

This report is produced by OCHA Syria in collaboration with humanitarian partners. It covers the period from 17 April to 1 May 2019. Situation reports on Al Hol camp are published bi-weekly. The next report will be issued around 20 May 2019.

## HIGHLIGHTS

- As of 1 May, the total population of Al Hol camp is **73,477** with dozens of families recently arrived from other camps in north-east Syria for family reunification as well as persons discharged from hospitals. A total of **64,087** individuals have arrived since 4 December, putting the camp infrastructure under significant strain.
- The vast majority of the camp population is women and children, with around **67% under the age of 18**. The leading cause of morbidity among all age groups remains influenza-like illnesses (63.7%) and acute diarrhea. The number of reported cases of both is increasing.
- Partners continue scaling up their response. While population influxes have stabilized, needs remain critical across all sectors – **particularly shelter, WASH and protection**.
- Work on phase 6 and 8 is currently suspended as a result of discussions with camp authorities on the potential establishment of a separate camp, which would pose a number of challenges to humanitarian organisations. As a result, 15,000 people are still hosted in communal spaces, mainly in phase 7.
- **Protection needs persist** and are becoming protracted in the absence of immediate solutions to a range of issues related to e.g. the lack or confiscation of civil documentation, the presence of unaccompanied children in need of interim care arrangements and family tracing and reunification and pregnant adolescents. At least **470 unaccompanied and separated children** (UASC) have been identified of which at least 140 have been reunified to date.
- Elderly people and persons with disabilities are not receiving adequate care and face particular difficulties accessing assistance, including during distributions of relief items. Partners are looking at modalities of distribution and access to facilities to improve accessibility including through the provision of assistive devices, as well as outreach and inclusion.
- **IDPs are provided monthly food rations, cooked meals, ready-to-eat rations and bread on a daily basis**. Consequently, food needs are being met despite the current gap in food storage spaces and communal kitchens.
- **Access to the Annex hosting foreign families (non-Iraqi), remains regulated by camp authorities** and is under enhanced security measures. Dialogue continues between service providers and camp administration. One child protection partner is operational in the annex, while for other actors access remains limited to case-by-case follow-ups, including for family tracing activities. Humanitarian organizations with specific mandates and expertise have been granted access to the Annex thus providing support and pathways towards possible solutions for the foreign population.
- **Some 1,900 Iraqi households have registered for repatriation**, directly organized by Iraqi authorities and the Camp Administration. However, lack of valid identification documents may constitute an obstacle. An exact timeline for departures is not clear; movements will likely occur in small batches over an extended period of time.
- Tension in phase 5 of the camp hosting most of the relocated population from Baghouz remains high with residents demanding the release of male relatives and to be allowed to return to their areas of origin. A series of demonstrations have taken place in towns and villages in Deir ez Zor province, and the release of residents from Al Hol camp was amongst the most pressing demands.

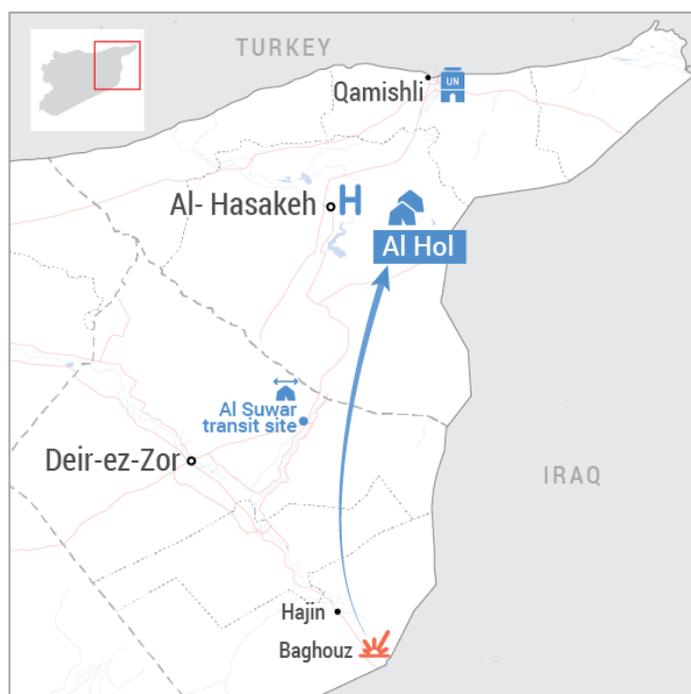


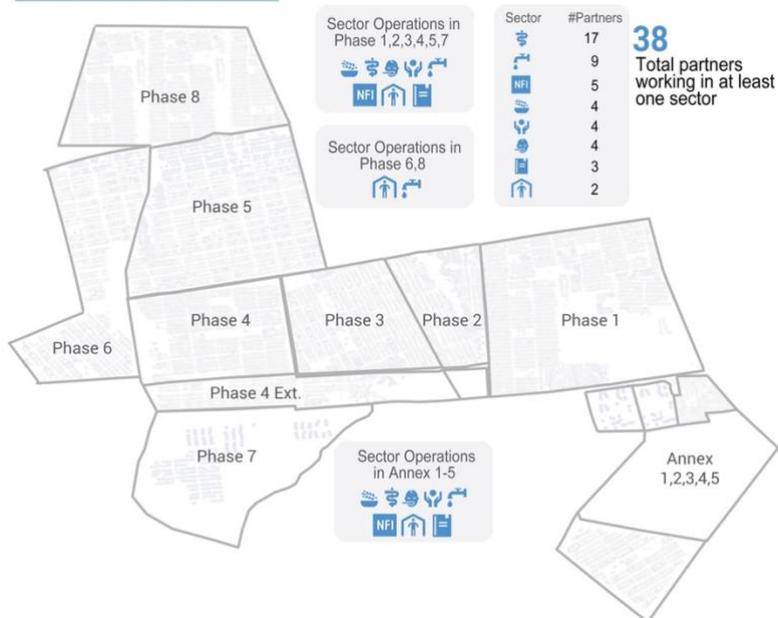


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## SITUATION OVERVIEW

- Humanitarian partners continue to scale up operations across all sectors and provide life-saving assistance to thousands of IDPs in Al Hol camp. Despite the ongoing expansions and efforts, several challenges remain, particularly with regards to health, shelter and relocation from communal to family tents, WASH, protection and sustained access to the locations where foreign non-Iraqi nationals are settled. Humanitarian actors on the ground carry out regular assessments on conditions in the camp to ensure a more efficient, prioritized response.
- With many still living in collective areas in rub halls and large tents, with little privacy and sometimes poor hygiene conditions, tensions among camp residents are running high. Restrictions on freedom of movement also contribute to tensions.
- The need for specialized psychological support as well as case management by qualified staff, persists. Distress and trauma due to the exposure to hostilities, experience under ISIS control, the effects of indoctrination, particularly amongst older children - requires an in-depth approach. Basic forms of emotional support beyond psychological first aid and the current local capacity and human resources are insufficient.

### AL HOL CAMP Sketch map



The boundaries, names shown and the designations used on this sketch map do not imply official endorsement or acceptance by the United Nations

• Most common concerns expressed by the camp population - detention, family reunification, freedom of movement and options and timeframe of voluntary return – can only be addressed by authorities in control or engaged in processes of return, including neighboring countries (for Iraqi population) and states of origin, for foreign non-Iraqi nationals. Advocacy should continue to be pursued at highest level with all relevant stakeholders with regards to respect of international humanitarian law, human rights law, standards of due process in detention, respect for the best interests of the child and other standards of treatment of children associated with armed groups. Standardized messages are being developed to be distributed to staff of humanitarian organisations.

• Looking ahead, with temperatures rising, conditions in the camp are likely to deteriorate including an increased risk of communicable diseases, water shortages and food storage

becoming a challenge. Humanitarian actors are planning ahead and exploring preparedness options to face the challenges to come.

- The capacity of health facilities to accept referrals remains very limited. Efforts to increase the availability of medical facilities within the camp, including through the establishment of field hospitals, continue.

## FUNDING

- Taking into account current needs, response efforts and existing gaps, humanitarian partners have recently updated their estimates of funding requirements until the end of the year, from 27 million USD to 42.1 million USD, out of which, 28 per cent or 11,623,460 USD have been received. Additional support is needed to respond to existing needs and gaps.
- The Syria Humanitarian Fund (SHF) has launched two reserve allocations for **US\$16 million**. Some **US\$4.3 million** have already been disbursed to partners implementing projects in protection, health, nutrition, WASH and shelter.
- UN agencies and international NGO's in the north-east, intervening in the area have relocated resources from other areas and governorates to respond in Al Hol, including supplies prepositioned for northwest Syria. This, however, is not sustainable as people in need in other areas and IDP camps will feel the impact.
- In addition to the below requirements, NES INGOs are reaching out to donors to request additional funding as well as greater flexibility to redirect existing funds.

Agency	Fund requirement	Fund Received	Fund Gap
WHO	5,000,000	1,555,527	3,444,473
WFP	9,069,240	0	9,069,240
UNFPA	3,580,000	1,907,073	1,672,927
UNICEF	13,000,000	4,903,015	8,096,985
UNHCR	11,460,800	3,257,845	8,202,955
<b>Total</b>	<b>42,110,040</b>	<b>11,623,460</b>	<b>30,486,580</b>

## HUMANITARIAN RESPONSE

### Protection

#### Needs

- Protection needs in Al Hol have not declined and are becoming protracted in the absence of immediate solutions to multiple issues.
- Not all families have been accommodated in family tents, for more dignified conditions, privacy and security. With the transfer of families to phase 6 and 8 halted, people continue to live in sub-standard conditions in communal spaces, including overcrowded big-size tents.
- The situation of children continues to represent a major challenge. By the end of April, at least 470 unaccompanied/separated children (UASC) had been identified, of whom 109 are still in interim care centers waiting for family tracing and reunification. Interim care arrangements – including fostering care in properly identified and trained families, both temporary and prolonged – remain urgent.
- Emotional and well-being initiatives, safe spaces, informal education opportunities, more structured psychosocial support interventions and case management for the most complex cases remain in high demand. Some of the more specialized services are often not viable due to limited capacity.
- While births and deaths are registered at camp level by medical partners in cooperation with the Camp Administration and community representative structures, the need for the restitution of civil status documentation that has been

# 109

Unaccompanied/separated children still residing in interim care centers

confiscated is critical. Protection partners continue the work of sorting and matching the confiscated documentation with the registered holders' lists. An estimated 30% of the Iraqi population is in possession of valid documentation and out of those only a half has a copy. The situation is even worse for Iraqi children. This constitutes an obstacle for families who may want to voluntarily return to Iraq.

- Some 1,900 Iraqi households have signed up for repatriation organized by the Government of Iraq. While their intention is preliminary, the possession of documentation is critical for their legal safety during and after return. In general, for all displaced population, the complexity of some of the cases, in terms of family relations, determination of lineage/paternity, determination of nationality of new-born add constraints to the loss and the confiscation.
- Old persons and persons with disabilities are neglected, due to lack of qualified staff and sufficient resources to guarantee an adequate response, including at home-based care. Modalities of distribution and accessibility to facilities need attention. More needs to be done to improve mobility, including the provision of assistive devices, as well as outreach and inclusion. Assistance distribution, e.g. of tents, is not tailored to the needs of single persons, especially the elderly. They may be compelled to gather with other families to receive the needed support. While this may be positive in some cases, in others it is not culturally or socially acceptable.
- The need for specialized services to address psychological distress caused by exposure to various forms of GBV as well as the need for reproductive health interventions is still present, despite the scaling up of RH professional teams and specialist. As the camp expands, focus needs to stay on the specific needs of women and girls; the set-up of facilities, lightning and positioning of WASH facilities and proper selection of distribution sites. Overall, the importance of a robust intervention on the prevention of sexual abuse and exploitation remains paramount, both within every humanitarian organization, as well as at inter-agency level.

## Response

- Some 12 partners working on protection are operational; three lead protection agencies, three Syria-based protection partners and five INGOs operating from NES and cross-border, meeting on a weekly basis for coordination.
- Besides a constant presence of volunteers to identify needs and referral, sector partners are trying to improve communication with communities. While this depends also on the information sharing from other actors, protection partners, are engaged in improving effectiveness of Information Desks by shifting their locations where the population is concentrated, including in new phases and at distribution points. Deployment of staff and facilities and improved visibility and accessibility, particularly for desks in phase 5 and 7, is planned.
- Despite only camp administration and parties in control being able to answer critical questions, notably on the whereabouts of detained family members and on return timelines and process, discussions on unified responses by humanitarian actors to frequently asked questions are ongoing. Protection actors are discussing a list of frequent questions regularly posed by the communities to increase coherence of information provided by humanitarian actors.
- The "*Ethical Principles*" prepared by the protection Sector to support dignified interactions with the local population have gained traction with field staff across sectors, and humanitarian agencies have been invited to sensitize newly recruited personnel. Efforts have been made to provide PSEA training to staff and partners on site to ensure full coverage. A local inter-agency coordination network is being formed to address preventive action against sexual abuse and exploitation.
- Mobile teams and 11 Child friendly spaces, including one in the annex hosting the foreign non-Iraqi population, continue operating. Three new CFS are planned in phase 2, 4 and 7 to increase services. Follow-up on UASC remains a priority, while interim care arrangements are still at full capacity. The capacity to accommodate UASC was strengthened by installing four prefabricated rooms and two shower units in two interim care centers. Training of caregivers continues, including foster families' initiatives. At least 140 unaccompanied and separated children have been reunified to date. Coordination between Child Protection leading agencies and another mandated independent humanitarian actor have strengthened cooperation, with the complete registration of all children in two interim care centers for further pursuing tracing and re-establishment of family links.
- GBV mobile teams cover needs across the camp with awareness sessions, group and individual counselling, PFA, and referrals. Two Women and Girl Safe Spaces (WGSS) are operational in phases 3 and 4. Additional distributions of sanitary napkins and women dignity kits took place in the reporting period. Addressing GBV or even interacting with women and girls with certain profiles to raise awareness on GBV prevention and response has been complex due to prevailing traditional social norms. This confirms that the strategy to use of reproductive health as an entry point is the most effective way to overcome cultural barriers in addressing GBV issues.

- In response to identified gaps, another GBV mainstreaming session has been organized, attended by WASH, Shelter/NFI, health, and food sector staff.

### Gaps & Constraints

- Some gaps and constraints previously identified are still present; e.g. lacking capacity of interim care for UASC; sorting of personal documentation, language barriers and modalities of continuous access to the annex hosting foreign non-Iraqi population to deliver standardized assistance across all population the camp based on humanitarian needs.
- A continuous need to strengthen the protection presence and services remains. The most pressing needs are for professionals to carry out specialized interventions, such as PSS, CP and GBV case management, identification and addressing of disabilities. Foreseeing a prolonged and complex displacement situation, there is a need for staff with specific skills in those fields of activity, able to coach and mentor volunteers and set up intervention systems. This gap may be filled with an external surge and an increased overall humanitarian presence in Qamishli, where presence and human resources is a challenge for all partners.
- The current security posture, with defined slots of UN personnel from Qamishli able to go on mission to the camp on any given day, limits coordination and interaction at times.
- The construction of a separate new camp to host part of the al Hol current population, proposed by local authorities on security and camp administration grounds, poses a challenge for protection actors. The timeframe of 6-8 months for completion, does not adequately factor in a strategy or vision by parties in control for the return of the displaced to areas of origin. This casts doubts on the temporary nature of this transfer of population on security grounds, which should last no longer than necessary. A needed duplication of protection services in a second camp is a risk, given resource constraints. Different levels and standards of assistance may appear, rather than capitalizing on existing structures and extending capacity of services within Al Hol. If differences in standards of accommodation or treatment emerge between al Hol and a new site, tensions and grievances may rise.
- A part of the population remains in communal tents, particularly in phase 7. The halting of relocation of families to phases 6 and 8, due to the reported plan by the local administration to build the separate new camp, prolongs sub-standard living conditions, with associated lack of privacy and discomfort.



## Health

### Needs

- Establishment of a field hospital within the camp is an urgent need.
- EWARs (early warning disease surveillance systems) needs to be expanded across the camp to include all health points in different phases.
- Enhanced coordination with nutrition sector to follow up on discharged cases to avoid relapses and WASH sector to ensure water quality and sustained supply for drinking water.
- Need to strengthen capacity of conducting regular water quality check for drinking and cooking water.
- Authorization to establish an additional stationary health point inside the Annex, with capacity to provide life-saving and sustaining health assistance, needs to be expedited, as well as a transparent referral pathway for foreign women and children to be hospitalized outside the camp.

**5,932**

Consultations carried out in eight facilities in Al Hol camp, 14-20 April

### Response

- About 600 critical cases referred to different hospitals in Al-Hasakeh. The network of engaged private hospitals has been expanded, including two hospitals in Qamishli city. However, capacity remains stretched. Referrals from other camps, notably Areesha, have been halted due to lacking capacity.
- A specialized team consisting of surgeons and nurses was established to scale up referrals of emergency cases.
- Two field hospitals are under establishment in phase 1 and 5.
- Multiple fixed facilities and mobile teams continue to provide medical services in all phases including the Annex. Between 14-20 April, some 5,932 consultations were carried out in eight health facilities in Al Hol camp. Diarrhea cases are on the rise, with 412 reported cases between 14-20 April.

- Vaccination is ongoing with teams operating in all phases, including triage/reception areas and the Annex. On 21 of April, a national polio campaign started in the camp, targeting children under the age of five.
- More than 11 tons of equipment, medicine and kits to support a field hospital have been delivered. The shipment contained diagnostic, vital function, cardiac and surgery equipment in addition to different types of kits and medicine to cover 39,823 treatment courses and 600 trauma cases.
- Enhancement of the communicable disease surveillance system is ongoing, including suspected measles cases.
- During the report period, 18 cases of severe malnutrition with complications were admitted to a stabilisation center in Al-Hikma; 32 patients were discharged.
- One stabilisation center has been opened in the camp and there are plans to expand the current capacity from 8 to 25 beds in addition to 6 OTP in different camp phases.
- Health and protection sectors are coordinating to mainstream protection in current health services.

### Gaps & Constraints

- Although the case load of life-threatening cases dropped, there is a need of medical procedures for cold/yellow cases (cases not needed for immediate referral but need to be stabilized, followed up and worked on by specialists outside the camp). Burden of providing health services tent by tent persists, partly due to the delay in establishing a field hospital in the camp.
- High burden on existing health facilities, combined with a limited capacity of secondary healthcare and trauma facilities.
- The number of trauma specialists, surgeons, pediatricians, gynecologists and midwives needs to be increased, along with the number of mobile clinics and static medical points.
- Supplies of pediatric medication are unsustainable and there is a reliance on airlifted medicine/equipment supply chains.

## Food Security

### Needs

- Food needs are being met with multiple complementary modalities, including cooked meals, ready to eat rations, monthly food rations and bread. Although fresh food and vegetables are available in the market, low purchasing power and gap in supplementary cash, is a barrier for a significant number of camp residents to diversify their diet.

**206**

Current gap of communal  
kitchens

### Response

- All camp residents are being reached through three lines of assistance: 1) provision of cooked meals to new arrivals at the reception centers; 2) provision of Ready-to-Eat rations (RTE) that last up to 5 days following registration; 3) provision of monthly food rations with a 30-day feeding period. Additionally, bread is provided on a daily basis.
- A new food distribution point will be opened in phase 5 in May, to branch out and speed up the distribution process. This will help remote camp residents to access the distribution point.
- The number of households reached with monthly food rations rose from 3,000 in December 2018 to 21,000 in April.
- In March, 73,477 individuals received monthly food rations. Additionally, 2,111,294 kg of bread were provided to 73,477 individuals per day. The April monthly food distribution cycle started in the second week of April. The monthly food rations were supplemented by including Ready to Eat Rations to address the gap left from the recent suspension of cash-based assistance that resulted in many camp residents unable to purchase fresh food on the market. As of 1 May, 13,750 households have received assistance - with the aim that all households will be reached by the end of the cycle.
- There is capacity to provide 2,000 meals a day to new arrivals in the reception area. Current RTE stocks are at 20,700 packages. Pipeline Capacity of RTE is at 13,800 packages, with each package expected to last a family of 5-6 for up to a week. Monthly food ration pipeline capacity is at 21,317 households or 73,393 individuals per month, until June.

### Gaps & Constraints

- As per stock update, no critical gaps in food assistance are predicted in the near future. Food assistance is currently being redirected from other areas to respond to immediate needs in Al Hol, including monthly food rations and ready-

to-eat rations. However, this cannot be sustained; in particular, if IDP's end up staying in Al Hol camp for an extended period of time. If a new sudden on-set emergency occurs, without additional funds, WFP's response may be compromised due to insufficient stock.

- Communal kitchens and cooking facilities are a key gap in terms of stoves and areas to store and prepare food. The current gap of communal kitchens stands at 206.
- Access to markets is still constrained for Annex residents, due to approval procedures.

## Shelter/Non-food items

### Needs

- Al-Hol camp has a capacity for 15,500 tent plots. Of these, 12,700 tents plots are currently in use (excluding phases 6 and 8 which are not yet in use, pending decisions by camp administration) whereas a total of 21,300 tent plots are needed to host the current camp population.
- Due to the rapid response necessary to accommodate all residents, space available for tent use suffered from inefficiencies with some tents installed randomly. This has compromised quality standards in terms of space needed between tents which is increasing the risk of fire as well as other hazards.

# 12,689

Family tents have been installed to date

### Response

- Since December 2018, 207 big size tents, 9 rub halls and more than 12,689 family tents have been installed. A total of 170 out of 207 big size tents have been decommissioned, mostly in the Annexes, as people have moved to family tents. To date, 2,424 family-sized tents have been installed in the annexes.
- More than 18,000 NFI kits and winter clothing kits have been distributed. Some 5,000 solar lamps are planned for distribution.
- Future arrivals will continue to receive basic non-food items; including mattresses, blankets, solar lamps, and boots.
- Site preparation for further camp expansion is underway while preparation for a new distribution point in phase 5 is completed. Preparation for phases 6 and 8 is underway, with partners awaiting authorization from Camp Administration to begin relocating residents from communal areas.

### Gaps & Constraints

- The sudden influx of people has stretched camp space beyond intended capacity.
- Construction work in communal kitchens has stopped until block leaders have been identified to protect the facilities or until a community structure is in place to ensure ownership of constructed shelter services.

## Education

### Needs

- 11,000 internally displaced children, aged 6 to 18, are estimated to have been out of any educational opportunities for at least five years, either due to multiple displacement or because they lived in areas under ISIS control.
- Provision of targeted and mixed interventions is needed, partly due to language barriers of school-aged children with a multitude of nationalities.
- A total of 20 learning centers, consisting of eight tents each, needs to be set up in separate phases to cater to needs of school-aged children. This is a priority in phases 5, 6, 7 and 8.

# 26,000

School-aged children in Al Hol camp

### Response

- Three actors are providing educational services in Al-Hol, reaching 5,775 children, of which 475 are aged 3 to 5.
- Current partners, in addition to two additional ones, are either expanding or setting up temporary learning centers to provide educational services for an additional 5,540 children, of which 540 are aged 3 to 5.
- A total of 11,500 children are or will be provided with non-formal education, the Iraqi Curricula, including self-learning, basic numeracy and literacy classes as well as early childhood education; for children between the age of 3 and 5, or with Safe Healing Learning Spaces.

## Gaps & Constraints

- Gaps between needs and response persist. The current response reaches less than half of the number of children in need of education services, due to limitations, lack of capacity and funding.
- Due to how overcrowded the camp is, finding space to erect eight classroom tents for temporary learning and Education in Emergencies, has proven to be a challenge.

## Nutrition

### Needs

- There is a need to enhance referral mechanisms to stabilisation centers (SC) for SAM cases with complications, especially for third country national children under five.
- Further integration of nutrition into health and child protection services is needed.

# 20,649

Children under the age of five to be targeted

### Response

- Some 20,649 children under the age of five, and 5,651 pregnant and lactating women (PLW) are being targeted. Detection and identification of these groups is key, alongside prevention feeding programs and treating malnourished children.
- As of 29 April, 735 MAM cases and 418 SAM cases without complications have been treated and followed up in the camp. Some 515 SAM cases with complications have been admitted into the stabilisation center in Al-Hasakeh. SAM cases without health complications and MAM are treated and followed up inside the camp. SAM cases with health complications are referred to the stabilisation center and followed up until discharged.
- Training of community volunteers on the use of MUAC tape for early identification of malnutrition is ongoing with 35 volunteers already trained.
- A rapid MUAC screening started in the camp on 21 April for all children aged 6-59 months, for early identification of malnutrition. Volunteers/community mobilisers have screened and referred children with malnutrition to the Outpatient therapeutic program (OTP) or to the stabilization center.
- A nutrition-feeding center has opened in phase 1, with a capacity of 8-10 beds, to be expanded to 25 beds in coming weeks. Another stabilization center is planned in a field hospital in phase 4. OTPs to cover the entire camp are being established with five in place already and one underway.
- Three mobile teams, consisting of nutrition nurses, are operational with seven more in the pipeline.
- Breastfeeding counselling for lactating mothers is to start while awareness campaigns on breastfeeding and complementary feeding are already running. The number of baby-friendly spaces in the camp is to increase to two per phase, to encourage mothers to breastfeed children younger than 6 months.

## Gaps & Constraints

- Insufficient Mother Baby Areas (MBA). Currently, there are only three in the whole camp, while the goal is to have a minimum of one MBA in each phase and annex.
- Insufficient number of breastfeeding counsellors. As of 2 May, there are only two counsellors for every 5,000 PLW.
- Improved data sharing, including names and medical records, needed to avoid duplication of efforts across the nutrition centers.

## Water, Sanitation and Hygiene

### Needs

- Approx. 680 latrine doors and 1,350 showers are needed in phases 5, 6, 7, 8 and the annexes to reach the standard ratio of 1:20, established prior to the influx of IDPs from Hajin and Baghouz in Deir Ez Zor.
- While the functionality of existing sanitation facilities has improved, there is still an urgent need to rehabilitate 22 per cent of existing sanitation facilities in the camp.
- A total of 18,410 family hygiene kits are needed to cover the entire camp population on a monthly basis along with 800 water storage tanks and 400 solid waste containers.

# 1,516,000

Liters of water delivered per day in Al Hol camp

## Response

- Altogether, 3,018 toilets, including 824 recently added, ensure a minimum standard of 1:50 ratio is met, together with 80 bathing spaces. Some 1,435 water tanks and 1,100 garbage bins were installed during the reporting period.
- A total of 1,516,000 liters of water are provided every day through emergency water trucking and from the existing water treatment plants for drinking and domestic consumption; translating into 21 litres of water per person per day. Water quality is tested regularly on critical parameters and is confirmed safe.
- Hygiene promotion is taking place, focusing on general hygiene practices and water safety. During April, 176 mothers and 825 children were reached through recreational activities on hygiene behaviors.
- Solid waste collection continues as well as cleaning of WASH facilities and vector control activities; area cleaning campaigns and disinfection, to maintain a hygienic environment and minimize the risk of outbreaks.
- Hygiene kits distribution is ongoing along with regular monthly distribution.

## Gaps & Constraints

- Lack of family hygiene kits to ensure continuity of distribution in the entire camp is a critical gap.
- Constant repair and rehabilitation of WASH facilities and desludging of septic tanks are current constraints.
- Securing sufficient water quantity to address higher water supply demand in coming months will pose a challenge.

**Background on the crisis** The military escalation in Hajin and Baghouz in Deir-ez-Zour governorate that started in September 2018 triggered a massive internal displacement of a population that has been exposed to intense hostilities and lived in a situation of extreme deprivation amid growing protection concerns. The number of people leaving Baghouz exceeded all expectations. More than 64,000 people, have been transported to Al Hol camp in Al-Hasakeh governorate since December 2018, the majority being women and children in dire condition. The influx of displaced people has stabilized but challenges remain for humanitarian actors to respond to the vast scope and scale of needs of more than 73,000 people of dozens of nationalities. Overall, the humanitarian situation in the four governorates in the northeast, Al-Hasakeh, Deir-ez-Zour, Ar-Raqqa and parts of Aleppo, remains fluid and complex, with an estimated 1.6 million people in need. Humanitarian partners are currently reaching approximately 600,000 people with assistance every month.

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