



A 6-year girl from East Ghouta receives medical treatment in a WHO-supported hospital in Damascus.

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1491

WHO-supported consultations provided on 25 March

620

Patients referred to hospitals from 11-25 March

425

Children vaccinated on 25 March

400

Patients provided with psychological first aid on 25 March

9

new sites activated for nutrition surveillance

## SITUATION

- An improvement in the current situation in the shelters has been reported by health workers in terms of availability of water for personal hygiene and latrines.
- Acute diarrhea and upper respiratory infections are still the most reported communicable diseases among displaced persons.

## PUBLIC HEALTH RISKS

- Acute shortages of health care staff and functioning health care facilities mean that people with life-threatening illnesses or injuries may not receive life-saving care.
- Unsafe water and poor hygiene practices among displaced people in shelters may increase the risk of water- and foodborne diseases.
- Unvaccinated children are at high risk of contracting life-threatening diseases such as measles and polio.
- Increasing incidence of communicable diseases such as acute diarrhoea, upper tract respiratory infections, lice and scabies, digestive disorders (vomiting, gastric spasms) among children. Suspected cases of viral hepatitis have been reported.

- Sub-optimal referral services for seriously ill or wounded patients who require further hospitalization. (Even when referral services are working well, access issues may prevent the transfer of patients to hospitals in some areas).
- Inadequate antenatal care services for pregnant women, and lack of contraceptives (IUDs, oral contraceptives, injectable, male condoms).
- Lack of mental health and psychosocial support services for both children and adults.

## **CURRENT AND PLANNED HEALTH SECTOR PRIORITIES**

- Improve access to basic and advanced health care services.
- Revitalize public health care facilities.
- Deploy mobile medical teams/clinics.
- Provide routine vaccination for children.
- Donate medicines, equipment and supplies to support diagnostic and treatment services in health care facilities and mobile teams/clinics.
- Train health care workers.
- Improve the emergency referral system in public health care facilities, and strengthen preparedness and response levels to improve the management of trauma and other patients.

## **WHO RESPONSE**

### **I. IMMEDIATE INTERVENTIONS**

#### Coordination

- Continue to coordinate with the Syrian Arab Red Crescent and national authorities on the ongoing and planned response.

#### Outreach essential services

- 1491 WHO-supported consultations were provided on 25 March through 6 mobile health units and medical mobile teams run by NGOs in Najha and Al Nashabyeh collective shelters, Dweir, Adra, Harjellah and Fayha.

#### Mental and psychosocial health support services

- Teams of community psychosocial support workers are on the ground. WHO-supported mobile teams run by NGOs provided psychological first aid for about 400 persons in different shelters.
- More than 200 children participated in recreational activities organized by trained community psychosocial support workers.

#### Immunization and communicable diseases

- 12 health care teams are conducting disease surveillance, and active daily screening of patients is in place. Department of Health mobile medical teams are vaccinating children, with 425 children vaccinated on 25 March.
- WHO provided oral rehydration salts to treat diarrhea cases.
- Two cases of suspected hepatitis were reported in Dweir and in Najha and samples were sent for lab confirmation.
- One case of leishmaniasis was detected in Najha and referred to the specialized leishmaniasis center in Damascus.

## Nutrition

- 9 new Department of Health sites have been activated for nutrition surveillance and 2 teams with the Syria Family planning Association (SFPA). An additional 3 pediatricians will work in mobile clinics with SFPA.

### **II. HOSPITALIZATION OF CRITICAL CASES**

- WHO continues to monitor the hospitalization of patients. As of 25 March 2018, 620 patients have been referred to nine public hospitals.

### **III. PIPELINE RESPONSE**

- Pre-position health supplies to be included in inter-agency convoys to the parts of East Ghouta that remain besieged.
- Support the roll out of an additional 41 medical mobile teams managed by the Department of Health. Services provided by the teams will include primary health care, immunization, disease surveillance, tuberculosis and HIV screening, and nutritional screening.
- Support the roll out of an additional 35 medical mobile teams managed by international and local NGOs.
- Continue to donate health supplies to the Syrian Arab Red Crescent and the Department of Health to support health care services in shelters.

*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*