

January to August 2022

WHOLE OF SYRIA

Health and Nutrition Response



12.2 million
People in need



5.3 million
Children in need



53%
Primary health care centres fully functional



8.1%
Population fully vaccinated against COVID-19



245K
Children under 5 acutely malnourished



33%
Children suffering from chronic malnutrition

SITUATION

Half of the primary health care system in Syria is offline.¹ Of the 80,000 Syrian physicians working in the country before the crisis, only 20,000 remain in the country. In the governorates most affected by fighting in the past five years such as Aleppo, Ar-Raqqa and Rural Damascus, there remains as few as one doctor per 10,000 people.

The impact on children is measurable: Neonatal mortality has increased from 8.7 to 11.8 per thousand live births from 2008 to 2019 according to field studies on “causes of mortality among children under 5 years in Syria” done by the Ministry of Health with UNICEF and WHO support. For children under 5 years, the mortality rate has increased from 17.4 to 23.7 per thousand live births in the same period.

Severe acute malnutrition (SAM) continues to threaten children in Syria. A 2021 SMART survey in north-west Syria indicates that the prevalence of SAM increased from 0.73 to 2.5 per cent between 2019 and 2021. Routine surveillance system data collected from health facilities in 14 governorates indicate increasing trends in the percentage of children admitted for nutrition treatment.

A triple burden of malnutrition (undernutrition, micronutrients deficiencies and overweight) in children under 5 can no longer be ignored. One in four children under 5 is stunted and one in five is overweight. A third of children under 5 are anaemic, including half of children in north-east Syria and NW Syria (SMART 2019).

1 OCHA, Humanitarian Needs Overview, 2021.

Beneficiaries



3.0M Reached

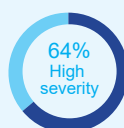
8.3K with disabilities

52% Females | Males **48%**

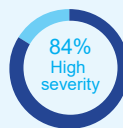


Health and Nutrition reach by severity

Health:

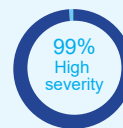


240
Sub-districts reached



3.0M
Beneficiaries reached

Nutrition:



248
Sub-districts reached



1.9M
Beneficiaries reached



Health & Nutrition reach by access quality

Health: **3.0M** Beneficiaries reached

2.0M Accessible areas | **871K** Moderate access | **92K** Low access

Nutrition: **1.9M** Beneficiaries reached

1.3M Accessible areas | **580K** Moderate access | **1.8K** Low access

■ Accessible areas ■ Moderate access ■ Low access



Funding status (\$)

Health **44M** Required

6.5M Funds | **3.9M** Carry forward | **33.5M** Gap

Nutrition **33.9M** Required

2.5M Funds | **1.7M** Carry forward | **29.7M** Gap

■ Funds ■ Carry forward ■ Gap

RESPONSE

UNICEF has a vision for Syria where children access equitable, high-impact and high-quality primary health services. UNICEF has supported the development of a strong network of NGOs with the capacity to provide quality maternal and child health and nutrition services. Over the coming years, these NGOs should play a more focused role, providing quality health care services in pockets of highest need alongside a restored health system.

There will be no restored health system without functional health facilities at a local level. Of the 1,790 health centres in the country, 553 have been destroyed and 376 damaged. Only 107 have been rehabilitated in the past three years (45 by UNICEF, along with an additional 97 prefabricated clinics). At this rate, it would take 23 years before all health centres are fully functional. **UNICEF will leverage its evidence base and convening power to advocate with the Government to rebuild its health infrastructure.**

UNICEF will support the government to develop key strategies and advocate for every child's right to health. This means continuing to support evidence-based planning and empowering the country's district health systems. Building on the experience of COVAX roll out, UNICEF will continue to strengthen the cold chain system with the final goal to have solid routine immunization and emergency response systems.

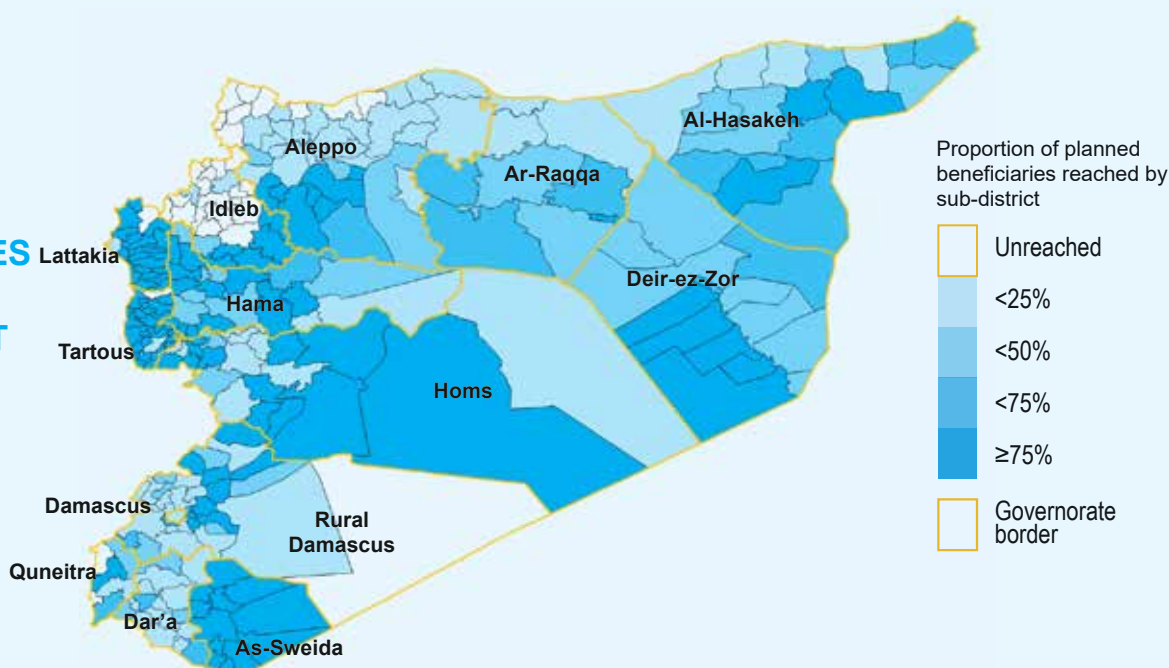
To reduce the burden of malnutrition on children, three key pillars will be followed:

- 1 | Life-Cycle Approach:** UNICEF will address malnutrition in all its forms with a comprehensive life-cycle approach across maternal nutrition, early childhood and middle childhood and adolescence.
- 2 | Systems Approach:** UNICEF will help remove the barriers and bottlenecks around the underlying causes of malnutrition: diets, services and practices. This calls for an integrated response to improve families' access to nutritious, safe and affordable foods as well as basic services and positive nutrition practices.
- 3 | Partnerships and Governance:** UNICEF will reinforce its partnerships with other UN agencies to improve household access to safe and nutritious foods and strengthen community resilience, empowering them to better respond and adapt to shocks and crisis. UNICEF will also support the strengthening of the national system to address the determinants of nutrition.



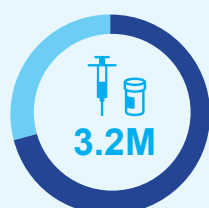
PROPORTION OF PLANNED BENEFICIARIES REACHED BY SUB-DISTRICT

Disclaimer: The boundaries and names shown, and designations used, on this map do not imply official endorsement or acceptance by the United Nations.

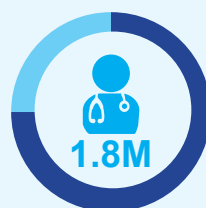


KEY RESULTS 2022

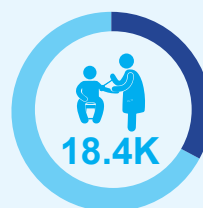
Planned
Reach



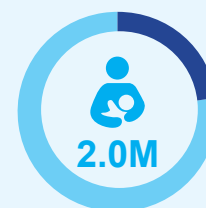
Children under five years vaccinated through polio



Primary health care outpatient consultations supported (children and women)



Children admitted for treatment of SAM



Children and pregnant and lactating women received micronutrients