



A WHO-supported medical team provides health care services in Al-Hol camp.

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Consultations provided	3616
Beneficiaries reached with medicines	3307
Trauma referrals	153
First-aid services provided	1146
Mental health and psychosocial support services provided	1874

Situation:

- The deplorable conditions in Al-Hol camp persist. More than 73 000 people, 90% of whom are women and children, are living in severe overcrowding, with very limited health care and other services.
- The population of the camp has grown more than seven-fold since December 2018. It is now the largest IDP camp inside Syria.
- Most morbidities reported are related to acute diarrhoea, influenza-like illnesses, leishmaniasis, scabies and lice. More than 800 cases of acute diarrhoea were registered during the reporting period. The number of cases of bloody diarrhoea more than doubled compared with the previous reporting period (41 and 16 respectively).
- During the reporting period, six cases of suspected measles were reported through the WHO-supported disease surveillance system. Five samples tested negative and one tested positive for the disease. WHO is working with the Directorate of Health of Al-Hasakeh to plan response measures.

Coordination:

WHO is:

- Continuing to convene regular meetings with health partners to review the situation in the camp and assign health care teams where they are most needed.

- Working with the WHO-contracted Al-Hikmah private hospital and the camp's operational services to refine options and procedures for patients who need to be referred to outside health care facilities.
- Holding weekly meetings with health partners to analyze disease trends and take targeted action to reduce morbidity and mortality rates.
- Collaborating with the protection sector to ensure all new births are registered and the birth register is linked to neonatal health care services.
- Cooperating with the Water, Sanitation and Hygiene sector (WASH) to improve camp hygiene and water services.
- Conducting regular meetings with local health authorities to follow up on urgent health needs.

Response:

- WHO-supported mobile teams are continuing to provide emergency health care services.
- Health care teams have been placed on full alert to respond to the increasing rates of diarrhoea and tuberculosis among new arrivals.
- All medical points in the camp are providing mental health services based on WHO's Mental Health Gap Action Programme. WHO-trained health care workers provided counselling and psychological first aid to 1874 camp inhabitants during the reporting period.
- A total of 25 children with severe acute malnutrition with medical complications were admitted to the WHO-contracted Al-Hikma private hospital during the reporting period. 24 children were treated and discharged, and one child died.
- WHO held a two-day training course on conducting public health assessments using standard tools. A total of 35 people were trained to use these tools to determine health needs and gaps in the camp and thus obtain a better view of the overall health situation.

Priorities:

- Follow up on the results of the weekly analyses of mortality and morbidity trends; investigate the cause of deaths in order to reduce mortality rates.
- Distribute additional bed nets and hygiene kits to tackle the rising numbers of patients suffering from leishmaniasis, scabies and lice.
- Conduct a detailed assessment of health needs and gaps.
- Follow up, monitor and evaluate the health status of patients who return to the camp following their discharge from hospital.