HEALTH SECTOR Syria

HEALTH SECTOR BULLETIN

July 2022

Syria

Emergency type: Complex Emergency
Reporting period: 01.07.2022 to 31.07.2022

Total population	People in need	People in health need	People in acute health need (Severity scale >3)	People targeted
21,653,512	*14,560,823*	*12,225,470*	*3,200,000*	*7,976,025*
PIN (IDP)	**PIN (Returnees)**	**PIN (Non-displaced)**	**PIN (Refugees)**	**PIN (Children 0-17 years)**
4,338,533	*47,673*	*7,839,264*	-	*5,359,602*
PIN (women)	**PIN (with disabilities)**	**Required (US$ m)**	**Funded (US$ m)**	**Coverage (%)**
6,022,040	*3,459,454*	*582,8*	*28.7*	*4.9*

KEY ISSUES

- COVID-19
- Main challenges in NES (EPI and COVID-19)
- HNAP assessment
- Health sector briefing notes for the upcoming HC visit to NES
- Budget Brief: The 2022 State Budget in Syria, UNICEF Syria
- Situation with meningitis in NES
- Strategic risk assessment using STAR tool
- Health sector inputs: Regional Dialogue Mechanism
- SHF allocation
- Gavi mission
- Contingency plans for north Syria
- Technical assistance to XB in NWS and NES
- Health sector Syria opportunities (as reported at HCT Syria)
- Materials distributed in July

2022 HRP indicators (June 2022)	
Treatment courses provided	524,020
Treatment courses provided in areas of severity scale >3	117,908
Medical procedures supported	1,249,410
Medical procedures supported in areas of severity scale >3	94,079
Cases referred for treatment	1,583
Number of PPE distributed (gloves, masks, gowns)	63,730
Health staff trained/re-trained on different health topics	3,058
Community health workers trained/re-trained on different health topics	0
Percentage of reached sub-districts	64.3%
Percentage of reached sub-districts in areas of severity scale >3	9.7%
Number of operational mobile medical units, including teams	139
Number of operational mobile medical units, including teams, in areas of severity scale >3	6
Number of reporting organizations	19
Number of implementing partners	42

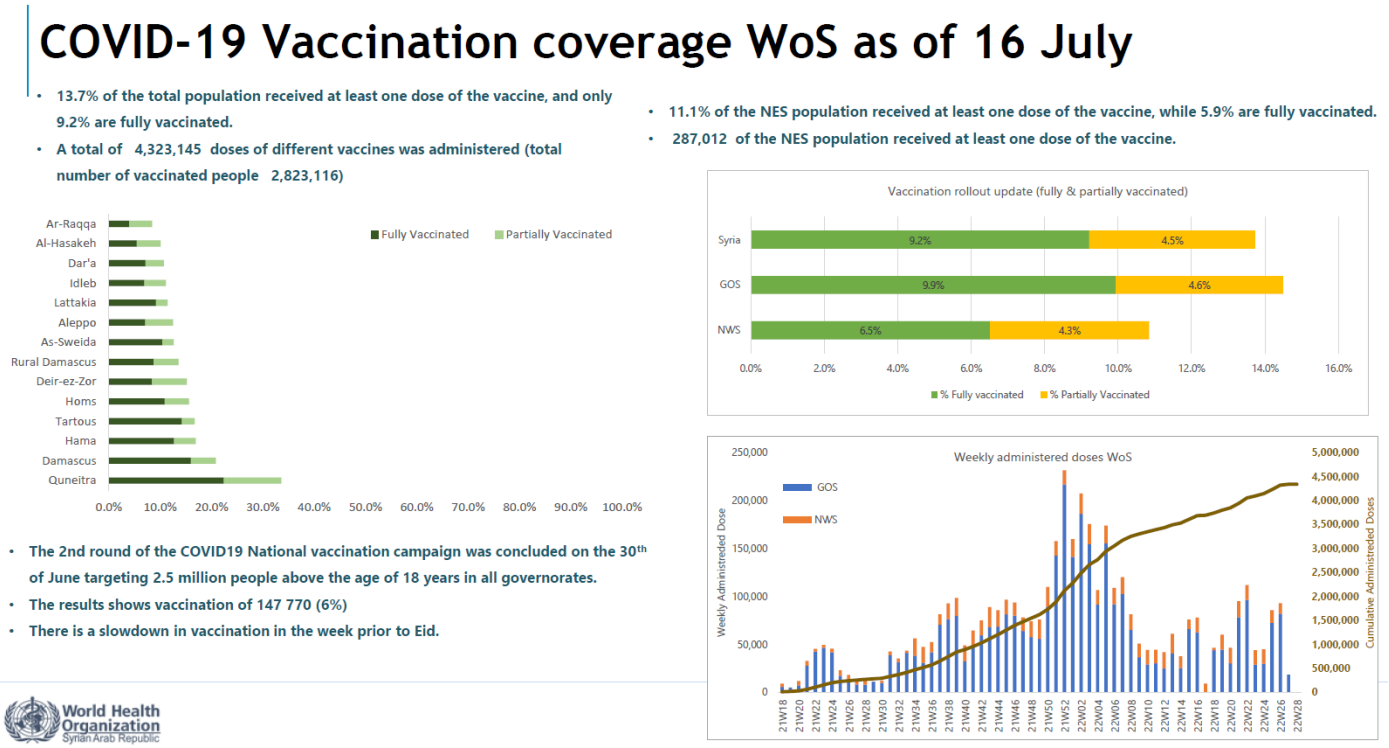
HEALTH SECTOR BULLETIN
July 2022

SITUATION OVERVIEW

- Presidential decrees were issued for transferring and appointing new Governors in Damascus, Rural Damascus, Hama, Tartous, Quneitra, Homs, As-Sweida and Al-Hassakeh.
- Security Council extends cross-border mechanism for six months.
- Tensions continue in north, east and west rural Aleppo.
- Notable escalation in Northwest Syria.
- Tensions continue to be reported in Northeast Syria.
- Announcement of state of emergency in NES.
- Reduced water flow in the Euphrates.
- Shortage of fuel reportedly persists across Syria.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

COVID-19



Main challenges in NES (routine immunization and COVID-19 vaccination)

- Presence of dual health authorities.
- Limited HR capacity for DoH and difficulties to retain staff with many better rewarding opportunities in NES for health staff (privet sector and NGOs) and weak governance.
- Access constrains 1) wide geographical area including thousands of small, scattered communities 2) too many checkpoints with different controlling powers 3) difficulties in accessing camps & camps like settlements (like Al Hol).
- Unpredictable volatile security situation which led in several occasions to service interruption.
- Power supply challenges affecting the functionality of COVID-19 designated cold chain facilities, mainly in Eastern DEZ.
- Low demand for Covid-19 vaccination with more to be done in terms of RCCE activities. Some good improvement noted during last mass campaigns, yet NES is far from the targets.

- Limited or absence of timely transportation capacity for DoH to bring in vaccines and transfer medical samples to Damascus.
- Lack of fixed vaccination sites in eastern side of DeZ.
- Hard to reach areas (RAATA).
- Uncontrolled borders in NES and constant population movements in and out.

Humanitarian Needs Assessment Programme (Quarterly review of community conditions)

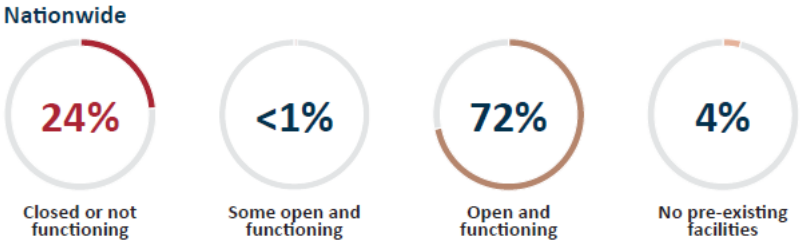
HNAP is pleased to present its third Quarterly Review of Community Conditions (Q-RoCC). The report highlights community-level conditions across key thematic areas, determined to play critical roles in community stability. The assessment is conducted on a quarterly basis and covers all communities across the Syrian Arab Republic, from which population has departed (since 2011), but it has not yet been fully restored. Empty communities and camps are excluded from the survey.

Access to services remained poor: availability of electricity across the country averaged 3.9 hours of public electricity supply per day, while more than a quarter (26 percent) of the communities had no electricity available. In addition, in 17 percent of all assessed communities either none or less than half of the local population had sufficient water. Consequently, it is unsurprising that 76 percent of assessed communities were unable to afford food and other basic items.

AVAILABILITY OF PRIMARY HEALTHCARE

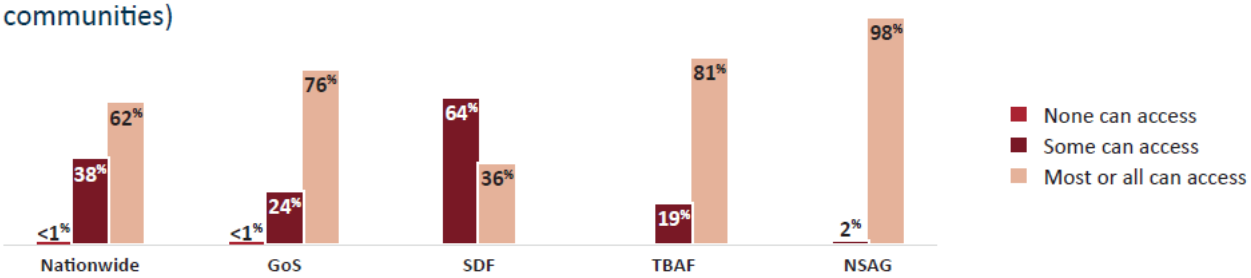
This section highlights the availability of primary healthcare at community level in the previous 3-month period. The community focal points report on the functionality of the healthcare facilities in the location or nearby. Furthermore, the results also highlight what proportion of the local population can access healthcare in a given community. The results are presented at national and regional levels.

Availability of healthcare (% of people with sufficient access by assessed communities)



Region	All facilities are closed or not functioning	Some facilities are open and functioning	All facilities are open and functioning	No pre-existing facilities in location
GoS	31%	<1%	69%	<1%
SDF	19%	1%	73%	8%
TBAF	22%	-	74%	4%
NSAG	11%	2%	86%	1%

Access to primary healthcare nationwide and by region (% of people with access by assessed communities)



Post-Distribution Monitoring Survey (PDMS) conducted in Aleppo Governorate in January 2022 to assess the impact of the Integrated Social Protection Programme for Children with Disabilities.

UNICEF shared the findings of the Post-Distribution Monitoring Survey (PDMS) conducted in Aleppo Governorate in January 2022 to assess the impact of the Integrated Social Protection Programme for Children with Disabilities.

The survey was conducted in January 2022 among a representative sample of families who were enrolled in the programme in July 2021 in Aleppo Governorate. These families were enrolled for a period of two years, i.e. they will continue to receive cash assistance and referral and case management services until June 2023. The survey confirms the high level of poverty and exclusion among beneficiaries of the programme:

- The monthly expenditure of families was about SYP 407,000 or equivalent to US$ 163 at the time of the survey. This was much lower than the monthly Minimum Expenditure Basket (MEB) required by a family to meet its basic needs. The per capita average monthly expenditure was about SYP 77,000 (US$ 31 or about US$ 1 per day). This covered only 63 per cent of the estimated per capita MEB of SYP 122,000 at the time (US$ 49).
- Higher economic vulnerability among female-headed families: 33 per cent of female-headed families had no earning members compared to only 4 per cent of male-headed families.
- High level of education exclusion among children with disabilities: 68 per cent of CWD had never attended school or received any forms of education.

The survey highlights the relevance, value-add and early impact of the integrated approach followed by the programme. Following six months of enrollment into the programme, the combination of cash transfer and referral services for children has already achieved significant results:

Sharp increase in families' expenditure to meet the essential needs of children with disabilities after the receipt of the cash transfer: expenditure on health care and educational services increased by 112 per cent and 124 per cent respectively;
- 76 per cent of children with disabilities had been referred to essential services;
- 28 per cent of children had received specialized health care and basic health care for the first time;
- 9 per cent of children had gained access to specialized education and formal education for the first time;
- The percentage of children who own a DOSAL disability card increased from 79 per cent to 94 per cent.

All PDMS reports published by UNICEF to assess the efficiency, effectiveness and impact of humanitarian social protection interventions in Syria are available here.

Health sector briefing notes for the upcoming HC visit to NES

Challenges and Gaps
- Lack of health human resources in general, and of specialized medical professionals in particular (e.g., gynecologists, midwives, family planning specialists, and others).
- Increased gaps in essential health services provision, including for patients with noncommunicable diseases.
- Shortages of medical supplies (e.g., NCD drugs, essential RH medicines and supplies, etc.) and challenges associated with stable and predictable supply planning.
- High demand for surgical interventions and services with well-established referral pathways.
- Insecurity and limited access impeding referral of urgent medical cases to hospitals.
- Health referrals are mostly ongoing for lifesaving (i.e., red) cases, while referrals for other medical cases (i.e., cold cases) are suspended due to limited funding allocated for health referrals to designated hospitals (for example, breast cancer).
- Increased risks of high COVID-19 transmission as well as other communicable diseases due to displacement, overcrowding and poor immunization coverage.
- High likelihood for the outbreak of water, food and air-borne diseases given poor living conditions of the affected population in the shelters and a lack of safe drinking water, food, and proper sanitary conditions.
- Full or partial suspension of health services at times of security escalation.
- Disrupted health system and functionality of health care facilities in NES: most health facilities are either not functioning or only partially functioning.
- Lack of ambulance services at night in Al-Hol camp has largely halted access to essential services, including maternity and delivery services (majority of women giving birth in their tents at night).

- Unpredictable donor funding and funding gaps to support ongoing humanitarian activities (e.g., around $3.96 million funding gap for Al-Hol camp alone).

Priorities

- Continue implementing the COVID-19 vaccination by supporting operational costs, RCCE, and other activities with a focus on increased vaccination uptake. Support to enhance lab capacities.
- Closer coordination with the Ministry of Health/Department of Health towards maintaining and strengthening regular immunization activities for children under five and implementing routine immunization activities in hard-to-reach areas.
- Expanding the coverage of health care services in a range of areas, including primary and secondary health care, reproductive health services, MHPSS, trauma, health referrals and other areas where services are lacking.
- Assessing health needs in order to provide improved health service delivery to vulnerable populations, including IDPs.
- Strengthening referral mechanisms.
- Enhancing disease surveillance to better respond to potential outbreaks of diseases.
- Strengthening coordination among health partners to promote complementary in health service provision.
- Improving health information systems to strengthen emergency response measures.
- Sustaining the level of crossline supplies to Northeast Syria.
- Continue exploring opportunities for joint service mapping and other joint exercises with cross-border partners.

Budget Brief: The 2022 State Budget in Syria, UNICEF Syria

UNICEF Syria has recently issued "Budget Brief: The 2022 State Budget in Syria." Full version of the budget brief is available at UNICEF Syria website.

The health sector is the only key sector for children where allocations have increased over the conflict period. Throughout the conflict the health sector has maintained slightly higher budgets in real terms than in 2011. In 2022, allocations have increased by 7.4 per cent in real terms compared to the baseline year of 2011. They have not yet rebounded to the 2020 level, when allocations to the sector were the highest ever recorded over the period from 2011 to 2022 (Figure 17).

The 2022 budget confirms the Government's prioritization of the health sector. In 2022, allocations to the health sector have increased by 97.1 per cent in nominal terms and 4.2 per cent in real terms compared to 2021 (from SYP 321 billion to SYP 632 billion). It is the only key sector for children where the budget has increased in real terms between 2021 and 2022. The allocations to this sector in 2022 translate into US$ 11.03 per person, about eight times lower than the WHO-recommended minimum of US$ 86 per person per year.

Within the sector, allocations to the Ministry of Health doubled between 2021 and 2022, from SYP 207 billion in 2021 to SYP 440 billion in 2022, which is equivalent to nominal growth of 112 per cent and real-term growth of 12 per cent. Allocations to university hospitals increased from SYP 114 billion in 2021 to SYP 189 billion in 2022, equivalent to nominal growth of 69 per cent and real- term negative growth of -10 per cent.

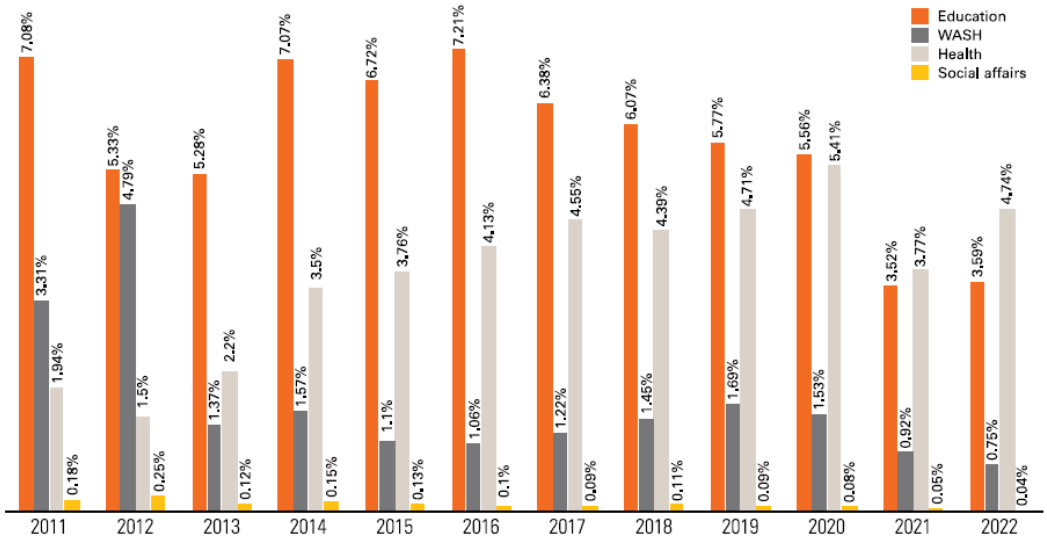
The share of recurrent allocations continues to grow and crowd out investment expenditures. The share of recurrent expenditures came to 89 per cent in 2022, increasing from 84 per cent in 2021. From 2011 to 2022, the shares of capital expenditures allocated to the health sector have continuously decreased, declining from 37 per cent to 11 per cent.

Aid in the health sector now surpasses government spending. Over the period 2017–2021, state budget allocations to the health sector were estimated at US$ 1.35 billion. In comparison, international aid to the sector amounted to US$ 1.21 billion. Since 2020, the estimated aid allocation to the health sector has been greater than the state budget allocation (Figure 18). In government- controlled areas, aid estimates in the health sector are now equal to state budget

allocations. This is largely due to the sharp devaluation of the national currency vis-a-vis the US Dollar, which started in 2020.

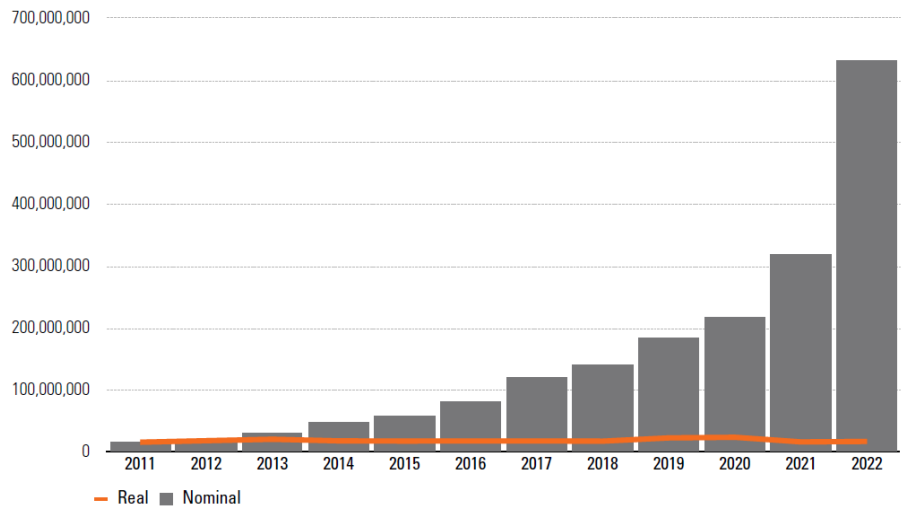
The resources allocated fall far short of the needs of the health sector, where key child well-being indicators have worsened. Years of conflict have devastated the sector. Only 58 per cent of hospitals and 53 per cent of primary health care centres were fully functional in Syria in 202026. Those that are in operation experience regular shortages of supplies, leaving many families and children unable to tend to their medical needs27. Some key child development indicators, such as immunization against diphtheria, tetanus and pertussis, have sunk to levels not seen in more than 30 years, with DTP3 vaccination coverage dropping from 80 per cent in 2010 to 48 per cent in 2020[28]. The overall decline in key child health indicators has contributed to an increase in the under-five mortality rate from 17 to nearly 24 deaths per 1,000 live births between 2008 and 2019. The number of people in needs in the health sector continues to grow, with a total of 12.23 million people in need in this sector.

Figure 16: Share of budget allocations to the health, education, water and sanitation, and social affairs sectors from 2011 to 2022 (%)



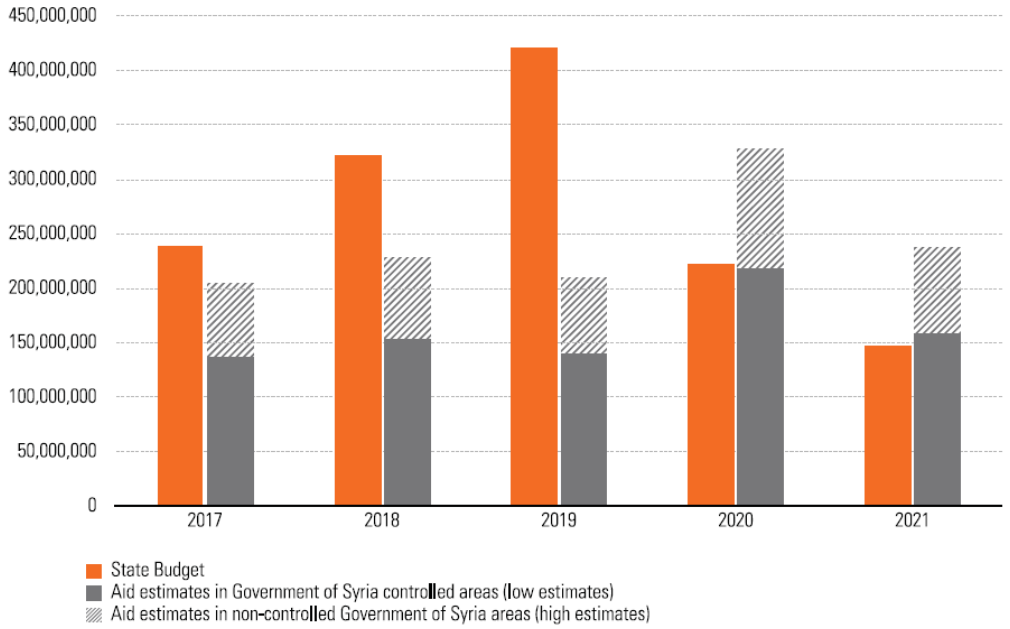
Source: MoF (various gazettes)

Figure 17: Allocations to the health sector from 2011 to 2022 (nominal and real terms, SYP thousand)



Source: MoF (various gazettes)

Figure 18: Government allocations and aid spending in the health sector from 2017 to 2021 (US$)



Situation with meningitis in NES

- Despite of the increase of suspected meningitis cases reported by EWARS system in the week 26 (26 June to 2 July), there was a significant decline of probable meningitis cases starting from 26 June 2022 (cases admitted to hospitals with CSF results indicate to meningitis)
- The overall clinical and epidemiologic features in addition to PCR results indicate to viral meningitis outbreak (enterovirus), in addition to sporadic bacterial cases (at least two positive Neisseria cases were confirmed by sequencing analysis).
- Most of reported cases are among children between 1-15 years.
- No clear case management protocol was followed by physicians.

Response

- Full technical and high-level follow up by WHO at all levels (HQ, EMRO) and GZT.
- Draft of update of national guideline of case management and standard case definition
- Ongoing active case identification of suspected cases by EWARS focal points.
- 4 kits of 25 RDT sent to hospitals in Hassakeh and Raqqa.
- Procurement, delivery, distribution and control over the use of antibiotics.
- HQ support with Ceftriaxone 600 vial- in process of shipping.
- Multidisciplinary online training on meningitis for healthcare professional and surveillance staff in NES was conducted on 28 July 2022, with support from WHO EMRO.
- Training on meningitis case management – contract with a national consultant to provide the trainings in NES governorates (two trainings in each governorate).
- Enhancement of CPHL (Damascus) capacity - PCR kits shipped from Pasteur Institute (France) to CPHL.
- Field investigation mission by WHO officers to Raqqa and Tabqa, conducted 29-30 June.
- Procurement of PCR multiplex kit on process.
- 91 transport media shipped from Oslo to Damascus expected to be received next week.
- 3 situation reports produced in July.

Strategic risk assessment using STAR tool

Follow up in place with WoS health cluster and other hubs on finalizing the risk assessment (based on STAR tool) for Syria. With support from WHO EMRO, using the the risk assessment outcome, & update/develop comprehensive contingency plan that could response/cover priority risks/hazards.

Health sector inputs: Regional Dialogue Mechanism, on "working with national authorities"

On major systematic limitations from state authorities in independently selecting localities and type of interventions.

- While health sector partners work closely with various line Ministries, a dialogue is in place to agree on priority locations and interventions based on field assessments and visits, existing severity scale approach, regular meetings and technical consultations to re-prioritize planning and response based on rapidly evolving situation.
- Health sector response is present in all 14 governorates varying with different degrees of levels of response based on the mandate, operational capabilities and available funding for health sector partners.
- Key question on health sector access negotiations with the Government of Syria (including crossline delivery to the northeast), and quality of access monitoring, while highlighting that for "access" in health there are the following different ways to define "access": a) Access by delivery of health supplies across Syria; b) Access by receiving approvals for implementing partners to work and expand their activities; c) Access by receiving approvals for health sector to carry out assessments and surveys.
- Traditional areas of limited selection are well known and are in NES, NWS, south (Rukban).

On different experiences of working with local authorities by sector, particularly health, education, agriculture and water.

- There has been a traditional day to day technical cooperation between the health sector and the responsible line ministries.
- There is a proven record of transparent discussions and processes in places to combat jointly and collectively issues representing public health threat, from life-saving and life-sustaining to build up of institutional capacity. This is also continuously highlighted and addressed through and by various technical consultations with visiting technical teams from HQ and Regional Office.
- Consultative process to develop Country Cooperation Strategy 2022-2024 brought together various national stakeholders to discuss humanitarian and resilience/recovery priorities with a clear conclusion on common understanding of health needs, gaps, challenges and priorities.
- Recalling that health can be seen as a platform for collaboration between health professionals from different sides, and between parties to a conflict as well as that health can provide an entry point for dialogue that can strengthen community relations and trust, or trust in the state (where appropriate), WHO Syria contributes with real time examples, its institutional memory and practices towards development and implementation of training/orienting approaches and materials for staff on conflict analysis and conflict-sensitive programming. These training courses for the Health for Peace initiative (health diplomacy for peacebuilding aimed at leaders and managers and an online introductory course on health and peace concepts and tools for frontline workers in fragile, conflict-affected and vulnerable settings) are being expanded to engage national stakeholders.

On efforts are underway to build capacity of local authorities, such as governorate offices, directorates of MoLAE and MoLSA, to improve the way they engage with the humanitarian response and support conflict-sensitive approaches.

- One of 15 recommendations of "the Independent Evaluation of WHO's Whole of Syria Response" is to enhance conflict analysis to ensure conflict sensitive programming at response and regional/district-levels.
- This is in line with WHO's Global Health for Peace Initiative launched in November 2019. The aim is to position WHO and the health sector as an influencer of peace by designing health interventions that are conflict sensitive and contribute to peace outcomes where appropriate. This also contributes to WHO's Triple Billion goals, the SDGs, and UHC (Universal Health Coverage).
- WHO Syria is a contributing stakeholder to develop roadmap for Global Health for Peace Initiative – as part of the Executive Board' decision. This will contribute to increasing conflict sensitive programming.

- In parallel, WHO Syria is part of the process of develop approaches, and WHO capacity, for conducting conflict analysis and trends analysis, translating into programme decision making.
- WHO Syria put in place a routine review of emergency response plans and proposals to ensure they reflect good conflict analysis and conflict-sensitive programming.
- WHO works on engaging «influencers» within and beyond the health sector on health collaboration to to encourage/support the resolution of an issue/a conflict (e.g., vaccination, COVID-19, outbreak response, etc.).
- A process is activated with the support of the Regional Office for a new recruitment of a key expert, consultant on conflict analysis, based in Amman (with regular travels to Damascus and Gaziantep)

On measures be taken to advocate for NGOs and UN agencies to operate with local ministries (rather than through the usual partnership with SARC or Syria Trust)

- A continuous sensitization work in place with national and sub-national health authorities. This yields in transformation of approaches and views by the line ministries. For example, October 2021 WHO work on Localization Strategy in Syria provided opportunities to discuss issues to: a) Evolve from Capacity strengthening to Capacity Transfer; b) Promote/support coordination among local NGOs; c) Address the issue of sustainability; etc.
- In coordination with health authorities, a significant progress is reached to factor into the planning the element of "community resilience and empowerment": listening to, consulting, working with and empowering communities; (Inter-)community dialogue, trust-building; Mental health and Psychosocial support.
- WHO experience in development of Syrian Arab Republic Health NGOs Strategic Plan for Engagement in the Early Recovery Phase of Health System 2020-2024 provided a basis for NGOs to interact with local ministries.

On mapping of "access constraints" at provincial level to better understand the challenges.

- Health sector related access constraints can be assessed and reviewed at governorate, district, sub-district, community levels if and when needed.

On options for strengthening collective conflict analysis and risk management capacities at the field/ hub level.

- Health sector is on a stand by to provide all necessary operational and technical support for joint actions.

HEALTH SECTOR ACTION/RESPONSE

SHF allocation

- 35 projects in total submitted and will considered for review by the S/TRC.
- 23 projects out of 35 are standalone health projects, while 12 projects are multi-sectors projects which contain health component

Org type	# of projects	Total Proposal Budget	Health Budget
International NGO	5	$ 4,914,058	$ 1,134,691
National NGO	25	$ 13,605,660	$ 10,983,903
UN Agency	5	$ 9,391,686	$ 6,021,194
Grand Total	**35**	**$ 27,911,404**	**$ 18,139,788**

Health Strategic/Technical Review committee will meet on 1 and 4 August.

Gavi mission to Syria

During its first mission to Syria, Gavi team discussed the issues: Meeting with high level officials of the Ministry of Health and EPI team; Routine immunisation coverage and keys issues; Covid-19 coverage, opportunities and challenges; HSS 1 grants launch; Co-financing 2022 and financial sustainability for vaccine procurement (longer term); Donor and partner meetings; Short field visit to health centres in Damascus; Technical assistance; Zero dose children related work – Equity Accelerator Funding; Multi-antigen integration Measles-Rubella campaign; etc.

Gavi informed about its historical engagement in Syria to-date, including overview of Gavi and COVAX cumulative support. Overview of future available cash support to be applied for:

- Equity Accelerator Fund (EAF): $5,622,601- to support identification, reach, monitoring, ensure, and advocate for zero dose children (IRMMA framework);
- Covid-19 Delivery Support (CDS): $11,500,000 - To support deployment costs for 2023.

A detailed list of follow up actions and recommendations is developed.

Contingency plans for northern Syria

Maintained continuous contact with WHO Aleppo, Homs, Qamishli sub-offices as leading sub-national coordination groups on impact of potential Turkish military operation along the northern border. WHO and health sector contingency plans are shared with interested stakeholders.

Access for health as a permanent high-level advocacy point

Health sector advocacy points raised at WHO senior management' meetings with the Ministers of MoH, MoHE, MoE, President of SARC in July. Provided feedback for briefing notes for WHO leadership in meetings with OCHA, UNHCR, UNFPA, UNHABITAT, RC/HC, etc.

Crossline missions to north-west Syria

WHO, UNICEF, UNFPA will continue to participate in XL convoys to NWS as part of the new UN SC Resolution 2642.

Joint service map for health partners in NES

Close technical consultations are in place between the respective hubs under the auspices of WoS Health Cluster to develop and agree upon on a joint service map for XB and Damascus managed health sector partners.

Syria Case Study (remote) IAHE of the humanitarian response to the COVID-19 pandemic

First draft of the report is received and being reviewed for enhanced key follow up issues and recommendations.

Technical assistance to XB in NWS and NES

- Participated in the WoS health cluster and WHO EMRO, HQ technical call on the initiative to develop essential package of health services in NES.
- Provided technical support to Gaziantep health cluster on existing MoH protocols on basic package of essential health services.
- Formulated health sector position vis-à-vis coordination with XB NES health sector partners in case of ad hoc support and assistance with health supplies.

Health sector Syria opportunities (as reported at HCT Syria)

Strategic	Technical	Operational
• WoS structure - all modality approach	• Institutional capacity: national authorities and health partners	• Operational presence out of: (Damascus, Aleppo, Homs,

• Contingency plans for XL and XB, updated regularly, continuous information exchange • "Building back" vs "Building back better" by the MoH, "sense of ownership: one country" by the authorities • "Access" is one of priorities. Advocacy at high levels. • Ongoing dialogue and progress on resilience and recovery: HRP; UN SF, WHO CCS; UNICEF, UNFPA, UNDP, UNHCR. • Engaged WHO as Cluster Lead Agency (Regional Emergency Director, Executive Director, Director-General)	• Recognized rolled out programmatic response • Major types of health intelligence information available (HeRAMS, EWARS, COVID-19, nutrition, etc.) • National governance remains over key public health programs. Maintained "command and control" • NES – strengthened footprint (Qamishli); strong work relations with XB NES-Forum • Highly responsive WoS health Cluster team in Amman. Syria is kept on radar	Deir-ez-Zoir, Qamishli, Lattakia) • Established sub-national coordination bodies • Network of national NGOs as IPs • In country surge response capability • High rate of MoH/MoFA approvals • Contingency preparedness

COVID-19 interactive dashboard:
https://app.powerbi.com/view?r=eyJrIjoiNmY5OGYzNDYtNjZhMy00MWIyLWIyMzctYzc4MmI3ZDNlODk5Iiwid CI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9

Health sector meetings in June:

- National health sector coordination meeting, Damascus, 19 July.
- Aleppo sub-national health sector meeting, 28 July.
- Deir-ez-Zoir sub-national health sector meeting, 28 July.
- Al Hol health sector coordination meeting, 7, 21, 28 July.
- NES Inter-Hub call bringing together Damascus-based and NES Forum coordinators involved in health response, 12 July.
- Qamishli sub-national health sector meeting, 25 July.

Health Information Management materials produced:

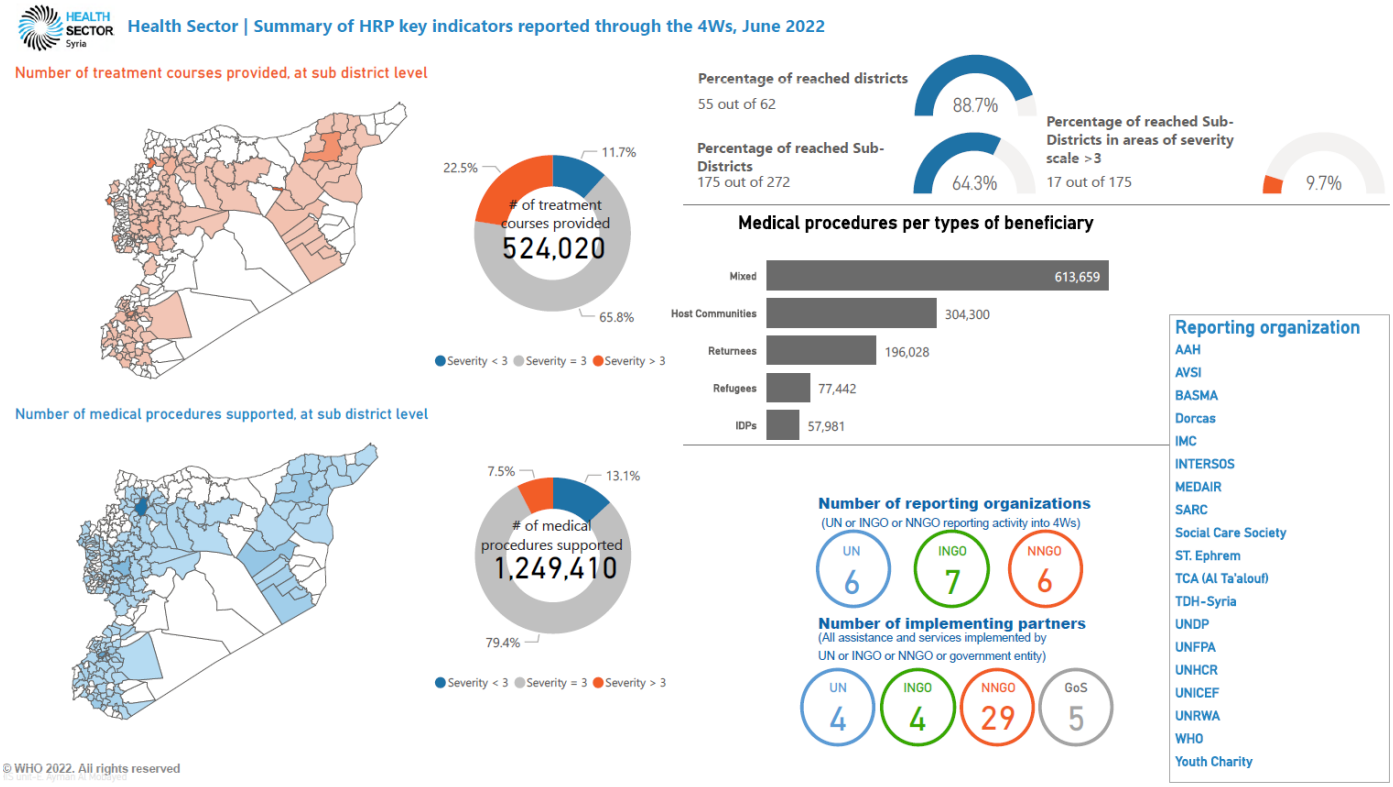
https://www.humanitarianresponse.info/en/operations/syria/health

- Links to interactive dashboards and updates:
  - Various interactive dashboards maintained by WHO Syria

- Health sector referral pathway. Interactive dashboard: link.
- WoS WHO Syria KPIs 2022. Interactive dashboard: link.
- 4Ws HRP health sector infographics. Interactive dashboard: link.
- 4Ws HRP WHO Syria infographics. interactive dashboard: link.
- HeRAMS public health centres. Interactive dashboard: Public health centres
- HeRAMS public hospitals. Interactive dashboard: Public hospitals
- WoS Health Cluster materials are located here: https://www.humanitarianresponse.info/en/operations/whole-of-syria/health

HEALTH SECTOR BULLETIN
July 2022

4W 2022-2023 HRP, health sector, June 2022



Sector Indicator	Time Frequency	Target	January	February	March/Q1	April	May	June/Q2	% of target	2022
Outpatient consultations per person per year	Quarterly	24,450,941			2,599,796			2,894,194	22.5%	**5,493,990**
1.1.1 # of outpatient consultations	Monthly	24,450,941	727,753	931,426	940,617	860,843	844,260	1,189,091	22.5%	**5,493,990**
1.1.2 # of trauma consultations supported	Monthly	765,964	48,760	14,646	29,356	65,834	59,877	14,826	30.5%	**233,299**
1.1.3 # of mental health consultations supported	Monthly	952,755	20,226	21,788	32,206	24,455	33,348	40,168	18.1%	**172,191**
1.1.4 # of physical rehabilitation sessions supported	Monthly	541,338	1,527	3,691	5,349	3,986	5,534	1,662	4.0%	**21,749**
1.1.5 # of vaginal deliveries attended by a skilled attendant	Monthly	162,151	887	534	1,124	753	809	1,226	3.3%	**5,333**
1.1.6 # of caesarian sections supported	Monthly	48,043	891	512	1,216	821	824	854	10.7%	**5,118**
1.1.7 # of cases referred for specialized treatment	Monthly	711,331	1,053	1,823	2,029	1,094	1,656	1,583	1.3%	**9,238**
1.1.8 # of consultations provided to patients with disability	Monthly	TBD	0	0	4	209	250	4		**467**
1.1.9 # of consultations provided to patients by medical mobile unites	Monthly	TBD	18,685	18,601	38,392	35,664	32,342	44,535		**188,219**
% National wide DPT coverage for children under 1	Quarterly	95%			12%			TBC	TBC	**TBC**
1.2.1 # of children under the age of 1 received DPT3 or equivalent pentavalent vaccine (national programme)	Monthly	711,394	22,599	33,148	29,482	34,523	32,342	TBC	TBC	**TBC**
1.2.2 # of children under the age of 2 received MMR2 vaccine	Monthly	711,394	22,931	35,572	32,889	33,126	34,435	TBC	TBC	**TBC**
% of population fully vaccinated against Covid-19 (national and governorate)	Quarterly	70%			7.9%			10.97%	23.6%	**18.9%**
1.3.1 # of Ante-Natal Care (ANC) visits	Monthly	754,192	31,746	38,393	34,100	37,049	33,190	38,663	28.3%	**213,141**
1.4.1 # of COVID-19 non-ICU beds supported for case management.	Monthly	3,595	1,832	1,832	1,832	1,832	1,832	1,832	51.0%	**1,832**
1.4.2 # of hospital beds supported for case management of critical (ICU) COVID-19 cases.	Monthly	1,088	828	828	828	828	828	828	76.1%	**828**
1.5.1 # of treatment courses delivered to health facilities	Monthly	13,000,000	355,044	327,795	1,020,836	603,897	532,823	524,020	25.9%	**3,364,415**
1.5.2 # of medical masks (including N95 respirators) provided to health facilities	Monthly	7,689,981	375,105	482,000	1,582,870	112,500	998,250	30,180	46.6%	**3,580,905**
1.5.3 # of medical gloves provided to health facilities	Monthly	7,754,411	0	55,000	568,730	12,000	98,140	33,500	9.9%	**767,370**
1.5.4 # of protective gowns provided to health facilities	Monthly	543,809	83,000	15,135	15,100	15,150	25,650	50	28.3%	**154,085**
1.6.1 # of published attacks on health care	Monthly	N/A	2	1	1	1	1	0		**6**
% of disease alerts investigated within 72 hours of identification	Quarterly	95%			82%			81%	86.0%	**81%**
2.1.1 % of sentinel sites submitting weekly surveillance reports	Monthly	95%	84.4%	89.7%	82.1%	82.7%	77.8%	75.9%	79.8%	**75.9%**
2.2.1 # of reference laboratories supported to detect and confirm epidemic-prone diseases	Quarterly	5			9			15	100%	**15**
2.2.2 # of laboratories supported to conduct COVID-19 rt-PCR testing	Quarterly	14			8			12	86%	**12**
2.2.3 # of COVID-19 PCR cumulative tests per governorate	Monthly	1,200,000	152,432	157,749	160,522	161,619	162,726	163,425	13.6%	**163,425**
2.2.4 # of rapid response teams (RRTs) supported to respond to disease outbreaks	Quarterly	194			88			88	45%	**88**
2.3.1 % of disease outbreaks responded to within 96 hours of identification	Quarterly	95%			100%			100%	100%	**100%**
Ratio of essential health workers (doctors, midwives, nurses) to 10,000 population	Quarterly	24/10,000			21.51			21.51	90%	**21.51/1000**
3.1.1 # of health staff trained/re-trained on mental health topics including mhGAP, Problem Management Plus (PM+) and Psychological First Aid	Monthly	6,340	151	20	780	0	745	114	28.5%	**1,810**
3.1.2 # of health staff trained/re-trained on GBV first-line response including Clinical Management of Rape (CMR), GBV in emergencies, GBV referral.	Monthly	1,024	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**
3.1.3 # of health staff trained/re-trained on COVID-19 case management.	Monthly	8,694	161	2,021	1,287	726	585	1,276	69.7%	**6,056**
3.1.4 # of health workers trained/re-trained on infection prevention and control (IPC)	Monthly	3,795	19	0	45	0	0	0	1.7%	**64**
3.1.5 # of health staff trained/re-trained on other health topics not mentioned above.	Monthly	17,746	744	626	1,560	702	1,029	1,668	35.7%	**6,329**
3.1.6 # of community health workers trained/re-trained on different health topics	Monthly	2,073	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**
% of subdistricts* that have reached emergency standards with respect to ratio of essential health workers (doctors, midwives, nurses) to 10,000 population *excluding subdistricts without population data	Quarterly	45%			36%			36%	80.1%	**36%**
3.2.1 # of health facilities refurbished or rehabilitated	Quarterly	288			12			25	4.2%	**37**
3.2.2 # of operational mobile medical units, including medical teams	Monthly	264	105	113	124	117	125	139	47.0%	**139**
Ratio of fully functional health facilities providing primary health care services per 10,000 population	Quarterly	0.63/10,000			0.42			0.42	66.7%	**0.42/10000**
3.3.1 # of PHCs with hub essential health services package (EHSP) implemented	Monthly	294	141	147	147	145	145	160	49.3%	**160**
3.3.2 # of assessed health facilities (not COVID-specific) with IPC package fully implemented	Monthly	294	0	0	0	0	0	0	0.0%	**0**

Health sector materials disseminated in July:

- Quarterly Review of Community Conditions (Q-RoCC) - June 2022
- An overall presentation, including overview of the Gavi. The debriefing presentation with the various action points.
- New evidence: social protection programme for children with disabilities in Aleppo Governorate
- Presentation on health sector coordination for HCT Syria
- Materials of the national RCCE coordination group Meeting, 20 July
- The minutes of health sector coordination meeting in Damascus, 18 July
- The health sector presentation
- The presentation by WHO on HeRAMS and rapid health assessment tool
- Copies of the Adolescent and Youth Health guide of the MoH (in Arabic)
- Monthly mortality update, Al Hol camp, May 2022
- Health sector briefing notes for upcoming RC/HC visit to NES
- UNICEF Syria Brief of the 2022 State Budget in Syria
- A copy of the latest UN SC resolution 2642 on XB support
- Bi-weekly updates, 1-16 July
- COVID-19 monthly epidemiological bulletin
- Syrian Annual Statistical Report
- Request to update health sector contact list as of July 2022
- Update on SHF
- COVID-19 EPI Bulletins, week 26-28
- EWARS Syria Weekly Bulletin, week 23
- WHO Syria KPI snapshot, January – May 2022
- WHO Syria KPI snapshot, May 2022
- WoS WHO KPI snapshot, May 2022
- WoS WHO KPI snapshot, January – May 2022
- WHO COVID-19 key performance indicators. June 2022
- 4W health sector HRP, May 2022
- Health component of NES contingency plan
- Al Hol camp referral pathways
- Al Hikma hospital referral analysis
- Minutes of the sub-national health sector meeting in Qamishli, 25 July
- WHO Syria COVID-19 response in NES, 2021
- Minutes of the sub-national health sector meeting in Al Hol camp, 7, 21, 28 July
- Minutes of NES health sector inter-hub call, 19 July
- WHO Syria Meningitis report, 3 reports
- Al Hol camp mortality report, May 2022
- Health sector briefing notes for the upcoming HC visit to NES
- Updated map of health services of Al Hol camp for July 2022
- EWARS/EPI Bulletin for NES, May 2022
- Health sector bulletin, June 2022

UPDATES FROM PARTNERS:

AAH

Assessments: Technical needs assessments were completed for reproductive health services at the health district level in Sam'an Health District, Aleppo and Suran Health District, Hama. The assessments revealed inadequate RH service delivery due to short supply of contraceptives, iron, folic acid, medicines and medical supplies and equipment, and limited number and capacity of health staff providing RH services.

Practical activity on the provision of PSS at PHCs during health workers' training in Al-Hasakeh

Capacity building: In Al-Hassakeh, 20 health workers (19 F: 1 M) from Al-Hassakeh city, Shadadeh, and Qamishli, were trained on the basics of psychosocial support and psychological first aid.

Service delivery: A supervisory visit was conducted to Halfaya PHC to monitor quality of service delivery post-rehabilitation and equipment provision.

Community outreach activities: 175 households in Khan Shaykun in Idleb were targeted with health and nutrition consultations. PLW and CU5 were screened for malnutrition. 32 cases were referred to Khan Shaykun PHC to receive facility-based services.

INFORMATION SOURCES:

https://www.humanitarianresponse.info/en/operations/syria/health
https://moh.gov.sy/Default.aspx?tabid=56&language=ar-YE
https://www.moh.gov.sy/Default.aspx?tabid=246&language=en-US
https://www.moh.gov.sy/Default.aspx?tabid=248&language=en-US
https://www.facebook.com/MinistryOfHealthSYR
http://cbssyr.sy/
http://cbssyr.sy/index-EN.htm

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