

## HEALTH CLUSTER BULLETIN

April 2020

### Turkey Cross Border

Emergency type: complex emergency

Reporting period: 01.04.2020 to 30.04.2020



Fig.: Disinfection of an IDP camp as a preventive measure to ongoing COVID-19 Pandemic Crisis (Source: UOSSM newsletter April 2020)



**12 MILLION\***  
PEOPLE IN NEED OF  
HEALTH ASSISTANCE



**2.8 MILLION**  
HEALTH PIN IN  
NWS HNO 2020



**3.7 MILLION**  
SYRIAN REFUGGES  
IN TURKEY



**13\*\*ATTACKS**  
AGAINST HEALTH CARE  
(\*\*JAN - APR 2020)

\* figures are for the Whole of Syria HNO 2020

### HIGHLIGHTS

- During April, 135,000 people who were displaced since December went back to areas in Idleb and western Aleppo governorates from which they were displaced. This includes some 114,000 people who returned to their areas of origin and some 21,000 IDPs who returned to their areas of origin, forcing partners to re-establish health services in some cases with limited human resources.
- World Health Day (7 April 2020) was the day to celebrate the work of nurses and midwives and remind world leaders of the critical role they play in keeping the world healthy. Nurses and other health workers are at the forefront of COVID-19 response - providing high quality, respectful treatment and care. Quite simply, without nurses, there would be no response.
- While no cases of COVID-19 have been confirmed in NW Syria since the testing began, by the end of April the Ministry of Health in Damascus reported a total of 43 confirmed cases and three associated deaths since the beginning of the outbreak.
- On 8 April, the Organisation for the Prohibition of Chemical Weapons (OPCW) published a report that accused the Government of Syria of launching three high-profile chemical attacks in Ltamenah in northern Syria in March 2017.
- The COVID-19 preparedness and response plan for NW Syria includes a budget of US\$ 162 million, of which US\$ 70 million is required for health-related needs until the end of 2020.



**129** HEALTH CLUSTER MEMBERS  
**38** IMPLEMENTING PARTNERS REPORTING  
MEDICINES DELIVERED<sup>1</sup>



**281,310** TREATMENT COURSES FOR COMMON DISEASES

#### FUNCTIONAL HEALTH FACILITIES HERAMS



**141** FUNCTIONING FIXED PRIMARY HEALTH CARE FACILITIES

**59** FUNCTIONING HOSPITALS

**72** MOBILE CLINICS

#### HEALTH SERVICES<sup>2</sup>

**750,416** CONSULTATIONS

**10,127** DELIVERIES ASSISTED BY A SKILLED ATTENDANT

**8,530** REFERRALS

**822,930** MEDICAL PROCEDURES

**28,982** TRAUMA CASES SUPPORTED

**1,100** NEW CONFLICT RELATED TRAUMA CASES

#### VACCINATION



**8,777** CHILDREN AGED <1 VACCINATED<sup>3</sup>

#### MENTAL HEALTH SERVICES



**7,359** MENTAL HEALTH CONSULTATIONS

#### DISEASE SURVEILLANCE



**357** SENTINEL SITES REPORTING OUT OF A TOTAL OF 445

#### HEALTH HRP 2020 FUNDING \$US<sup>4</sup>



**\$14.7** RECEIVED  
**MILLION** IN 2020

**REQUIREMENTS \$443.2M**  
**3.3% funded**

<sup>1</sup> Supplies were cross border delivered by the WHO Gaziantep Hub and distributed to implementing health cluster partners in northwest Syria.

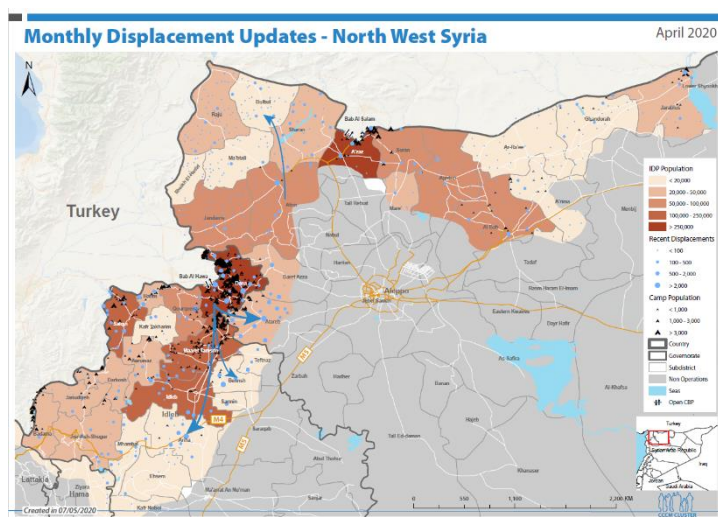
<sup>2</sup> Figures reported and updates are from 1 – 30 April 2020.

<sup>3</sup> Routine immunization with pentavalent vaccine (5 in 1 vaccine)

<sup>4</sup> Source: OCHA Financial Tracking System, Syrian Arab Republic Humanitarian Response Plan (HRP 2020) as of April 2020. <https://fts.unocha.org/>

## Situation update:

Of the estimated one million people in the NWS who fled their homes to escape from armed conflict since December 2019 and through the first quarter of 2020, some 854,000 people reportedly remain in displacement in northern parts of Idlib governorate and in northwest Aleppo countryside. By end of April, as the ceasefire is holding, a 135,000 people went back to areas towards southern Idlib and western Aleppo governorates from which they were displaced. This includes some 114,000 people who returned to their areas of origin and some 21,000 IDPs who returned to their areas of origin. Although, the most urgent needs of the displaced individuals and the returnees continue to be food, shelter, water, sanitation and hygiene; at the same time, as the displaced population begins to settle in, needs with longer term impacts are increasing in prominence, such as in health, forcing partners to re-establish health services in some cases with limited financial and human resources.



Source: RETURNES- CCCM-Monthly Displacement Updates-North West Syria-April 2020

The CCCM cluster reported 983 IDPs sites hosting 1,409,323 IDPs or 271,123 families. Out of that, 80% are women and children, and 14,061 IDPs are reported to be persons with specific needs. About 108 new IDPs sites were added and 9 sites were inactivated (duplication or depopulation and subsequent closure of some sites).<sup>5</sup> In April 2020, more than 110,000 IDPs happened in NWS from Dana, Afrin, Maaret Tamsrin, Idlib and Jandaris towards Dana, Bannsh, Atareb, Ariha and Afrin. In parallel, 113,000 IDP returnees were reported arriving to Ariha, Ehsem, Bannsh, Atareb, Sarmin, Mhambal, Teftnaz, Idlib, Jisr-As-Shughur and Maarat Tamsrin sub-districts.

The described fluid movement of people to areas where the provision of health services are no longer available as were forced to be close due to security, or in other areas are overstretched, required an increase in the capacity on the existing health facilities. This strategy, considering the limited number of human resources available has been challenging for the health implementing partners, as flexibility in re-programming and /or joining with other partners is not always the priority. To illustrate, when we compare the number of new facilities as per the HeRAMS data in Q1 2020 with Q4 2019 there were 16 more facilities in Q1 2020; and a month later by the end of April the total functioning facilities reported increased by 25, as follows; 2 new hospitals in Harim District, Idlib; 3 PHCs in Idlib (resume work), 5 PHCs in Aleppo (resume work), and 2 PHCs in NE Syria; 4 mobile clinics in Idlib and 6 mobile clinics in Aleppo and 3 other facilities.

Despite the implementation of a ceasefire on 6 March, the situation in northwest Syria remains highly volatile. The need for humanitarian assistance whilst ensuring the required preparedness and response for COVID-19 represents a unique and grave challenge considering the potential impact of the COVID-19 pandemic on health workers, on people living in northwest Syria, on local health systems, and on the overall humanitarian community delivering much needed assistance to the NWS. Current impacts on the humanitarian situation are due to countermeasures taken to mitigate the potential spread of COVID-19. At the Bab Al-Hawa and Bab Al-Salam border crossings between Turkey and Syria, individuals are no longer permitted to cross except in medical emergencies, while humanitarian staff crossing is limited. Both crossings remain open for humanitarian and commercial shipments, with similar restrictions in place at crossing points between Idlib and northern Aleppo. At the border, infection prevention and control (IPC) measures are in place on the Turkish side and will be established on the Syrian side. The current NWS humanitarian response to COVID-19 is focused on two areas: prevention of, and preparedness for, potential cases, and ensuring that humanitarian assistance continues while mitigating the risk posed by COVID-19 to communities and humanitarian workers.

<sup>5</sup> CCCM-IIDPs Sites Integrated Monitoring Matrix- SIMM- April 2020

- Although endemic, compared to 2018 and 2019, high number of cases of both cutaneous leishmaniasis (CL) and visceral leishmaniasis (VL) are being reported from NWS. There is an increased need of supply of medications (e.g. Glucantime injections), treated bed nets and community awareness for control.
- In NWS, the estimated number of women and girls in reproductive age is about 1,083,895. Among them, there are about 560,636 adolescent girls, 60,000 pregnant women and about 8,230 pregnant women giving birth monthly. Three in ten pregnant or lactating women are acutely malnourished, compared to 1 in 20 in the first half of 2019. Malnourished people have a compromised immune system and are therefore at elevated risk of mortality due to COVID-19.
- Despite the previous and current support for haemodialysis patients, there are still a gap in availability and sufficiency of dialysis kits which are essential and life-saving.
- Due to the risk of contamination with COVID-19, some immunization centres were shut-down triggering a resurgence of diseases that can be prevented with safe and effective vaccines; as lifesavings interventions immunizations (EPI) must be continue.
- The absence of unified authority in NWS pose a considerable challenge to ensure adherence to physical distancing measures for COVID-19 prevention. As per social media news and information through health partners, the communities are seen not able to comply with physical distancing regulation and there is need for better community mobilization on COVID-19 preventive measures. This comes with the arrival of the Holy month of Ramadan in which more social events continue to be held with lack or limited preventive social measures.
- Travel restriction between Syria and Turkey and the COVID-9 precaution measures established by the national authorities, had delayed the integration strategy between the tuberculosis program and the PHC services.
- The high turn-over of health staff is considerable in NWS making the capacity to manage suspected COVID-19 cases difficult.
- Global shortages of IPC and PPE supplies continue to impact preparedness plans of providing health facilities with required infection prevention and control measures, including global supply shortage for ventilators.
- As per the preparedness for safe response during COVID-19 breakout, some essential health services should be adapted to assure proper physical distancing especially with tentative contaminated persons. However, some health partners don't have currently the technical capacity in HR and technology to assure the remote support (such as tele-medicine and advisory) for patients instead of physical consultation.
- Referring to the "North-west Syria: COVID-19 Knowledge, Attitudes and Practices (KAP) Survey<sup>6</sup>", held in April 2020 by REACH, some of the key findings highlighted the huge number of people not taking preventive measures, the need to continue working to win the daily bread for their families when the youngest population will not abide to preventive rules unless there is confirmed case in NWS:
  - *"Over half of respondents were taking measures to reduce their chance of contracting COVID-19, including social distancing measures and hygiene measures. Men and urban populations (as opposed to women and rural populations) more frequently reported that they were still leaving their houses, attending social gatherings, and touching others.*
  - *The most commonly reported barriers to preventive action among respondents were inability to stop working because of the need to earn money (55%), and lack of hygiene items (61%). Men and rural populations more frequently reported they needed to keep working to earn money, whereas women more frequently reported a lack of hygiene items.*
  - *Young males are more likely to visit family and friends in the next week than any other gender/age group. An individual was less likely to leave their house to visit family/friends in the next week if the number of COVID-19 cases in their area was higher or if they felt they might be catching a cold. The number of confirmed cases in an area was the strongest deterrent to an individual leaving their house"*

<sup>6</sup> North-west Syria: COVID-19 Knowledge, Attitudes and Practices (KAP) Survey, REACH-April 2020: [https://www.impact-repository.org/document/reach/2954a6a3/REACH\\_SYR\\_Factsheet\\_SYR2009\\_NWS\\_19MAY20.pdf](https://www.impact-repository.org/document/reach/2954a6a3/REACH_SYR_Factsheet_SYR2009_NWS_19MAY20.pdf)

<sup>7</sup> IDEM

Due to the ongoing COVID-19 pandemic and the advice from WHO about “physical distancing”, the Health Cluster and the Turkey humanitarian community are nuancing existing plans to adjust for new way of working and using delivery modalities to accommodate COVID-19 precautions while enabling operational continuity. Not only virtual meetings continue to be the health cluster modus operandi, but alternative models for delivery of healthcare will be promoted, including identification of simple high-impact interventions, for e.g. process reengineering such as to facilitate safe task sharing within the scope of practice (human resources are not going to increase in the near-future with travel bans), or delivery through other platforms to ensure treatment continuity for chronic patients or modalities ensuring a continuum of care approach.

The two health cluster coordination meetings held in April were attended by more than 90 participants from national Syrian, Turkish and INGOs, UN agencies, local Syrian and Turkish authorities, donors and other members and/or observers. The Health Cluster partners are making huge efforts to take preventive measures and to increase their readiness to respond to a potential outbreak. The total number of cluster members increased from 121 to 129, but not a significant changed in the number of reporting implementing partners.



On 25<sup>th</sup> March, the United Nations Secretary-General Antonio Guterres launched a COVID-19 Global Humanitarian Response Plan joined by WHO Dr. Tedros Adhanom Ghebreyesus, UNICEF Executive Director Henrietta Fore, and the UN's Under- Secretary-General for Humanitarian Affairs Mark Lowcock. For the NWS, the COVID-19 Preparedness and Response Plan (PRP) includes a budget of US\$ 162 million, of which US\$ 70 million is required for health-related needs until the end of 2020. The initial NWS COVID-19 PRP estimated an urgent 3-5-month funding gap of US\$ 34 million for the health response.

The SCHF launched a survey on the 27<sup>th</sup> of March to understand the partners' response to the pandemic. The survey revealed that all SCHF partners have started taking measures to reduce the risk of spreading the virus. They have modified their work modalities in the field operationally and administratively to varying degrees. Despite the absence of cases, all partners had rolled out mitigation measures in preparedness for the high likelihood of transmission to northwest Syria. The survey also found that the implementation of COVID-19 measures impacted SCHF partners differently. 55% of the responding organization reported a partial impact on the implementation of activities, 19% reported a tangible impact on the delivery of the projects, and 26% reported no disruption was caused during the implementation of the mitigation measures.

To further support the Health Cluster NWS COVID-19 PRP on the 25 April, the SCHF launched an allocation to support and fill urgent gaps in the COVID-19 preparedness with a three-pronged approach:

- ✓ **Reprogramming ongoing projects with no budget change:** The HFU is currently processing over 20 projects revisions in which partners are requesting changes in duration, implementation modalities and activities to adapt to COVID-19. For example, FSL partners are changing distribution modalities and changing from hot meals to ready to eat rations;
- ✓ **Reprogramming ongoing projects with budget change:** The WASH cluster has identified projects that will require increase in budgets to add critical activities such as WASH in health facilities;
- ✓ **New allocations:** Key interventions and gaps in the COVID-19 PRP will be supported through pre-identified partners.

Although COVID-19 preparedness and response plan activities continue to be the main subject, the continuation of essential and lifesaving' interventions including: critical inpatient therapies; management of emergency health conditions; reproductive health services including care during pregnancy and childbirth; vaccination activities, care of older adults and people with disabilities; management of mental health conditions as well as non-communicable diseases and infectious diseases like TB; and auxiliary services like basic diagnostic imaging, laboratory services, and blood bank services, among others.



The Health cluster service delivery for the first 4 months of the year is summarised in the cumulative and monthly reported 4Ws indicators as per below table:

Indicator	Jan-20	Feb-20	Mar-20	Apr-20	Total	% Reach of 2020 out of 2019 Baseline reach	2019 Baseline Reach
#OPD consultations (EXCLUDES trauma, mental health and physical rehabilitation)	794,196	731,874	740,076	750,416	3,016,562	29%	10,454,493
Sum of Medical procedures	861,780	797,558	799,552	822,930	3,281,820	29%	11,385,761
vaginal deliveries	6,921	11,528	7,297	7,850	33,596	38%	89,488
C-section deliveries	2,286	2,406	2,460	2,277	9,429	34%	27,912
Deliveries assisted by skilled attendant	9,207	13,934	9,757	10,127	43,025	37%	117,400
Number of mental health consultations (new cases+ follow-up cases)	9,785	7,072	6,519	7,359	30,735	49%	62,099
Number of new patients who received mental health consultation	3,398	2,945	2,914	3,364	12,621	47%	26,964
Number of physical rehabilitation sessions provided	14,260	14,547	11,537	17,516	57,860	34%	171,219
number of new patients who received Physical Rehabilitation	3,426	3,589	3,193	4,194	14,402	33%	44,282
Number of referrals inside Syria	9,788	10,869	11,290	8,495	40,442	41%	99,194
Number of referrals to Turkey	203	417	525	35	1,180	8%	14,354
Total Referrals	9,991	11,286	11,815	8,530	41,622	37%	113,548
Number of trauma consultations.(new cases+ follow-up cases)	24,341	18,845	19,848	28,982	92,016	20%	467,002
Number of hostility-related trauma consultations (war related)	2,771	1,989	1,614	1,100	7,474	16%	46,069
Number of admissions (Hospitalisation - ICUs )	851	761	655	977	3,244		
Number of admissions (Hospitalisation - Wards )	21,962	18,268	21,560	21,495	83,285		
Total Number of admissions ( Hospitalisation )	22,813	19,029	22,215	22,472	86,529	28%	311,348
Number of Major surgery: [#Elective surgeries]	3,191	2,579	3,949	3,851	13,570		
Number of Major surgery: [#Emergency surgeries]	2,292	1,791	870	1,484	6,437		
Total Major Surgery	5,483	4,370	4,819	5,335	20,007	19%	103,651
Number of Minor surgery	4,760	3,364	4,186	8,024	20,334		
Number of Treatment courses provided	272,301	225,665	269,398	281,310	1,048,674	28%	3,749,899
#Children <1 covered with DPT3 or equivalent pentavalent vaccine	7,743	7,127	6,168	8,777	29,815	28%	104,896
#Children 1-2 years covered with MMR2 or equivalent measles vaccine	7,469	7,001	6,926	10,337	31,733	30%	106,404
Number of deaths in the facility	248	213	212	268	941		
Total number of Ante-Natal Care (ANC)all visits	56,194	61,734	61,942	53,247	233,117		
Antenatal care 4Th Visit Or More	16,576	13,247	8,442	9,815	48,080	14%	354,483
Reporting Partners	38	40	37	38			

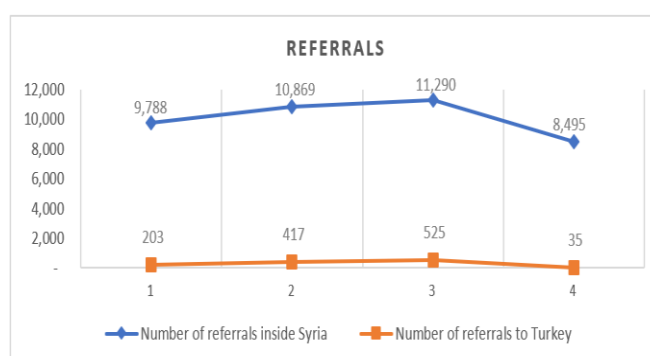
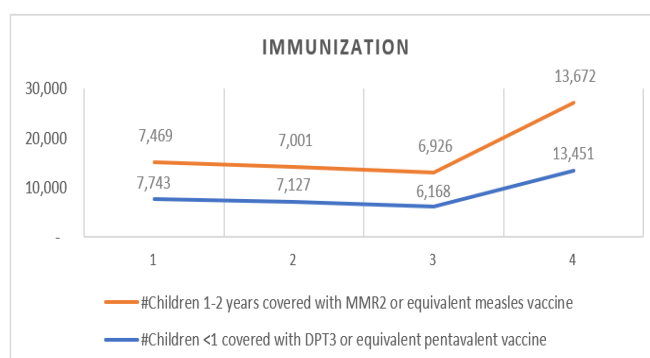
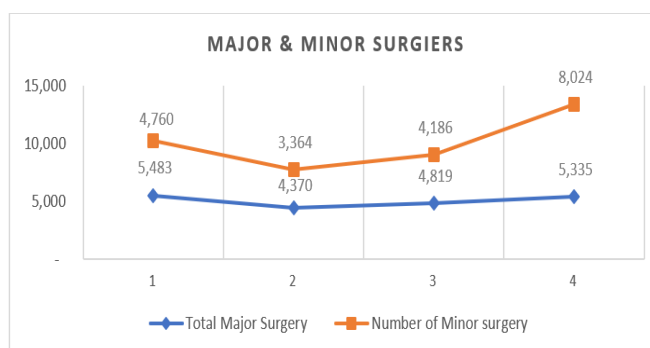
Table 1: Health Cluster NWS monthly & cumulative indicators for January to April 2020

Although the health partners are focusing on the preparedness and response plan for COVID-19 and funding and activities are being repurpose, indicators reported in April 2020 show a normal delivery of health services in NWS even with an increase for some services as per the monthly measured health cluster indicators.

The increases when compared with Q1 2020 monthly average are seen in the following indicators: #trauma consultations ↑27.5%, #minor surgeries ↑51% and #Children <1 covered with DPT3 or equivalent pentavalent vaccine ↑52%. The latest maybe due to resuming the vaccination activities on the non-functional EPI centers at the beginning of the month.

As the ceasefire, continuous to hold since the first week of March, the number of hostility-related trauma consultations, which has been decreasing since beginning of the year showed a further drop by 17%, as a direct effect of the decrease in the armed conflict. As for reproductive health, there were an increase in the #vaginal deliveries ↑8% while #C-section deliveries ↓7%.

Lastly, a significant drop was seen for #referrals to Turkey, an over 90% decrease when compare with Q1 2020, this directly follows the strict restriction of cross-borders referrals from NWS set by Turkish authorities as part of the COVID-19' preventive measures.



## Partners & Working Groups Updates

UOSSM launched remote psychological consultations services in Northwest Syria, in cooperation with WHO, to provide “psychological support for residents and the internally displaced in the area. Calls are received 6 days a week from Saturday to Thursday for 12 hours, from 8:00 AM until 8:00 PM” (Source: UOSSM newsletter April 2020).



Fig: UOSSM-Remote psychological consultation-April 2020

In close collaboration with COVID-19's taskforce and in line with the PRP, UOSSM provided following emergency aid to displacement camps:

- “Sterilization of 3 camps (al-Furkan camp, Al-wafa camp and Khatin camp);
- Distribution of over 1,000 hygiene kits containing personal care items;
- The establishment of an isolation centre and a distance-learning centre in Afrin;
- Distribution of educational awareness brochures about COVID-19 in areas of displacement.”

(Source: UOSSM newsletter April 2020).

BALSAM, in the last two months, provided health services in Al Dana, Atmeh, Harem and Sarmada villages to 3,340 beneficiaries through its mobile clinics from which 19% are men, 38% women and 43% children. Also, 1,437 pediatric consultations were provided, 709 gynecology consultations, 1,125 general consultations, 58 dressings and 11 referrals to specialized clinics.



Fig: BALSAM - Referral ambulance - Al Naweer Camp in Akrobat

Medical Education Council provided physical rehabilitation services in its centre located in Sarmada, Idleb since early 2020. In addition, the centre provided orthosis to its beneficiaries. The centre consists of two separate departments: one for men supervised by specialized men staff and another for women and children supervised female specialized staff. In April, the centre delivered 350 physical rehabilitation sessions and received 30 new patients. Also, the centre opens his door for physical rehabilitation internship for physical rehabilitation students in Idleb.

SHAFAK started in April supporting three PHC centres in Kafarghan and Akhtar in Aleppo, and Harbanoush PHC centre in Idleb. In addition, provides obstetric and C-section services in Harim General Hospital and continue its support for two dialysis centres (Idleb and Qah) as well providing lithotripsy sessions to patients in Idleb centre.

Paediatric, RH and GBV services are provided through a CEmONC-level health facility and an adjacent women and girls safe space in Idleb. Both facilities are providing services for women and girls, including RH services as well GBV response services in addition to women empowerment activities and community engagement supported by UNFPA.

The IDPS are served via 6 RRTs integrating health, protection and nutrition services in Maaret Masrin and Atareb.

NGO supported a total of 11 health facilities in Idleb and Aleppo, including two hospitals, six primary health clinics, and three rehabilitation centres, in addition to the support for 10 ambulances.

Through these facilities this NGO provided 29,493 outpatient consultations and transferred 100 cases by supported ambulances. Of the total health services provided, 27.7% of total consultations were provided as basic reproductive health services for women and girls of reproductive age, and 37% of total health services were provided to children between 0-14 years of age. In Aleppo, one static primary health clinic (Al Rayan) delivered services to 1,850 patients, whereas in Idleb five primary health clinics (Atmeh 1, Atmeh 2, Southern Atmeh, Green Idleb, and Kafr Yahmoul) provided 19,862 patients with primary health services.

The **Al-Salam Maternity and Child Hospital** in Idleb provided safe delivery services and in-patient care for mothers and new-borns with pharmacy and laboratory support services and provided CEmONC services. For the reporting period, the hospital provided 3,156 consultations, of which 632 were paediatric consultations for children, 20 of which were in-patient services, and 2,524 were reproductive and maternity health consultations, including assisting 305 normal deliveries and 138 caesarean sections.

**Afrin Maternity and Child Hospital** in Aleppo provided 4,625 consultations, of which 2,952 were paediatric consultations for children (495 inpatient services) and 1,673 were reproductive and maternity health consultations, including assisting 328 normal deliveries and 125 caesarean sections.

As part of this NGO's physical rehabilitation program, three physical rehabilitation static centres and six mobile units provided physical rehabilitation services in cooperation with *Idleb Health Directorate* and other actors, in Idleb city, covering Idleb city and surrounding IDP camps and in Al Dana city covering Al Dana city and surrounding IDPs camps and in Salqin city covering Salqin city and surrounding IDPs camps.

Due to COVID-19, the NGO suspended all the outreach activities starting from the 18<sup>th</sup> March till end of May with close situation follow-up. During the reporting period, the physical rehabilitation centres received 403 new patients with physical disabilities and war-related injuries and provided 3,442 physical rehabilitation sessions for both new and follow-up patients. Complementing the physical rehabilitation sessions, 99 mobility and 39 orthoses devices were donated to the beneficiaries based on their specific needs. In addition, a total of 126 caregivers (77 male, 49 female) were trained on topics such as the acceptance of different disabilities and supporting their family members with disabilities (such as through using assistive devices) different acceptance of disability, supporting their family member with a disability (using assistive devices), which were adapted as per the needs of each beneficiary and their caregivers.

The *MENTOR Initiative* is operating three mobile clinics in NWS covering 24 locations, one mobile clinic in Afrin and two in Idleb governorate. Also, it is supporting 12 health facilities (HFs) in Harim district of Idleb as well as 28 HFs in northern Aleppo. In April, the Initiative provided support to 39 HFs in NWS.

Furthermore, the MENTOR Initiative is operating three leishmaniasis mobile treatment clinics (MCs), two in Harim district of Idleb and one in Afrin district of Aleppo. These three MCs are covering 24 different mobile clinics point locations. MENTOR had planned to launch a 4<sup>th</sup> Leishmaniasis treatment clinic in Azaz, however this has been delayed due to current preparedness for COVID-19.

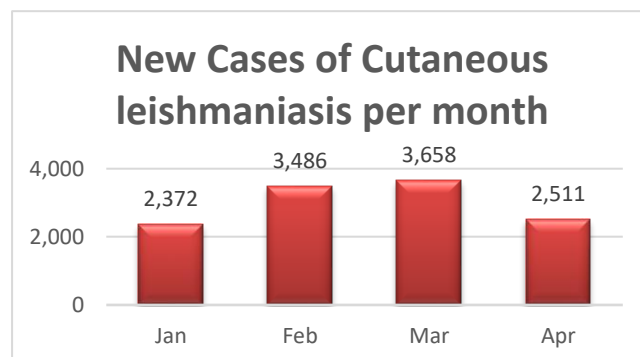


Fig: MENTOR - Number of new cases diagnosed per month at MENTOR's supported HFs and MCs

In April, *MENTOR* supported the diagnosis and treatment of a total of 2, 511 new cases of Cutaneous Leishmaniasis (CL) and conducted 28,464 Leishmaniasis treatment consultations. Although this caseload is still very high, it has decreased compared to recent months which we believe is due in part to the Holy month of Ramadan and the preventive measures applied in health facilities towards COVID-19 by welcoming less people.

Of note, MENTOR also diagnosed nine cases of Visceral Leishmaniasis (VL) in young children in Idleb governorate in April. MENTOR alerted WHO about the spike in cases and conducted active case finding amongst family and neighbors of all cases. All cases were commenced on treatment.



Fig: MENTOR staff member conducting a leishmaniasis intraleisional treatment consultation in mobile treatment unit



Since January 2020, 21 new cases of Visceral Leishmaniasis were diagnosed in NWS. Although the numbers are not very large, it is a significant increase compared with the numbers recorded in previous years which raises concerns considering that Visceral Leishmaniasis could be fatal disease if not timely diagnosed and treated. So far in 2020, more cases of VL were diagnosed compared to what were diagnosed in full 2018 and 2019.

*Al-Resala Foundation (RF)* provided health services in two PHCs in Alresala camp in Afrin as well through two mobile clinics in Almanarah camp in Al Dana, Bulbul and Sharan sub-districts. In April, essential health services consultations, treatment, physical rehabilitation, health promotion, reproductive health services and immunization were delivered to people in NWS, including IDPs.

For the people in NWS, especially for IDPs, it provided life-saving hemodialysis services inside and outside camps. The services are available in nine dialysis centers Darkosh, Shafak, Kafr Tkharim, Ibn Sina, Bab Al Hawa, Qah and Armnaz Centers.

RF finances the medical supplies and consumables for those nine dialysis centers and keeps regular maintenance for 81 dialysis machines and six water treatment units. The staff in Qah, Armnaz, and Ibn Sina centers were trained on using and preserving dialysis devices.



Fig: Al Resala Foundation- Maintenance of dialysis machine

The Foundation preparedness and activities related to COVID-19 are aligned with COVID-19's taskforce Preparedness and Response Plan (PRP) and its pillars. Its services include health awareness via CHWs, mental health services and psychosocial support through psychosocial support workers (PSWs) including mental health consultations via trained doctors in mhGAP.

*Social Development International (SDI)* is providing primary, secondary, and tertiary health care services to vulnerable people in NW Syria, taking into consideration preventive measures adopted by Health Cluster COVID-19's taskforce and *WHO's* guidelines to limit and prevent risk of COVID-19.

On the 18<sup>th</sup> of April 2020, two new services started; the first in Harim General Hospital in Harim, Idleb, for out-patients' consultations, internal medicine and surgery; in addition to reproductive health care services including normal and C-section deliveries.

The hospital is ready to admit in-patients for orthopedic and general surgeries, in addition to the emergency care services, X-ray and laboratory departments. The hospital has a pharmacy and attached to it a referral system.

The hospital has also a triage and isolation services for COVID-19 suspected cases. Since 18 April it provided 752 medical consultations, 8 major surgeries and 1,525 health services including laboratory tests, hospitalizations and treatment courses for 752 beneficiaries. The second service is in Tal Abiad a physical rehabilitation center and provided 86 assistive devices for 61 patients in addition to 142 physical therapy sessions for 56 patients.

In Al-Hakeem PHC, Level 3, center in Afrin, *SDI* delivered 3,421 medical consultations for 2,859 beneficiaries, 12,761 health and nutrition services including 1,344 treatment courses and 4,901 laboratory tests. In Swasia Center for Orthotic & Prosthetics and Physical therapy in Afrin, prosthesis and orthosis were delivered to 26 patients, in addition to 16 assistive devices for 16 patients, 512 physical therapy sessions to 115 patients, and 196 mental health sessions to 75 people.

The Blood Bank in Afrin afforded 878 blood units and other blood components for the patients in Afrin' health facilities.



Fig: SDI- Afrin Blood Bank in Afrin, Aleppo



In *Save the Soul Maternal and Child Health Hospital*, in Salqin 2,494 medical consultations were provided in addition to 188 vaginal and C-sections deliveries and 6,627 medical services including treatment courses, laboratory tests and nutrition services; in addition to outreach visits to 76 households by the CHWs teams.

Its Mobile clinic in Maaret Tamisrin sub-district covers six communities and served 1,391 medical consultations, 3,306 health and nutrition services including treatment courses. MHPSS services and nutrition services for 1,787 beneficiaries most of them IDPs were also given.

The rapid response teams working in Afrin sub-district are covering 10 communities. Two RRTs (12 health workers) were trained on awareness for COVID-19 and provided 754 awareness sessions during health and nutrition services at community level.



Fig: SDI- RRT in action in IDPs camp applying COVID-19 preventive measures

In line with the PRP for COVID-19 and the pillars of the taskforce, *SDI* launched the “Stay home” campaign and started disinfecting its health facilities and printed communication tools according to guidelines from *WHO* and *UNICEF*. Also, the CHW teams distribute 60 hygiene kits in the Afrin sub-district for children and women with severe acute malnutrition. Also, two tents for triage and isolation for suspected cases were set in each health facility.

### **World Health Organization (WHO)**

**Tuberculosis Programme:** WHO is supporting three tuberculosis (TB) centres offering its services in the cities of Afrin, Idlib and A’zaz. The TB centre in Afrin resumed receiving support for the next five months.

Also, a GeneXpert laboratory was inaugurated in Antakya, Turkey and started receiving the sputum samples from the NWS centres. As of 25<sup>th</sup> of April, 77 samples were tested; 52 were not TB infected and 25 were TB cases. No resistance cases registered.

### **Non-Communicable Diseases (NCD) Working Group:**

An integration pilot project of the non-communicable diseases and MHPSS started in April at 16 PHCs for a period of six months. The integration consists of creating standards on the diagnosis, management care and follow-up on patients at the PHC, following the Package of Essential NCD (NCD/PEN) protocol of WHO. A total of 59 doctors, nurses, and pharmacists were trained on NCD/PEN and pharmacy management for the last 3 weeks.

### **Mental Health and Psychosocial Support (MHPSS) Working Group:**

During the first quarter of 2020, 13 MHPSS partners provided 8,300 mental health consultations showing the highest percentage for depression (24%) and stress-related disorders (17.5%) followed by epilepsy (16.2%), children and adolescents’ behavioural problems (9.2%) and psychoses (9.2%). On another hand, there had been 130 cases of suicide/self-harm reported in northwest Syria. Also, the partners provided 18,935 psychosocial support services and 4,731 psychological first aid, 1,505 specialized mental health services, referral for 211 children for protection services and support and referral for 815 gender-based violence cases.

The only service stopped as a preventive measure from COVID-19 is the group counselling with adults and the PSS activities with groups of children. Therefore, MHPSS Helpline was established in northwest Syria to receive calls for 16 hours per day. The services provided through the helpline, by psychologists, to consider PSS counselling and referrals to access basic special services and to specialized mental health care if needed.

Also, WHO supported a Mental Health Gap Action Programme (mhGAP) Version 2 roll-out/refresher training started mid-April to target of 154 primary health care doctors for four days training.

### **Sexual and Reproductive Health Care (SRH) Technical Working Group**

developed a guidance note for health care providers on COVID-19 and pregnancy in English and Arabic based on the available evidence and information from **WHO, UNFPA, UNICEF, ACOG, RCOG** and **CDC**. It provides the health care providers with the latest available evidence on how to deal with pregnant women in the context of COVID-19.

Sponsored by **UNFPA**, 60 RH kit 3 (Rape kit) were distributed to 56 health facilities which will cover a 3,600 person for 3 months. A guidance-note on rational use of kit 3 was developed too.

A Maternal mortality monitoring tool developed through the **SRH TWG** which will capture information on any maternal deaths and facilitate maternal death / near-miss review by respective organizations– aim is to ensure and improve safe motherhood programs. The tool was implemented in February of 2020 as a continuous process. In April, 15 partners, 44 health facilities shared their data and so far, no maternal death reported.

On another hand, 157 staff were trained in April (6 gynaecologists, 26 midwives, 82 nurses, 2 doctors, 13 CHW's and 28 administrative employees) by **SRD** under guidance and leadership of WHO. Following the training, triage areas in 6 BEMONCs and 6 BEmONC facilities established as a response to COVID-19 and to screen women and girls for provision of needed services, medications and referral to other services if required. Also, 24 PPE kits were locally procured inside Syria and distributed to 22 health facilities: 6 BEmONC, 6 CEmONC and 10 mobile clinics in order to assure the safety of staff during COVID-19.

**Advocacy and Communication Working Group** continues to convene online on a weekly basis, exchanging updates specific to COVID-19 and media coverage regarding the situation in NW Syria. Some 500 photos with captions, documenting WHO supported projects across NW Syria, were filed to WHO's online photo archive and shared with the group for official use.



**World Health Day (WHD)** 7 April was marked by both **EURO** and **EMRO** platforms, as well as the working group members on their social media platforms. In this International Year of the Nurse and the Midwife,

the spotlight was on the vital role they play in providing quality health and social care, under the slogan "Support nurses and midwives".

The campaign will be used to mobilize action and encourage investments to strengthen the nursing and midwifery workforce. Nurses and midwives make up more than half of the health workforce and provide services from promotion and prevention to treatment, rehabilitation and palliative care, throughout people's lives – from birth to death.

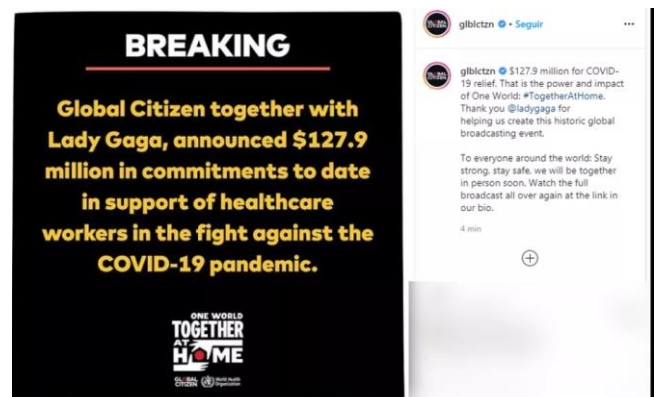


The international advocacy organization **Global Citizen** and **WHO** broadcasted on Saturday 18 April the *"One World: Together At Home"* event - a globally televised and streamed special in support of the fight against the COVID-19 pandemic.

*"One World: Together At Home"* was a celebration in support of the healthcare workers worldwide battling COVID-19. The live broadcast featured real experiences from doctors, nurses and families around the world. 'One World: Powered by commitments from supporters and corporate partners in benefit of the COVID-19 Solidarity Response Fund.

The **COVID-19 Solidarity Response Fund** support WHO's work, including with partners, to track and understand the spread of the virus; to ensure patients get the care they need and frontline workers get essential supplies and information; and to accelerate research and development of a vaccine and treatments for all who need them.

Some donations also support Fund partners UNICEF, for its work on COVID-19 among vulnerable communities including children, and the vaccine development alliance CEPI.



Following *One World: Together At Home*, a historic global broadcasting event, Global Citizen together with Lady Gaga, announced **\$127** million in commitments to date in support of health care workers in the fight against the COVID-19 pandemic.

