



PEOPLE AFFECTED

3 MILLION estimated population in three governorates in Northeast Syria (Al-Hassakeh, Raqqa and Deir-ez-Zor)

1.9 MILLION estimated people-in-need, including an estimated **697,106** people displaced

45,000 people who may be newly displaced (January 2022)

HEALTH RISKS

For an already vulnerable population, many of whom have been displaced multiple times, health risks are severe and include:

- Increased gaps in essential health services provision for patients with noncommunicable diseases;
- High levels of disability, trauma and burns related to injuries from ongoing and increased hostilities;
- High demand for surgical interventions and services with well-established referral pathways;
- 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 affected population in the shelters and lack of safe drinking water, food, and proper sanitary conditions.
- Insecurity and limited access impeding referral of urgent medical cases to hospitals;
- Shortages of medical supplies and lack of opportunities for predictable supply planning;
- Prevalence of mental health disorders, including anxiety, PTSD and GBV.

FUNDING REQUIREMENTS

US\$ 849,797 is required to respond to the immediate needs of affected persons in Al-Hassakeh city (3 months)

US\$ 7,271,550 is required to respond to the urgent health needs of people in NES (6 months), including of persons in Al-Hassakeh city (US\$ 849,797)



CURRENT CONTEXT IN NORTHEAST SYRIA

The situation in Northeast Syria (NES) remains very fragile. There is still a potential for significant security risks to emerge, with high level of human casualties as evidenced by recent clashes in Hassakeh city involving SDF security forces and ISIL fighters in January 2022. At the same, sporadic security incidents continue resulting in large-scale displacement of local communities, adding uncertainties to ongoing humanitarian efforts, including in the health sector. Attacks on healthcare personnel is an ongoing challenge, especially in large IDP camps such Al-Hol where healthcare workers are frequently targeted. Most recent incidents include attacks on healthcare workers in Al-Hol camp in January 2022, with one healthcare worker killed and another one severely injured.

As per 2021 estimates, more than 1.9 million people in three governorates of NES required humanitarian assistance, including approximately 655,400 internally displaced persons (IDP). IDP settlements and formal camps are adding to the burden of an already overstretched and weak healthcare system. Five formal camps – including Al-Hol, Areesha, Al-Roj, Newroz and Mahmoudli – host more than 88,000 IDPs and refugees. In addition, informal camps and settlements host around 120,000 individuals. As such, IDPs are at higher risk of communicable diseases (including COVID-19) due to overcrowding and poor sanitary conditions.

Most of the health facilities in NES are either not functioning or only partially functioning. Out of 16 public hospitals in NES, only one is fully functioning, nine are partially functioning and six are not functioning at all, according to HeRAMS data. None of the districts in NES meet the emergency threshold of at least 10 hospital beds per 10,000. According to December 2020 data, of 281 public healthcare centres, only 123 are partially functioning and 158 are not functional.

It is estimated that over 50% of physicians have left Northeast Syria, making lack of health human resources a chronic challenge. Only four districts in all of NES meet the emergency threshold of at least 22 healthcare workers per 10,000 according to HeRAMS data from the second quarter of 2021.



WHO immediate response priorities to meet needs of people affected by ongoing hostilities in Al-Hassakeh city over the period of 3 months:

- Improve access to basic and advanced health services inside the affected areas;
- Deploy of mobile medical teams and clinics;
- Provide Covid-19 vaccination;
- Support diagnostic and treatment services through the provision of medical equipment and supplies to priority health facilities or mobile teams/clinics;
- strengthen preparedness and response levels for management of trauma and other types of patients and provision of PPEs.

WHO urgent response priorities to meet the life-saving needs of people in NES over the period of 6 months:

- Improve access to basic and advanced health services inside and outside of the affected areas;
- Revitalize priority health facilities in the affected areas;
- Improve/ expand emergency referral system;
- Deploy of mobile medical teams and clinics;
- Strengthen preparedness and response levels for management of trauma and other emergency cases.
- Prevent, detect and respond to disease outbreaks;
- Support diagnostic and treatment services through the provision of medical equipment and supplies to health facilities or mobile teams/clinics;
- Strengthen partnerships to improve the emergency referral system as well strengthen preparedness and response levels for management of trauma and other types of patients;
- Strengthen the capacity of health staff and reinforce the application of staff duty of care.

KEY HEALTH ASKS

- All people in need are to be provided with uninterrupted healthcare, and when necessary, evacuated to the closest and most appropriate health facility for emergency treatment.
- Health facilities and all healthcare workers must be protected and patients must be granted safe access.
- Humanitarian convoys bearing all essential life-saving and life-sustaining supplies must be allowed to proceed immediately to provide medical assistance across conflict lines.
- Local health service providers in NES to have direct and uninterrupted access to IDPs and those in need of health care at all times.

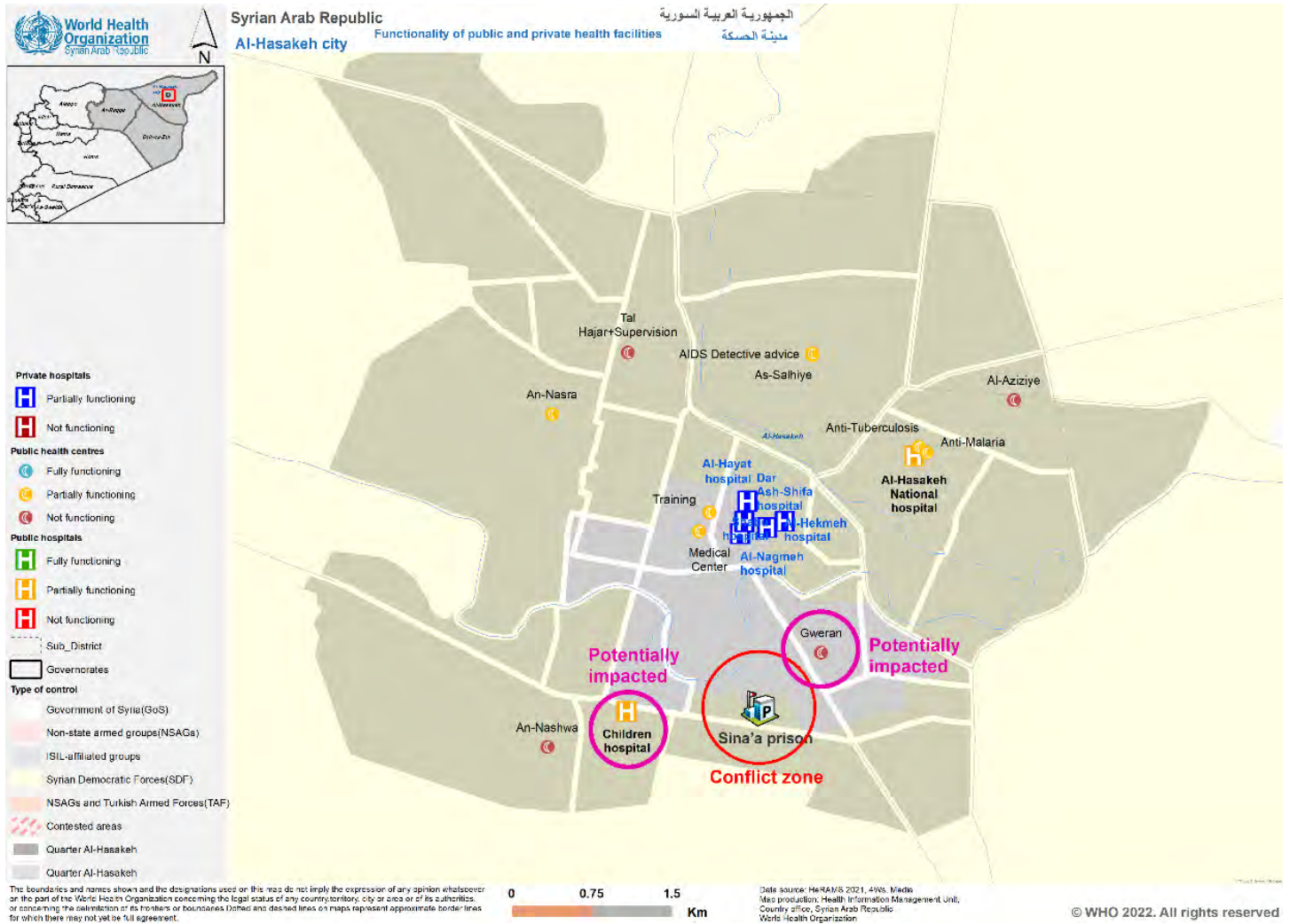
MOST RECENT EXAMPLE OF HOW VIOLENCE AND SECURITY INCIDENTS IMPACT PROVISION OF HEALTH CARE

On 20 January 2022, an attack on Sina'a prison in Al-Hasakeh city resulted in rapidly escalating hostilities with gunfire exchange and explosions reported from the area. Since then, residents of Ghweran and Al-Zouhur neighborhoods started to flee their houses due to evolving security situation. As of 26 January 2022, hostilities continued with civilian casualties being reported.

Movement restrictions have been imposed immediately, with a total ban on leaving/entering the city. As the conflict escalated further, it resulted in the displacement of a large number of local population. According to OCHA, around 45,000 people have been displaced from their homes. Most of the displaced people have sought safety with family and friends in nearby areas. IDPs are hosted in 24 temporary collective shelters.

Imposition of movement restrictions made accessing the IDPs nearly impossible and their health needs remained unmet. Humanitarian actors are advocating for uninterrupted access of humanitarian convoys to Hassakeh city to deliver life-saving medical supplies and humanitarian assistance to IDPs. Lifting movement restrictions in relation to humanitarian organizations is key to provide critical life-saving services in camps in Hassakeh, including in Al-Hol and Areesha camps. Some of the IDPs are patients suffering from trauma injuries that still require post-surgical care, disability and rehabilitation services. A majority of displaced people require continuity of care for the prevention and treatment of cardiovascular and renal diseases, diabetes, cancer, psychosocial and mental health, as well as maternal and child health services.

Two (2) hospitals, eleven (11) PHC centers, and six (6) private hospitals are located in the midst of ongoing military operation in Al-Hassakeh city, with almost 400 medical staff not being able to report to their work with services being suspended. These facilities are under direct threat of being attacked and subject to infrastructural damage. There is a likelihood that spillover of the conflict beyond current boundaries will directly affect all other health facilities in Hassakeh governorate, including 5 hospitals, 100 PHC centres and 21 private hospitals with over 1,100 healthcare workers. This violence also resulted in major suspension of health services in Al-Hol camp, leaving over 56,830 residents (93% of whom are children aged 0-17 and women) without life-saving health services since the onset of the clashes as most of the health actors were not able to reach the camp.



HUMANITARIAN IMPACT

- Increasing **trauma injuries** as a result of the ongoing hostilities. As bombings, shootings and shelling continue, increased numbers of casualties are expected with sub-optimal **referral services** for seriously wounded patients who require further hospitalization.
- **Interruptions in service provision and acute shortages of health staff and functioning health facilities** mean that people with life-threatening illnesses may not receive life-saving care. In addition to **access constrains for healthcare workers, patients, ambulances, and supplies** due to curfew and ongoing insecurity.
- **Surge in COVID-19** cases as a result of the poor hygiene practices, overcrowding and sub-optimal living conditions of displaced people in shelters; as well as **interruption of COVID-19 vaccination**.
- **Increasing incidence of communicable diseases** such as acute diarrhoea, upper respiratory tract infections, lice and scabies, gastrointestinal diseases.
- **Unsafe water and poor hygiene practices** among displaced people in shelters increase **the risk of water- and foodborne diseases**.
- **Unvaccinated children** are at high risk of contracting life-threatening diseases such as measles and polio.
- **Inadequate antenatal and postnatal care services** for pregnant women, and lack of contraceptives (IUDs, oral contraceptives, injectable, male condoms).
- Lack of **mental health and psychosocial support services** for both children and adults.
- **Chronic and acute malnutrition**, particularly among young children, place them at greater risk to infectious diseases and complications.
- **Depletion of the medical stocks** at health facilities at different care levels primary and secondary with the unclear predictable replenishment plans.



FUNDING REQUIREMENTS

US\$ 849,797 is required to respond to the immediate needs of affected persons in Al-Hassakeh city (3 months):

Category	Prioritized activities	Costs in USD
Service provision	Contracting private hospital(s) for secondary and trauma healthcare services	399,004.8
	Contracting national NGOs for provision of primary health care services through fixed and mobile clinics/teams	277,205
Immunization	Deployment of mobile vaccination teams (follow-up immunization and COVID-19)	10,000
Surveillance	Deployment of Rapid Response Teams for early detection and prevention of COVID-19, Leishmania, water-borne diseases, and others	6,400
Supplies	Procurement of trauma kits (A& B) surgical kits, NCD medicines, paediatric medication, and medical equipment and consumables including PPEs.	356,192
Operational	Human resources, transport and logistics; etc.	200,000
TOTAL		849,797

US\$ 7,271,550 is required to respond to the urgent health needs of people in NES (6 months), including those affected by the recent clashes in Al-Hassakeh city (US\$ 849,797):

Category	Prioritized activities	Costs in USD
Service provision	Contracting private hospital(s) for secondary and trauma healthcare services	1,400,000
	Contracting national NGOs for provision of primary health care services through fixed and mobile clinics/teams	1,500,000
Immunization	Deployment of mobile vaccination teams (follow-up immunization and COVID-19)	300,000
Surveillance	Deployment of Rapid Response Teams for early detection and prevention of COVID-19, Leishmania, water-borne diseases, and others	35,000
Supplies	Procurement of trauma kits (A& B), surgical kits, NCD medicines, paediatric medication, and medical equipment and consumables including PPEs.	3,200,000
Operational	Human resources, transport and logistics; etc.	836,550
TOTAL		7,271,550

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