



### People affected

**400 000** people in and around Ar-Raqqa governorate in need of health care services

**20 000 – 50 000** people besieged in Ar-Raqqa city

**200 000** people displaced since 1 April 2017

### Funding status

**99%** funding gap for health cluster and WHO requirements in Ar-Raqqa Response Plan

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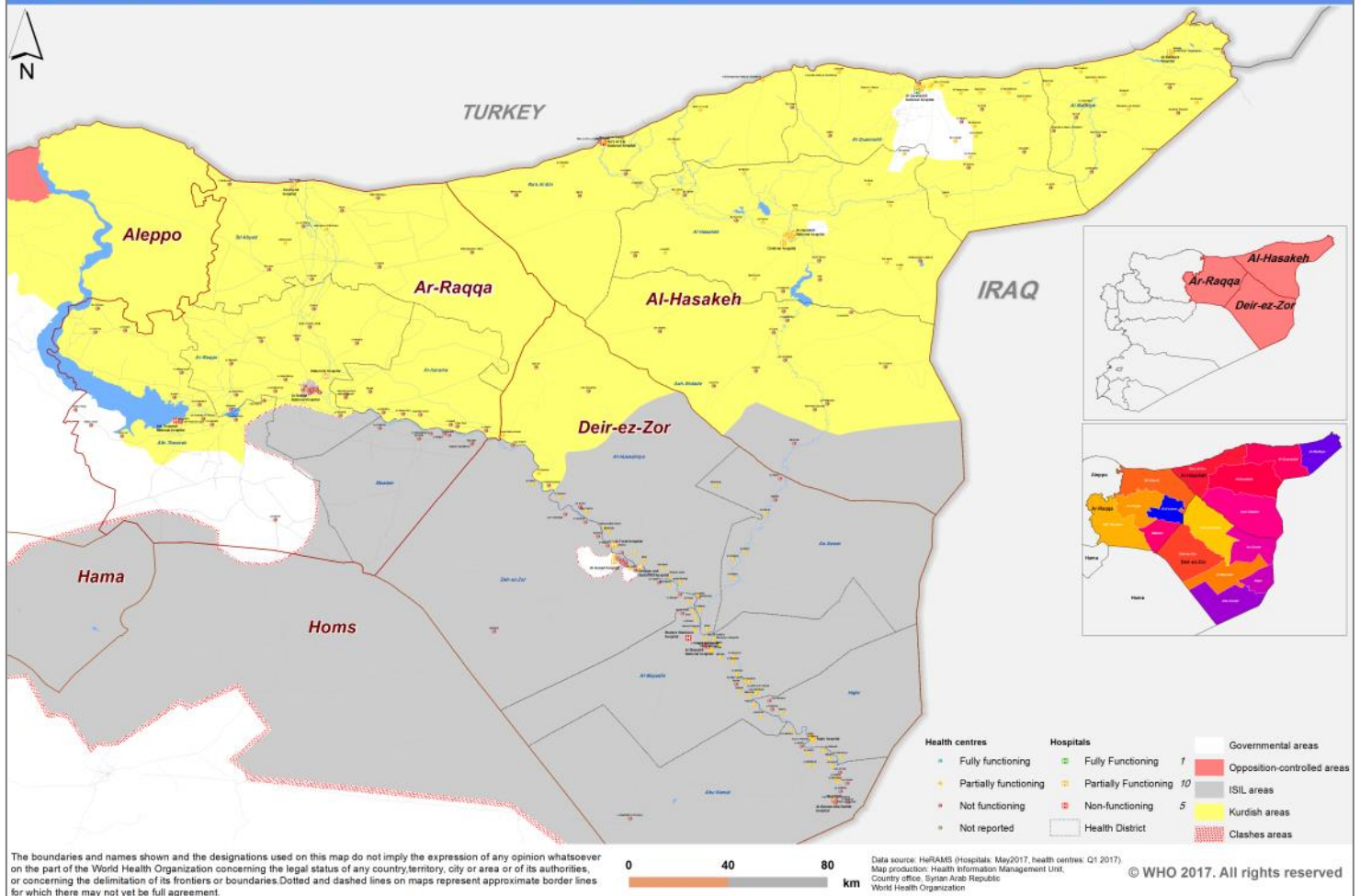
## WHO is urgently appealing for US\$20 000 000

to respond to the growing crisis in north-east Syria, where over 200 000 displaced people, including civilians who have been severely wounded in the conflict, have only limited access to health care.

### Current situation

Tens of thousands of civilians have fled Ar-Raqqa city in Ar-Raqqa governorate since the Syrian Defence Forces (SDF) began their offensive to retake control of the city from the Islamic State of Iraq and the Levant (ISIL). More than 200 000 people have been displaced since April 2017 (more than 87 000 have remained in Ar-Raqqa governorate, almost 37 000 have fled to Aleppo, and around 33 500 have gone to Idleb, with smaller numbers fleeing to Hama, Deir-ez-Zor and Homs governorates). Most of the population is facing critical shortages of food, water, and health care.

The situation in Ar-Raqqa city is particularly worrying. The main hospital and many other health care facilities have closed due to airstrikes. The facilities that are still functioning face critical shortages of medicines, supplies and equipment. Water and electricity are available only intermittently, and civilians are unable to move freely due to travel and security restrictions imposed by ISIL. Between 20 000 and 50 000 civilians are estimated to remain in the city.



## Funding needs

### Ar Raqqa Response Plan

**US\$ 28.64 million** required by health partners

**US\$ 20 million** required by WHO

### 2017 Humanitarian Response Plan

**US\$ 459 million** required by health partners

**US\$ 163 million** required by WHO

## Trauma and referrals

WHO's recent assessment of trauma response capacity in Ar-Raqqa governorate shows an urgent need to strengthen evacuation routes and ambulance services for injured patients from the outskirts of Ar-Raqqa city to hospitals and health care facilities to the north, east and west. Many severely wounded patients are transported to hospitals by private car, and more than half of them reportedly die en route. Others are left to die in situ. The establishment of trauma stabilization points close to the frontline, supported by ambulance services, is key to improving critically wounded patients' chances of survival. Only one trauma stabilization point (in Hazimeh) is currently working, although WHO and partners plan to open several more.

Hospitals need to be strengthened to handle their increased workloads. Hospitals that previously provided good tertiary care are located in Ar-Raqqa city, and are no longer available. Other hospitals in the area lack power supplies and face critical shortages in essential medicines and supplies. Many X-ray machines – a critical requirement for trauma care – are out of order.

Large numbers of civilians are fleeing to the town of Tabqa, north-west of Ar-Raqqa city. The hospital in Tabqa is closed and the area has very limited ambulance services. WHO is exploring the possibility of establishing a field hospital on the site of Tabqa's existing hospital.

## Health cluster strategy

**Strengthen the institutional and response capacity** of available public and private health care services.

**Pre-position health supplies** for public and private health care facilities in Ar Raqqa, Al Karame, Ma'adan, Tal Abyad and Ath-Thawrah districts.

**Reinforce the capacity of public and private health care facilities** (including physical structures, human resources and equipment/supplies) for health service delivery, including mobile medical units for emergency response in camps and spontaneous settlements.

**Partner with available health service providers** (public and private) to strengthen the emergency referral system for patients requiring treatment in secondary and tertiary health care facilities in Ar-Raqqa and/or in and around Al Hasakeh.

## Primary health care

WHO is supporting nine mobile teams operated by four NGO partners that are able to work in north-east Syria. These NGOs provide outreach primary health care services in camps for internally displaced persons in Ein Issa, Karame, Tal Abyad, Menbej, Almelabiyah, Alkhamaiel, Alkaramah, Qana, Alaresha, Alhamadaniyah, Alhajjeyah, Algharab, Alatalah, Al-47, Alghazel, Taban, Alkana, Hadaja, Rashidiah, east and west Alhenna, Sarab, new Aktan camp, Al Jarnyieh, Ein Al Arab, Tal Tamer, Tal Brak, Al Hol, Tabqa/Ath-Thawrah, At-Tawahina, Al Bahra and Shadadeh. WHO has also delivered medicines<sup>1</sup>, supplies and equipment to partners and health facilities in north-east Syria as follows:

- Medicines and supplies to Mabrouka, Al-Karama and Ein Issa camps in Ar-Raqqa (in coordination with UNHCR);
- Locally procured medicines to health partners supporting IDPs and host communities in Al-Hasakeh, including Al-Ber in Al-Hasakeh city and Qamishli, and Armenian charity;
- Medicines and supplies to fixed clinics in Al Hol Camp (three shipments in February, May and June 2017);
- Ultrasound device to Al-Hol camp (in coordination with UNHCR);
- Medicines and equipment (including two ventilators and an ultrasound device) to public health care facilities in Al-Hasakeh;
- Medicines and equipment (including three ventilators and an ultrasound device) to Al-Qamishli National Hospital;
- Chronic disease medicines, antibiotics, burn treatments and psychotropic medicines pre-positioned in Ar-Raqqa and Aleppo;

## Nutrition

In May, WHO screened 502 children under five years of age in north Ar-Raqqa for malnutrition. Almost one third were found to be suffering from moderate acute malnutrition, and just over 3% had severe acute malnutrition. WHO has shared these findings with UNICEF and WFP, who are providing therapeutic nutrition supplies in Syria. Additionally, WHO is supporting a stabilization centre in Al Qamishli Hospital that is managing children with severe acute malnutrition.

## Chemical preparedness and response

WHO has prepared chemical response guidelines that set out the requirements for health facilities in terms of infrastructure, equipment and supplies. WHO has also procured antidotes and 500 sets of personal protection equipment (PPE) kits for distribution to referral hospitals in north-east Syria. No chemical incidents have been reported thus far.

## Coordination

WHO and the health working group for north-east Syria are mapping all available health care services (public, private and NGO or community-based health initiatives) in north-east Syria. This information will be used as the basis for establishing and strengthening trauma referral pathways. WHO is also mapping the location of health partners in north-east Syria and the types of services they offer (“Who does What, Where and When”).

<sup>1</sup> Enough for 560 000 treatment courses

## WHO objectives

**Improve access** to basic and advanced health services inside Ar-Raqqa governorate;

**Strengthen the institutional and response capacity** of available public and private health services;

**Reinforce mobile medical units** for outreach response to improve health care delivery in camps for internally displaced persons and informal settlements;

**Pre-position health supplies** for public and privately supported health facilities in Ar-Raqqa, Al Karame, Ma'adan, Tal Abyad and Ath-Thawrah districts;

**Build up partnerships** with all available health service providers (public and private) to strengthen and improve the emergency referral system to access secondary and limited tertiary health care services in Ar-Raqqa, Al-Hasakeh, and Aleppo governorates (and, in specific cases, Damascus);

**Strengthen evacuation pathways** for injured patients from the outskirts of Ar-Raqqa city to referral facilities through north, east and west evacuation routes;

**Continue leading the health sector** response through scaling up of health sector sub-national meetings in Qamishli, and facilitating updates and information exchange on the response from cross-border activities through the Whole of Syria framework.

## WHO response

WHO is scaling up its response operations at all levels of health care to meet the urgent needs of both civilians remaining in Ar-Raqqa city and displaced populations in all locations.

WHO plans to implement the following activities to both scale up trauma care and referral services for severely wounded patients and ensure that IDPs and vulnerable host communities have access to basic and life-saving health care:

1. Define modalities for transferring patients from trauma stabilization points to secondary and tertiary level health care facilities for more advanced treatment;
2. Establish a field hospital in Tabqa;
3. Procure medicines, supplies and equipment to strengthen overall capacity of hospitals to treat severely wounded patients as well as patients with chronic diseases and other illnesses;
4. Strengthen primary health care services through supporting fixed clinics as well as mobile teams in camps for internally displaced persons;
5. Negotiate and use secure land routes to bring supplies into the area, and safe routes to bring patients out (for medical treatment in Aleppo or Damascus);
6. Deploy a health coordinator and trauma specialist to Ar-Raqqa to manage and coordinate the overall response.

## Working budget

	Activity	Sub-activity	Estimated funding requirements (US\$)
1	Define modalities for transferring patients from trauma stabilization points to secondary and tertiary level health care facilities for more advanced treatment	1. Support the establishment of trauma stabilization points	270,000
		2. Procure ambulances to support referrals	400,000
		3. Donate medicines, supplies and equipment to trauma stabilization points	2,250,000
		4. Strengthen referral services to private health facilities and cover treatment costs	880,000
2	Establish a field hospital in Tabqa	Installation and running costs for 8 months	5,500,000
3	Procure medicines, supplies and equipment to strengthen hospitals' overall capacity to treat severely wounded patients as well as patients with chronic diseases and other illnesses	1. Procure medicines, supplies, equipment	1,500,000
		2. Strengthen water and sanitation services in national hospital in Qamishli	300,000
4	Strengthen primary health care services through supporting fixed clinics as well as mobile teams in IDP camps	1. Sub-contract NGO and other partners providing health care services in fixed and mobile clinics	2,800,000
		2. Donate mobile clinics, PHC and medicines and supplies	1,250,000
		3. Strengthen disease surveillance and outbreak response	100,000
		4. Strengthen routine vaccination programmes	280,841
5	Negotiate and use secure land routes to bring supplies into the area, and safe routes to bring patients out (for medical treatment in Aleppo or Damascus)	1. Logistics, storage, warehousing and airfreight/road transport costs for supplies	1,100,000
6	Deploy a health coordinator and trauma specialist to Ar-Raqqa to manage and coordinate the overall response	1. Salary and travel costs	600,000
		2. Sub-office running costs	300,000
	Project management, monitoring and reporting costs		600,000
	<b>Sub-total</b>		<b>18,130,841</b>
	Programme support costs (7%)		1,269,158.87
	<b>TOTAL</b>		<b>20,000,000</b>