



Poor sanitation and hygiene conditions, as well as limited access to safe water, increases the risk of water- and food-borne diseases among displaced people from East Ghouta.

Photo: WHO/L. Mackenzie

1700

People killed since
18 February

56,000+

People displaced

12

Mobile teams
supported by WHO

952

WHO-supported
consultations
provided on 24 March

567

Patients referred to
hospitals from
11-24 March

SITUATION

- There is uncertainty over the exact number of displaced people in the shelters, with current estimates ranging between 56,500 -70,850. In anticipation of a new influx of 100,000-150,000 people, new locations for shelters are being identified and rehabilitated to enable comprehensive health service provision.
- Most of the current shelters do not have the capacity or infrastructure to accommodate the large numbers of people arriving. WASH remains an ongoing concern, especially in Adra and the Electricity complex, with fears that current sanitation and hygiene conditions could lead to water-borne diseases.
- Increasing cases of lice and scabies are being reported, as well as increasing cases of diarrhea and vomiting.

PUBLIC HEALTH GAPS/NEEDS

- The current WASH and sanitation situation requires further enhancement and set up of “dehydration rooms” for all shelters. Community mobilization is required to raise awareness on hygiene practices in shelters.
- Need to increase disease surveillance system across the shelters.
- Increasing numbers of people in need of mental health and psychosocial support services.
- More thorough screening, detection and follow up of the nutritional situation is required.

- The number of health service providers and mobile medical teams needs to be increased.
- There are large numbers of people with disabilities and in need of prosthetic assistance. Wheelchairs and stretchers are required for disabled people to reach the latrines within the shelters.
- Additional medicines and consumables for primary and secondary health care are required, as well as anti-venom materials for mosquito bites, and anti-allergic medicines.

WHO RESPONSE

I. IMMEDIATE INTERVENTIONS

Coordination

- An inter-agency assessment mission took place on 23 March to Fayhaa Alsham-Baghdad Bridge shelters.
- A WHO/SARC assessment mission took place on 23 March to Electrical Complex.
- A draft 4W of health sector coverage has been updated for key shelters.

Outreach essential services

- WHO is supporting the operational costs of 8 DoH mobile teams (with a more than 80 health workers in total). Each team consists of 3 vaccinations workers, 1 doctor, 1 nurse, 1 surveillance officer, 2 nutrition officers, and 1 midwife.
- WHO is also supporting 4 mobile clinics run by Al Sham Charity NGO, the Association for Poor NGO, Circassian Charity NGO, and Youth Charity NGO.

Mental and psychosocial health support services

- WHO-supported community psychosocial support teams operated by the Association for Poor Charity NGO provided psychosocial support services to more than 350 persons in Adra shelters. WHO is coordinating with the Mental Health Directorate at the Ministry of Health to support mental health mobile teams with psychiatrists/trained psychologists to provide psychological services in shelters.
- WHO coordinated with Syria Pulse NGO to support two teams of community psychosocial support workers. The teams will start providing mental health and psychosocial support services in different shelters within one week.
- WHO's mental health team provided technical support to 10 trainees working with IDPs from East Ghouta.

Immunization and communicable diseases

- From 22-24 March, 1583 children were vaccinated in Harjellah, Adra, Dweir and Najha shelters.
- WHO is supporting TB active case finding activities in the shelters by covering the operational costs of 5 mobile teams (3 health workers in each team) who are conducting daily visits to all shelters. On 24 March, 10 TB cases were detected by field workers, of which 5 had been previously confirmed 5 were new, suspected cases. Medicines were provided to all confirmed cases, and samples from suspected cases were collected and sent to the reference lab in Damascus.
- In response to potential increases in diarrhea cases, WHO is providing SARC with 2 cholera kits as a preparedness measure.

Nutrition

- Nutrition screening is ongoing through 7 teams in rural Damascus. From 22-24 March, 9 cases of severe acute malnutrition were referred to hospitals.

II. HOSPITALIZATION OF CRITICAL CASES

- Referral of patients for hospitalization is carried out in coordination with the Ministry of Health to public hospitals only.
- As of 24 March, the total number of patients hospitalized is 567, including 58 patients referred on 24 March, 51 patients referred on 23 March, and 69 patients referred on 22 March,

III. CROSS-BORDER SUPPORT

- Health partners in Gaziantep are providing medical care for IDPs arriving in northern Hama. Mobile clinics are deployed to provide primary health care services, vaccination nutritional screening and mental health support. The partners also transport critically-ill patients from their arrival point to hospitals. From 23-24 March, more than 400 medical cases were treated, out of which 66 critical cases were referred to hospitals. WHO supports health partners by providing medical supplies and essential medicines for primary and secondary health care, operational costs and technical support.
- WHO is also providing a cross-border partner with operational costs and psychotropic medicines to support mental health mobile clinics in Idleb Governorate. The mobile teams, including 30 psychosocial workers and 59 WHO-trained health workers, are providing psychological first aid and mental health awareness-raising to the IDPs, as well as gender-based violence and child protection services.

The ongoing response for East Ghouta involves 13 health partners inside Syria, including the Syrian Ministry of Health, WHO, UNHCR, UNICEF, UNFPA, International Medical Corps, Syrian Arab Red Crescent, Medair, Monastery Saint James the Mutilated, Syria Family Planning Association, Association for Poor Charity, Al Sham and Circassian Charity Association, and The Youth Charity Association of Dummer