



INFORMATION MANAGEMENT

Is it guiding strategic analysis and supporting operations?

Perspectives from the field, Syria

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The first webinar will start at 11:00, Geneva-time The second webinar will start at 16:00, Geneva-time

















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Perspectives from the field, Syria





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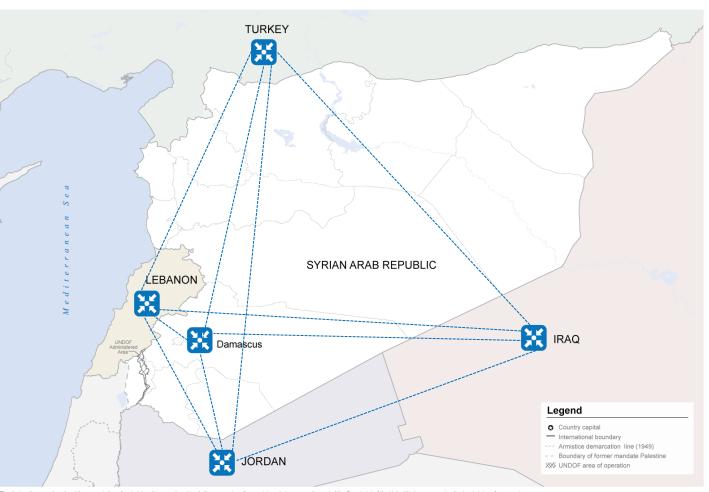
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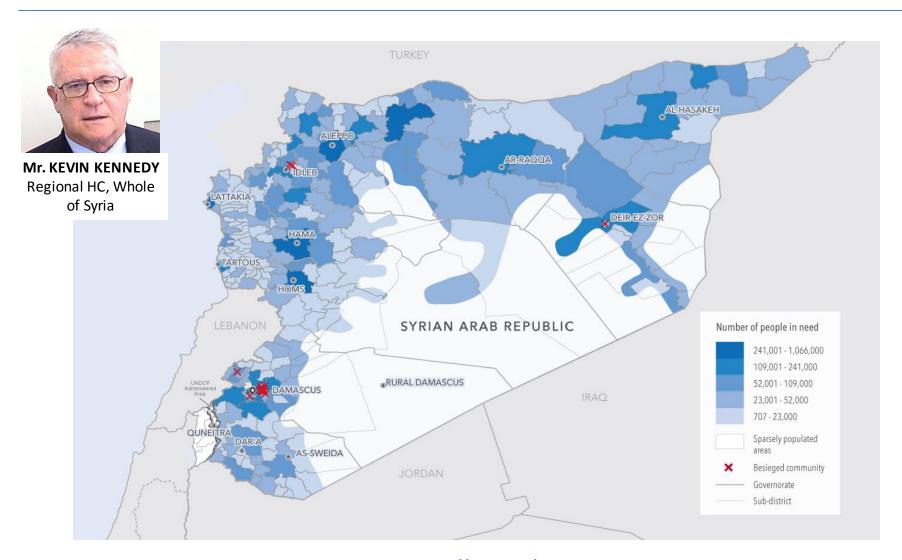


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Mr. MATHIEU ROUQUETTE, Representative, Syria INGO Regional Forum (SIRF) & Co-Chair, SIMAWG

Some acronyms:

HNO

Humanitarian Needs Overview

HCT

Humanitarian Country Team

SIMAWG

Syria IM and Assessments Working Group

INFORMATION MANAGEMENT WEBINAR

- A history of fragmentation: a siloed response
- The Whole-of-Syria approach: a new collective vision for the response
- Immediate achievements: the 2015 SRP and 2016 HNO
- The critical role of SIRF: a platform for collective engagement
- Transformative Agenda 2.0: institutionalising NGO Fora
- **Sociology of Information Management**: how the coordination architecture manages its own information
- **Out of the collective**: key actors not on the radar of the response





INFORMATION MANAGEMENT WEBINAR



Mr. KEVIN KENNEDY Regional HC, Whole of Syria



Information management capacity



Relationship building



Analysis skills



Role of NGOs



IM support mechanisms: IMMAP, REACH, JIPS and ACAPS







Mr. MATHIEU ROUQUETTE, Representative, Syria INGO Regional Forum (SIRF) & Co-Chair, SIMAWG

INFORMATION MANAGEMENT WEBINAR

- Macro efficiency: better IM, better response
- Upstream Vs. Downstream: IM improved upstream, HPC related planning and programming, what about downstream response delivery?
- Sensitivity of information sharing: targeting of humanitarian staff & facilities
- The catch 22: I'm not sharing if you're not useful I'm not useful if you're not sharing







Mr. MATHIEU ROUQUETTE, Representative, Syria INGO Regional Forum (SIRF) & Co-Chair, SIMAWG

INFORMATION MANAGEMENT WEBINAR

- Improving granularity: making information sharing useful and impactful
- Getting there: making IM relevant for operational coordination
- The role of Donors: coordinating the funding of IM initiatives





Key Figures

232,348 Consultations

146,148 Treatment courses

169 Mental Health consultations 76 Healthcare providers trained

1,388 Deliveries assisted

2.024 Trauma cases



Whole of Syria Health Sector/Cluster Assistance in Hard To Reach (HTR) and Besieged Areas



The health sector is increasing efforts through cross-border, cross-line and regular programming to provide life-saving health supplies and services to Hard to Reach and besieged areas. In January 2016 health sector partners provided over 230,000 outpatient consultations, distributed 146,148 treatment courses and supported over 2,000 trauma cases in HTR and besieged areas. Despite this, significant challenges remain to the provision of quality health care:

- Insufficient time to conduct health needs assessments to appropriately target interventions
- Continued exclusion of key surgical equipment and occasional exclusion of antibiotics, chronic disease medications, psychotropic and anesthetic medicines, consumables (globes and syringes) and medical equipment from cross-line convoys
- . The lack of remaining health care providers in these areas means that vaccines and medicines are often administered by unqualified health professionals

The health sector calls for:

- Unhindered access for vaccines, medicines and medical equipment, including surgical supplies, through both cross-border and cross-line modalities
- Approvals for longer and more frequent cross-line missions and increased coordination with local medical networks supported by cross-border actors to allow health specialists to undertake detailed assessments of the health situation and health needs
- Unhindered access for cross-border partners to reach areas such as eastern Aleppo City and other HTR locations best served by cross-border accors
- Medical teams/health professionals to be able to remain in besieged areas for a sustained period of time to treat people, including those with life-threatening illnesses, and follow up to ensure the best
 possible health outcomes for these patients. This includes vaccinating children and obtaining approval to evacuate seriously ill patients.

Number of Medical Procedures in HTR and Besieged Areas (Jan 2016)

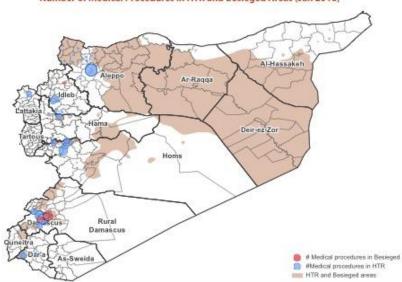


Number of Treatment Courses Distributed in HTR and Besieged Areas (Jan 2016)



Source: Information is based on 4993 data collected from health sector/clasters at the hub level as of 5 March of 2016. Disclaimer: Medical procedures includes consultations (OPD consultations at PHC and hospital), referral cases, mental health consultations, trauma cases, persons with deablines supported and deliveres by Selled Birth Attendams (SRA)

Number of Medical Procedures in HTR and Besieged Areas (Jan 2016)



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Created by: IMMAR



REACH Situation Overview: Displacement and Needs in Southwest Dar'a, Syria

7 April 2016



Introduction

Since 21st March, intensified on-the-ground conflict in southwestern Dar'a has resulted in increased vulnerability of populations in affected areas, as well as displacement of people to neighbouring communities in the governorate. As of 26th March, over 8,200 people are estimated to have been displaced by recent events¹. This adds to the over 80,000 already displaced in Dar'a and Quneitra between November 2015 and February 2016².

Recent conflict has affected the communities of Sheikh Saed, Tassil, Edwan, Sahm el Golan, Hit, Msakin Jlein and Jlein, as well as the surrounding countryside, causing people to flee these areas. Despite reported problems with travel related to insecurity, people have managed to flee both northwards to Nawa, and southwards towards communities and the open countryside around the Jordanian border.

From 4 - 6 April 2016, REACH conducted a rapid assessment to identify displacement patterns and priority needs across the seven conflict-affected communities listed above, as well as four communities that have been receiving IDPs. Communities receiving displaced persons include Nawa, Tal Shihab, Zayzoun and Mzeireb, while IDPs have also arrived in the countryside surrounding Zayzoun, Tal Shihab and Mzeireb.

Other camps outside the direct vicinity of these areas, such as Ja'ara, could not be specifically assessed due to a lack of Key Informants in the area. Information was drawn from qualitative interviews with 32 Key Informants, including nurses, teachers, farmers, shop owners and local council workers. Findings are specific to communities assessed and cannot be generalised further.

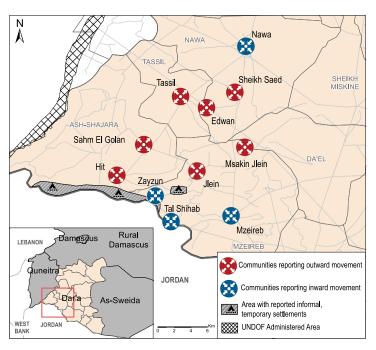
Key findings

Over the past two weeks, escalating conflict has led to increasing humanitarian needs and vulnerabilities in affected communities in Dar'a Governorate. People remaining in affected communities suffer continued insecurity, while some health and education services have also been disrupted. Where possible, people have fled from conflict-affected communities to nearby villages and the open countryside. People who have fled to the Yarmuk Valley represent a particularly vulnerable population, with many living in cars and open spaces. Future movement is dependent upon the evolving security situation; for now, IDP priority needs are immediate shelter and food assistance.

Displacement

Insecurity is the primary reported reason for displacement. People have relocated to avoid being caught in conflict, sometimes as a result of pre-emptive warnings by armed opposition groups that clashes

Map 1: Assessed communities in Dar'a governorate



1 UNOCHA, SW Dar'a Flash Update 1, 26 March 2016 2 UNHCR, Syria: Flash Update on Recent Events, 31 March 2016

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