



A WHO public health expert follows up on the health condition of a handicapped Syrian in Al Dweir shelter

Photo: WHO Syria

44,703

Internally displaced people from East Ghouta in 8 IDP sites

62

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

38,500

Average medical consultations provided each week

600,000

medical treatments delivered by WHO since 9 March

1092

Patients referred to hospitals in Damascus from 13 March - 19 April

SITUATION

- More than 158,000 people have been displaced from East Ghouta since 9 March. Of these, 44,703 people remain in IDP sites, 47,635 people have obtained permission to leave the IDP sites, and 66-67,000 people have fled to Idleb and Aleppo. Between 138,000 – 200,000 people remain in East Ghouta.
- There has been a significant decrease in the number of IDPs remaining in Najha shelter (down by 66%), Akram Abu Nasser shelter (down by 83%) and Fayhaa Al Sham shelter (down by 70%). The newly established shelter is “Mualqa Mosque” is now reportedly empty.
- The largest two shelters in terms of number of displaced persons are Harjaleh (hosting 14,331 persons) and Dweir (hosting 9,680 persons). Both are largely exceeding their capacity.
- Current overcrowding and lack of hygiene in shelters may be directly linked with an increased risk of potential outbreaks. There is also an increased risk of vector-borne diseases across the shelters.
- IDPs continue to arrive to both Idleb and northern Aleppo country side region. In the reporting period, the evacuations from Duma were mainly directed to the Euphrates Shield areas. 7292 IDPs arrived in Al Bab and Jerablus. Altogether around 70 000 displaced arrived in the northwest in areas accessible to cross border operations in the last 3 weeks.
- As per reports from health partners there is a heavy burden on physiotherapy and post-surgical rehabilitation services due to the elevated number of injured among arrivals.
- Fully equipped ambulances are needed as most of the existing 11 ambulances deployed are modified vehicles with limited functionality and not adapted to the transport of severely-ill patients.
- WHO faces a funding gap of \$5.8 million for its East Ghouta response operations to provide lifesaving assistance and services to 393,000 people-in-need.

HEALTH RESPONSE PRIORITIES

- Strengthen coordination at camp level, especially in referrals of cases to reduce duplication of efforts.
- Increase number of ambulances and improve timely referral of patients to hospitals. Explore possibility of referring patients to private facilities.
- Equip all health points with basic health equipment and consumables.
- Set up fixed health clinics in sites hosting internally displaced persons.
- Enhance family planning activities through distribution of contraceptives and reproductive health kits.
- Set up evening/night shifts of health care workers in all sites hosting internally displaced persons.
- Together with national health authorities, conduct rapid assessments of all 25 public health facilities in all newly accessible areas.
- Ensure availability of specialized health care for patients with health conditions including trauma, kidney failure, amputations, chronic reproductive health conditions, congenital defects among infants, etc.
- Embed health promotion activities overall health and WASH sector response activities.

WHO RESPONSE

I. IMMEDIATE INTERVENTIONS

Coordination

- WHO has developed an East Ghouta Plan of Action to identify immediate, medium-term and longer-term health programmatic interventions in coordination with the Syrian Arab Red Crescent (SARC), national health authorities, and health partners.
- The approval of the Syrian Ministry of Foreign Affairs has been received to conduct a joint public health assessment in East Ghouta by the Ministry of Health, Syrian Arab Red Crescent and WHO. The team will consist of 2 epidemiologists, 2 health sector coordinators, 1 public health officer and 1 Information Management officer. The mission will include visiting all 25 public health facilities across East Ghouta, in addition to conducting community-based assessments. Technical consultations are currently being held by WHO with MoH and SARC in preparation for the mission.

Essential outreach services

- WHO is in the process of handing over two new mobile clinics to the Syrian Arab Red Crescent to support the health response in East Ghouta.
- WHO is supporting a total of 62 medical mobile teams, health units and medical points that have been mobilized as part of the East Ghouta response, including:
 - 25 medical mobile teams managed by 13 national NGOs in shelters providing 24,500 outpatient consultations per week.
 - 23 medical mobile teams from DoH Rural Damascus (estimated 200 health workers) providing health care on a daily basis in shelters and beyond. 14,000 consultations are provided on average per week.
 - 10 teams of trained community psychosocial support workers providing basic psychological interventions, educational and recreational activities
- Since 19 March, WHO has delivered a total of 10 shipments of health supplies (weighting 49 tonnes) to the Syrian Arab Red Crescent, the Directorate of Health and local NGOs in Damascus and Rural Damascus. The supplies include health kits, medicines (including mental health medicines), hospital beds, and insulin, and are sufficient for a total of 600,000 treatments.

Mental and psychosocial health support services

- 10 teams of trained community psychosocial support workers are providing basic psychological interventions, educational and recreational activities. An estimated 3,500 people benefit weekly from this program. People with mental health conditions receive psychological and /or pharmacological

interventions. People in need for medical assistance are identified and referred by the MHPSS teams to receive health care and medicines in the shelters.

Immunization and communicable diseases

- 19 EWARS (An early warning and response system) sentinel sites are supported. Increased EWARS coverage in IDP shelters through assigned DoH EWARS focal points to provide systematic weekly reporting inside 6 shelters as well as assigned central rapid response teams to conduct daily visits for investigation of any emerging outbreaks or diseases.
- During the reporting period, vaccination teams reached an estimated 2000 children in shelters and areas outside the shelters, including Kafr Batna, Ein Tarma, Arbin, Saqba, Zamalka, Hazzeh and Harasta.

Nutrition

- 4 nutrition surveillance and nutrition screening teams are on the ground, and three stabilization centres are functional.
- From 10-17 April, a total of 4449 children under 5 were screened. 203 children with moderate acute malnutrition (4.5%) and 27 children with severe acute malnutrition (0.6%) were identified and managed.

II. HOSPITALIZATION OF CRITICAL CASES

- Monitoring of the hospitalization of patients from East Ghouta continues. As of 19 April, 1092 injured and critically ill patients have been referred to Damascus hospitals and are undergoing health monitoring.

III. CROSS-BORDER SUPPORT

- In order to reach recently arrived populations, WHO and partners have estimated the need to activate 8 primary health care units (fixed and mobile) to ensure proper referral mechanisms are in place.
- On 9-10 April, WHO delivered over 20 tonnes of medicines and medical supplies to Idleb and Euphrates shield region. The shipments included basic and supplementary Interagency Emergency Health Kits, Italian Emergency Kits, and surgical supply and burn dressing kits.