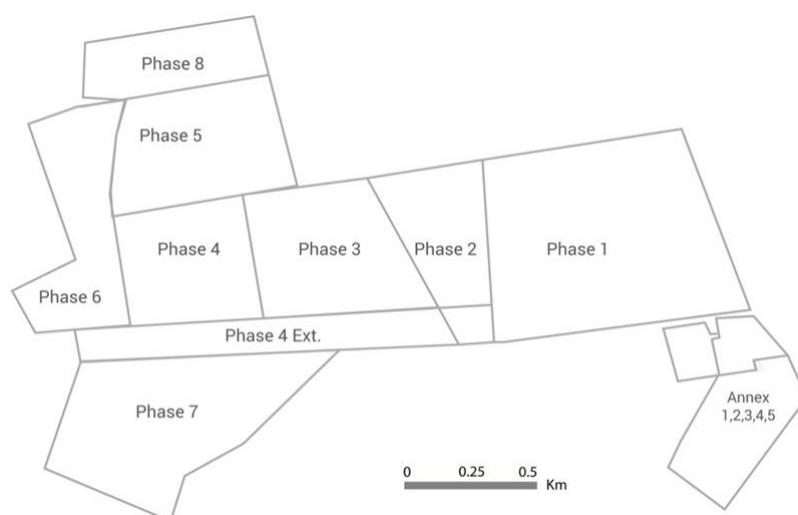


This report is produced by OCHA Syria in collaboration with humanitarian partners. It covers the period from 30 May to 1 July 2019. Situation reports on Al Hol camp are published monthly. The next report will be issued in the beginning of August 2019.

## HIGHLIGHTS

- **The camp population is at 70,097 individuals or 19,824 households, as of 26 June;** more than 90% are children and women. The decrease in numbers from 73,782 four weeks ago, is the result of updated distribution figures, a slight increase in repatriation of 3<sup>rd</sup> country nationals and the return of hundreds of internally displaced Syrians to Raqqa governorate.
- **A total of 35 humanitarian partners; UN agencies and other humanitarian organisations, are delivering a range of services and activities in the camp.** Needs remain considerable across all sectors; such as in protection, health, water, sanitation and hygiene, shelter and education. Water quantity and quality, poor hygiene conditions, inadequate feeding habits and limited health services pose challenges.
- **Past month has seen a slight increase in acute malnutrition, and a sharp increase in acute diarrhea.** However, overall emergency thresholds have not been breached and assistance efforts remain within SPHERE standards.
- **Three field hospitals are now operational in the camp,** in phases 1, 4 and 7, providing in-patient care. None of the hospitals operate at full capacity, mainly due to the absence of a blood bank, recruitment issues, licence approvals and delayed medical equipment, impacting the number and type of surgeries. A blood bank is being opened in phase 1.
- **Relocation of camp residents from phase 7 to phases 6 and 8 is ongoing,** although at a slower pace than planned. Some of the newly relocated IDPs moved their tents back to the previous location, citing lack of services in phases 6 and 8. A newly established distribution site should ease access to assistance and encourage people to relocate. With approx. 50 families relocating per day, the process is likely to take around four more weeks.
- **A number of member states have repatriated children** to their countries of origin in past weeks, while thousands still face an uncertain future.
- **According to Camp Administration, Iraqi authorities have issued a clearance for the return of more than 2,000 families from Al Hol to Iraq, out of more than 8,700 Iraqi households in the camp.** The UN has not yet been able to confirm this information with counterparts in Iraq and the timing remains unclear. A number of camp residents from Deir-ez-Zour are currently being registered so they can return to their areas of origin. No tentative date has been set for their return. The overall procedures for returns of IDPs and other camp residents remains unclear.
- **Humanitarian access to the annexes hosting some 11,000 foreign nationals, who are not Iraqi nor Syrian, has slightly improved** although it remains restricted, particularly in the evening and during night time - and continues to impact and prevent delivery of services 24/7. More approvals are being granted to humanitarian actors to access the annexes and one INGO already has a static health center in an annex.



## SITUATION OVERVIEW



As the population in Al Hol camp has stabilized, conditions have slightly improved as gaps are being addressed by humanitarian actors. With rising temperatures, however, water-borne and respiratory diseases as well as malnutrition have increased. Water, sanitation and hygiene now pose one of the biggest challenges along with persistent protection concerns.

While water quantity provided by humanitarian actors exceeds SPHERE standards and the drinking water that's being delivered is deemed safe, a number of challenges related to water have been noted. An in-depth WASH assessment is being conducted with findings to be presented in early July. Meanwhile, a robust chlorine monitoring system is being put in place. Also, preparations are ongoing for the establishment of a complete water monitoring system of all water sources; trucks, tanks, taps and jerrycans. Due to the summer heat, there has been an increase in the number of cases of acute diarrhea; the past week alone saw a 26% increase and a total number of 1,042 reported cases. The summer heat enables the infectious agent (bacteria/virus) that causes acute diarrhea to start spreading. Among suspected causes for the increase in diarrhea cases are high temperatures and development of bacteria in food consumed, inadequate water quality and water consumption from domestic water points, lack of proper handwashing practices and facilities across the camp, insufficient hygiene around latrines, presence of vectors (flies), contaminated ice from private vendors or unhygienic jerry cans. Recent lab test results showed that contamination of ice is 100 times more than the allowed level. The UN has advised camp administration to immediately stop the vendor providing ice. Two Oral Rehydration Corners will be established in coming weeks to support diarrhea management, while some 61 community cholera kits have been prepositioned in Qamishli and 150,000 chlorine tablets have been dispatched to the camp. Additional Oral Rehydration Corners will be opened. Summer assistance is ongoing, with the distribution of rechargeable fans, mosquito nets and summer clothing.

A total of 7,065 consultations were recorded in ten health facilities in the camp during week 25; a decrease of 19% compared to week 24 that saw 8,706 consultations. The leading cause of morbidity in week 25 in all age groups remained acute diarrhea (52.5%) and influenza-like illnesses (38.3%). The proportional morbidity of both is increasing. One suspected measles case was reported in week 25. An isolation area or quarantine for infectious diseases is the main gap now in the camp. Overall, despite a slight decrease in the total population, needs remain critical, particularly in terms of WASH, with a constant need to maintain and upgrade existing facilities to prevent the spread of communicable diseases and mitigate protection risks, as well as need to closely monitor water quality and develop additional water sources due to limited water availability.

Protection services are also in high demand with child protection needs being particularly severe. Education services also need to be scaled up to cater for the large number of children in the camp. The need to reduce overall tensions in the camp remains significant. The main drivers of recent tensions have been: 1) Lack of information on the whereabouts of family members (boys and men that have been separated from their families); 2) Lack of information about access to general services in the camp and 3) Lack of clarity on the process of returns. Four protection information desks have been set up in phases 4 and 7, to provide camp residents with information on available services and procedures for return. Key messages for camp population have also been developed. The Self-administration has stated that accurate info of the detainees is still not available and requires coordination with high level entities.

## FUNDING

The following summary table outlines the funding requirements of the largest UN agencies operating in Al-Hol camp.

Agency	Fund requirement	Fund Received	Fund Gap
WHO	5,000,000	1,555,527	3,444,473

WFP	7,523,000	4,421,000	3,102,000
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>40,563,800</b>	<b>16,044,460</b>	<b>24,519,340</b>

## HUMANITARIAN RESPONSE

### Protection

#### Needs

- By mid-June, at least 502 unaccompanied/separated children (UASC) had been identified, of whom 77 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 and spaces to play, 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, the need for the restitution of confiscated civil status documentation is critical. Work on sorting and matching available documents is now complete. Only an estimated 30% of the total Iraqi population of 30,706, is in possession of valid documentation, and of those only 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, but some 2,000 Iraqi households have signed up for repatriation through the Government of Iraq. While their intention is preliminary, the possession of documentation is critical for their legal safety. In general, for all displaced populations, the complexity of some of the cases in terms of family relations, determination of lineage/paternity and nationality of newborns, 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.
- The need for specialized services to address psychological distress caused by GBV as well as the need for reproductive health interventions is still present, despite the scaling up of Reproductive Health professional services. As the camp expands, focus needs to stay on the needs of women and girls; set-up of facilities, lighting and positioning of WASH facilities and selection of distribution sites. Overall, the importance of a robust intervention on the prevention of sexual abuse and exploitation remains paramount, both within humanitarian organizations as well as at inter-agency level.

# 207

Unaccompanied/separated children have been reunified to date

#### Response

- A total of 12 child protection partners 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.
- Four Protection Information desks are now in the camp and mobile teams are operating in phases 6 and 8. Complaints and requests received are mainly about detained relatives, information on return procedures and receiving permissions to leave the camp as well as access to services, especially water provision. A FAQ and a map of services have been developed to ensure uniform answers. No procedures have been put in place by authorities to inform families about their detained relatives and procedures for return remain unclear. Sectoral Communication with Communities (CwC) efforts need to be strengthened and not rely on Protection actors alone.
- Ethical principles for volunteers were developed and rolled out through a training of trainers. Efforts have been made to provide PSEA training to staff and partners. A local inter-agency coordination network was created to discuss ways to reinforce current efforts for preventive action against sexual abuse and exploitation. INGOs are planning to strengthen PSEA throughout the camp with additional sessions and a CBCM (Community based complaint mechanism). Three trainings have been conducted.

- Mobile teams and 11 CFSs, including one in the annex hosting 3<sup>rd</sup> country nationals, are operating. Preparation for two new CFS's in phase 4 and 7 is ongoing while two are planned in phases 6 and 8. Follow-up on unaccompanied and separated children remains a priority, while interim care arrangements are 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 207 unaccompanied and separated children have been reunified to date. Coordination between leading agencies and partners has improved, with a complete registration of all children in two interim care centers for pursuing tracing/re-establishment of family links.
- GBV mobile teams cover needs across the camp with awareness sessions, group and individual counselling, psychological first aid and referrals. Two Women and Girl Safe Spaces (WGSS) are in phases 3 and 4. Additional distributions of sanitary napkins and women dignity kits took place in June. GBV and Reproductive Health services are provided through mobile team in phase 3, 4, 5, 6 and 7 along with the WGSS in phase 4.
- In response to identified gaps, another GBV mainstreaming session has been organized, to be attended by WASH, Shelter/NFI, health, and food sector staff. Capacity building on GBV is also available to organizations.
- An adolescent girls space is in place, providing life skills and literacy courses for girls who are not attending school.

### Gaps & Constraints

- Some gaps and constraints previously identified are still present; e.g. lacking capacity of interim care for UASC; confiscation of personal documentation, language barriers and modalities of continuous access to the annex hosting 3<sup>rd</sup> country nationals to deliver standardized assistance across the camp.
- A continuous need to strengthen 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 professional staff, 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.
- The current security posture, with defined slots of UN personnel from Qamishli able to enter the camp on any given day, makes coordination and interaction difficult at times.
- In certain settings and with certain population profiles, addressing GBV or interacting with women and girls to raise awareness and sensitize on prevention and response has been complex due to traditional social norms. Using reproductive health as an entry point has proven to be the most effective way of overcoming barriers.
- Absence of clear policy, further internal guidance in dealing with foreign caseloads – in a manner consistent with international law - including unaccompanied children in the specific context remains a major challenge.
- Challenge of access to information, data protection and management issues.

## Health

### Needs

- Despite improved medical services and quality of health services; providing adequate health assistance to the entire camp population is still a challenge with current services overstretched. Due to the limited capacity, there is continued reliance on hospitals outside the camp to take on critical cases that need advanced care and have been referred.
- Isolation areas or quarantine for those infected with communicable diseases are needed. Discussions are ongoing.

**26%**  
Increase of acute  
diarrhea cases in the last  
two weeks of June 2019

### Response

- Past month has seen improved health services and medical responses. A total of 2 vaccination teams, 12 medical points, 5 ambulances, 18 mobile medical teams, 2 specialized leishmaniasis teams, 3 normal delivery clinics and a stabilization centre for complicated malnutrition cases, in addition to 3 field hospitals are now operating in Al Hol camp.
- Out of the camp, five hospitals take on referrals in cases of e.g. intensive care, severe malnutrition, major surgery, burns, Caesarian, neurology, pulmonary disease and mammograms.
- Some 360 suspected leishmaniasis cases had medical consultations in June of which 19 cases were confirmed and treated. Total number of leishmaniasis cases that have been treated since March 2019 is 1,155. Also in June, a total of eight suspected tuberculosis cases were reported.
- Two static health points are operational in the new phases; 6 and 8, and two more are in the pipeline.

- Malnourished children are referred to a therapeutic feeding centre in phase 1 or Al-Hayat hospital in Al-Hasakeh. A new stabilization center, treating children with SAM complications, should be operational in phase 4 by mid-July.

### Gaps and constraints

- One out of the three field hospitals in the camp performs surgeries, while the other two receive hot and cold cases; that is critical cases that need immediate care as well as less urgent ones. All three still need technical and logistical support.
- Access of ambulances and transport of emergency cases from the annexes is a major challenge.
- A total of 7,700 cases of acute diarrhea cases were reported between week 14 and 25. There is an upward trend, with children representing 54.2% of the total number of cases. This rapid increase in acute diarrhea poses a public health threat to residents and staff working in the camp. Training and hygiene promotion is ongoing, and the diarrhea management response has been strengthened.
- The absence of a blood bank is negatively impacting the number and types of surgeries performed in the field hospitals. A blood bank in phase 1 should be opened soon.

## 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 is a key barrier for a significant number of camp residents, preventing them from eating a varied diet.

**2,801,688**

Loaves of bread distributed between December 2018 and May 2019

### Response

- All camp residents are being reached through two lines of assistance; provision of Ready-to-Eat rations (RTE) that last up to five days following registration as well as provision of monthly food rations with a 30-day feeding period. Bread is provided daily.
- A 2<sup>nd</sup> distribution point has been opened in phase 5 and is fully staffed and already in use. Food delivery is now taking place at the new point, aiming for shortening the distribution period.
- Total number of bread loaves distributed between 4 December 2018 and May 31<sup>st</sup>, 2019 is 2,801,688.
- In May, 20,500 households received monthly food rations. In the same period, some 690,394kg of bread were handed out. The monthly food distribution cycle ran between 20-25 June. Rations were increased to palliate the recent suspension of cash-based assistance that resulted in many camp residents unable to purchase fresh food on the market. RTEs continue to be distributed to all camp residents to top up the general food rations as in past months.
- Current RTE stocks are at 16,915 packages. Pipeline capacity of RTE is 3,000 packages, each package expected to last a family of 5-6 for up to a week. Monthly food ration pipeline capacity for June is above 20,500 households.

### Gaps & Constraints

- 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

- The camp now has a capacity for 15,560 tent plots; 12,968 tent plots in eight phases hosting Syrians and Iraqis; and 2,592 tent plots in five annexes hosting 3<sup>rd</sup> country nationals.
- Camp administration authorized the use of phases 6 and 8 at the end of May, to which 1,556 tents have been relocated since. New tents were installed in the two phases, but residents have been reluctant to move due to lacking services and some have moved their tents during night time back to their original locations. Main reasons cited are double fences that separate people staying in old and new phases and lack of services in terms of WASH, lighting and ground preparation. Work is still ongoing in the new phases.

**14,000**

Family tents have been installed to date

- Due to the camp's rapid growth, the planning of space available for tents was in some cases unorganized and a large number of tents were randomly installed by residents. This has compromised quality standards in terms of space needed between tents, increasing the risk of fire and other hazards.

### Response

- Since December 2018, 209 big size tents, 9 rub halls and more than 14,000 family tents have been installed. All big size tents have been decommissioned, as people have moved to family tents.
- All new arrivals have received full NFIs and winterization assistance, benefitting 19,700 families since 4 December, including former residents.
- Lighting at household level is underway with 12,500 solar lamps procured, to be distributed early July. Solar lamps have been lacking since early March 2019, but by the first week of July, some 9,000 families should have received lamps.
- Summer assistance, including rechargeable fans, hemp bags, and mosquito nets started in the 3<sup>rd</sup> week of June, while summer children clothes are to be distributed in the first week of July.
- Tent distribution is ongoing in phases, 6, 7, and 8, as well as other shelter infrastructure and site preparation, including road construction, solar street lighting and surrounding fence illumination. Communal kitchens are on hold in phases 6, 7, and 8 due to lack of ownership, absence of community structure and pending discussions with the community on modality for cooking spaces. Other public facilities are planned as the population moves to phases 6 and 8.
- New distribution site in phase 5, servicing phases 4, 5, 6 and 8 is completed and already in use.
- Construction of 17 recharging stations in all phases is completed and already functional.

### Gaps & Constraints

- Camp infrastructure is still stretched.
- The delayed approval to use phases 6 and 8 has negatively impacted the shelter situation across the camp. Shelter partners are facing difficulties with the relocation of camp residents to phases 6 and 8.
- Lack of ownership of the community is negatively affecting shelter investments. Discussions with community leaders on different investment modalities are underway.



## Nutrition

### Needs

- Referral mechanisms to stabilization centers (SC) for SAM cases with complications need to be enhanced, especially for children under the age of five in the annexes.
- IYCF (Infant and young child feeding) standards need to be applied, and technical support is needed especially regarding lactation consultation. There is also a lack of spaces for mother-baby friendly spaces and breastfeeding.

**707**

Children screened for malnutrition between 23-29 June

### Response

- A total of 20,649 children under the age of five and 5,651 pregnant and lactating women are being targeted. Detection and identification of these groups is key, alongside prevention feeding programs and treating malnourished children.
- In week 26; between 23-29 June, some 707 children were screened for malnutrition; 115 MAM cases and 29 SAM case without complications were treated and followed up in the camp. A total of 4 SAM cases with complications have been admitted to the stabilization center.
- A nutrition-feeding center is now open in phase 1, with a 22 bed capacity. Another stabilization center is planned in a field hospital in phase 4 with a 10 bed capacity. Staff has been trained and the center is to receive patients by mid-July.
- Four mobile teams consisting of nutrition nurses are operational, with eight 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

- There are insufficient Mother Baby areas (MBA). Currently, there are only three in the entire camp, while the goal is to have a minimum of one in each phase and annex. The number of breastfeeding counsellors is also insufficient. As of 3 July, there are only two counsellors for all 5,000 PLW.

## Water, Sanitation and Hygiene

### Needs

- While functional status of existing sanitation facilities has improved, there is still an urgent need to rehabilitate 16% of facilities in the camp to ensure adequate access.
- A total of 21,283 family hygiene kits are needed per month for the entire camp.
- Approx. 388 latrines and 539 shower cubicles are needed in phases 3, 4, 5, 6, 7 and the annexes to reach the standard ratio of 1:20 for toilets and 1:50 ratio for showers. A number of latrines in both old and new phases of the camp need to be upgraded in terms of protection; introducing gender segregation, accessibility and privacy walls.
- Community awareness of water saving, distribution and hygiene, needs to be strengthened.

# 2,454,000

liters of water delivered  
per day  
(potable and non-potable)

### Response

- Altogether, 3,969 toilets and 1,727 showers have been installed while 120 toilets and 120 showers are under construction. Partners have started to build a 2<sup>nd</sup> round of latrine blocks in new phases, taking into account gender segregation and protection aspects. Gaps remain in several locations in old phases of the camp.
- A total of 1,700,000 liters (1,700 m<sup>3</sup>/day) of clean drinking water are provided every day in the camp through emergency water trucking and from existing water treatment plants, and 754,000 liters (754 m<sup>3</sup>/day) for domestic use; translating into at least 30 liters per person per day. In most phases, however, the actual distribution of water appears to be 15 liters per day per person, which is the 'minimum' to be provided as per the SPHERE standard. More efforts however are needed to provide more water during summer period. The quantity of domestic water per person may increase after the repair of a pumping station for phases 3 and 4. Water quality is tested regularly on critical parameters and a water safety plan is being developed.
- Solid waste collection continues as well as cleaning of WASH facilities, to maintain a hygienic environment and minimize risk of outbreaks. The responsibility of cleaning latrines is to be given to residents once all relocations are completed, while the current cleaning service needs to be improved to limit risk of germs spreading.
- Monthly hygiene kits distribution is ongoing.

### Gaps & Constraints

- While the drinking water currently being delivered in the camp is deemed safe, there are numerous possibilities of contamination before consumption. Partners have agreed to enhance follow-up of the entire transport chain, covering e.g. trucks, camp storage, and jerry cans in order to reach a minimum standard of 0.2mg/l of free residual chlorine at consumption point.
- 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 during summer months is a challenge.
- Slow movement of families to new phases and informally installed tents overloaded the sanitation facilities and resulted in damages to water tanks and latrines.
- Vector control is one of the main gaps during summer; mainly fumigation and spraying.

## Education

### Needs

- An estimated 26,000 children aged 3-17 have been out of schools for years due to conflict and displacement and are in need of education services.
- Provision of targeted education interventions including proper psychosocial support and non-formal catch up education interventions are found as necessary to bring those children back to normalcy and set clear pathways for formal future education.
- Since most of the teachers/facilitators are from within the camp and do not have much experience, they require training and follow-up sessions to ensure quality education provision.

# 26,000

School-aged children in  
Al Hol camp

### Response

- ECCD and Temporary Learning Spaces - TLS are run by two international NGOs and three local partners. Some new TLS are due to open. Setting up and running TLS in phase 6,7 and 8 is a priority as camp residents are in the process of relocating to organized tents/phases.
- Around 9,000 children aged 6-14 years are reached through non-formal education activities in TLS while 500 children are reached with ECCD interventions mainly in phases 1,3 and 4.

### Gaps & Constraints

- Some families are not willing to relocate from phases 1, 2, 3, 4 and 5 to phases 6, 7 and 8 due to lack of education services at present. Implementing partners also find it difficult to move their centres as it seems complex and costly.
- Child labour, e.g. children carrying supplies from distribution points, is seen as a major issue in the camp hence some integrated programming with Child Protection and other sectors (FSL) will be required to handle this issue better enabling those children to register and attend schools.
- The issue of finding suitable space to set up education facilities continues in the new phases.
- Excessive heat, sickness and diarrhea have caused a decrease in attendance in some TLS and ECCD centres.
- The water supply to some centres was temporarily decreased due to water shortage and unusable hand washing stations but is now back to previous levels.



## Early Recovery

### Needs

- Assessments indicate that the number of people with disabilities (PWD) among the displaced is 1,804. Most are in urgent need of specialized assistance.
- Cash-for-work opportunities are needed and support is required for home-based female artisans and producers.
- Rehabilitation of camp markets and establishment of workshops is also needed.

**1,804**  
Estimated number of  
people with disabilities in  
Al Hol camp

### Response

- There is a current focus on providing short-term employment opportunities to ensure that affected households are directly involved in their own recovery while assisting normal economic activity.
- Solid waste management through cash-for-work modality is to be carried out in phases 4, 5 and 7, creating 46 jobs removing an estimated 3,120 tons of waste, in parallel with fumigation and spraying against sand flies. A particular focus is on female-headed households.
- A four-month Mobility Aid Maintenance Workshop and provision of dignity kits to persons with severe disabilities is ongoing as well as a vocational training through community centers targeting 135 beneficiaries and a tent-maintenance workshop under a cash-for-work modality, targeting 60 beneficiaries.

### Gaps and constraints

- There is a need for livelihood opportunities in newly created camp areas. Comprehensive services for elderly people and people with disabilities across the camp are also lacking. Enabling the displaced to become self-reliant, through vocational training to support them to be productive members of society in which they reside as well as future ones.

**Background on the crisis** The military escalation in Deir-ez-Zour governorate that started in September 2018 triggered a massive internal displacement of a population that had been exposed to intense hostilities and lived in a situation of extreme deprivation. The number of people leaving Baghouz exceeded all expectations. More than 64,000 people were transported to Al Hol camp in Al-Hasakeh governorate between December 2018 and April 2019, 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 70,000 people of different nationalities, while Iraqis and Syrians constitute more than 80%. North-east Syria remains one of the most complex operating environments in Syria. The humanitarian situation is fluid, with an estimated 1.6 million people in need. Humanitarian partners currently reach approximately 600,000 people with assistance every month.

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