



## SITUATION OVERVIEW

- 1,500 IDPs from Baghouz arrived in Al Hol in the morning of 14 March bringing the total camp population to 67,794 people. More are expected to arrive in the coming days. The vast majority of new arrivals are women and children, most of whom show clear signs of distress, fatigue, malnutrition and require some form of medical care or attention.

- On 14 March, two children died on the way to the camp bringing the total number of reported deaths, either *en route*, shortly after arriving at the camp or after referral, to 122. 80% of those who have died are children under 5 years, 56% are female. The main causes of death are complications related to severe acute malnutrition; pneumonia; dehydration and diarrhea.

- While the last few days had seen a marked slow-down of arrivals as hostilities resumed in Baghouz, humanitarian partners are preparing for 10,000 new arrivals, including the 1,500 people that arrived on 14 March and an additional 1,000 people expected to arrive on 15 March.

- With this lack of predictability, the number of arrivals continues to stretch the capacity of the reception area.

Relatedly, the lack of available plots in other areas of the camp as well as the shortage of family size tents are complicating efforts to decongest the reception area.

- The overwhelming prevalence of women and children, including numerous unaccompanied minors and elderly, pregnant girls and people with disabilities represent a unique challenge for all actors – particularly for the health and the protection response – given the specific needs of the population including for specialized services that may not be immediately available in the camp.
- The newly established Phase 7 is almost full, with only 300 plots available and many IDPs still sheltering in big size tents. Efforts are ongoing to finalize the preparation of Phase 6 which will have capacity for almost an additional 3,000 families and is expected to be ready to accommodate new arrivals in 4 days while shelter and WASH works will be ongoing. In the meantime, a gap of 1,000 plots remain and additional space and tents are needed to host anticipated new arrivals.

## HUMANITARIAN IMPACT

- As of 13 March, the latest new arrivals have been temporarily hosted in the reception area, schools, child friendly spaces and other communal spaces and no one is staying in the open. However, with the latest arrivals and additional people likely to be on their way, more space and shelter items are needed, to avoid further deterioration of the already precarious health situation, improve dignified conditions and reduce protection risks, particularly for women and girls.

- With the poorer physical state of the new arrivals, and increasing number of referrals, the number of deaths of IDPs referred to the Al Hikmeh Hospital has increased from 11% to 35% since mid-February. Both Al Hikmeh and Al Hayat hospitals are currently working at full capacity.
- The needs of children and the presence of unaccompanied and separated children (UASC) continues to deserve utmost attention, including in a longer term perspective. Child Protection partners continue to trace families and relatives of separated and unaccompanied children, while interim care arrangements and more specialized services needs to be increased to respond at scale.
- There is a notable number of pregnant women and adolescent girls in the camp, many of them under 18, requiring sustained maternal health services including emergency obstetric care. Access for health services in all areas is paramount to avoid loss of lives. Attention needs to be given to women and girls who report feeling unsafe moving within the camp. Gender-sensitive measures in WASH facilities, distribution of solar lamps, and proper lighting in the various phases of the camp are needed.
- There is also a large gap in responding to the needs of the elderly and people with disabilities, with increased number of protection and health staff required to be able to identify their needs, and the provision of mobility devices and specific hygiene and dignity items.
- Access to third country nationals who are hosted in a dedicated annex to the camp is constrained, particularly for medical teams, with some having to provide medical assistance at the entrance of the annex. In addition, the language barrier, lack of information for the displaced and lack of access to life-saving services mean that third country nationals remain widely underserved with reports of war-injured women and children being particularly affected.
- The distress of many of the new arrivals is heightened by several cases of women separated from their male family members, reportedly detained at the screening points *en route*, without being able to know their whereabouts.
- Given the specific profile of the camp population and the specific situation of vulnerability, there is a need for additional sensitization on Sexual Exploitation and Abuse measures.

## HUMANITARIAN RESPONSE

- **Food Security:** As mentioned in the previous update, regular monthly food distribution began on 11 March. So far, 2,700 food rations have been distributed with the remainder ongoing. Humanitarian partners continue to provide new arrivals with a fresh meal.
- **Protection:** All protection partners from both Qamishly-based and cross-border actors continue their efforts to expand presence and support to the newly established accommodation areas in the camp and continue to be engaged in the reception and screening areas providing 24/7 coverage, including during weekends, providing basic psychological first aid, and identifying cases of highest priority to be fast-tracked for registration, assistance and referral to medical and other service providers. Some extra resources for night shifts have been mobilized, including with female staff. Currently few organizations are present in Phase 7 with staff/volunteers who can provide psycho-social support and case management services.
- Protection information desks are also operational in the newly established phases 5 and 7 of the camp as well as at the reception directing IDPs to services and distributions, maintaining communications, including with focal points working on children hospitalization follow-up.
- Three GBV mobile teams are operating in the camp and GBV leading partners have also distributed some 8,200 dignity kits, 1,500 adolescent kit, 30,400 sanitary napkins, while 500 pregnant and lactating kit, 1,000 adolescent kit, 5,720 male dignity kit, 7,450 basic dignity kit and additional 50,000 sanitary napkins are expected shortly.

- The Child Protection response continues to be reinforced with Child Protection continuous presence in the reception/screening areas and interim care facilities being expanded in other phases. Two interim care centers are open in phase 3, catering to unaccompanied and separated children and children with disabilities. They currently host 46 unaccompanied and separated children, including 12 foreign children. Follow-up on hospitalization of children has been reinforced with a system of focal points in order to prevent involuntary family separation. Numerous cases have already been positively addressed through the new measures. According to Child Protection partners, some 250 children have been identified as unaccompanied or separated, of which 53 so far have been reunited with their families or caregivers.
- In terms of gaps, there is a need for more specialized services beyond the emergency, including CP; integrated GBV/ RH services, including through mobile modalities, safe spaces for women, girls and boys; psychological support; restoration of family links, including for UASC; support to unaccompanied elderly, and people with disabilities.
- **Shelter:** A total of 183 big size tents have been installed in both in phase 7 and in the annex. Seven rub halls have been installed and are on standby for new arrivals in Phase 7; an additional two rub halls are in the pipeline and expected to be installed by the end of next week. A further 1,000 family size tents are also expected in the next two days. In addition, around 5,623 family tents are in the pipeline and 500 family tents are available to be distributed. Out of the 5,623 family tents in pipeline, 5,123 will become available for distribution by 24 March. There is a gap of at least 2,400 family tents and an urgent need for a further 7,000 to 8,000 plots to accommodate people currently hosted in communal spaces and the estimated 10,000 people expected to arrive. The gap will reduce by some 3,000 plots once Phase 6 is operational.
- **Non-Food Items:** NFI kits and winterization items continue to be provided to new arrivals, including children's winter clothes for 22,500 children under-15. Sufficient NFIs stock have been prepositioned in the camp with timely replenishment. There is a gap in solar lamps and plastic sheeting, with plastic sheets expected to arrive in the coming days and solar lamps by end of march/early April.
- **Health:** Health partners are planning to immediately air lift a further 51 tons of health supplies to support health authorities in Qamishli and Hassakeh. In addition, they are in the process of establishing a 15-bed field hospital in the camp with the aim to eventually increase its capacity to 30 beds. Four medical teams provide medical consultations and medicines 24/7 and two teams continue their immunization campaign in the camp. Medical teams detected more than 100 emergency cases, 10 of whom were referred to Al-Hikmah hospital, 23 to Al-Hayat hospital, while the rest were treated by the teams and clinic. Eleven complicated SAM cases were registered in Al Hikmah, nine of whom received treatment. There are currently 91 Al Hol patients (including malnutrition cases) at Al Hikmah hospital and 54 at Al-Hayat hospital.
- **Water, sanitation and hygiene:** In phase 7, 160 toilets and 80 showers have been established benefitting 8,000 people. A further 28 toilets will be completed within next two days. So far, 259 water tanks (each tank has 2,000 litres capacity) have been installed in different phases 1-7 and 656 solid waste containers have been distributed in the camp and 30 latrines are planned in annex 3. Water trucking as well as latrine cleaning, garbage collection and hygiene awareness campaigns are ongoing. However, the cleaning campaign requires further scaling up, especially in phase 7 and the transit annexes. In phase 6, partners have committed to install WASH facilities and implement hygiene promotion, quick repair/maintenance and regular cleaning initiatives. Distribution of WASH supplies for the new arrivals is on-going with a need for additional hygiene kits. Between 12-17 March, a WASH assessment is being undertaken across all phases of the camp considering first line response (i.e. emergency, 1:50 ratio of latrines per person) and second line response (i.e. 1:20 ratio of latrines per person).
- **Nutrition:** To date, two mobile health teams and one outpatient clinic (in Phase 5) are providing nutrition screening services in the camp with an additional two mobile health teams to be established (in Phase 6 and the annex) as well as another outpatient clinic (in Phase 7) over the coming weeks; 30 volunteers will also be trained to help detect and identify malnourished children. In the event of further arrivals, mobile health

teams providing malnutrition screening and related services may need to be established in every phase of the camp, along with additional outpatient clinics. Ambulance transportation for referral of the most complicated malnutrition cases to hospital is also required.

- Since January 2019, 21,330 newly arrived children aged 6-59 months have been screened for malnutrition. To date, 265 SAM cases with complications have been referred to Al Hikmeh hospital for treatment, 205 of whom were treated and discharged to the Outpatient Therapeutic Nutrition Program (OTP) in the camp, while 60 SAM cases are still at the hospital. 249 cases of MAM and SAM without complications are being treated and followed up in the camp through the OTP.
- **Education:** Non-formal Education programs are being provided to approximately 4,000 school-aged children in several phases of the camp. Around 750 children are attending self-learning sessions in the camp. There are ongoing efforts to expand learning centers to accommodate 3,000 children by mid-April 2019 and to reach up to 6,000 children by mid-May 2019. To better understand the number of school aged children and their learning needs, a joint assessment is underway to identify the number of children of ages (6-19).

## RESOURCE MOBILIZATION

- There is an urgent requirement for funding to continue health and nutrition interventions in the camp and to support 24/7 fixed health clinics in phase 1, 5, 7 and in the annex, a 24/7 static medical point (operated by 4 medical teams on shift basis) in the reception area, a triage and post-triage service in phase 1 and a mobile medical team for phase 2 and 7. Advocacy on access for health actors to all areas where urgent health needs have been identified, including in areas hosting third country nationals.
- UN Agencies supporting the population in the camp are appealing for an additional US\$ 27 million to support the needs of the current population; scale up availability of shelter and assistance to new potential arrivals and be able to sustain assistance efforts to meet the nutritional, health, wash, protection – including child protection, GBV - and food needs of the camp population for the coming months. Northeast Syria NGOs are also reaching out to donors to request additional funding as well as continued flexibility to redirect existing funds.
- The Syria Humanitarian Fund (SHF) has been mobilized with a \$4 million allocation to support the protection, shelter, NFIs and WASH sectors. The SHF is further planning an additional allocation to respond to the emergency. Given limited funding available, this will only partially cover the scale of needs. Humanitarian partners are re-directing existing resources to respond to the emergency. These will need to be replenished with more resources needed across all sectors.

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The next situation update will be issued once new information becomes available or is warranted by the situation on the ground. For more information, contact Samir Elhawary, Deputy Head of Office, OCHA Syria, [elhawary@un.org](mailto:elhawary@un.org)