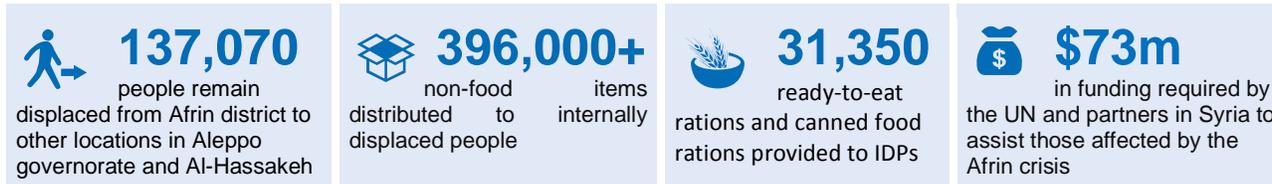




This report is produced by OCHA with inputs from Sectors and humanitarian partners. It covers the period from 6 April – 16 April 2018.

## Highlights



- An estimated 137,070 individuals remain displaced from Afrin district to the Tall Refaat, Nabul, Zahraa and Fafin areas as a result of military operations in Afrin that began on 20 January. At the same time, it is estimated that as many as 50,000 people remain in Afrin city and an additional 100,000 in rural Afrin.
- The UN currently has no direct regular access to Afrin district while humanitarian partners active in the area continue to face access challenges when attempting to reach the population in need, largely due to movement restrictions enforced by actors on the ground.
- Restrictions on IDP movement continue to be applied by several parties to the conflict, preventing the internally displaced population from seeking safety in their areas of choice or to return to their areas of origin. The UN has received reports of groups of IDPs being stuck in-between checkpoints for days without access to regular humanitarian assistance in their attempt to return to Afrin district.
- The UN and partners in Damascus require at least \$73m in order to continue responding with life-saving assistance and protection services to those displaced from Afrin district to Nabul, Zahraa, Tall Refaat, Fafin and surrounding communities.<sup>1</sup>

## Situational Overview

An estimated 137,070 individuals remain displaced from Afrin district to the Tall Refaat, Nabul, Zahraa and Fafin areas due to military operations in Afrin that began on 20 January. Currently, only limited information is available on the humanitarian situation inside Afrin district, where an estimated 150,000 people remain, including 50,000 in Afrin city.

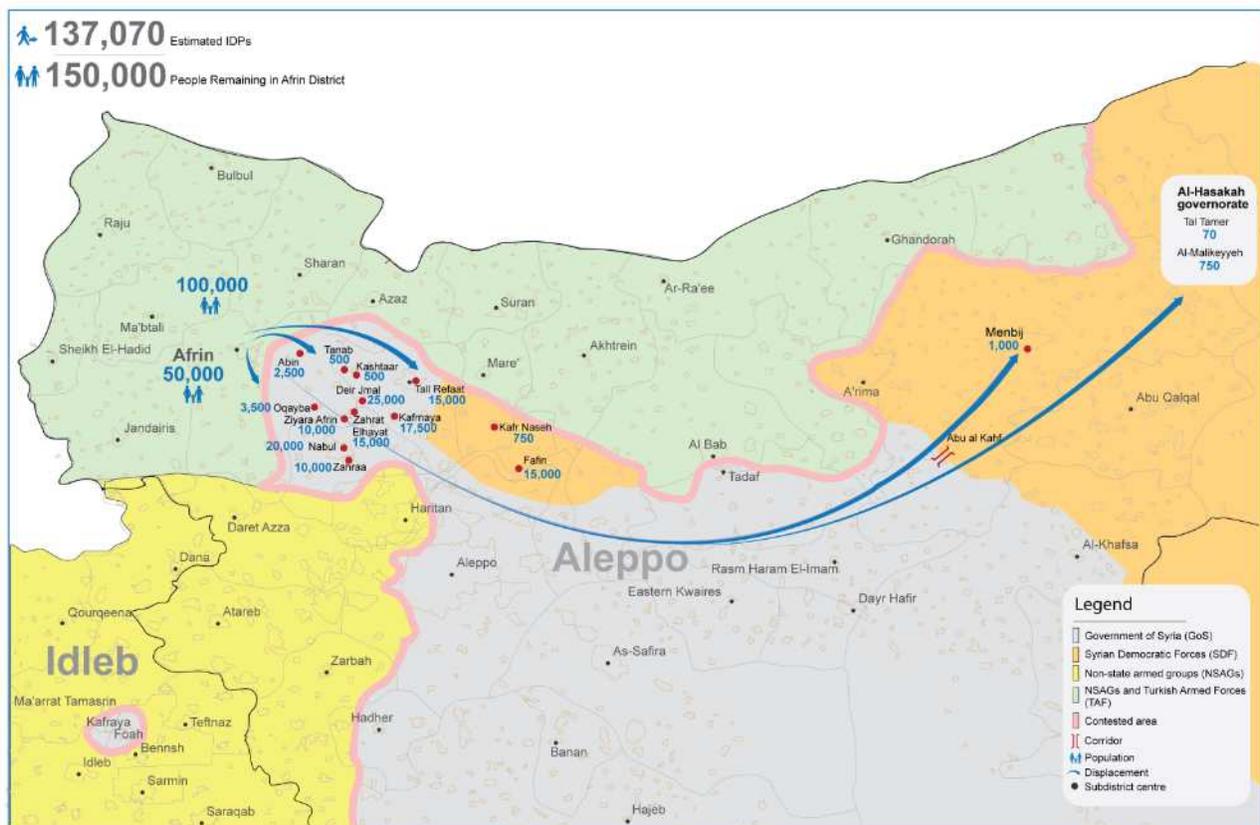
Movement restrictions imposed on the IDPs continue to prevent the vulnerable population from accessing safety and services in Aleppo city or to return to their homes in Afrin district. A limited numbers of families managed to return to Afrin district via informal roads, some of which are reportedly contaminated with explosive hazards. The recent closure of crossing points previously used by returnees will further restrict limited informal returns. Reports were received from multiple sources that groups of IDPs attempting to return to Afrin were stuck at the crossing point between Burj Elqas and Kimar for nine days, with only very limited access to food assistance, and no water and health support, which particularly affected older persons and pregnant women. IDPs were not allowed to proceed to Afrin or return to Tall Refaat and were reportedly exposed to the elements, including heavy winds and rains, with no protection but their vehicles; unconfirmed reports were received that at least two IDPs died and that a woman gave birth without any access to medical assistance. After numerous days, some IDPs were able to leave the area through informal routes, reportedly contaminated with explosive hazards, and others managed to return to Tall Refaat. Those who remained stuck in the area were reportedly permitted to move into Afrin district on 14 April before the Kimar checkpoint was again closed, this time allegedly permanently.

It is imperative that all parties in effective control of displacement areas and of Afrin district adhere to basic principles of International Humanitarian Law (IHL) and International Human Rights Law (IHRL). This includes facilitating the freedom of movement of IDPs to seek safety and choose their areas of destination and settlement, and the right for IDPs to return to their places of origin in safety and without any fear of reprisal or discrimination.

<sup>1</sup> This funding requirement does not include the amount required for the provision of assistance from the hub in Gaziantep.

Inside Afrin district, a deconfliction mechanism has been put in place to ensure the safety of humanitarian actors operating there, however, access to Afrin remains challenging. At the time of writing, the UN does not have direct regular access to the district. Some NGOs are able to access the western parts of Afrin (mainly the Jandairis sub-district) from Idleb governorate, while others reported to face challenges in accessing Afrin from Azaz sub-district, due to restrictions on movement enforced by actors on the ground. Within the district, most checkpoints are facilitating movement of NGO teams. However, in some cases local partners reported to be prevented from moving freely inside the district at selected checkpoints. The provision of medical assistance by cross-border organizations is reported to be gradually increasing, with at least three NGOs providing medical services in the district. The Gaziantep-based Shelter and NFI Cluster reported that nine of their partners currently have access to the district. However, fluid population movement, either of IDPs returning to their homes, or people moving to areas where services are available, forces humanitarian partners to reconfigure their planned response on a nearly daily basis.

Internet connection and mobile network services remain unavailable in many areas of Afrin, further complicating humanitarian organizations' efforts to understand needs on the ground. As per the limited information received, the water provision in Afrin city has improved significantly with now 90 per cent of the population enjoying access to water supply, after nearly a month of suspension. A needs assessment of a partner organization on the ground showed that some 50 per cent of residents of Afrin surveyed were facing challenges to access food on a regular basis, and that only an estimated 25 per cent of the population had access to adequate housing conditions with regards to space, and availability of WASH facilities. Protection is a key concern, with reports received of explosive hazard-related deaths and injuries, and of occupation of houses and looting, with little to no protection services available.



Most people displaced from Afrin district (90,250 individuals) currently reside in the Tall Refaat area, about 40 km north of Aleppo city. On 9 April, the UN Aleppo hub conducted an assessment mission to Tall Refaat, visiting several IDP sites in the area. Many sites were assessed to lack sufficient WASH facilities and to be severely overcrowded, to the degree that in Deir Jmal some IDPs were observed to still be sheltering in the open. IDPs in some areas, such as Kashtaar and Ziyara, reported to not have received any food assistance, and while some markets exist in the wider area, prices of basic food items exceed the financial means of the IDPs. In cases where IDPs can generate income under a cash-for-work modality, they are often unable to access the only money transferring company in the area located in Nabul. Restrictions on freedom of movement remain a key concern, with IDPs being prevented by several parties to the conflict from accessing safety and services in Aleppo city or

to return to Afrin district. It is hoped that access to medical services of IDPs in Nabul and Zahraa improves, after the Government of Syria agreed in principle on the facilitation of medical evacuations for IDPs to the city of Aleppo. However, medical evacuations reportedly still need to receive the authorization from security actors.

The use of vacant properties as alternative accommodations by IDPs in Tall Refaat areas continues to be reported, apparently with mere verbal authorisation by the local authorities. This practice seems to be taking place in an *ad hoc* manner, with a lack of clarity on how property disputes will be addressed. Similar practices are understood to be taking place in urban and semi-urban areas within Afrin district.

An estimated 15,000 displaced people currently reside in the Fafin area, where IDPs are sheltering with the host community, in abandoned houses, shops, mosques, schools and even in the open in farmlands. Efforts are reportedly underway to register all IDPs and to relocate those living in open spaces to the newly established camp north of Fafin. The camp will be composed of 3,000 tents of which 500 have already been erected. The KSA is trucking water to the camp, however, there are no water tanks to discharge the water in, and no water quality monitoring mechanism is in place.

Across all IDP reception sites and within Afrin district, mine risk education remains a priority need due to the explosive hazard contamination. This is even more significant as IDPs circumvent movement restrictions by using unofficial and likely contaminated countryside routes.

## Humanitarian Needs and Response

### Shelter and NFIs

#### Needs:

- Most of the IDPs currently shelter in empty houses in Tall Refaat, most of which need doors, windows and minor rehabilitation works for WASH facilities. Potential housing, land and property-related issues need to be considered before any shelter interventions can be undertaken in privately owned houses.
- Some IDPs in Kafr Naya and Ziyara are in need of urgent shelter assistance. IDPs were provided with tarpaulin but this intervention is insufficient to meet their shelter needs in terms of adequacy and privacy.
- IDPs in the villages surrounding Tall Refaat are accommodated in overcrowded IDP sites, such as schools and mosques, and there is a need for partitions to provide privacy.
- In Nabul and Zahraa, IDPs are accommodated in IDP sites (mainly mosques and private halls), and there also is a need for partitions, noting that the authorities are planning to relocate IDPs in the collective settings in Nabul and Zahraa to the Tall Refaat area.
- Based on IDP estimations and the identification from partners on the ground, 196,250 people displaced out of Afrin district and people remaining in Afrin district are in need of a variety of NFIs.



2,124

IDPs benefited from the installation of shelter kits

#### Response:

- Shelter partners have finished the installation of 100 shelter kits in mosques and hangars in Nabul and Zahraa. Partners have served 200 IDP families, and are working on installing an additional 36 shelter kits in the mosque yard.
- Shelter partners have finished the installation of 77 shelter kits in hangars in Nabul, which served 154 IDP families and are working on the assessment of five unfinished buildings in Tall Refaat to which IDPs might be relocated, with a view to installing 23 shelter kits. SARC assessed 711 houses in Tall Refaat and will start installing the shelter kits in the near future.
- A total of 1,000 family tents has been delivered to Aleppo as a contingency measure.
- For Afrin, the Gaziantep-based Shelter and NFI Cluster has conducted five Rapid Needs Assessments via partners in Afrin. The assessment outcomes were shared with partners with the aim of informing the response.



396,000+

non-food items distributed to internally displaced people

- Three members of the Gaziantep-based Shelter and NFI Cluster distributed 500 NFI kits and 1,785 winter clothing items in Afrin town, and 827 NFI kits in Afrin's peripheral communities, covering approximately a total of over 7,900 individuals.
- So far, 396,172 various non-food items have been distributed to the affected population in Nabul, Zahraa, Tall Refaat.

#### Gaps and Constraints:

- Many IDPs who are currently sheltering in empty houses have only verbal permission by the authorities to occupy these houses. This may create housing, land and property-related issues in the near future.
- The available shelter items and current funding levels are not sufficient to respond to the shelter needs on the ground.
- A lack of approvals for shelter partners are one of the constraints for shelter interventions.
- The list of schools to be used as collective shelters in Tell Refaat is yet to be provided by the concerned authorities in Aleppo Governorate.
- The lack of clear registration numbers for IDPs hinders reliable planning and could lead to a duplication of the required assistance. Similarly, constant population movement has led to a limited number of cases where assistance was sent to locations no longer hosting IDPs.
- There is limited warehousing capacity for partners and SARC.
- The lack of available funding and resources for the Afrin response means that not all needs on the ground can be addressed.



#### Water, Sanitation and Hygiene

##### Needs:

- Some areas in Tall Refaat and the surrounding villages currently suffer from a water supply shortage from the main networks at the household level due to a need for maintenance at the pumping centers.
- IDPs in Nabul, Zahraa, Tall Refaat and surrounding villages do not have sufficient showers/bathing facilities at their disposal. Recently shared reports indicate high percentages of lice-infestation amongst children. This particularly applies to IDPs in collective site settings, while IDPs in houses have better access to sanitation facilities.



**10,000**

IDPs benefited from water trucking services

##### Response:

- A total of 143 public tanks of 5,000 liters-capacity were installed in Nabul, Zahraa, Tall Refaat and the surrounding villages by sector partners to secure an alternative water source. Another partner is conducting water trucking activities to secure access to the minimum water requirements of 100,000 IDPs in the entire area, including Al-Shahbaa and Fafin Camps.
- WASH items sufficient to serve 100,000 IDPs were delivered by sector partners to assist IDPs in maintaining their personal hygiene practices, with distributions currently ongoing.
- Rehabilitation works of the water pumping centers is ongoing to restore water pumping activities to the entire IDP reception area. These works are supported by sector partners in cooperation with the Aleppo Water Establishment.
- A partner is currently installing prefab latrines and showers in Fafin camp.

##### Gaps and Constraints:

- Solid waste management, including its collection and removal, remains a major gap.
- Regular maintenance and cleaning of the existing sanitation facilities in the IDP sites needs to be ensured.



## Food Security

**Needs:**

- The Food and Agriculture Sector strategy considers all newly displaced individuals as facing acute food insecurity and as being in need of immediate food assistance.

**Response:**

- The sector response aims to reach the displaced population within 72 hours of the onset of a crisis to cover their immediate food needs for a minimum of one to four weeks. When the IDPs have access to cooking facilities, regular monthly food assistance will be provided.
- The immediate response that has been provided by the sector and other humanitarian partners to the IDPs since 30 March 2018 is as follows: 28,350 ready-to-eat food rations, 3,000 canned food parcels, 5,000 food rations, 31,200 litres of milk, 23,000 bread packs (daily) and hot meals for 20,000 individuals. Milk was distributed as an initial response to cover school-aged children within the families, with necessary measures were put in place to avoid the utilization of milk as a breast milk substitute. Moving forward, milk will be provided to children only through schools, once the schools become functional.
- The sector is closely coordinating with two partners for the provision of hot meals.



**31,350**  
ready-to-eat rations  
and canned food rations  
provided to IDPs

**Gaps and Constraints:**

- There is a need to finalise the IDP registration process in order to identify and address any possible gaps in the response.
- The collective kitchen in Tall Refaat started providing meals based on the assumption that additional funding would be received to ensure the kitchen's continuity. However, this currently seems unlikely, leaving a critical gap for hot meal provision in Tall Refaat, Nabul and Zahraa IDP hosting sites and surrounding areas.



## Protection

**Needs:**

- Protection services continued to reach population from Afrin currently displaced in Nabul, Zahraa, Tall Refaat and surrounding areas. Yet, protection needs are far from being met and the protection risk of the IDPs in all displacement locations remains of concern. Protection risks and needs remain associated with the lack of suitable accommodation and privacy; the lack of access to adequate services; the effects on the individuals of earlier exposure to hostilities; and the constricted options for IDPs in choosing their intended destination, including moving forward towards Aleppo city or return to Afrin.
- Children remain affected by the unsuitable living conditions and environment, by psychological distress, by being uprooted from their communities. The need for child-oriented interventions to restore a minimal level of normalcy and well-being remains. Cases of separation of children from their families due to the dynamics of displacement continue to be addressed and call for a continuous need to provide structured follow-up and case management.
- Risk Education remains a concern, due to the level of contamination from explosive hazards in rural areas of Tel Refaat where IDPs have settled, but also considering the possible return of IDPs to areas of origin Afrin, especially in the rural villages where military operations were intense. The need for risk education is also prompted by the reported trends of IDPs trying to circumvent movement restrictions (e.g. checkpoints and security posts) and reach areas of origin in Afrin via unofficial and likely contaminated countryside routes.
- Women and girls remain in need of specific services integrating GBV and reproductive health, including the distribution of dignity kits, given the lack of suitable services in areas of displacement. Such interventions can also contribute to foster an environment of trust where protection issues and GBV concerns may be disclosed and addressed.
- An array of protection needs has emerged for persons with specific needs, notably older persons and persons with disabilities. The precarious situation in collective accommodations, in improvised and makeshift shelters, and in some of the IDP sites, often relegates this population to invisibility, including due to the lack of mobility devices and other



**4,520**  
children reached  
with child protection activities  
in the Tall Refaat area, Nabul  
and Zahraa

forms of support. Protection sector partners have been encouraged to identify and assist cases, in coordination with the health partners.

- The lack of official civil documentation, due to loss or destruction, remains a need to be addressed, also to facilitate unimpeded movements to other areas, if and when allowed. This need has also been identified by humanitarian actors operating from other hubs in Afrin city. The Directorate of Civil Affairs, which reportedly continued its activities until the shift in lines of control, may not be functional anymore.
- Recent missions to Fafin and other surrounding areas revealed similar protection needs identified in Nabul, Zahraa and Tall Refaat. Displaced populations started to be accommodated in sites managed by Kurdish entities, but many families were observed to still live in vehicles and in other unsuitable conditions. Protection needs related to child well-being, women and girls in reproductive age, persons with disabilities, undocumented persons have been detected. However, protection agencies have only partially been able to activate their services in these areas, with some mobile child protection interventions and initial reach out with counselling for women and girls by a GBV partner. The administration of the newly created IDP site in Fafin did not seem to prioritise protection needs vis-à-vis other pressing demands for food, water and basic health services.

#### Response:

- Protection actors from Aleppo continued their response in all areas of interventions. Three protection NGOs in Nabul, four NGOs in Zahra, five NGOs and SARC in Tall Refaat are providing protection interventions to the newly displaced population. Activities continue to be delivered through mobile facilities and mobile teams in Tall Refaat and surrounding areas, while in Nabul and Zahraa the response is also relying on few existing static facilities already operating prior to the onset of displacement.
- In Nabul and Zahraa, the newly established Community-Centre run by a national partner continues to offer a variety of integrated protection services, also through mobile teams, identifying need and supporting referrals. Reportedly, since mid-March, almost 1,200 persons in need have been reached through this facility. Some other 370 individuals were supported by mobile interventions from another national partner, with psychological first aid and other information sessions also directed to older persons. Child protection activities in the areas have continued to rely on a child protection facility and on mobile teams already established in Nabul and Zahraa. More than 3,100 children have so far been reached with different child protection interventions. More specifically, from 9 to 14 of April, 361 children were reached with recreational and PSS activities; 95 children with risk education; 116 children with awareness rising on child protection in emergencies, including preventing family separation; 14 children were referred to available services. In these areas, GBV partners have provided GBV services and distributed sanitary napkins, male and female dignity kits to some 4,000 women and girls in need.
- The response of the sector in Tall Refaat and surrounding rural villages continued to rely on mobile activities conducted through existing national partners based in Aleppo and authorized to work in the area. Partners operate in central Tall Refaat, as well as in Ziyara, Kafr Naya, Oukiba, Tal Quira, Ebbin, Deir Jamal, Al Masara, and have recently started a limited mobile coverage in the Fafin area. In parallel with needs identification missions, more than 500 persons in need have been reached with risk awareness, sensitisation, and some targeted material support to individuals with specific needs, including through mobility devices. Child protection activities were implemented through one fixed facility and five mobile teams in Tall Refaat, Kafr Naseh, Zayara, Tal Sosen, Dayr Jmal and Alahdath. Since access was gained to the areas, some 1,320 children have been supported with various services and interventions. More specifically, during the week 9-14 April, 444 children were reached with recreational and psycho-social support activities; 90 children with risk education; 113 children with awareness raising on child protection in during emergencies, including preventing family separation; 13 children were referred to available services; 73 children continued to have their files opened for case management. The GBV response in Tall Refaat and surrounding areas has been carried out by two national partners and SARC. Almost 10,500 dignity kits for female and male – including winterised kits – were distributed in these locations, together with more than 14,000 sanitary napkins for women and girls of reproductive age. Since the start of partner’s activities in these areas, some 1,430 individuals have been exposed to counselling and awareness sessions on psycho-social support and gender-based violence topics, including some 230 men. Some of the distributions have facilitated the organisation of gender-based violence awareness session, with an encouraging engagement of men and boys.
- According to the reports received from protection partners in North East Syria, the more limited numbers of IDPs families from Afrin who arrived in IDP sites in those locations have been assisted. Reportedly, these IDPs have not been affected by the restrictive measures of document confiscation and sponsorship that continue to be applied by the local entities to the displaced population from other areas such as Raqqa and Deir-ez-Zor.

**Gaps and Constraints:**

- IDPs currently in Nabul, Zahraa and Tall Refaat remained constrained in their ability to reach a destination of choice, particularly Aleppo city. This situation challenges the response of partners on the ground, aggravates the humanitarian conditions and deprives IDPs from quality services in Aleppo. A recent dialogue between the Governor of Aleppo and humanitarian actors seemed to indicate the intention by government authorities to collect details from displaced families from Afrin who may have properties in Aleppo or alternative accommodation with relative and acquaintances to facilitate passage. However, consulted IDPs in the displacement areas did not seem to be aware of the initiative or to have been contacted in this respect. Advocacy needs to continue with responsible authorities to have such measures fully implemented and duly communicated to the affected population.
- In parallel, the possibility for IDPs to return to their areas of origin in Afrin continued to be challenged by reported restrictions of movements imposed by different parties, allegedly also by the site administration in Fafin. High level advocacy remains essential with all parties in effective control of displacement areas as well as of Afrin and surrounding villages to adhere to basic principles of IHL and IHRL. This includes the right of IDPs not to be arbitrarily restricted in their choice of residence and destination and the right to return to their places of origin.
- From an operational perspective the GBV response in the displacement areas remains challenged by the lack of appropriate space ensuring privacy and confidentiality.
- Language barriers continue to affect the capacity of service providers to closely interact with the displaced population, particularly children, women and older persons, to properly sensitize and raise awareness on protection issues, to build trust and confidence. Several protection actors are currently active in recruiting Kurdish speaking staff and volunteers to address the gap and better interact with the communities.
- While some national partners have been recently authorized to conduct protection activities in the underserved areas surrounding Tall Refaat, other local actors are still awaiting approval to be authorized to work in the emergency locations. This includes partners intending to provide much needed awareness and support to civil status documentation processes and procedures to allow IDPs to restore official Government-issued personal documentation.

**Needs:**

- Acute diarrhea, upper respiratory infections and lice infestation remain the most reported communicable diseases amidst the IDP population, in addition to suspected measles cases.
- Limited referral services for the critically ill or wounded patients who require further hospitalization and need to receive advanced health care services remains a gap. Additionally, there is a lack of specialized and advanced health care facilities for patients with “neglected” health conditions (trauma, amputations, cancer, and congenital defects among infants, etc.), in addition to hemodialysis centers. Inadequate reproductive health services for pregnant women, particularly for operative deliveries, and a lack of sufficient mental health and psycho-social support services for both children and adults have also been reported.
- There is a lack of sufficient medications for non-communicable diseases, and a need for further follow up for suspected tuberculosis and leishmaniosis cases.


**157,018**  
 Medical supplies  
 sufficient for 157,018  
 treatment courses delivered

**Response:**

- IDP key locations are covered by health sector partners and daily contacts have been established between partners and the responsible technical departments of the DoH. Furthermore, 16 NGO-supported medical mobile teams and one NGO-supported public health clinic are providing essential health care services, including pediatrics and reproductive health care services, to the displaced. Five mobile clinics and six health facilities (DoH/SARC) have been mobilized through the support by the health sector. A total 37,500 outpatients medical consultations are provided, as the service is available on a daily basis across the IDP locations.
- A shipment of health supplies sufficient for 32,018 treatments has been delivered to SARC during the reporting period, bringing the total number of supported delivered treatments to 157,018. In addition, medical equipment in the shipment included a portable X-ray machine, a diagnostic ultrasound system, an electrocardiograph, hemodialysis machines and laboratory devices.

- A survey of drinking water sources has been conducted in Fafin and Kafar Naya in coordination with SARC, and the water supply seems to be effective in providing clean water.
- SARC facilitates the referral system to the Zahraa local hospital via four active ambulances, while the sector supported the secondary and tertiary health care of 30 referred cases, including 16 obstetric deliveries. A total of 33 registered kidney failure patients are treated in the SARC Nubul dialysis center, where one specialist and two health workers were mobilized.
- Vaccination teams reached 1,450 children between 1 and 15 years old in Fafin, Ehres, and Tal Refaat. The routine vaccination programme is also active in Nabal, Zahraa, and at the Meskan DoH point.
- Coordination with DoH and SARC is ongoing to facilitate medical evacuations, as approval was received from the Government of Syria to facilitate medical evacuations to the city of Aleppo for IDPs who fled from Afrin and are currently in Nabal, Zahra and surrounding villages.
- The DoH mobile team has twelve monthly visits targeting twelve different locations in Azzaz health district for vaccinations and active disease case finding for which the sector supports operational costs.

#### Gaps and Constraints:

- Newly accessible areas require a higher number of equipped mobile clinics/ambulances, to improve access to primary health care services. There are only limited health care options for patients with tuberculosis and leishmaniasis.
- Suboptimal referral system and limitation in reaching Aleppo facilities are resulting in lengthy clearance procedures for the referral of sick and injured patients.
- Family planning activities need to be enhanced together with a distribution of contraceptives and reproductive health kits.
- The current overcrowding in many locations, the general situation in camps, and the lack of hygiene in several IDP sites might be directly linked to an increased risk of potential outbreaks. There is a potential for increase of vector-borne diseases across the IDP sites.



#### Nutrition

#### Needs:

- People have limited access to sustained essential nutrition services. Children under five years of age have signs for chronic malnutrition while health workers reported malnutrition cases among children and pregnant and lactating women.
- An urgent and comprehensive response is required to ensure the sustainable access to quality nutrition services.
- Since the beginning of the Afrin response, DoH and MSJM, with other sector partners, have supported the screening of approximately 3,231 children under five years of age and 155 pregnant and lactating mothers. A total of 16 children (ten medium acute malnutrition cases and six severe acute malnutrition cases) and six pregnant and lactating mothers (all medium acute malnutrition cases) were diagnosed with acute malnutrition and have been enrolled in treatment courses.


**36,200**  
 Children under five years and mothers reached with nutrition supplies

#### Response:

- Sector partners, including DoH, MSJM and SARC, are providing life-saving nutrition interventions in sixteen IDP locations to children under five years of age and pregnant and lactating women.
- In the IDP locations, DoH and MSJM deployed three nutrition mobile teams, and two fixed out therapeutic programme centres are providing preventive nutritional services to children and mothers and curative nutrition services with sector partner support. DoH with the support of partners, is providing treatment for moderate acute malnutrition cases. SARC, with the support of partners, is providing high energy biscuits and plumpy doz to IDP children and mothers. Infant and young children feeding awareness sessions are conducted on a daily basis by MSJM, and so far more than 4,548 CBA women have been reached with breast feeding and complementary feeding education.
- From 3 to 8 of April 2018, two out of the planned four nutrition cluster cross-border partners deployed rapid response teams to provide curative and preventive nutrition activities in Afrin and its countryside. A total of ten community

health workers responded through mobile clinics deployed to Afrin, Sharan, and Jandairis sub-districts. In Afrin district, a total of 299 girls and boys aged 6-59 months and pregnant and lactating women were screened for acute malnutrition using the Mid-Upper Arm Circumference (MUAC) method. Out of those, nine were diagnosed with moderate acute malnutrition while no severe acute malnutrition cases were found. Based on these results, out of all children screened, the proportion of GAM is 3.01, which is less than 5 per cent, which is deemed an 'acceptable' threshold according to WHO standards. In Afrin, a total of 103 pregnant and lactating women received messages on optimal infant and young child feeding practices.

**Gaps and Constraints:**

- The limited storage capacity of DoH in Tall Refaat means that mobile teams have to retrieve their nutrition supplies from the DoH aarehouses in Nabul and Zahraa , impacting effectiveness and cost.
- More coordination is required between partners to respect service mapping set by the sector and to avoid duplications.
- Poor practices of infant and young children feeding were reported and private charities distributed breastmilk substitutes, including artificial formula.

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