WHO staff visit families from East Ghouta at a collective shelter in Najha district. A WHO partner has deployed a mobile medical team here to treat patients and to refer them to hospitals when necessary.

**Photo: WHO/L. Mackenzie**

<table>
<thead>
<tr>
<th>1600</th>
<th>50,000+</th>
<th>367,714</th>
<th>1146</th>
<th>389</th>
</tr>
</thead>
<tbody>
<tr>
<td>People killed</td>
<td>People displaced</td>
<td>medical treatments provided by WHO for IDPs in Rural Damascus</td>
<td>WHO-supported consultations provided on 21 March</td>
<td>Patients referred to hospitals from 11-21 March</td>
</tr>
</tbody>
</table>

**SITUATION**

- According to OCHA, nearly 1,600 people have been reportedly killed and thousands injured since mid-February. Humanitarian partners report that a hospital in Arbin was hit by aerial strikes on 21 March, killing one patient and destroying several floors.
- Since 11 March, the total estimated number of internally displaced people at collective shelters has exceeded 50,000 people, more than double the numbers reported on 17 March.
- The key IDP shelters and number of people housed in each shelter are: Najha (4100-6300), Herjalleh (18,000), Adra (5400-8000), Electricity (11,000-13,000), Dweir (5,500), Nashabiyeh (5,500), Kherbet Al Ward (1,500), plus other sites identified on a daily basis.
- Most of the shelters do not have capacity or infrastructure to accommodate the large number of people arriving. People are staying out in the open, there are insufficient wash facilities and overall hygiene standards are low. With the exception of Dweir, which is better equipped and managed, almost all sites need waste management and lack latrines. The current situation leads to weak hygiene practice among the IDPs, and difficulties in accessing safe water can increase risk of water- and food-borne diseases.
- Many IDPs have medical conditions due to lack of healthcare in East Ghouta. Health professionals report communicable diseases among the evacuees, including diarrhea, upper respiratory infections and lice. No suspected cases of Acute Flaccid Paralysis have been reported. Some children have digestive disorders (vomiting and gastric spasm symptoms), and cases of suspected viral hepatitis have been reported. Cases referred to hospitals include people suffering from injuries, and amputations with inflammations.
Evacuation of civilians continues from different parts of eastern Ghouta to Government of Syria controlled areas. WHO and health partners have received approvals to trigger part of the medical evacuation plan to enhance the capacity of existing public health sector in Damascus and Rural Damascus (in direct coordination with the SARC Medical Director).

WHO RESPONSE

I. IMMEDIATE INTERVENTIONS

Coordination
- Interagency assessment missions and joint WHO/SARC assessment missions continue to take place to all IDP shelters.

Outreach essential services
- As of 21 March, WHO has delivered 40 hospital beds to SARC and dispatched 15.8 tons of medical supplies, equipment, beds and health kits as part of the response for IDPs in rural Damascus. The supplies are sufficient for a total of 367,714 treatments and 200 trauma cases.
- On 21 March, 2 mobile teams from Al Sham association and Association for poor charity operating in Adra collective shelter provided 858 consultations. The mobile team from Circassian Charity Association in Al Nashabieh collective shelter provided 248 consultations. 1 mobile team from Dummer Youth Charity operated in Najha provided 40 consultations.
- To address needs inside East Ghouta, efforts are ongoing to facilitate an inter-agency convoy to Douma. On 19 and 21 March, SARC, with the support of the UN and other partners, reported delivering medicines and water to Saqba, Kafir Batna and Hammouriya. Two ambulances, a mobile clinic and medical teams provided primary health care services.

Mental and psychosocial health support services
- WHO is supporting a team of 12 community psychosocial support workers from the Association for Poor Charity NGO. To date, the team has provided MHPSS services to more than 225 persons with psychological problems in Adra shelter, and work is to be expanded to other shelters.
- WHO is conducting training on the WHO School Mental Health Programme to twenty five counsellors working at several schools in Rural Damascus.

Immunization and communicable diseases
- Vaccine services are provided by DOH teams who visit the shelters on a daily basis. WHO supports operational costs for the vaccinators deployed from DoH Rural Damascus. Vaccines are transported to the shelter on a daily basis and cold chain tools are provided to store vials, safety boxes and vaccine registry. DoH will dispatch additional vaccines to the shelters.
- On 21 March, 227 children in Adra shelter and 159 children in Herjela shelter were vaccinated.
- 12 sentinel sites are reporting on disease surveillance. WHO covers transportation costs of DoH mobile teams to facilitate conducting screening activities inside shelters. As of next week, WHO will support active tuberculosis case finding activities in the shelters by covering operational costs of 5 mobile teams (3 health workers in each team) to conduct daily visits in all shelters.
- On 21 March, one child under the age of five suffering from severe acute respiratory infection was referred to Al Qtaifer hospital. 5 acute diarrhea cases with acute vomiting were reported in Adra electricity school (suspected food poisoning cases).

Nutrition
- Severe malnutrition cases are being hospitalized. Nutrition screening is conducted and ongoing through 7 teams in rural Damascus in: Herjelleh, Adra (2), Dweir, Nashabieh, Najha, Khebet al Ward, Hafir Tahta.
- 31 cases of moderate acute malnutrition were detected on 21 March. 7 cases of complicated severe acute malnutrition were referred to the Paediatric Hospital.

II. HOSPITALIZATION OF CRITICAL CASES

- As of 21 March, an additional 112 patients from East Ghouta were referred to hospitals as follows, bringing the total number to 389:
  - Al Mujtahed Hospital (MOH): 7 patients
  - Ibn Al Nafees Hospital (MOH): 8 patients
  - Al Hilal Al Ahmar Hospital (MOH): 5 patients
  - Al Qtaifeh Hospital (MOH): 27 patients
  - University Pediatric Hospital (MOHE): 50 children
  - Al Zahrawi Hospital (MOH) 3 pregnant women
  - Al Muwasat Hospital (MOHE) 1 patient
  - Qatana Hospital (MOH): 8 patients
  - University Maternity Hospital: 3 patients

The ongoing response for East Ghouta involves 13 health partners, 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