, 14,048 cases were reported in 13 governorates as Figure 2 shows.

Figure 2: Distribution of COVID-19 cases by governorate



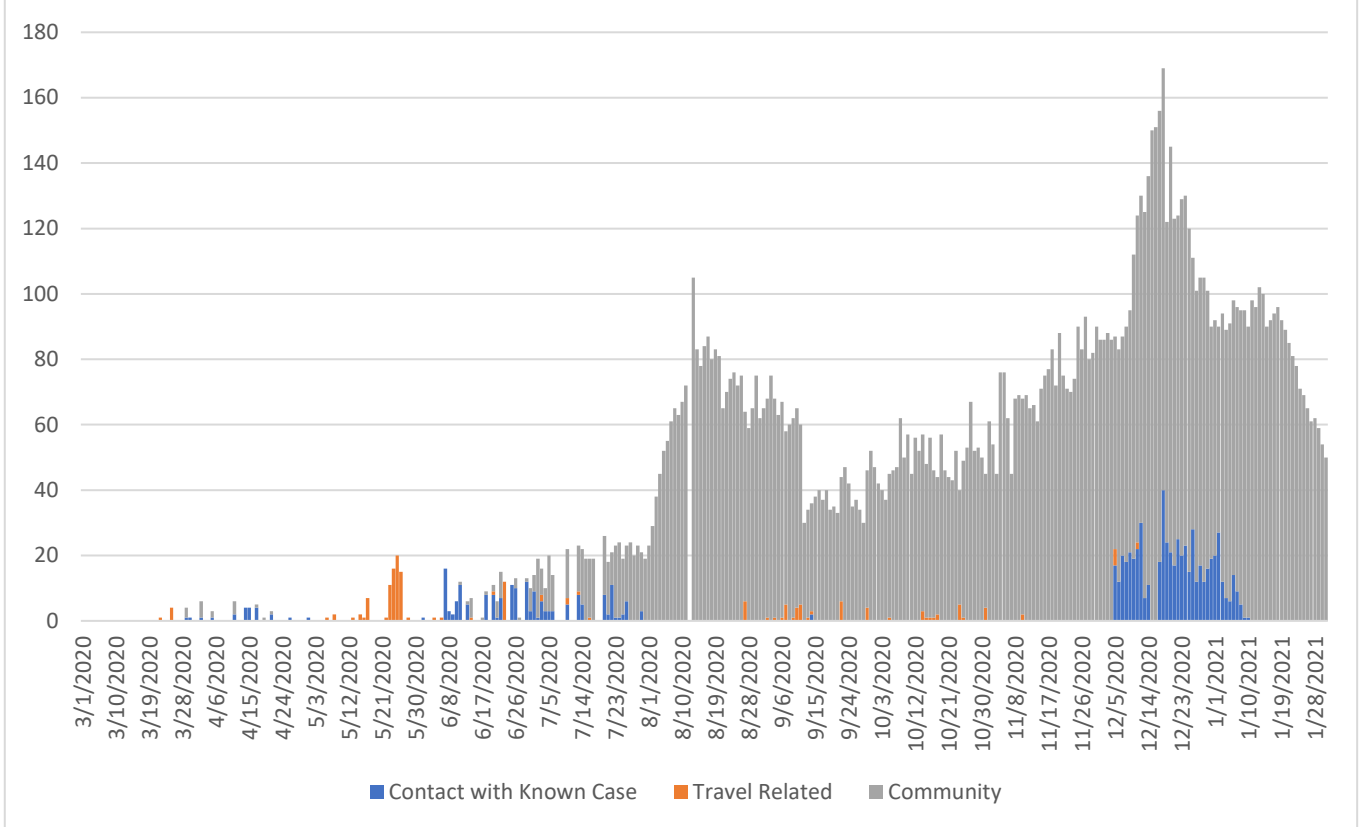
➤ Number of COVID-19 deaths is 921 and CFR= 6.6%. COVID-19 deaths were distributed as in Figure 3.

Figure 3: Distribution of COVID-19 Deaths by governorate



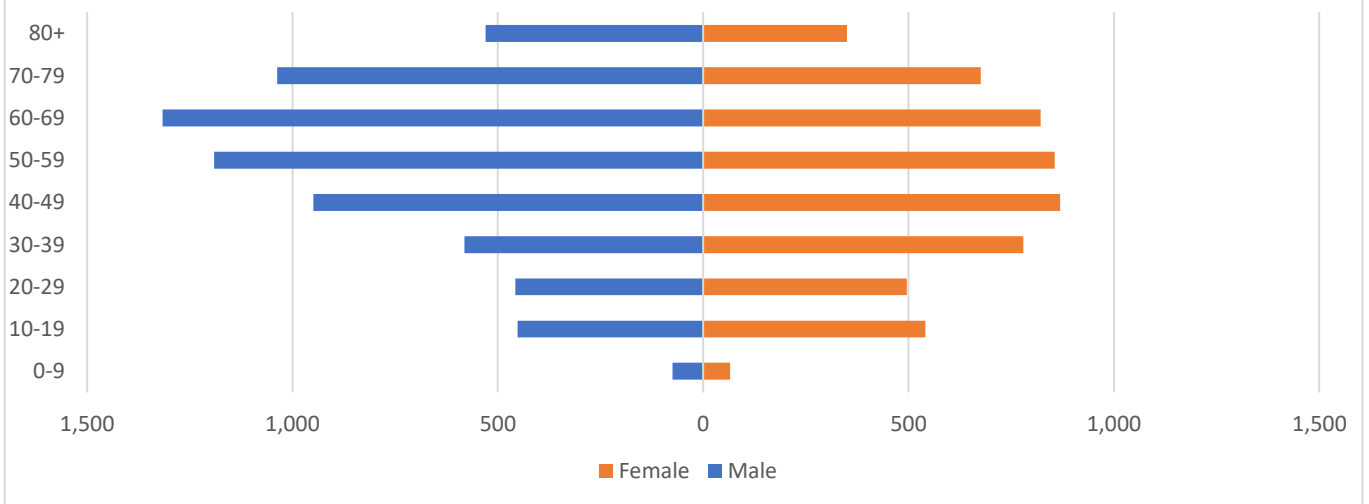
➤ 169 cases (1.2%) are travel related cases, 791 cases (5.6%) are contacts of confirmed cases, and 13,088 cases (93.2%) are community infection (Figure 4).

Figure 4: EPI curve of COVID-19 cases by type of exposure



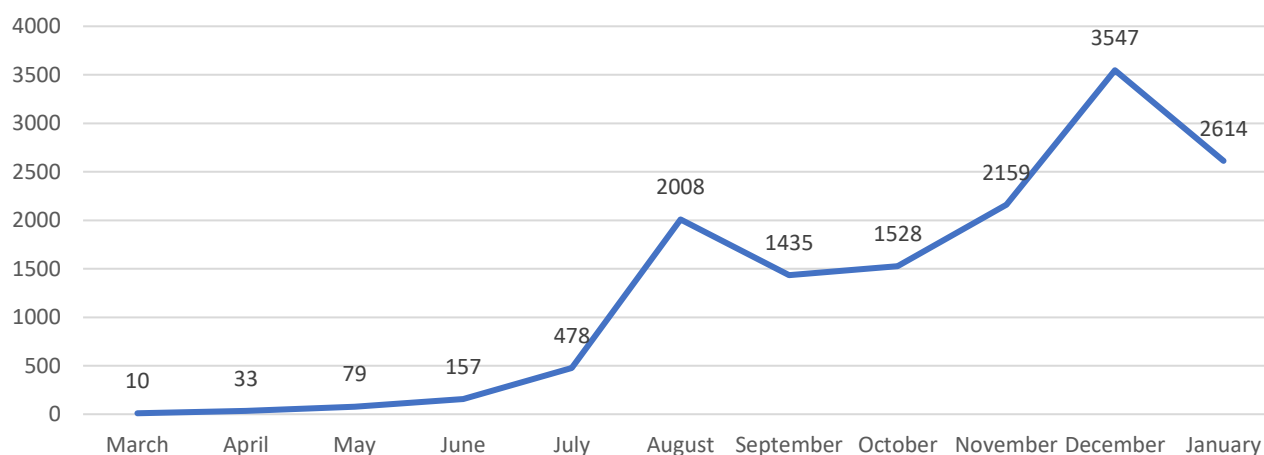
- Clinical presentation of cases: 665 of cases (11.6%) were asymptomatic, 1,379 (24.1%) had moderate symptoms, 3,432 (59.9%) were severe, and 252 (4.4%) have not reported yet.
- 55% are male and 45% are female. The average age is 51 (ranging from 1 to 108), Figure 5.

Figure 5: distribution of COVID-19 cases by age group and gender



- A decrease in cases reported in January was by 26% compared with December cases. Figure 6.

Figure 6: Number of COVID-19 cases by month



- The number of confirmed COVID-19 cases among health workers increased to 459, mainly in Damascus hospitals, Lattakia, and Aleppo and Rural Damascus. 22 HWS' deaths were reported among positive COVID-19 cases.
- The total number of 59,640 lab tests were performed in public health laboratories in seven governorates of Damascus, Aleppo, Homs, Lattakia, Rural Damascus, and Hasakeh. The current testing rate is 292 tests per 100,000, and positivity rate is 23.5%.

Table 1: The number of confirmed cases by governorate

Governorate	Population size	Test done	Testing rate / 100,000	Number positive	Positivity rate	Incidence / 100,000	Deaths	CFR
Damascus	1,835,380	17,810	970	2711	15.22%	147.7	259	9.55%
Rural Damascus	3,160,454	6,166	195	1424	23.09%	45.1	27	1.90%
Homs	1,451,058	3,923	270	2223	56.67%	153.2	213	9.58%
As-Sweida	379,170	1,330	351	835	62.78%	220.2	45	5.39%
Al-Hasakeh	1,060,341	390	37	35	8.97%	3.3	2	5.71%
Dar'a	1,015,275	2,861	282	924	32.30%	91.0	43	4.65%
Lattakia	1,186,494	15,587	1314	1742	11.18%	146.8	82	4.71%
Aleppo	3,933,168	6,291	160	2135	33.94%	54.3	90	4.22%
Ar-Raqqa	690,801	15	2	7	46.67%	1.0	0	0.00%
Deir-ez-Zor	741,249	196	26	58	29.59%	7.8	9	15.52%
Hama	1,342,187	1,954	146	658	33.67%	49.0	40	6.08%
Quneitra	103,269	1,364	1321	240	17.60%	232.4	23	9.58%
Tartous	906,362	1,754	194	1056	60.21%	116.5	88	8.33%
Idleb	2,588,454	0	0	0	0.00%	0.0	0	0.00%
Total	20,393,662	59,641	292	14,048	23.55%	68.9	921	6.6%

Response activities

- WHO supported 16 workshops on COVID-19 surveillance aiming to reach around 400 health workers in education settings across the country. As of 31 January 2021, 375 health workers in 11 governorates were trained on COVID-19 investigation and response for cases reported at schools, the final outcome of those trainings is strengthening the early detection and response to COVID-19 cases and reduce the infection with SARS-COV-2 virus at school level.
- WHO supported two meetings for the heads of communicable disease department in 14 governorates, the meetings aimed to review the EWARS implementation progress in 2020, with focus on the integration of COVID-19 surveillance in EWARS, identify challenges, and way forward for strengthening COVID-19 reporting by EWARS sentinel sites.
- WHO continues to provide needed support for the Rapid Response Teams (RRTs) to undertake investigation and response of COVID-19 alerts by facilitating the transportation of RRTs, samples collection and transporting to designated laboratory in 5 governorates. During the reporting period more than 5,032 suspected COVID-19 cases were investigated properly within 24 hours, in addition, WHO supported the transporting of 804 specimens of COVID-19 suspected cases to the central laboratories in four governorates.

HEALTH FACILITY FUNCTIONALITY

– **Public Hospitals**

By end September 2020, and out of the 113 assessed public hospitals [MoH & MoHE], 49% (55) were reported fully functioning, 26% (30) partially functioning (i.e., shortage of staff, equipment, medicines, or damage of the building in some cases), while 25% (28) were reported non-functioning (completely out of service).

78% (88) hospitals were reported accessible, 8% (9) hard-to-access, and 14% (16) were inaccessible.

The general practitioner (4.2%) and emergency physician (0.3%) were the lowest proportion of health staff in public hospitals, followed by dentists (0.6%), pharmacists (0.7%), midwives (4.7%), laboratory (5.0%), specialists (12.2%), resident doctors (23.5%), and nurses (52.8%).

– **Public health centres**

By end September 2020, and out of 1,790 assessed public health centres, 48% (860) were reported fully functioning, 21% (374) partially functioning (i.e., shortage of staff, equipment, medicines, or damage of the building in some cases), while 31% (556) were reported non-functioning (completely out of service).

82% (1,464) health centres were reported accessible, 3% (55) hard-to-access, and 15% (264) were inaccessible, while the accessibility status of 0.4% (7) health centres were unknown.

The pharmacists represented (0.9%) of total health staff at centres' level, followed by resident doctors (2.2%); general practitioners (4.2%); laboratory (5.8%); specialists (6.8%); dentists (9.5%); midwives (11.1 %); and nurses (59.6%).

HEALTH SECTOR ACTION

Health Sector Coordination and service delivery

During this month, two virtual health sector coordination meetings were held in Damascus and were attended by national Syrian NGOs, international NGOs, SARC and observers. The Health Working Group meetings were also held at hubs and in Al-Hol Camp with a special focus on COVID-19 response and continuity of essential health care.

The health sector partners delivered-health services and cumulative monthly indicators (November and December 2020) are summarized in the below table.

HRP Indicator 2020 (Per Month)		November	December
Medical procedures	1.1.1 Number of outpatient consultations provided	849,490	1,364,940
	1.1.2 Total number of trauma consultations supported	9,216	10,002
	1.1.3 Number of mental health consultations supported	14,054	6,611
	1.1.4 Number of physical rehabilitation sessions supported	2,398	3,047
	1.1.5 Number of vaginal deliveries attended by a skilled attendant	1,063	1,166
	1.1.6 Number of caesarean sections supported	857	957
	1.1.7 Number of cases referred for specialised treatment	1,942	1,662

CHILD HEALTH

23,768 children were immunized for Penta-3 in December, as compared to 39,240 children in November.

REPRODUCTIVE HEALTH

Skilled birth attendants conducted equalled to **1,166 normal deliveries** while **957 mothers underwent cesarean sections**.

COVID 19 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT WORKING GROUP UPDATES

Governance and system strengthening

Inter-agency coordination is ongoing through the C19 RCCE Coordination Group-HCT (at national level, with UN agencies) and the C19 RCCE Working Group-NES (at sub-national level in NES, with UN agencies, the NES Forum and the ICRC) focusing on harmonization and complementarity through, respectively, advocacy for GoS/MoH leadership with creation of the C19 RCCE Sub-Sector/Cluster for **joint implementation plan and linkages with Health Service delivery** for stop-gap measures.

UNICEF and WHO are working closely with MoH to develop the **2021 C19 RCCE Strategic Plan** engaging 10+ ministries and counterparts, in line with findings and recommendations from the C19 Intra-Action Review. UNICEF is contracting Technical Assistance to strengthen evidence-based and integrated strategic planning.

The Demand Generation and Communication component of the global COVAX Facility for **COVID-19 vaccines deployment** is being supported through Readiness Assessment and Technical Assistance planning, including recruitment of one SBCC Consultant and a Media Agency for DGC plan development, knowledge management, capacity building, and campaign implementation.

Knowledge Management

The **Community Rapid assessment on C-19 in Al Hol Camp in North East Syria** is completed, including a Health component focusing on signs and symptoms (WHO support) and an RCCE component focusing on information and knowledge (UNICEF support). **RCCE findings indicate low levels of knowledge and practice** of prevention and health

seeking behaviors due to the impact of curfew on all activities including RCCE and limited access to COVID-19 focal points. Rapid stop-gap measures are being actioned. Joint report development is underway.

Findings and recommendations from the **Syrian Opinion Public Survey** are being reviewed to inform and guide the 2021 Strategic Plan.

Rapid evidence generation are foreseen in form of online polls and interviews on C19 risk self-perception and vaccine acceptance, to inform and guide COVID-19 **vaccines Demand Generation and Communications**.

Activity coverage

C19 RCCE activities are ongoing in all field offices (Aleppo, Deir-El Zor, Homs, and Qamishli) including awareness-raising through traditional and religious leaders' meetings and individual or group sessions with IEC materials in health facilities, schools and learning centers, camps, and through mobile teams. C-19 RCCE messages are focused on prevention and health-seeking behaviors and integrated in WASH and hygiene promotion sessions including soap/hygiene kit distribution, Infant & Young Child Feeding sessions. Cumulative coverage (1-31 January 2021): **52,571 beneficiaries** (parents/caregivers, students, and children).

HEALTH CLUSTER PARTNERS UPDATES

WHO

- Three training workshops were conducted on enhancing Point of Entry (PoE) capacity for 75 officials from Directorates of Health from 14 governorates who are forefront of the response at PoE. The trainings focused on enhancing the preparedness and response capacity of POE specifically IPC measures and risk communication.
- 68,165 essential health care services under primary, secondary, trauma and MHPSS services were provided, of these 78% to host communities and 22% to IDPs by implementing partners.
- Advanced prosthetics and orthotics (P&O) 2-week training was conducted with a focus on measurement techniques in above-knee prostheses, manufacture of upper and lower limbs orthoses. The training aimed at enhancing the capacity of MOH technicians in the field of P&O, in addition to procuring the needed supplies for these advanced prosthetics and orthotics training courses.
- WHO supported 3 medical mobile teams to cover health needs in north-eastern Hama and south-west Hama. The total medical consultations provided reached 1,328, as well as 45 PSS services.
- WHO also provided support to nine NGOs working in Damascus, Rural-Damascus, Homs and Daraa with medicines for Non-Communicable Diseases (NCD) including 4,500 Insulin vials.
- Supported the MOH, MOHE and hospitals in NES with dialysis supplies and medicines; a total of 121,606 vials of erythropoietin were distributed.
- Provided training to 100 HCWs from Directorates of Health in Damascus, Aleppo, Lattakia and Tartous on Infection Prevention and Control as well as waste management standards.



Workshop regarding testing entry procedures, reporting, and referral suspicious cases in PoE

- Conducted capacity building training, in cooperation with the Ministry of Higher Education, targeting 110 cancer registers from university hospitals in the governorates of Damascus, Aleppo and Lattakia. The training aimed at strengthening the participants' capacity on WHO/IARC accredited cancer registry software (CanReg5), international classification of cancer (ICD) and oncology terms.

UNFPA

- In cooperation with WFP, UNHCR, and UNFPA, volunteers of the Syrian Arab Red Crescent have provided the food parcels, hygiene kits and winter clothes, in addition to health kits to young girls.
- In the absence of the medical care, the mobile medical teams at the Syrian Arab Red Crescent supported by UNFPA, visited the following villages in rural northern Aleppo: (Huritan, Anadan, Bayanoun, Yaqad, Al-Adas, and Babis) throughout the week in January, with daily beneficiaries ranging from 30 to 40 people.



- In collaboration with UNFPA, the visits included health awareness sessions and reproductive health services provided by a specialized gynecologist and a legal midwife, as well as free treatment, medicine, and periodic follow-up of various cases.

Winterization support. Credit: UNFPA

UNHCR

- During January, an estimated 19,500 IDPs, and 2,116 refugees & asylum seekers assisted to access basic package of primary health care services through 14 PHCs supported by UNHCR in Damascus, rural Damascus, Homs, Hama, Aleppo and Al Hasakeh. Services included medical consultations, investigations. Treatment courses were provided to 8,258 IDPs and 1321 refugees & asylum seekers.
- 7,068 POCs (1,142 individuals received basic medical consultation in the clinics of the health points and 5,926 individuals participated in and benefited from the health promotion and disease prevention activities) reached by community-based health activities through 31 health points in community centers.
- 499,959 N95 respiratory masks, internationally procured, and 999,300 surgical masks were received in UNHCR warehouse to support UNHCR activities and the public health system in 2021. Distribution started to MoH central warehouse, university hospitals affiliated with MoHE, and PHC facilities supported by UNHCR run by partners NGOs.
- Support MoH with oxygen cylinder to backup and upscale oxygenation capacity in hospitals/isolation centers. 480 oxygen cylinders delivered to MoH hospitals as per the latter distribution plan. Added to the 1000 oxygen cylinders delivered earlier by end of 2020, the total support with 1480 oxygen cylinders covered to MoH - al Faiha hospital, MoH central stock, and DoH in 10 governorates (Damascus, Homs Tartous, Aleppo, Der Ez-zor, Sweida, Daraa, Qunaitra, Latakia and Hama).

UNRWA

- UNRWA health care centers provide the maximum health care to the Palestinian refugees. Therefore, the Mental Health and Psychosocial Support (MHPSS) was implanted in all the health care centers after training the health care teams and contracting with specialists. Now with every second day, we have a story of success with our patients recovering back to their best of health.
- In Latakia we have a great example of these stories shared with a patient visiting the UNRWA health center seeking postnatal services. During her evaluation, the midwife discovered that the patient having high blood pressure and with further evaluation after gaining the patient's trust, the midwife found that the patient is a victim of GBV, has intrapersonal problems with her husband, depressed, and tends to self-harm. With the proper support and after involving the proper partners and family, the health care team in the clinic was able to provide the needed support and treatment. Now, the patient has controlled blood pressure, happy, have no stress, and having a better situation at her home with no GBV. The patient is still following up in the clinic and with every visit, she expresses her gratitude to the team for the care they provided.



Patient counselling at UNRWA Clinic. Credit: UNRWA

MEDAIR

- MEDAIR Syria is implementing the following interventions, mainly in the following governorates, Deir el Zor, Aleppo, Hama, South Idlib, Quneitra, Daraa: health facilities rehabilitation and re-equipping, capacity building and supporting Health Workers and Community Health workers (including malnutrition management trainings and support), support of People Living with Mobility Impairment with the distribution of appropriate assistive devices and Special Hygiene Kits.
- During January MEDAIR negotiated with donors to rehabilitate and/or re-equip clinics - 2 in Rural Damascus, 2 in Hama and one in Raqqa.
- HWs, CHWs training are ongoing.
- MEDAIR is still waiting for MoH approval for the selected clinics to start the new cycle.



Rehabilitation of health facilities – before and after rehabilitation. Credit: MEDAIR

AL-TA'ALOUF Association

- The association supported primary and secondary health care services at the AL-Akrameya Clinics and Al-TA'ALOUF Hospital in Aleppo through abdominal clinic, gynecology clinic, pediatric clinic, dental and ophthalmology clinic, in addition to the nutritional screening for children.
- The beneficiaries are:
 - 1547/ Beneficiaries of primary health care services (consultations, medicines, laboratory tests, x-rays, echo);
 - 148/ Beneficiaries of secondary health care services, including surgeries;
 - 141/ CMAM nutrition scanning beneficiaries;
 - 922/ Beneficiaries of dental clinic services;
 - 257/ Beneficiaries of ophthalmological clinic.



DENTAL CLINIC SERVICES. CREDIT: AL TA'ALOUF ASSOCIATION

HUMAN INTEREST STORIES

Al-Taalouf Organization

Akram, a six-year-old boy who lives with his family in the village of Awinat-Kabira in southern-rural Aleppo, was born with a congenital disorder caused by close-kin marriage.

Akram's situation is similar to that of many children who were born with abnormalities due to parents' ignorance of the consequences of this kind of marriage. During the visit of the WHO-supported mobile clinics to the village, the condition of Akram was observed and he was examined by the specialist. It was found that, because of the close kinship between his two parents, he is suffering mental retardation with a spastic posture in his lower limbs; he is unable to stand up and needs a wheelchair.

The psychological support team addressed the mother, advised her and provided her with the needed guidelines to care for her child and attend to his needs. On their next visit, the team delivered a wheelchair to Akram who was exhilarated with joy and happiness.

“May God reward for your efforts; there are no words that could express my recognition,” said Akram’s mother with satisfaction.



Delivery of Assistive device. Credit: Al Ta'alouf Association

PLANS FOR NEXT MONTH

- Finalization of revised Health Sector COVID 19 Preparedness and Response Plan for 2021
- Production of Health sector annual report 2020
- Launch of online cluster coordination performance monitoring survey

CONTACTS

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