



More than 2 200 children in Za'atari camp were vaccinated on 11-12 September as part of a UNICEF-led campaign supported by the Ministry of Health, WHO, the French and Moroccan Hospitals and the United States Bureau of Population, Refugee and Migration

Highlights

Following an exploratory mission to Homs Governorate in the Syrian Arab Republic, the UN reports that the humanitarian situation in the governorate (population 2.2 million) continues to deteriorate, with an estimated 550 000 people in need of humanitarian assistance. Priority needs relate to health care, food aid, shelter, water and sanitation, and education.

A training workshop on Early Warning Alert and Response (EWARS) on epidemic surveillance was conducted by WHO in Damascus from 10 to 12 September. More than 40 surveillance officers from 10 of Syria's 14 governorates were trained on early epidemic preparedness and rapid response for surveillance.

Findings of a WHO rapid health assessment of Al-Qaim camps, border area and public buildings hosting displaced populations in Iraq show that there is a lack of essential medicines and lack of access to obstetric care, child care, and emergency health care, and gaps in management of chronic illnesses and outbreak prevention and control.

Health situation

Syria

Homs mission findings

Following an exploratory mission to Homs, the UN reports that the humanitarian situation in the governorate (population 2.2 million) continues to deteriorate, with an estimated 550 000 people in need of humanitarian assistance. Priority needs relate to health care, food aid, shelter, water and sanitation, and education.

Access to safe water and sanitation has been interrupted, leading to an increased risk of waterborne diseases. There is an urgent need to increase the chloride, gas chloride and hypochlorite in the chlorine pumping station to disinfect the water supply; WHO is procuring equipment to treat the water supply.

Many hospitals and health centers have been badly damaged, and those that are operating are overwhelmed with patients. Homs has 12 public hospitals, of which only 6 are functioning. Of the 32 private hospitals, 8 are currently functioning. The National Hospital, which had the largest capacity (350 beds) has been destroyed. Out of 210 health centers (polyclinics, smaller and bigger health centers), 25 are completely destroyed and the remainder provide minimum services.

All health centers in Homs are facing severe difficulties in providing basic primary health care services, including reproductive health services and vaccinations. Monitoring of the vaccination programme has been interrupted due to the displacement of families with children. There is a critical shortage of life-saving medicines including noncommunicable disease medicines and vaccines. Insulin, oxygen, nitrogen gas, anesthetics and intra venous fluid sets are not available in hospitals.

There is severe shortage of qualified staff. At least 50% of the medical doctors have left Homs. It has been reported that there are only three surgeons in the Governorate. At present, many of the health facilities are staffed with volunteers who have no medical or health training. Out of 27 physicians employed in the polyclinics of the Syrian Red Crescent Society in Homs, only 4 continue to report for duty.

Health priorities include access to basic primary health care; access to medicines, including for chronic diseases; access to trauma care; strengthening of surveillance; strengthened referral systems; improved health information systems; and nutritional surveillance. The current unrest has also created challenges in implementing the national immunization programme, and the shipment of vaccines has been complicated due to blocked roads and security issues.

There are 150 schools hosting internally displaced Syrians. The shelters that have recently opened provide poor living conditions and have no windows or electricity; the water and sanitation conditions are not functioning properly and the municipality has not been able to collect the garbage since several weeks.

Jordan

There are 49,000 registered refugees in Jordan, with an additional 9,000 awaiting registration, as well as 25,000 refugees in Zaatari camp awaiting registration, amounting to a total number of refugees in Jordan of 83,000.

The planned capacity of Zaatari camp has been reduced from 130,000 to 80,000 people. Contingency plans are being set for the possible evacuation of the camp in case of a chemical attack or large scale outbreak.

Border crossings have dropped below an average of 1000 per night due to fighting on other side of border. There is an increase in the number of males crossing the border with a male to female ratio of 55:45. 37% of the refugees are children.

Bailing out is restricted to vulnerable cases who need home-based care and have relatives in Jordan who are willing to provide support.

Lebanon

46,509 refugees have been registered in Lebanon with an additional 18,532 pending registration. Refugees are expanding to the South of the country, resulting in additional challenges in monitoring and provision of health services.

Analysis of data obtained from International Medical Corps / UNHCR from the three primary health care centers in the Bekaa providing services to displaced Syrians revealed that 762 patients visited the primary health care centers for health care services. 59% of the patients were female and 41% were male. Of these, 25% were 0-4 years old, 19% were between 5 and 17 years of age, 51% were between 18 and 59 years old, and 5% were more than 60 years old.

The main cause for hospitalization was injury and war trauma (see Figure 1) and the main cause of consultations for patients of all ages were gastro-intestinal diseases.

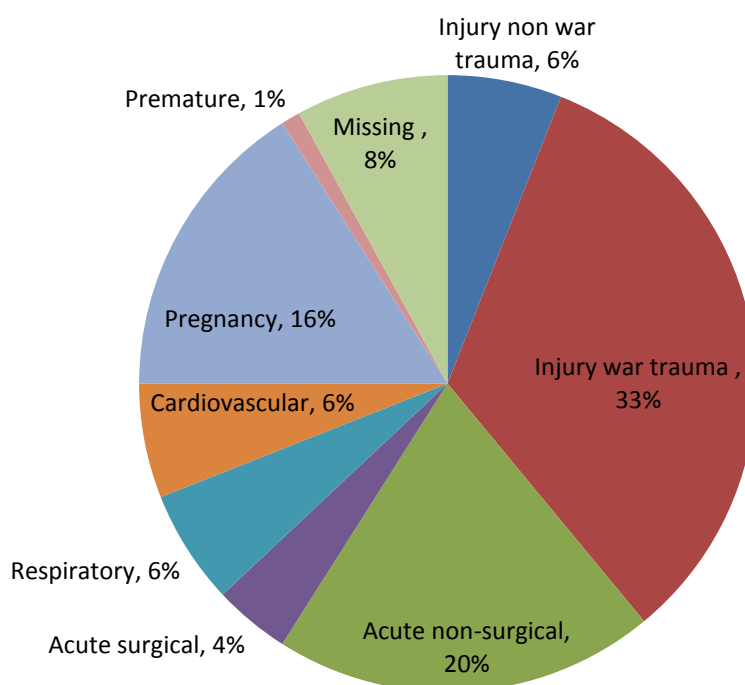


Figure 1. Reasons for hospital admissions from June to September 2012 (International Medical Corps/UNHCR)

Age Group	0-4 years old	5-17 years old	18-59 years old	60+
Main conditions	- Gastro-intestinal disease other than diarrhea - Ear, nose and throat - Well baby/vaccination - Lower respiratory tract infection - Skin diseases	- Gastro-intestinal disease other than diarrhea - Ear, nose and throat - Musculoskeletal conditions - Skin diseases - Well baby/vaccination	- Gastro-intestinal disease other than diarrhea - Musculoskeletal conditions - Gynecological diseases - Urinary tract diseases - Cardiovascular diseases	- Gastro-intestinal disease other than diarrhea - Cardiovascular diseases - Musculoskeletal conditions - Ear, nose and throat - Urinary tract diseases

Table 1. Medical consultations from June to September 2012 by age (International Medical Corps/UNHCR)

Iraq

A rapid initial health assessment of Al-Qaim was performed as part of a joint UN mission to the border area. The health assessment team visited the camps and public building hosting displaced populations. Although some health services are available for populations living in the camps, the overall health situation is grave and needs immediate attention. Due to closure of the border crossing, there are no health services available for almost 3000 people stranded on the Syrian side. The assessment team reported a large number of injured people, including women, children and the elderly in need of urgent treatment for chronic illnesses. The team reported a shortage of essential medicines, lack of access to obstetric care, child care and emergency health care, as well as gaps in outbreak prevention and control and the management of chronic illnesses. Health information systems also required strengthening.

Immediate recommendations by the assessment team included the provision of essential medicines and supplies, care of the elderly, treatment of the injured, delivery of essential health care including reproductive health, and the deployment of experienced staff. In addition, staff training, strengthening of health systems, nutritional surveillance, support for environment health interventions were identified as medium term needs.

The health situation in Domiz camp is reported as satisfactory.

No outbreaks were reported in any of hosting areas.

Health response

Syria

A training workshop on Early Warning Alert and Response (EWARS) on epidemic surveillance was conducted by WHO in Damascus from 10 to 12 September. More than 40 surveillance officers from 10 of Syria's 14 governorates were trained on early epidemic preparedness and rapid response for surveillance. A list of priority diseases for EWARS was identified during the workshop, including the areas of support that would be required for successful implementation of the system. The EWARS tool was finalized and data collection will begin on 23 September from the 104 participating health facilities across Syria.

WHO and the Ministry of Health are finalizing a vaccine distribution plan for affected areas, including Homs.

To fill gaps in basic health services, WHO will deliver basic health kits, distribute water testing kits to Homs municipality and the Syrian Arab Red Crescent to monitor water quality, and establish a hub for prepositioned medicines, medical supplies and water testing kits in preparation for outbreak response.

5 mobile health clinics managed by the Syrian Family Planning Association continue to offer services in Homs and Rural Damascus. Since the establishment of the first clinic in May 2012, the number of patients, especially women, continues to increase (see Figure 2). The most common causes of consultation are respiratory tract infections, gastro-intestinal diseases, and other conditions such as back pain, foot pain, burns and headaches (see Figure 3).

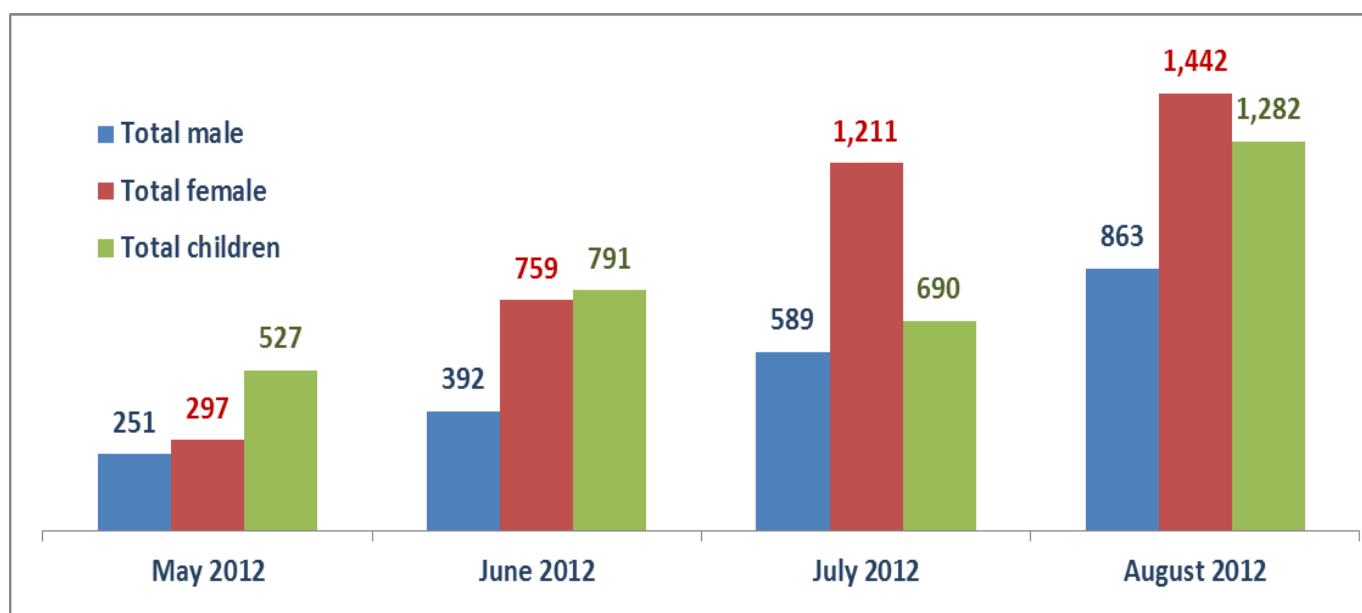


Figure 2. Number of patients visiting mobile clinics in Rural Damascus/Homs by sex (Syrian Family Planning Association)

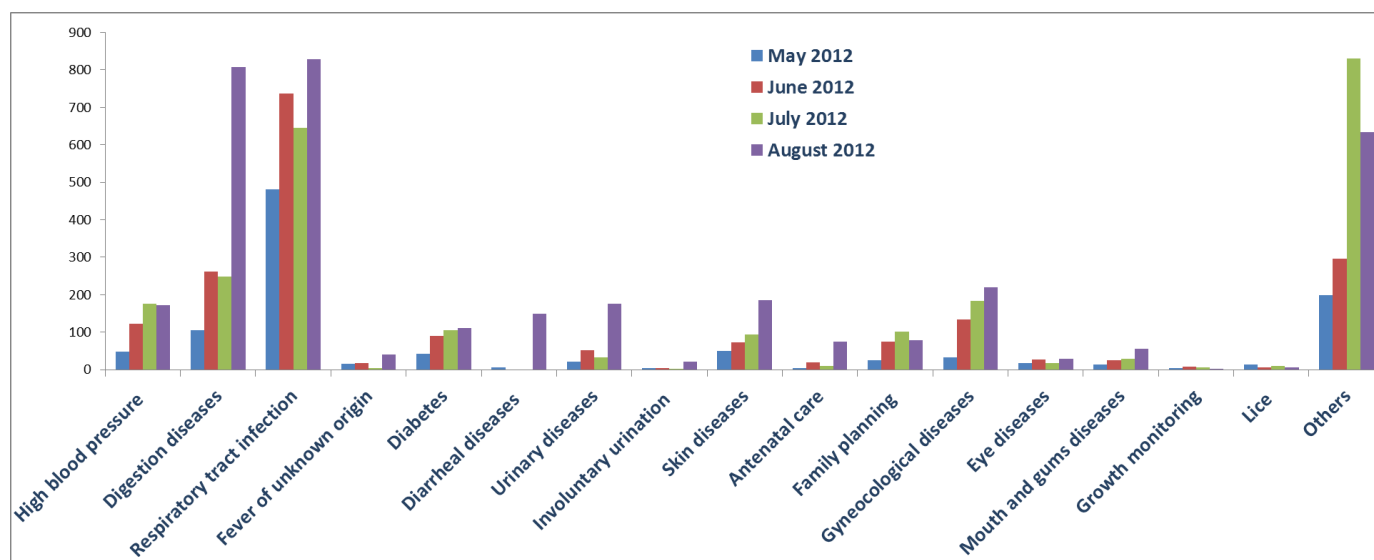


Figure 3. Number of cases treated at mobile clinics in Damascus and Homs by disease (Syrian Family Planning Association)

Jordan

The Government of Jordan maintains its commitment to providing free health services for all registered Syrians. However, no reports are being received from the Ministry on those receiving services in public facilities outside the refugee camps.

More than 2 200 children in Za'atari camp were vaccinated on Tuesday 11 September and Wednesday 12 September as part of a UNICEF-led measles, polio and Vitamin A vaccination campaign. The campaign is in its second day, and is supported by the Ministry of Health, WHO, the French and Moroccan hospitals and the United States Bureau of Population, Refugee and Migration.

According to UNHCR, IOM's Primary Health Clinic at King Abdullah Park (KAP) has provided 10,282 Syrians with health care and referral services since 27 June 2012. The most common ailments were respiratory (38%); oral thrush (20%); skin disease (15%); eye, ear, nose, throat (EENT) (14%); and muscle ache (13%).

According to UNHCR, IOM also screened a total of 16,041 Syrians for and 20,792 Syrians through TB awareness-raising activities in KAP and host communities in northern Jordan. 9 TB cases have been detected through the screening so far.

WHO has begun its training course on the prevention of communicable diseases in emergencies in Zaatari camp. The 2-day course, which is based on the WHO field manual for communicable diseases in emergencies, will target focal points in the Ministry of Health and other health providers such as non-governmental organizations.

UNHCR is preparing a proposal to expand the capacity of the blood bank in Mafraq governorate.

Medications for noncommunicable diseases have been procured by WHO for distribution to the Ministry of Health in addition to the 8 interagency health kits (for 80,000 beneficiaries for 3 months) which have already been delivered for distribution in Mafraq and Ramtha.

Lebanon

WHO's will be holding a master training workshop on 25-26 September to doctors and nurses working in emergency rooms and key ministry focal points involved in hazards management to familiarize them on chemical, biological and nuclear hazards and how to deal with mass casualties and ensure staff safety.

UNHCR/ International Medical Corps reported that over the past week, 39 patients in need of life saving treatment were admitted to hospitals in the North under Qatari Red Crescent coverage.

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

Iraq

The health center in Domiz camp continues serving the camp population with an average of 60 consultations per day. WHO is sending 5 basic interagency health kits (for 50,000 beneficiaries) to the health center to support the Directorate of Health in service delivery, as well as 10 water testing kits.

The Directorate of Health has agreed on the data collection format from the health center and data collection will start from next week.

Based on the assessment report of Al-Qaim camps showing an urgent need for health services, WHO is providing 5 basic interagency health kits (for 50,000 beneficiaries) to the Directorate of Health to support its service delivery to displaced populations. To address the urgent issue of health service delivery to populations stranded on Syrian side of border, the WHO Representative in Iraq has been in contact with the Minister of Health to discuss priorities.

Coordination

Syria

In response to the current emergency situation and based on the health priorities in Syria, a core set of health indicators have been identified to monitor the health situation at different levels of care. In line with this, standard data collection formats have been developed in consultation with the MOH and the health sector working group. The format will be used to collect information from primary and secondary health care facilities. MOH, NGO and CBO's will provide data, while missing information will be compiled through telephone assessments. A standard format has also been developed to be used at community level based on the health partners' requirements. The main aim of collecting this information is to monitor the availability of health resources and services. The information which will be disseminated in form of reports, maps, and baseline figures for further assessments will support policy and programme managers in making evidence-based decisions and actions.

The Health Working Group (HWG) meeting this week was set as a thematic meeting on epidemic surveillance and the Early Warning System.

Jordan

MoH, national and international NGOs, clinics and field hospitals, as well as 12 Saudi physicians with different specialties are coordinating health activities both inside and outside the camps where Syrian refugees are located.

WHO's meeting hall in Zaatari camp is being used for meetings and training by partners in the areas of mental health and psychosocial support, reproductive health, nutrition, and security.

The Syria refugee response plan is being revised for a scenario of 250 000 Syrian refugees in Jordan by the end of 2012. The contingency planning figure takes into account an additional 300,000 refugees.

Lebanon

WHO has recruited an additional staff member to ensure better coordination of field activities and monitoring.

The Syria refugee response plan is being revised for a scenario of 120 000 Syrian refugees in Lebanon by the end of 2012.

Iraq

No new information available since last situation report.

Donors and funding

Syria

WHO has received new donor pledges/contributions for Syria from four donors: the Emergency Response Fund (US\$ 502,365), Norway (US\$ 1,722,357), Ireland (US\$ 376,412) and USAID (\$1.3 million).

Jordan

A proposal has been submitted to the Emergency Response Fund to support WHO's vaccination activities for Syrian refugees in Jordan.

Lebanon

Despite the fact that up to 85% of secondary health costs are being met by the Qatari Red Crescent, with Dar al Fatwa assisting in the remaining 15%, gaps in up to US\$ 500 on a case-by-case basis are still reported due to funding constraints, particularly for neonatal care and complicated poly-trauma surgical cases.

Iraq

A proposal for US\$250,000 has been submitted to the Emergency Response Fund to support WHO's projects for Syrian refugees in Iraq.

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