HEALTH SECTOR SYRIA PRIORTIZATION

Sector Humanitarian Situation Update and Prioritization:

A) Overall current situation,

Latest assessments on health needs and gaps at a household/individual level in areas of displacement indicate that 85% of households have unmet health needs. 80% - medication for acute conditions (e.g. pain, infection). 80% - care for non-communicable disease/chronic illness (e.g. cardiac condition, diabetes, hypertension). 75% - medication for non-communicable disease/chronic illness (e.g. cardiac condition, diabetes, hypertension). 75% - medication for mental health conditions. 70% - laboratory diagnostics (e.g. blood test) and radiology diagnostics (e.g. x-ray, CT scan). 70% - children's health services. 65% - sexual and reproductive health care, including ante/post-natal care.

85% of households experience barriers to accessing health care. Among key barriers: no functional health facility nearby; lack of health specialists; specific medicine; treatment or service needed unavailable; long waiting time for the service, could not afford cost of consultation and treatment; could not afford cost of treatment; could not afford transportation to health facility or no means of transport; poor water, sanitation and hygiene conditions in health care facilities.

Most common challenges to accessing healthcare: 84% - cannot afford price of medicines; 80% - cannot afford treatment costs; 70% of households spend up to 60 minutes to get to the nearest functional health facility; 60% - health facilities overcrowded and/or long waiting times; 60% - households with at least one member who showed signs of psychological distress.

Based on experience and projections it is anticipated that 80% of displaced population and host community have unmet health care needs, including: 75% of individuals would be in need of referral support; 70% - in need of anti-natal or post-natal care; 70% - have at least one family member with a health problem and need to access health care; 40% - in need of immunization; 70% - in need for consultation for childhood diseases; 66% - in need of consultations on mental illness; 60% - in need of consultation or drugs for chronic illness (diabetes, hypertension, etc.); 60% - in need of consultations for elective, non-life saving surgery; 40% - in need of consultation or drugs for acute illness (fever, diarrhea, cough; 25% - in need of kidney diseases/dialysis; 20% - in need of emergency care (life-saving care) and trauma care (injury, incidents); 5% - in need of cancer treatment.

Most common inaccessible health services remain medicines, pediatric consultations, treatment for chronic diseases, general and/or specialist surgical services.

Health risks are severe and include:

- Disruption of health services in affected areas.
- Increased gaps in essential health services provision for patients with noncommunicable diseases.
- Increased risks of communicable diseases transmission due to displacement, overcrowding and sub-optimal immunization coverage.
- High likelihood for the outbreak of water-borne diseases (cholera) given poor living conditions of affected population in the collective shelters and lack of safe drinking water, food, and proper sanitary conditions.
- High demand for surgical interventions and SRH services with well-established referral pathways.
- High levels of disability and trauma related to injuries from ongoing and increased hostilities.
- Chronic and acute malnutrition, particularly among young children, pregnant and lactating women, place them at greater risk to infectious diseases and complications.
- Prevalence of mental health disorders, including anxiety, and PTSD.
- Insecurity and limited access impeding referral of urgent medical cases to hospitals.
- Inadequate safe delivery, ante natal and post-natal care services for pregnant women, treatment of STIs, clinical management of rape. GBV risks are highly predictable.
- Shortages of medical supplies and lack of opportunities for predictable supply chain planning.
- Wash needs and MHPSS and PRSEAH in displacement areas.

The response is severely underfunded. The majority of engaged health sector partners are re-programmed emergency funding from other areas.

UN Inter-Agency Mission Report to Raqqa city, 28 October identified the following needs and gaps under the health sector:

- Providing special support to pregnant and breastfeeding women (food, medicine & regular check).
- Linkage to partners that can support treatment of Non communicable diseases (kidney failures)
- There is a need for medications to treat non-communicable and chronic diseases as well as dialysis sessions as these are prohibitive
- Reproductive Health (RH) services are limited and required support at the level of health centers.
- No Nutrition services have been provided so far but there are no reports of malnutrition cases and no screenings, awareness sessions, or the distribution of nutritional supplements or milk been conducted.
- Mental Health and psychosocial Support (MHPSS) services are insufficient inaccessible and lack community awareness, and mild psychological symptoms have been observed including fear, anxiety, insecurity

And the following recommendations:

- Mobile teams to access the women and inform them about the reproductive health facilities locations.
- Support lactating mother with medicine, food and regular check- up.
- Improve access to none-communicable diseases medication including dialysis sessions for the communities.

- Provision of MHPSS services as well provision of psychotropic medication.
- Strengthening nutrition surveillance and creating awareness on SAM and MAM.

UN Inter-Agency Mission Report to Al-Sabkha sub-district, Ar-Raqqa Governorate, 16 October identified the following needs and gaps under the health sector:

- NCD Medication: There is an urgent need for NCD medication in both Tabqa and Al-Sabkha, especially for conditions like diabetes, and hypertension.
- Health Service Access STHC: Limited access to specialized healthcare and emergency services, particularly in remote areas like Al-Sabkha where there is no hospital in Maadan District, poses a significant challenge.
- Mental Health Services: MHPSS services are lacking, especially for specialized and secondary services. with no dedicated resources for psychological support in the community.

The NES Forum developed a household level Rapid Needs Assessment (RNA) that was conducted through 10 NES NGOs in Raqqa, Deir-ez-Zor and Aleppo governorates. In total, 1,181 assessments were conducted in Raqqa, Mansoura, Tabqa (Thawrah), Menbij, Kisreh, Deir-ez-Zor, Jurneyyeh and Karama sub-districts over the period from 09 to 21 October. The main focus of the RNA was on the population staying in communities and informal settlements.

- 37% of households reported NO access to access healthcare services since their arrival, 29% - with no need, 34% had access.
- Expensive treatment, remote distances, unavailable treatment, expensive transport, waiting time are listed as key barriers to health needs.
- Most prevalently reported health priorities needs of newly displaced households are:
    - Maternal health services – 28%
    - Vaccination children – 26%
    - Chronic disease treatment – 22%
    - Medicine, equipment – 20%
    - First aid – 17%
    - None – 14%
    - Consultations – 13%
    - Child health/nutrition – 13%
    - Dentistry – 5%
    - Cash – 5%
- Most reported top priority household needs: Health – 34% following Food – 76%, Shelter – 54%, NFI – 46%, Winterization – 35%.
- Most prevalently reported unmet needs of women in the household among female respondents: Health – 39% following Food – 70%, Shelter – 51%, NFI – 46%.

- Type of aid received among households that reported having received assistance: Health support – 4% following food support – 78%, shelter support – 57% and NFI support – 6%.
- Most prevalently reported information needs: How to get healthcare/medical attention – 35%.

UNFPA: In Latakia and Tartous, two MISP assessments were conducted. The assessments indicated that safe referrals to hospitals are being undertaken by partners, in coordination with SARC ambulance cars, in emergency cases or where more specialized health services are needed along with the availability of family planning methods. The assessments highlighted the need for medications to treat infections as well as cultural and social barriers that prevent women and girls accessing SRH services, which the WG is working to address.

B) Sector key issues and priorities for this allocation:

Health sector objective is *A coordinated approach by health sector is essential to ensure **integrated package of lifesaving and life-sustaining response** at a **primary** and **secondary health care levels**, including **Reproductive** (including clinical management of rape, obstetric care and HIV/STI management), **Maternal**, **Newborn**, **Child and Adolescent Health, Communicable Diseases, Non-communicable Diseases, Mental Health, Vaccination**, **Trauma** and **Disability** (PWD and traumatic injuries) and **Health Awareness.***

Health priorities are addressed in two phased approaches: **First 7 days support** and **First 3 – 6 months**.

First 7 days support:	**First 3 – 6 months:**
● Support and deployment of ambulances. ● Support to established Health-Protection Points, Points of Entry. ● Provision of life-saving health supplies. ● Deployment of integrated mobile medical teams. ● Reinforcing disease surveillance and outbreak prevention. ● Provision of essential health services (immunization) (Measles and OPV) targeting children under 5 years. ● Ensure emergency setup for MHPSS care for displaced population, including for the health workers in the affected areas.	● Deployment of mobile medical teams and establishment of fixed health points. ● Distribution of lifesaving and life-sustaining medical supplies for public health facilities, border crossing points, and through mobile medical teams. ● Establish referral pathways and mechanisms from border crossing points and areas of displacement to primary and secondary level care at hospitals, including trauma, disability affected patients and mental health patients. ● Maintaining health surveillance and outbreak prevention and control activities (EWARS), including deployment of rapid response teams. ● Provision of essential health services (immunization) targeting children under 5 years at PoEs, shelters and outreach. ● Ensure mental health and psychosocial support (MHPSS) services: Expanding the operation of MHPSS hotlines across areas affected by displacement and support specialized MHPSS outreach teams to affected communities. Ensure coordination between health and protection sectors to

	ensure medical and psychological first aid (PFA) services provided for survivors of GBV. Work closely with all sectors to ensure GBV risks are mitigated and GBV prevention strategies are implemented across the humanitarian response. ● Continuing to monitor water quality for potential health-related implications, in close collaboration with the WASH sector. ● Improve preparedness for mass casualty through training, renovation, provision of medicines and medical supplies and equipment. ● Train health care providers on pre-hospital (can be at PHC level), ambulatory, referral, and management of mass casualties; health workers in PHC on Clinical Management of Rape (CMR) and MH Gap; community health workers on first aid, search and rescue, and Psychological First Aid (PFA). ● Coordination of health response provided by Syria HCT Health Sector Coordination Group via WoS Health Cluster team in Amman.

C) Please indicate whether the proposed intervention under this allocation will complement interventions or other sources of funding in the selected locations:

- Set up of fixed/static health points/centers (using at a maximum (where possible) available health facilities / infrastructure).
- Provide lifesaving and life-sustaining medical supplies (medicines, consumables, life-saving medical equipment) to local health facilities (PHCs, hospitals, laboratories).
- Emergency referral system to access specialized health care services.
- Ensure availability of disease surveillance and vaccination activities.
- Provide capacity building and community level support with a focus on RCCE (risk communication and community engagement), MCH (mother and child health), disease surveillance, trauma and MHPSS (mental health and psychosocial support), SRH (sexual and reproductive health), vaccination.

As with all emergencies, Accountability to Affected Populations (AAP), protection mainstreaming, and prevention of and response to sexual exploitation and abuse (PRSEAH), remain at the core of health sector's approach.

Integrated response will align health sector priorities with nutrition, protection and its lead sub-sectors, WASH, etc.

Partners selection criteria:

- Active members in the sector/s related to the proposed activities
- Technical experience and capacity to implement the selected activities immediately.
- Existing operational presence in the selected sub-districts, with an ongoing project with similar activities/ or with existing approval to implement the activities.
- **Project proposals are recommended to be under 250,000 USD.**

Sector Activities Prioritization:

Sector	Sector Priority	Justification	Recommended activities as per the HRP	Locations	Selected partner
Health	• Set up of fixed/static health points/centers (using at a maximum (where possible) available health facilities / infrastructure).	Please see above analysis.	1.1 Provide essential primary and secondary health care services *1.1.1 # of outpatient consultations supported by health partners* 3.2 Increase access to quality health services by establishing functional health facilities and mobile medical units and supporting referral *3.2.2 # of operational mobile medical units, including medical teams*	Please see below. Prioritizing 38 sub-districts with inter-sector people in need of 2.1 million, and 186 K arrivals.	9 partners - IMC, Intersos, EPDC, Youth Charity, GOPA-DERD, SSSD, SFPA, Al Tamayouz, Sham Al Khair
	• Provide lifesaving and life-sustaining medical supplies (medicines, consumables, life-saving medical equipment) to local health facilities (PHCs, hospitals, laboratories).		1.5 Provide health facilities with essential medicines and medical supplies *1.5.1 # of treatment courses delivered at health facilities*		
	• Emergency referral system to access specialized health care services		1.1 Provide essential primary and secondary health care services *1.1.7 # of cases referred for specialized treatment*		
	• Ensure availability of disease surveillance and vaccination activities.		2.1 Expand the reporting capacity of the early warning systems *2.1.1 % of sentinel sites submitting weekly surveillance reports* 2.2 Strengthen capacity to investigate and detect disease outbreaks		

			2.2.1 # of reference laboratories supported to detect and confirm epidemic-prone diseases *2.2.2 # of rapid response teams (RRTs) supported to respond to disease outbreaks* 2.3 Support health authorities to carry out timely response to disease outbreaks *2.3.1 % of disease outbreaks responded to within 96 hours of identification*		
	• Provide capacity building and community level support with a focus on RCCE (risk communication and community engagement), MCH (mother and child health), disease surveillance, trauma and MHPSS (mental health and psychosocial support), SRH (sexual and reproductive health), vaccination.		3.1 Strengthen the capacity of health care providers and community health care workers to provide essential health services *3.1.5 # of health staff trained/re-trained on other health topics not mentioned above* *3.1.6 # of community health workers trained/re-trained on different health topics*		

Priority locations:

Aleppo	As-Safira	Hajeb
Homs	Al-Qusayr	Al-Qusayr
Ar-Raqqa	Ar-Raqqa	Maadan
Idleb	Idleb	Abul Thohur
Idleb	Al Ma'ra	Heish
Rural Damascus	Qatana	Bait Jan
Rural Damascus	Rural Damascus	Babella
Dar'a	Izra'	Hrak
Dar'a	As-Sanamayn	Ghabagheb
Rural Damascus	Al Qutayfah	Al Qutayfah
Rural Damascus	Duma	Dhameer

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Dar'a	Dar'a	Da'el
Deir-ez-Zor	Deir-ez-Zor	Kisreh
Rural Damascus	Az-Zabdani	Ein Elfijeh
Ar-Raqqa	Ar-Raqqa	Sabka
Aleppo	As-Safira	Banan
Rural Damascus	Rural Damascus	Arbin
Aleppo	Jebel Saman	Zarbah
Aleppo	Al Bab	Tadaf
Rural Damascus	Rural Damascus	Qudsiya
Dar'a	Dar'a	Busra Esh-Sham
Deir-ez-Zor	Abu Kamal	Hajin
Dar'a	Dar'a	Ash-Shajara
Homs	Homs	Mahin
Deir-ez-Zor	Abu Kamal	Susat
Aleppo	Al Bab	Rasm Haram El-Imam
Rural Damascus	Duma	Duma
Ar-Raqqa	Ath-Thawrah	Mansura
Ar-Raqqa	Ath-Thawrah	Al-Thawrah
Aleppo	Al Bab	Eastern Kwaires
Aleppo	As-Safira	As-Safira
Aleppo	A'zaz	Mare'
Aleppo	Menbij	Al-Khafsa
Deir-ez-Zor	Abu Kamal	Abu Kamal
Aleppo	Al Bab	Dayr Hafir
Idleb	Al Ma'ra	Ma'arrat An Nu'man
Rural Damascus	Darayya	Sahnaya
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa