

HIGHLIGHTS

As of 4 October 2020, 64,619 individuals live at Al Hol, comprising 48 per cent Iraqis (30,824), 37 per cent Syrians (24,325) and 15 per cent third country nationals (TCNs) (9,462).

As COVID-19 preventive measures have eased, camp departures have recommenced. In the past two months more than 1,000 people, largely Syrian IDPs but also TCNs, are reported to have left. This includes 16 Russian national children relocated initially to Al Roj camp on 8 September before being handed over to a Russian delegation; and one British national child and one Canadian national child who left Al Hol on 15 September and 5 October respectively. Also on 15 September, 34 Iraqi individuals, originally from Shingal, were also reported as having been repatriated under the sponsorship of the Shingal civilian body in Iraq. Since 2019, almost 6,070 residents have departed Al Hol, including 5,303 IDPs. While official records show that only 766 TCNs have left Al Hol during that time, actual numbers are understood to be much higher, as humanitarian actors are often not notified of these departures.

Following the departure of 206 Syrian nationals for Deir-Ez-Zor Governorate on 30 September under tribal sponsorship agreements – the fourth such organized departure since 12 March – on 5 October local authorities announced their intention to release all Syrian IDPs from Al Hol. While this has been understood as a continuation of the ongoing gradual departure of Syrian IDPs to areas of origin under tribal sponsorship agreements, partners are liaising with Camp Administration for further details given the need to ensure protection monitoring upon departure and at their final destination, as



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well as to provide appropriate humanitarian assistance in advance. According to initial plans announced by Camp Administration, around 3,000 Syrian IDP households are reported to have been pre-approved for departure, with roughly half of these expected to leave Al Hol before the end of the year. Registration is reported as ongoing until 8 October, while the exact timeframe of the next departure has yet to be confirmed following postponement of initial plans scheduled for 10 October.

HUMANITARIAN RESPONSE

To date, four cases of COVID-19 have been confirmed among the resident population in Al Hol, including one – an elderly Iraqi man – fatality. At the time of writing, two cases had

recovered, while one case confirmed on 3 October is currently under observation in the COVID-19 Treatment Facility (CTF - formerly known as the isolation center). Efforts are ongoing to enhance contact tracing capacity in the camp, which remains limited to one medical team consisting of three health care workers and 11 community volunteers. Following a capacity assessment of the CTF in August, which found it fully operational but only appropriate for treatment of mild-to-moderate cases, partners are working to reduce gaps. The most pressing include establishment of a laundry area; adjustments to on-site medical waste incineration; and procurement of additional oxygen cylinders. Partners have committed to meeting these gaps by 15 October.



TOTAL POPULATION



WOMEN AND CHILDREN



CHILDREN UNDER 12

KEY MESSAGES

With four cases confirmed among residents to date, Al Hol camp remains at risk of a wider outbreak. Low levels of community preventive behavior is further complicated by Camp Administration reluctance to implement recommended enhanced protective measures, including movement restrictions; and actions at the main market, including closure of non-essential shops and installation of hand sanitizing points. Advocacy efforts with camp authorities continue.

Humanitarian partners have expressed alarm at the deteriorating security situation in the camp following rises in violent incidents throughout September, including the murder of 10 people, five of them refugee residents. Advocacy is ongoing to re-establish reduced security patrols, to improve safety for residents and humanitarian workers.

Services in the Annex remain limited, even four months on from the establishment of the service center, due to lack of agreement with Camp Administration on security procedures. Currently, only one humanitarian actor is delivering medical services at the on-site service facility within reduced working hours.

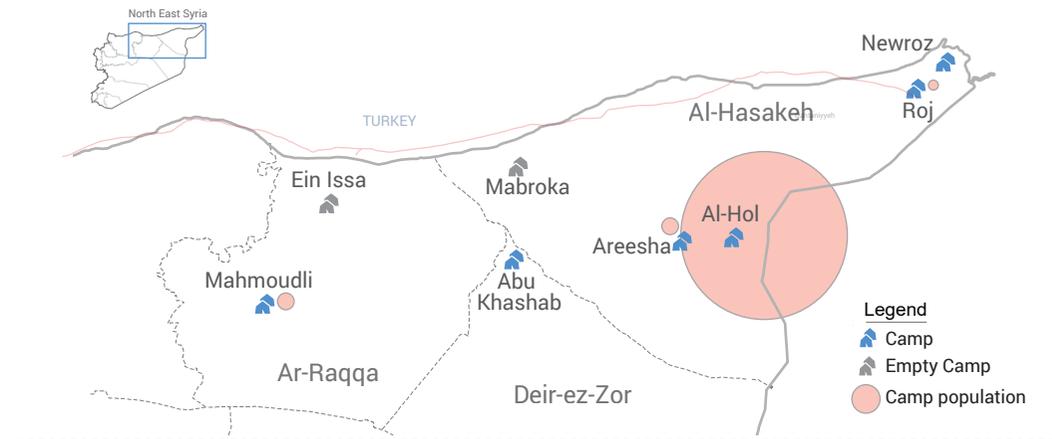
In the meantime, external referrals for severe and critical cases are ongoing to Al-Hasakeh National Hospital (which has three ventilators) and Washokani COVID-19 Hospital (five ventilators). Risk communication and community engagement (RCCE) has also been enhanced following several suspected cases refusing transfer to the CTF. This includes revised messaging on the purpose of the center and available services, in addition to a specific mechanism being put in place to ensure appropriate care for children in the event their parent(s) and/or primary caregiver is transferred to the facility. Recently, 80 volunteers from five partner RCCE organizations have supported completion of a surveillance survey, involving 10,500 households across all phases of the camp, including the Annex, to provide updated information on the epidemiological situation in the camp (whether any members have displayed COVID-19 symptoms), levels of awareness, uptake of individual preventive behaviors, coping strategies, and preferred methods of communication. Findings will be available by mid-October.

Following the first COVID-19 confirmed case among residents on 27 August, humanitarian actors have agreed upon and strongly advocated for enhanced protective procedures, including movement restrictions within and between blocks, as well as phases; closure of non-essential main market shops; installation of hand sanitizing points at the main market entrance; and enforcement of mask wearing at the entrance to the market. More stringent measures which seek to further reduce residents' movements, including by limiting different phases to the market on different days

and/or which seek to limit the number of household members who can visit the market, are likely further required to help contain the current outbreak. Engagement with Camp Administration to enforce these measures continues.

In addition to delivering an immediate health response, partners have agreed on critical activities and services to continue at Al Hol, including preventive measures aimed at minimizing risk of COVID-19 transmission. This includes enhanced cleaning/disinfection of WASH facilities and garbage collection with disinfection where/as appropriate; daily distributions of bread and ready-to-eat (RTE) rations; all health services (except cold case referrals); malnutrition screening and treatment; face-to-face psychosocial support for urgent cases; distribution of assistive devices and general and medical in-kind assistance; refilling of gas cylinders and distribution of stoves; and COVID-19 awareness raising. Revised distribution modalities have been implemented since April, including delivery of food and NFIs directly to residents – either at phase gates or at certain blocks within a phase – to minimize movements within the camp. Activities currently suspended include the rehabilitation of WASH facilities and other longer-term infrastructural projects, such as maintenance to communal kitchens as well as educational activities (with the exception of the distribution of educational materials and stationery).

In order to increase drinking water availability and reliability, and reduce water trucking from afar, two WASH sector partners are constructing four reverse osmosis (RO) stations in the camp with the aim of providing 1,120 m³/day; around



half of the camp's drinking water needs. Additionally, rehabilitation works on the Dabagiyah well head are ongoing to enhance domestic water availability – starting with phases 3 and 4 which are already connected. Daily trucking of drinking water is also ongoing, although stability of service provision depends on the functionality of Alouk water station and is continually challenged by limited alternative water sources. On average, WASH partners truck 2,460 m³/day of drinking water to Al Hol, presenting an average available quantity of 38 liters per person per day.

Efforts are further ongoing to strengthen health service delivery across the camp. Currently, there are 16 static points (two for vaccinations), three field hospitals, eight mobile medical teams (one for vaccination and two for physical rehabilitation), one inpatient therapeutic feeding center, two leishmaniasis teams, and one team for wounds treatment operating in the camp, representing an overall improvement compared to two months ago, although significant challenges remain. An inter-agency

assessment mission to look into the causes of the deaths of eight children under the age of five between 6 and 10 August, as well as the availability and responsiveness of health services for critical and urgent needs, found that while there was no epidemiological link between the deaths, and the total number was within the expected average compared to the previous twelve months with no clustering, at least some of the deaths may have been avoidable had additional services and/or referral mechanisms been available.

Of the 15 static health facilities surveyed, the assessment found that only five were open 24 hours; just six have in-patient beds for a total of 92 people (noting this meets the global benchmark of > 10 beds per 10,000 population); 11 are experiencing shortages in medicines, including for pediatrics, non-communicable diseases, and family planning; and three are experiencing an increased demand for services (potentially due to perceptions in the quality or quantity of services available and/or the preferred location of the facility in the camp).

Additional contributing factors may have been: a sudden increase in COVID-19 cases in Al-Hasakeh Governorate at that time which overwhelmed the camp's primary referral hospital, delaying or preventing patient transfer; the closure of one of the three field hospitals for two weeks following confirmation on 2 August that four health care workers at two facilities had contracted COVID-19; and a slight reduction in available health services over the Eid holiday, from 1-4 August.

Following the mission, several recommendations have been made, including: reviewing and updating referral procedures, and developing clear treatment guidelines; ensuring appropriate measures to protect humanitarian actors from COVID-19, including trainings on the donning and doffing and rational usage of personal protective equipment (PPE); and implementation of a quality improvement programme across the camp to ensure minimum (set) standards of care. To date, 20 humanitarian actors operating in Al Hol have been confirmed to have contracted COVID-19; PPE items, including masks, gowns, gloves, and coveralls will be distributed to humanitarian actors starting next week.

In addition to COVID-19 contingency planning, preparations for winter are underway. Starting early October, Damascus-based actors will provide NFIs to the entire camp population (including high thermal blankets, sleeping bags, one additional plastic sheet, winter family clothing kits and adult jackets), as well as, by the end of November, rubber boots and children's winter clothing. Camp Management will deliver heating kits and INGOs will cover fuel requirements from November onwards.

Damaged and/or old tents will also be replaced following a tent assessment, including the Annex, by two Damascus-based actors in the coming weeks.

PROTECTION

Humanitarian actors continue to report wide-ranging and serious protection concerns, particularly in the Annex where several access constraints persist. More than four months on from its initial establishment, the service center in the Annex remains largely non-functional due to unresolved issues with Camp Administration on security arrangements. This includes the type of clothing to be worn by security; the requirement that they conceal weapons while accompanying residents to distributions; and repeated requests by humanitarian actors for 24/7 security to facilitate their presence during the nighttime to allow residents of the Annex to seek emergency medical treatment. Combined, these factors have resulted in only one NGO currently working in the service area through the static health facility and then only at reduced operating hours.

Other serious protection concerns have arisen related to the transfer since 13 July of 576 individuals (180 households) from detention centers in northeast Syria (Al-Hasakeh, Al Hol and Al-Malikiyah prisons) to Al Roj, many of whom have previous records in Al Hol camp. In addition to the lack of clarity over whether these transfers are related to the relocation of 400 TCN families from the Annex in Al Hol, the vast majority of those arriving at Al Roj are young women and children under the age of five. In recent weeks, protection actors have reunited ten out of 30 children previously separated from

their mothers in Al Hol at Al Roj. The protection sector continues to advocate with Camp Administrations in Al Roj and Al Hol to prevent such family separations during relocations and assist in reunifications. Humanitarian actors also continue to seek more transparent and regular information from Camp Administration on the dates and frequency of any movements, with an initial understanding that transfers to Al Roj will take place each Sunday and Wednesday and consist of around 20 households. Such information remains critical to prevent additional protection needs from being generated, such as family separation.

Humanitarian actors have further reported that all those transferred to the extension in Al Roj from detention centers have arrived with no personal effects, and many children under five are in visibly poor health and appear malnourished. Already 16 cases of moderate acute malnutrition (MAM) and six cases of severe acute malnutrition (SAM) have been identified in the extension, including two SAM cases with complications referred to Al Hikmah hospital for treatment. While all new arrivals are receiving a variety of humanitarian assistance, including shelter/NFIs (tents, two plastic sheets, one solar lamp and hygiene kits) as well as RTEs, and efforts are ongoing to further increase the health, nutrition and protection response, the UN continues to stress that humanitarian assistance cannot be a substitute for durable solutions. As part of this, all camp residents, including those in Al Hol or Al Roj, must have access to information relating to their future, be it release, repatriation, reintegration or otherwise.

Similar concerns persist relating to the lack of timely and predictable communication on movements in and out of Al Hol, particularly the process for Syrian IDP departures for those who have secured tribal or community elder sponsorship, as well as the options for local integration for those for whom return to areas of origin/secondary destination is not feasible and/or those who wish to remain in the camp. This issue has become particularly time-sensitive given the recent announcement that local authorities intend to 'release' all Syrian nationals from the camp, and the statement that 'those who remain...will not be the[ir] responsibility'. In July, the Al Hol Syrian population intentions survey found that 93 per cent of those surveyed wished to leave the camp in the next 12 months. Those who did not want to return indicated concern about authorities in other areas not supporting their return, the safety of their family members and/or about lack of resources should they leave Al Hol. The UN continues to emphasize that durable solutions for all residents are needed, and that any departures must be voluntary, safe, fully informed and dignified.

Following completion of a verification exercise in the camp, 921 unaccompanied and separated children (UASC) at Al Hol have been now recorded. Currently, 128 UASC live in three interim care centers at Al Hol, while 559 children have been reunified/repatriated with their families and relatives both inside and outside the camp. Efforts to reestablish family links, including through the sharing of messages between TCNs in the Annex and family members in detention and elsewhere, are also ongoing.

SECURITY

The security situation in the camp has deteriorated significantly since the beginning of August, with 16 murders recorded, 10 of which occurred during September, mainly affecting the Iraqi refugee population (who make up almost two-thirds of all victims). While Camp Administration have launched an investigation into the increase in violent incidents, anecdotal reports indicate several factors, ranging from accusations of collaboration with security forces and/or the local authorities; so-called 'honour killings'; revenge crimes and tribal disputes; as well as ISIL activity.

The worsening security situation has come at a time when security patrols during working hours have been substantially reduced, and in some locations during night hours, completely suspended, amid reports that the security forces have been targeted in several attacks. With serious concerns for the potential of further unrest and the impact on humanitarian programmes, humanitarian actors have urged Camp Administration to immediately resume security patrols and re-establish static security points inside the camp – which was confirmed on 6 October. At present, humanitarian activities have been unaffected; the UN continues to conduct an average of three missions per week and INGOs operate daily. Partners will continue to monitor the situation over the coming weeks to see if there is an improvement.

FUNDING

Despite extensive humanitarian needs, considerable funding gaps remain for Al Hol. Of the US \$53.2 million needed by the main UN agencies to sustain their response in 2020, only \$19.6 million has been received so far – just over a third of overall requirements (37 per cent) – leaving a gap of \$33.6 million. While COVID-19 preventive measures have resulted in some savings, particularly for community-based programmes, there are significant gaps in primary and secondary health care (both for mobile medical teams and referrals), vaccination and health supplies, including PPE; the maintenance of essential WASH services; reproductive

and mental health (dignity kits and pregnant and lactating women kits, as well as psychosocial support); shelter (tent installation and replacement); general food assistance; and the provision of self-learning materials.

Al Hol Funding Requirements

Agency	Funding Requirement	Funding Received	Funding Gap
UNICEF	20.345 M	9.558 M	10.787 M
WFP	11.331 M	7.365 M	3.966 M
UNHCR	10.713 M	0.648 M	10.065 M
WHO	7.905 M	0.933 M	6.972 M
UNFPA	2.932 M	1.110 M	1.822 M
Total	53.226 M	19.615 M	33.611 M



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