



A SARC team in Harjellah shelter is trained by WHO to conduct water quality monitoring. Training and testing supplies were distributed to all Rural Damascus collective shelters in order to ensure that water provided to people in the shelters is safe.

Photo: WHO Syria

44,000

People hosted in 8 shelters in Rural Damascus, as of 4 April

50,000

People transported to north-west Syria, as of 4 April

1,197

Patients referred to hospitals in Damascus and north-west Syria from 13 March - 4 April

51

Mobile medical teams supported by WHO in Rural Damascus and north-west Syria

7,600

Average daily health consultations supported by WHO in Rural Damascus shelters each day

SITUATION

- Since 9 March, an estimated 133,000 children, women and men have left East Ghouta, either through established corridors to collective shelters in Rural Damascus, or through evacuation agreements to Idleb and Aleppo governorates.
- As of 3 April, some 44,000 people remain in 8 collective shelters in Rural Damascus, down from a peak of 83,000 people. Most shelters still largely exceed their capacity. Over 39,000 people have left the shelters through a sponsorship system.
- On 3 April, buses carrying internally displaced people from East Ghouta reportedly entered northern rural Aleppo. The arrivals are being hosted in two camps and provided with humanitarian assistance by the Turkish Red Crescent. Additional buses and ambulances carrying a second group of people, including 10 medical cases, from Duma city arrived to the same area on 4 April.
- It is currently unclear how many individuals remain inside the areas of East Ghouta that have recently shifted control. Some estimates indicate that as many as 70,000 to 78,000 remain in Duma, and 50,000 individuals might have stayed behind in other areas of East Ghouta.
- There continues to be severe humanitarian needs in Duma and in newly-accessible areas of East Ghouta.

NEEDS AND GAPS

- Pending access to the areas, there is a need to support basic health services in Sakba, Harasta and Zamalka in East Ghouta.
- Rural Damascus shelters:
 - Some shelters do not have fixed emergency health points and need examination and treatment rooms.
 - Lack of hospital referral services at night for critically ill or injured patients.
 - There is a need for more mental health and psychosocial support services (MHPSS), reproductive health services, newborn kits, NCDs medications, wheelchairs, and specialized health care for patients with 'neglected' health conditions such as kidney failure, trauma, amputations, and congenital defects.
 - Dental, ENT and ophthalmology services are being requested.
 - Patients with thalassemia are being detected.
 - Suspected TB and hepatitis cases require further follow up.
- North-west Syria:
 - Lack of funding for staff salaries for health service providers and partner NGOs.
 - Lack of access to and availability of medical supplies and consumables for displaced populations.
 - Gaps in immunization coverage for displaced children, especially for measles and polio.
 - Lack of primary healthcare services for newly-displaced families, including MHPSS and sexual and reproductive services for women.

WHO RESPONSE

I. IMMEDIATE INTERVENTIONS

Coordination

- Coordination with the Syrian Arab Red Crescent (SARC), national health authorities, and health partners is ongoing.
- In the Rural Damascus shelters, 3 focal points have been assigned to manage health operations on the ground in coordination with SARC, the Department of Health (DoH), and other health stakeholders.
- Cross-border support continues to health partners in north-west Syria in order to provide health services to children, women and men displaced from East Ghouta.

Essential outreach services

- 2,000 vials of insulin were delivered to SARC and 2,000 vials to NGOs for use in Rural Damascus shelters.
- 18 mobile medical teams and mobile health units run by 9 NGO health partners are covering all Rural Damascus shelters.
- 20 DoH mobile medical teams in the Rural Damascus shelters and newly-accessible areas in East Ghouta are supported by WHO. The teams provide measles, polio and routine vaccinations, general consultations, communicable disease surveillance, nutrition surveillance, hospital referrals, and MHPSS services. They also provide medicines for communicable diseases including TB, brucellosis and leishmaniasis.
- Together, these 38 NGO and DOH medical teams provide an average of 7,600 outpatient consultations each day.
- SARC teams in each of the 8 Rural Damascus shelters were trained to conduct water quality monitoring. The apparatus for water quality testing and testing probes were distributed to all shelters. 30 refrigerators for storing water testing probes were provided (refrigerators will also be used to store medicines).

- 13 mobile clinics supported by WHO partners have been deployed to northern Hama to provide primary healthcare services, mental health support, nutritional screening and vaccination services to displaced children, women and men from East Ghouta.

Mental and psychosocial health support services

- 60 trained community psychosocial support workers are active in the Rural Damascus collective shelters. From 29 March to 4 April, the workers provided basic psychological interventions to more than 2,260 people. In addition, 1,563 children participated in recreational activities, during which 121 children with behavioral and emotional problems were identified and referred to receive further psychological interventions.
- This week, a group of school counselors from Rural Damascus will receive training on the School Mental Health Programme in order to prepare them for when schools re-open in East Ghouta.
- Since 24 March, 8,448 people from East Ghouta received mental health support from WHO-supported mobile clinics in northern Hama.

Immunization and communicable diseases

- Acute diarrhea, upper respiratory infections, and lice are still the most reported communicable diseases in Rural Damascus shelters.
- To reduce the risk of an outbreak in the shelters, on 30 March disease surveillance teams from the DoH visited the mobile teams at the shelters and oriented healthcare workers about priority diseases, thresholds, and reporting mechanisms. A DoH rapid response team also collected sewage samples from the shelters to check for *Vibrio cholerae* in the environment.
- Approximately 450-500 children are vaccinated daily by WHO-supported teams in the Rural Damascus shelters and in newly-accessible areas of East Ghouta.
- Since 24 March, 12,317 children were vaccinated against polio in northern Hama.

Nutrition

- 6 DoH nutrition surveillance and screening teams are supported.
- Since mid-March, a total of 12,158 children under 5 years of age were screened in Rural Damascus shelters. 280 moderate acute malnutrition (2.3%) and 135 severe acute malnutrition (1.1%) cases were detected and managed on-site. 13 cases of complicated severe acute malnutrition were referred to 3 activated stabilization centers in Damascus.

II. HOSPITALIZATION OF CRITICAL CASES

- Monitoring of the hospitalization of patients from East Ghouta continues. As of 04 April, 857 patients have been referred to 9 public hospitals in Damascus. Emergency wards in the public hospitals in Damascus are reportedly reaching full capacity.
- Health partners have transported a total of 370 critically-ill patients from their arrival point to hospitals in Idleb and Hama governorates.