



WHO-supported medical teams working round the clock at Al-Hol camp to provide health care services to new arrivals from rural Deir-ez-Zor. ©WHO Syria2019

47,000

Internally displaced people in Al-Hol camp

7

medical mobile teams, health units and medical points supported by WHO

700

Average medical consultations provided each day

55,642

medical treatments delivered by WHO since 1 January

494

Patients referred to hospitals in Al-Hasakeh since 4 December

SITUATION

- Over the last three months, more than 37 000 people, mainly women and children fleeing hostilities in rural areas of neighbouring Deir-ez-Zor, have arrived in Al-Hol camp in Al-Hasakeh governorate.
- As of 23 February, there were 73 registered deaths. Infants accounted for almost two thirds of all deaths.
- Almost two thirds of deaths have occurred in different areas of the camp, and the remaining third have occurred in hospitals. Many infants and young children have perished from hypothermia on the way to or shortly after arrival at the camp.
- The camp is severely overcrowded and there are huge bottlenecks in the reception area. Once new arrivals have completed administrative and security screening, they remain inside the reception area until space to accommodate them has been identified. People who do not complete screening on the day of their arrival are forced to sleep in the open.
- Even after screening is completed, many people continue to sleep outside because there are not enough shelters in the reception area to accommodate them. The few shelters that are available are overflowing with people who are waiting to be transferred to other parts of the camp.
- Those sleeping outside, most of whom are vulnerable women and children, are exposed to the cold, wind and rain. Their situation is made worse by the fact that they do not receive blankets, mattresses, clothes and other assistance until they have been transferred to shelters in the reception area.
- Protection is a serious issue. Women and children have been left without assistance for several days. High-value items such as money and jewellery have been confiscated from new arrivals.
- Other problems in the overcrowded reception area include shortages of essential medicines and water and sanitation facilities. High numbers of children and pregnant women remain stranded in this area and have no access to nearby maternal and child health and reproductive health care services.
- The main health conditions in the camp include malnutrition, lice and scabies.
- There are shortages of health care services throughout the camp.

- The referral system faces several challenges mainly related to the lack of hospitals and secondary health care facilities in surrounding areas. The WHO-supported Al-Hikma private hospital in Al-Hasakeh is overwhelmed and struggling to manage the influx of new patients.
- The situation is likely to worsen as thousands of new displaced people continue to arrive at the camp. Many of these people require emergency health care on arrival because there are very few health care facilities in rural Deir-ez-Zor. (All public health facilities in Hajin, from where many displaced people have fled, are nonfunctioning.)
- On 23 February 2019, a fire broke out following the explosion of gas cylinders in a camp warehouse. Sixteen people were injured and referred to hospitals in the area. Nine were discharged and seven remain hospitalized.

WHO PRIORITIES

- Camp reception area:
 - Support the deployment of a mobile team to support triage and a medical tent for mothers, pregnant women, neonates and children.
 - Maintain the medical supply chain and deliver medicines and supplies to treat up to 10 000 people, mainly women and children.
 - In collaboration with the Water, Sanitation and Hygiene (WASH) sector, strengthen water quality surveillance.
- Camp health care services:
 - Strengthen noncommunicable disease interventions, mental health services, disease surveillance, maternal and child health care, and screening and treatment for nutrition, tuberculosis and leishmaniasis.
 - Identify a health partner that can set up a 20-50 bed field hospital.
 - Identify health partners that can set up specialized services inside the camp or nearby areas.
 - Deliver medicines, supplies and equipment to support the work of health care providers inside the camp.
 - Set up static clinics in all new sectors/phases of the camp including phases 6 and 7.
 - Coordinate the health response with other health actors in the camp.
- Referral services:
 - Increase the number of ambulances and improve the timely referral of patients to hospitals.
 - Explore the possibility of referring patients to private facilities.
- Advocacy:
 - Advocate/negotiate with different local authorities and the Government of Syria for solutions to strengthen the health response (see Table 1 at the end of this report).

WHO RESPONSE

- Staff in two mobile clinics donated by WHO are providing health care services.
- Four medical teams supported by WHO, UNICEF and UNFPA are providing 24-hour triage services in the reception area. WHO has set up initial disease surveillance. So far, 10 cases of watery diarrhoea have been reported and samples taken for laboratory confirmation. Many cases of scabies and lice have been reported.
- Nutritional screening is underway. A total of 17 children with severe acute malnutrition with medical complications have been referred to Al-Hikma private hospital for treatment.
- WHO has reviewed all private health care facilities in Al-Hasakeh city to determine which may have capacity to admit patients from Al-Hol camp. WHO and UN partners will explore the possibility of negotiating contracts with these hospitals.
- WHO has contracted a second private facility (Al-Hayat hospital in Al-Hasakeh city). The hospital is now receiving patients from Al-Hol camp.
- WHO is advocating for the DoH of Al-Hasakeh to rehabilitate and take over the management of both Al-Hasakeh hospital and the paediatric hospital in Al-Hasakeh city.
- WHO is advocating for the close involvement of the Syrian Arab Red Crescent (SARC) to enhance the health response in Al-Hol camp including for medical referrals.

Table 1. WHO is advocating with the different authorities below for solutions to improve health care and referral services in Al-Hol camp.

WHO's advocacy efforts with the Syrian Democratic Forces (SDF) and Kurdish Self-Administration (KSA)	WHO's advocacy efforts with the Government of Syria
<p>WHO is advocating for:</p> <ul style="list-style-type: none"> • The KSA to designate a health authority with overall responsibility for the health response. Currently, the KSA does not have the capacity to plan or implement the health response. • Agreement to secure the presence of health teams in the security screening and reception areas of the camp. (NB: This has been agreed and put in place.) • Agreement to secure the presence of health teams/ambulances along the route from Hajin to Al-Hol camp. (Access to the Suar transit site has been granted, but Omari oil field and Tanak remain inaccessible.) • Adequate transportation for pregnant women and newborns to Al-Hol camp. • The reactivation of public health care facilities in areas under the control of the SDF, with staff of the Directorate of Health (DoH) of Al-Hasakeh governorate allowed to provide services including trauma care, vaccination, NCD care, disease surveillance, etc. • Unhindered access for patients from Al-Hol camp, including foreign nationals, to health care services in Al-Hasakeh city and other SDF-controlled areas. • The establishment of a health point in the camp to be managed by the DoH of Al-Hasakeh. • The establishment of a 20-50 bed field hospital in the camp. 	<p>WHO is advocating for:</p> <ul style="list-style-type: none"> • Blanket approvals for the delivery of health supplies to north-east Syria from Damascus and elsewhere by road. • Rapid approvals of agreements with implementing partners to cover health care services in north-east Syria. This includes support to private hospitals (Al-Hikma and Al-Hayat). • The establishment of health points managed by the DoH of Al-Hasakeh, and the greater involvement of DoH health workers in the camp response (beyond vaccination and disease surveillance activities). • The management of national hospitals in Al-Hasakeh city (which are currently under SDF control) to be taken over by the DoH. • Support for the deployment of KRC ambulances to refer patients to public care health facilities in Al-Hasakeh and Qamishli. • Agreement to be reached between KRC and SARC on joint cooperation in the emergency response. SARC has prepared a response plan that is pending approval.