A WHO-supported medical team provides trauma care services to injured children in Al-Hol camp.

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Situation:

- During the reporting period, 68,080 inhabitants continued to seek shelter in a camp originally designed to house only 10,000 people.
- The volatile security situation in Northern-East Syria (NES) is negatively impacting operations requiring coordination, such as referral mechanisms and the provision of health services. This forces patients requiring treatment to wait for longer periods of time before receiving treatment.
- The total number of available health services in the camp are: 15 static medical points, 8 medical mobile teams, 3 delivery clinics, 2 HIV and TB clinics, 3 field hospitals, one static point for vaccinations, one static point for leishmaniasis, and one mobile medical team.
- The referral system is ongoing and patients are referred to the WHO-supported Al-Hikmah private hospital in Al-Hassakeh governorate which receives only emergency cases.
- Phase 8 remains a challenge with more than 5 security incidents occurring and affecting operations by health actors. Insecurity has also affected the TCN Annex, with the only health point at the Annex entrance suspended, and mobile teams facing staff shortages. There are no ambulances in the annex. The health sector is discussing a new modality to engage paramedics with stretchers to carry patients out to the gate area where the ambulance is available. TCN inhabitants expressed their anger at the lack of services by attacking mobile health workers stationed inside the annex. As a result, all health partners agreed to enter the Annex in one convoy to avoid further violent incidents against health workers.
• The provision of health services in the three field hospitals was relatively affected, especially in the provision of major and specialized surgeries; however, the three field hospitals continued to admit and treat new patients who require basic and essential surgical interventions such as open fractures, wound cleaning and sterilizing, normal and caesarian deliveries, in addition to abdominal and chest trauma. Other essential health services not available at the hospitals need to be referred outside the camp, including major surgeries cholecystectomies, burns treatment, malnutrition and ophthalmology.
• Although the referral mechanism was affected by the latest security incidents, the emergency mechanism (including children with severe acute malnutrition) is being smoothly implemented.
• The Disease Early Warning and Response System (EWARS) reported with an average of 91.7% and 100% timeliness. This decrease in reporting response is related to the lack of health teams in-charge of submitting the required data. However, the most common morbidity cases are related to acute diarrhoea, influenza-like illnesses, severe acute respiratory infections, chickenpox, measles scabies and lice. All patients proper treatment.
• During the reporting period, there was one suspected measles case. A blood sample was collected and sent to the central laboratory in Damascus for confirmation. No suspected acute flaccid paralysis or tuberculosis cases were reported.

Coordination:
• WHO participated in the health working group twice in Al-Hol camp to discuss the latest updates with other health partners on the overall health situation, follow up on the previous action points and set new ones to overcome the challenges and gaps created by the latest security incidents.
• WHO met with the camp’s administration to discuss challenges related to decreased security, which is hindering smooth implementation of the referral mechanism from the camp to WHO-contracted hospitals.
• WHO closely coordinated with the camp administration and health partners to facilitate the referral procedure to other governorates for patients who require critical health services, such as treatments for cancer and cardiovascular complications, which are not available at WHO-contracted hospitals in Al-Hassakeh governorate.

Response:
• In coordination with Al-Hassakeh Directorate of Health (DoH), two vaccination points and one mobile vaccination team are providing routine immunization services to camp inhabitants. In coordination with DoH and UNICEF, vaccination teams conducted a polio campaign during which a total of 808 children were vaccinated.
• WHO collected random water samples from different water sources delivering water to the camp inhabitants. The results of the bacterial analysis of these sample were negative. As a precaution, WHO dispatched 78 000 chlorine tabs to be distributed to all water tanks to prevent water contamination.
• During the reporting period, 28 children with SAM were referred from the camp to the WHO-contracted Al-Hikma private hospital in Al-Hassakeh governorate to join already hospitalized children receiving treatment. Of these, 27 children were treated and discharged while the rest are still under treatment. Three children with SAM were referred from the camp to Al-Tabaqah stabilization center in Ar-Raqqah governorate to join two already referred children who were receiving treatment. Three out of the total five children were treated and discharged, while the rest are still under treatment.
• WHO-supported health teams provided 1865 mental health and psychosocial support services, including the management of 81 specialized mental health consultations such as depression, post-traumatic stress disorder and anxiety, to camp inhabitants in different sectors of the camp. To encourage camp inhabitants to seek mental health consultations, WHO mobilized a psychiatric specialist to work in different sectors of the camp to provide mental health services and psychosocial support such as problem solving skills, parental training and psychoeducation.
• WHO delivered a 5.5-ton medical shipment to Al-Hol camp containing medical supplies including different types of syringes and cannulas, as well as various assistive devices such wheelchairs, basic walkers and crutches to cover the needs of 220 beneficiaries.
Priorities:

- Follow up with camp administration to develop new action points to handle the challenges resulting from the latest security incidents which are hindering the provision of health services.
- Follow up with camp administration on finalizing the referral mechanism agreement which is urgently needed to refer patients of critical cases to other Syrian governorates when required.
- Speed up the handing over process of the suspended health points to the health partners who will run these points accordingly.

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