

## Syrian Arab Republic Unrest

Regional Situation Report # 2  
Date: 16 August 2012



*WHO assessment mission to Zaatari camp in Jordan (left); WHO's Representative in Jordan (third from left) and Ministry of Health officials at a referral hospital (right)*

### Highlights

- In a meeting with UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Valerie Amos in Syria, WHO's Head of Agency stressed the need for additional funding in order to implement life-saving projects in the country. A priority list of medicines and supplies is being prepared by WHO with input from Ministry of Health, Ministry of Higher Education (responsible for hospitals) and other key stakeholders, and will be shared with donors.
- WHO has placed the second phase of its health facilities rapid assessment on hold due to the unrest affecting Syria's 14 governorates.
- WHO, in cooperation with the Ministry of Health, has provided the Syrian General Establishment for Blood Banks and Pharmaceutical Industries with 20,000 blood safety kits. An additional 40,000 kits are in the process of being procured.
- WHO and IOM are finalizing a standardized patient referral system for implementation for patients in Zaatari camp in Jordan.
- WHO and MOH Lebanon have enhanced their surveillance, especially TB surveillance, in host governorates for early case detection and management.

### Syria

- On 16 August 2012, 103 diarrhea cases were reported by the Syrian Family Planning Association mobile clinic supported by WHO in Rural Damascus. 61 of the total number of cases were children under the age of 10. Samples of drinking water tested by the Ministry of Health show that the water is contaminated with sewage, and bacteriological testing currently underway is expected to show E.coli. The local water authorities have been alerted and are taking action.
- Lack of access to health care facilities remains one of the main obstacles to the provision of health care in the Syrian Arab Republic. This inaccessibility includes:
  - Lack of access by patients due to inaccessible roads and the presence of numerous checkpoints leading to health facilities.
  - Lack of access by health care providers who are unable to report for duty due to security concerns and inaccessible roads. This has resulted in severe staffing shortages in hospitals and other health facilities, especially in areas witnessing high levels of unrest.
- WHO has placed the second phase of its health facilities rapid assessment on hold due to the unrest affecting Syria's 14 governorates.

### Jordan

- According to UNHCR, 47,000 Syrians are registered or awaiting registration in Jordan as of 15 August 2012.
- The influx of Syrians to Jordan is more than 550 persons per day.
- More than 5,000 of the refugees hosted at Zaatari Camp. 19% of refugees in the camp are under 5 years of age, 33% are between 5 and 17 years of age, and 48% are 18 years of age or above. 48% are females.
- Key health conditions seen at various camp clinics include diarrhea, respiratory infections, allergies, and chronic diseases such as diabetes and hypertension.
- The Government of Jordan has mounted a vigorous response to the influx of Syrians over the past several months, and is providing health services free of charge to registered Syrians. However, as the number of Syrians in Jordan increases, so do their health needs, placing an additional burden on the national health system. The key perceived challenges and needs are:
  - Overload of the Jordanian health delivery system and public health services (including water, sanitation and social services), particularly in terms of human resources for health (doctors, midwives, pharmacists and nurses), health care financing and the ability of the current health information management system to maintain adequate surveillance and disease control.
  - Specific public health services are particularly at risk, including vaccine supply to increase vaccination coverage among children (especially measles and possibly polio), medicines for managing acute and chronic conditions, surgical capacity to manage trauma cases and injuries, reproductive health services (including emergency obstetric care as well as neonatal and basic child health services) and mental health and psychosocial support services.

- The dusty camp environment may lead to respiratory diseases, provoke heat strokes and animal or insect bites. Overcrowding and the inadequacy of water supplies and sanitation / hygiene may lead to the spread of water-borne or other communicable diseases.
- Lack of adequate funding for the various health partners which affects the availability of needed medications, supplies and services needed to prevent diseases and to manage them.

## Lebanon

- Over 37,000 displaced Syrians are currently receiving protection and assistance in Lebanon through the efforts of the Government of Lebanon and UN and NGO partners. Of this number, 35,686 are registered at UNHCR, 19,835 in the North of Lebanon and 14,123 in the Beqaa area, where 800 displaced are already living in collective shelters (schools).
- The Lebanese High Relief Commission's decision to withhold covering the cost of secondary and tertiary health care for the displaced Syrians has been suspended, and hospital coverage for life threatening and injured cases has been resumed by the Lebanese HRC.
- 20 new critical cases from the registered displaced Syrian community and three war injured cases were admitted for hospital care to hospitals in the North over the past week.
- No outbreaks reported so far; however, a recent assessment by ACF (Action Contre la Faim) for the existing shelters in Bekaa revealed that 90% of them have unsafe water supply.
- Access to Primary Health Care continues, with shortage in medications for catastrophic illnesses (such as cancer) still being reported.
- An agreement is in process with the Qatari Red Crescent and UNHCR/ IMC to cover hospital cases that are registered with UNHCR.
- Data from the Bekaa area among the displaced Syrians since March 2012 includes:
  - 167 acute non surgical cases (98 females and 69 males) admitted to the hospitals of the area, among them 53 admissions are due to cardio vascular diseases (26 females and 27 males)
  - 61 cases of injuries not related to war (23 females and 38 males)
  - 13 injuries due to war (3 females and 10 males)
  - 34 acute surgical cases not related to war injuries (17 females and 17 males)
  - A total of 131 gynecology/ obstetrics cases, among them 56 caesarian sections resulting in 10 premature babies

## Iraq

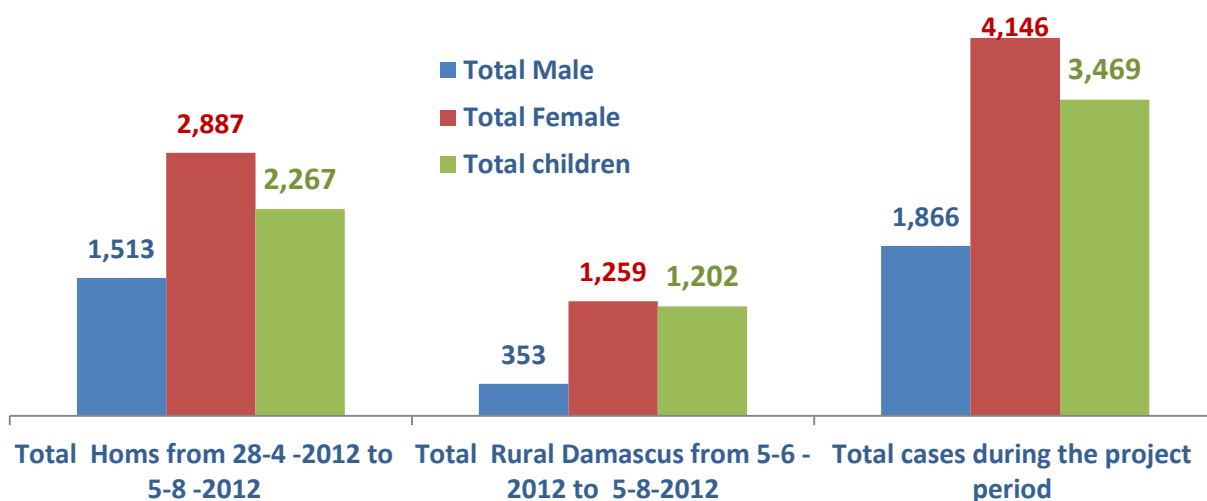
- As of 12 August, a total of 14,129 Syrian refugees are reported by UNHCR to have arrived in Iraq (9,773 hosted by Kurdistan and 4,356 in Ninawa and Anbar governorate).
- As of 12 August, a total of 25,906 Iraqi refugees living in Syria have returned to Iraq. Most of the returnees are reported to be returning to their places of origin and their health needs are being provided through local health facilities.

- In addition to border crossing in Kurdistan region, the three border crossing at al-Qaim, Al-Waleed and Al-Rabi'aa remained open. The bulk of displaced population is living in Anbar, Niawa and Dahuk governorate with established camps at Domaiz and Al-Qaim.
- In order to host Syrian refugees entering Iraq from Al-Qaim crossing, a camp with 500 tents received its first residents on 12 August. As of 14 August, the camp has a population of 37 families (208 individuals).
- The camp in Domiz (Dohuk governorate) is hosting a population of 3,000. WHO-MOH operated health center in the camp has reported an average of 50 consultations per day.
- Respiratory tract infections, diarrhea especially among children, urinary tract infection and insect bite are most common reported illness among target population.
- No increase in communicable disease prevalence is reported from any area.

## Health response

### Syria

- An international response and recovery public health officer has been deployed from the Regional Office to support WHO operations in Syria.
- WHO country office has provided the Ministry of Higher Education and the following NGOs with:
  - 20 IEHK Basic, 1 IEHK Supplementary, 1 Emergency kit – A and 1 Emergency kit – B to Alafya Fund (for 23,000 beneficiaries).
  - 20 IEHK Basic and 4 kinds of life-saving medicine to the Syria Trust for Development (for 20,000 beneficiaries).
  - 20 IEHK Basic, 1 IEHK Supplementary, 1 Emergency kit – A and 1 Emergency kit – B to the hospital related to ALBIR and social services association (for 23,000 beneficiaries).
  - 2 IEHK Supplementary, 2 Emergency kits – A and 2 Emergency kits – B, to the Ministry of Higher Education (for 8,000 beneficiaries).
- WHO is in the process of partnering with two additional NGOs in Rural Damascus to facilitate the provision of priority NCD medicines and seed funding in support of referral services.
- WHO, in cooperation with the Ministry of Health, has provided the General Establishment for Blood Banks and Pharmaceutical Industries with 20,000 blood safety kits. An additional 40,000 kits are in the process of being procured.
- The first phase of the mobile clinics project was completed on 5 August 2012 and the final report shows that:
  - 9,481 people visited the mobile clinic in Homs and Rural Damascus during the 3-month project period.
  - 100 patients were referred to hospital, 1,673 referred to pharmacies, 57 referred to laboratory and 36 referred to health center.



**Figure 1. Number of patients visiting mobile clinics in Homs and Rural Damascus by sex**

**Table 1. Number of cases examined in mobile clinics in Homs and Rural Damascus by disease**

Disease	Total Homs	Total Rural Damascus	Total cases during project period
Cardio-vascular diseases	446	119	565
Digestive diseases	736	337	1,073
Respiratory tract infection	2,157	753	2,910
Fever of unknown origin	39	11	50
Diabetes	322	60	382
Diarrhea	7	49	56
Urinary disease	135	94	229
Involuntary urination	8	6	14
Skin diseases	255	199	454
Antenatal care	53	53	106
Family planning	335	77	412
Gynecological disease	467	206	673
Eye disease	92	60	152
Mouth and gums disease	82	27	109
Growth monitoring	16	4	20
Lice	38	5	43
Other	1,479	754	2,233
<b>Total</b>	<b>6,667</b>	<b>2,814</b>	<b>9,481</b>

## Jordan

- WHO and IOM are finalizing a standardized patient referral system for implementation for patients in Zaatari camp.
- The health working group's public health response in Zaatari camp includes:
  - Mapping the health sector's readiness to respond to the needs of the Syrians.
  - Establishing a disease surveillance, epidemic alert and early warning system.
  - Monitoring the health service coverage and health service delivery performance in facilities managed by various health partners and amongst the refugees situation to detect, respond to and report on emerging needs
  - Developing the necessary tools for creating a sound, reliable information base to be used in coordination and decision making by all stakeholders;
  - Developing standard operating procedures for health service delivery including referral mechanisms, standardized health facility reporting forms, etc
  - Strengthening MOH's capacity to coordinate and facilitating cooperation amongst the partners to address service access gaps, avoid duplication and ensure provision of adequate service coverage for affected Syrians;
  - Working with all partners to help address any emerging public health, health systems or service gaps as they arise (e.g. currently delivering medicines and medical kits, procuring medicines from Jordanian manufacturers for non-communicable disease medicines, etc).

## Lebanon

- WHO is planning for the distribution of the second batch of stockpiled medications to the PHC centers overloaded by the influx of displaced Syrians in the areas of Akkhar and Beqaa.
- The nutrition desktop survey is planned for the last week of August, first two weeks of September, in collaboration with WFP, UNICEF, UNHCR and ACF. WHO is coordinating the survey task force.
- Preparations for the vaccination support activities with outreach to the DS and host communities are ongoing.

## Iraq

- A WHO consignment containing 50 Basic Interagency Emergency Health Kit (medicines to cover 50,000 beneficiaries), 3 WHO diarrheal disease treatment kits (supplies to manage 1000 diarrhea cases) and 20 water testing kits have arrived in Baghdad and will be sent to hosting governorates.
- WHO and MOH have enhanced their surveillance, especially TB surveillance, in host governorates for early case detection and management.
- **Domiz Camp**
  - Currently the camp has population of 3000 individuals.
  - Health services are being provided by health center operated by MoH and supported by WHO. The health center is reporting 50 consultations per day.
  - Diarrhea, skin infections, respiratory disease and chronic illness such as diabetes and hypertension are the main cause of consultations.
  - Vaccination services are provided through once monthly visit by MoH team from DoH.

- A mobile dental team from DoH also visited the camp last week to provide dental care for the residents in the camp.
- **Al-Qaim Camp**
  - The Al-Qaim camp has capacity to host 500 families; the camp received its first residents on 12 August and as of 14 August a total of 37 families (208 individuals) are living in the camp.
  - MoH and WHO will be delivering health services to camp residents through the health center. The district hospitals are already directed to treat the patient free of charge.
  - A rapid health assessment of camp population will be conducted at the end of August 2012.

## Coordination

### Syria

- WHO has coordinated with the health working group to scale up the health response in the Syrian humanitarian response plan.
- WHO has coordinated with MOH, MOHE and NGOs to consider their needs for a revised response plan.

### Jordan

- WHO and MoH co-chair a daily health partners coordination meeting in Zaatari camp.

### Lebanon

- Two field health coordination meetings took place ( one in Beqaa and one in Akkar)
- One meeting with IOM regional health director was organized with WHO.

## Donors and funding

- WHO has increased its request for funding in the response plan from US \$ 21 million to US \$ 31 million to address the critical health needs of affected populations, including improving health systems operations response for outbreaks.
- In a meeting with UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Valerie Amos in Syria, WHO's Head of Agency stressed the need for additional funding in order to implement life-saving projects in the country. A priority list of medicines and supplies is being prepared by WHO with input from Ministry of Health, Ministry of Higher Education (responsible for hospitals) and other key stakeholders, and will be shared with donors.

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