



This report is produced by OCHA in collaboration with humanitarian partners. It covers the period from 09 March until 26 March.

Highlights

- Over 80,000 people have fled East Ghouta since 9 March, with 50,722 people currently being hosted in eight collective shelters in Rural Damascus. The conditions in the shelters are often dire, with overcrowding and poor sanitation.
- Following a series of local agreements, leading to evacuations from Harasta and the Ein Terma/Kafr Batna/Hezzeh areas, the Duma area now constitutes the only besieged part of East Ghouta.
- Sustained hostilities in Duma have led to a further deterioration of the humanitarian situation inside the area. The UN and partners are appealing to all parties to the conflict to urgently allow for humanitarian access to the besieged population in Duma.
- The UN and partners require \$115m to respond with life-saving assistance and protection services to all those displaced to shelters in Rural Damascus as well as to individuals who have stayed in areas of East Ghouta where shifts in control have occurred. There is currently a \$74m funding gap. Additional financial support is needed to assist the people who have been evacuated to Idlib.

**80,000**

people have left East Ghouta since 9 March 2018

**50,722**

IDPs continue to live in dire conditions in over-crowded shelters

**620**

patients in critical conditions have been hospitalized following their evacuation

**\$74m**

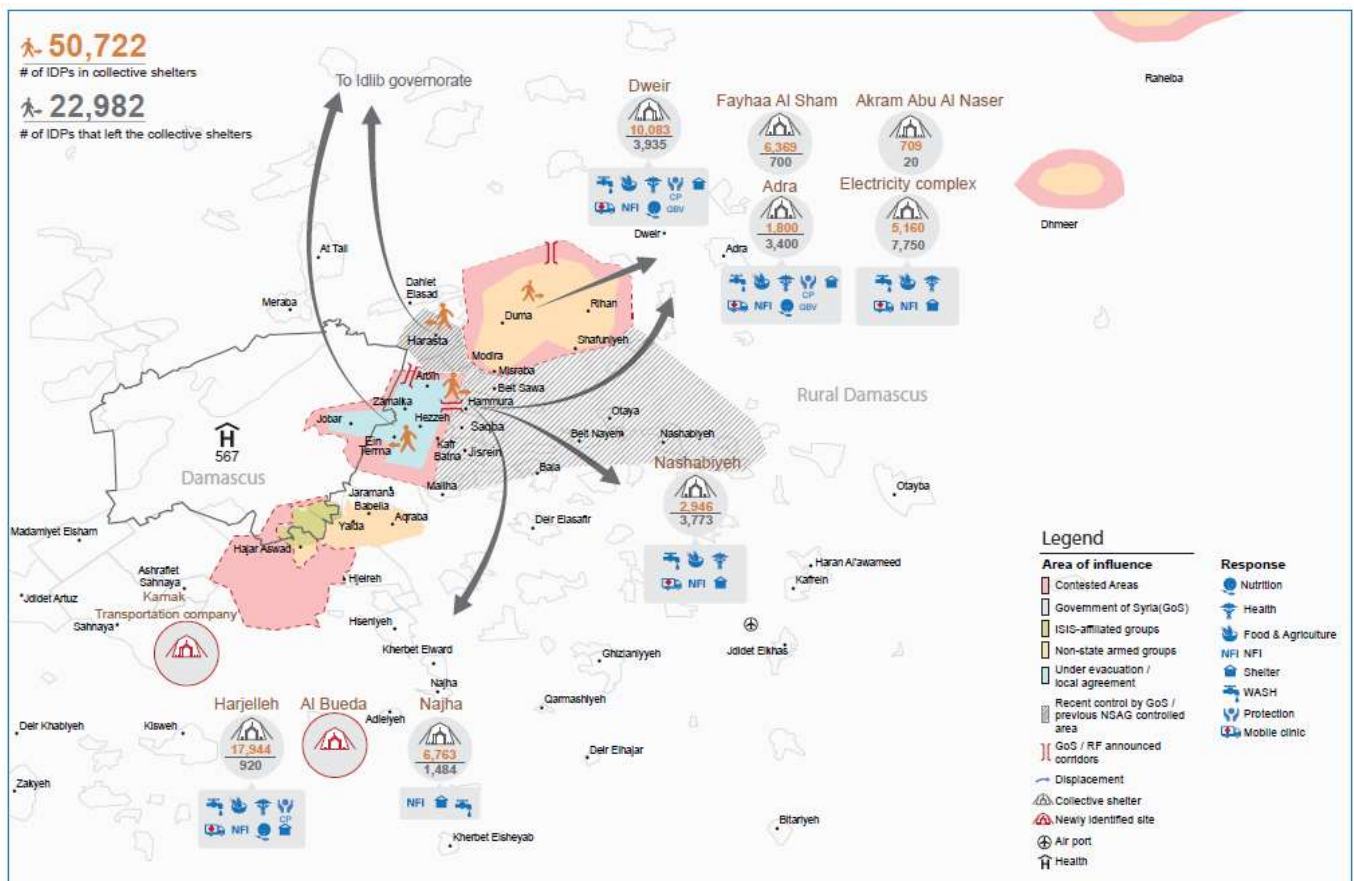
in additional funding is required to assist those affected by the East Ghouta crisis

Situational Overview

Since 09 March 2018, after years of besiegement and an intensification of hostilities over the last two months, advances by the Government of Syria (GoS) have triggered the displacement of some 80,000 individuals outside of besieged East Ghouta. The vast majority of individuals have left besieged East Ghouta through established corridors, with an estimated 13,000 individuals, mostly fighters and their families, evacuated to Idlib governorate as part of a number of local agreements. It currently remains unclear how many individuals remain inside the area of East Ghouta that have recently shifted control, although some estimates indicate 20,000-25,000.

Following the most recent local agreements for Harasta and the Ein Terma/Kafr Batna/Hezzeh areas, only the Duma area is currently besieged, affecting the lives of an estimated 70,000 – 78,000 individuals. Sustained hostilities on Duma continue to lead to high levels of civilian casualties, and a dire humanitarian situation, with civilians taking shelter in overcrowded and unsanitary basements with minimal access to basic commodities and services. This puts the vulnerable population at an increased risk of contracting communicable diseases at a time where medical supplies are hardly available. Surgical interventions for the sick and injured are reportedly carried out without anesthetics and sometimes with household knives. Services earlier available, including protection services provided by cross-border actors, are rapidly dwindling as the situation on the ground rapidly changes. Shelling on Damascus city has also continued from East Ghouta, causing numerous casualties.

The UN remains highly concerned for the protection of civilians inside the besieged Duma enclave of East Ghouta amidst the ongoing military operations and sustained artillery shelling campaigns. The last time humanitarian assistance was able to reach individuals trapped inside Duma was on 15 March 2018, when a UN/SARC/ICRC convoy delivered food assistance for 26,100 people in Duma. While this food assistance was not sufficient to reach all people in Duma, with rations shared among numerous families, there were reports of some food rations being destroyed when shelling hit a warehouse in Duma on 18 March. Further food assistance and additional multi-sectoral assistance, such as health, WASH and nutritional supplies, need to be allowed into the enclave as a matter of utmost priority. The UN continues to advocate with the concerned parties to the conflict for immediate and unimpeded access to the besieged area of East Ghouta.



Collectively, over 80,000 individuals left formerly besieged areas of East Ghouta as areas of control shifted. Most are being hosted in eight collective shelters across Rural Damascus, which include schools, warehouses and other buildings. IDPs have to proceed to collective shelters and are not permitted to leave, until they have undergone a screening process and are able to prove a sponsor. To date, 22,982 individuals have received official permission to leave and settle with relatives elsewhere, while 50,722 vulnerable IDPs continue to be hosted at the shelters. The sponsorship system for IDPs is not fully clear and is unevenly applied to all sites; it seems to have mainly facilitated the exit of women, girls, boys under 15 and men above 55. The UN remains concerned with the current system and the lack of due process (e.g. a prioritization of vulnerable cases, gender-sensitive procedures, communication to families in cases of arrests/ detention). A clear system for the release of IDPs from collective shelters is needed to rapidly facilitate the free movement of IDPs, especially for those that would prefer to leave the sites and pursue alternative hosting options.

Despite extraordinary efforts by SARC teams, many of the buildings used as shelters are unprepared for this purpose, as they are structurally unsound, lack the capacity to host such large numbers of people and/or lack sufficient water and sanitation facilities. As a result, the shelters are dramatically overcrowded, lack basic services and facilities, do not offer privacy and are insufficiently lit, resulting in protection risks, especially for women and children, and other people with specific needs. The lack of advance notice meant thousands of IDPs would arrive at the site with either limited or no time to carry out needed rehabilitation work.

Since 22 March, several evacuations were carried out for some 13,000 fighters, their families and others from Arbin and Harasta who opted to be evacuated towards Idlib governorate. The situation in Idlib governorate is of concern, with evacuees housed in overcrowded collective shelters. An immediate inter-cluster response was activated, and the limited shelter capacity is an urgent gap. There are already almost one million IDPs living in the governorate and additional resources are urgently needed for the provision of shelter to the new arrivals.

While some of the evacuees are able to make their own shelter arrangements through family members and acquaintances, many rely on the NGO-run reception centers as their initial place of residence before exploring other options. According to the Camp Coordination and Camp Management (CCCM) Cluster, the Mezanaz reception center is currently hosting 3,669 people, which is well above its estimated capacity of 2,000 people. The same applies to the reception center in Maaret Elekhwaneh town, which has a capacity of 1,600 people but is currently hosting 2,133 people. Despite the large numbers, humanitarian

organizations are providing multi-sectoral assistance to the IDPs at the reception centers, with no gaps reported by the CCCM Cluster.

As both reception centers are currently over capacity, humanitarian organizations have started identifying alternative options such as public buildings across north-western Syria.

The UN is not party to any of the evacuation agreements and is not involved in the organisation of evacuations. As more people are expected to leave East Ghouta in the coming days, the UN reiterates that mass evacuations of civilians have to remain a last resort, as mandated by international humanitarian law. The UN emphasizes that in the case of evacuations, guarantees that ensure the safe and voluntary exit of civilians need to be put in place, including the freedom of movement of IDPs and their ability to return to their homes, if desired. Standards for evacuation have been provided to parties to support protection-sensitive processes.

Humanitarian Response to the East Ghouta Crisis

The situation on the ground remains very fluid, and the needs of the affected population are evolving as the context unfolds. Humanitarian access to the estimated 70,000 -78,000 individuals who remain in Duma remains severely curtailed, despite the staggering needs for assistance and sustained advocacy efforts. The UN last reached Duma on 15 March, with food rations for 26,100 people, while other urgently needed humanitarian assistance could not be brought in. The UN stands ready and is advocating to deliver humanitarian assistance to the individuals still inside besieged East Ghouta, as well as to those who are in areas that have seen shifts in control.

With regards to the 50,722 individuals currently residing inside the collective shelters outside East Ghouta, the UN, in cooperation with SARC, which has a leading role, NGOs and other humanitarian partners, continues to provide life-saving, multi-sectoral assistance. The UN urgently recommends a rapid household registration to take place in each of the IDP sites for protection and humanitarian planning purposes. The below section provides an overview of the sectoral interventions in the collective shelters since the onset of the East Ghouta displacement.



Shelter and NFIs

Needs:

- The collective shelters in the Rural Damascus area remain overcrowded, and many of the buildings currently used as living spaces are not suitable to provide adequate shelter and protection to the affected population.
- There are critical Non Food Items (NFIs) and shelter gaps for people arriving to Idleb.



222,000+

Non-food items
distributed to internally
displaced people

Response:

- More than 222,000 various NFIs have been distributed to the affected population in the shelters.
- Displaced families affected by the East Ghouta emergency received one full family kit plus family clothing kit and one children's clothing kits. A standard family kit includes blankets (5), mattresses/ sleeping mats (3), kitchen sets (1), plastic sheeting (1), jerry cans (2) and a solar lamp (1).
- More than 650 shelter kits have been installed in various locations to construct additional rooms in the facilities. Light rehabilitation of shelter buildings was conducted in the various IDP sites. This includes repairs of doors, windows, electrical connections, and partitioning.
- Moreover, site plan has been developed for the new shelter site "Karnak Transportation Company" after detailed technical assessments.
- In Idleb, additional public spaces are being identified to house evacuees.

Gaps & Constraints:

- The collective shelters need to be decongested and all require urgent infrastructural upkeep.
- Urgent and sustainable housing solutions for people in Idleb are needed.



Water, Sanitation and Hygiene

Needs:

- The shelters lack the systematic planning provisions of IDP sites which has made it almost impossible to install and facilitate the delivery of critical basic WASH services. These services should include the provision of safe drinking water, storage of water for drinking and sanitation/domestic services, latrines and showers, solid waste collection and disposal. Most of the sites are over-crowded, surpassing basic sphere/shelter standards with regards to people per WASH facility-ratio, leading to IDPs defecating in open spaces. This in turn caused a further deterioration of personal and collective hygiene standards.



31,570

WASH items have been distributed to IDPs

Response:

- To date, the WASH sector was able to reach all eight sites and installed and/or repaired WASH facilities. In addition, solid waste management work has been resumed through a mobilization of IDPs and through emergency contracting of private sector actors for a short duration.
- Water trucking services are being provided to most shelters for drinking and domestic sanitation/hygiene purposes, with over 2,100 m³ daily. Additionally, some 81,280 water bottles have been supplied to the shelters.
- Since the onset of the response, the WASH sector has distributed 31,570 various WASH items to IDPs in the collective shelters, and 42 large-capacity water tanks have been installed on the collective shelter premises.
- In Idleb, partners have provided bottled water, and provided hygiene and sanitation support to people arriving at point zero. Further WASH support is also being provided to people in the formal settlement sites in the governorate.

Gaps & Constraints:

- Further WASH support is urgently needed, particularly with regards to the maintenance of latrines and showers, distribution of hygiene supplies and hygiene promotion, and the expansion of solid waste management in all sites.



Food Security

Needs:

- The Food and Agriculture Sector strategy considers all incoming IDPs as individuals facing acute food insecurity and as being in need of immediate food assistance.
- IDPs in shelters lack access to cooking facilities and are therefore being assisted with ready-to-eat food rations, cooked meals and bread packs.



27,000

Ready-to-eat rations and canned food parcels and 11,700 bread packs distributed (daily)

Response:

- The sector response aims to reach the displaced within 72 hours of the onset of a crisis to cover a minimum of one to four weeks of their immediate food needs. 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 in shelters is as follows: 20,000 ready-to-eat food rations and 7,000 canned food parcels, 114,000 litres of milk, 11,700 bread packs daily, which is being scaled up to 25,000 bread bundles daily in the next couple of days, and hot meals through the three kitchens:
 - The kitchen in Dumair is catering for the IDPs in the Adra area: 1,700 bulk food rations were delivered which are adequate to provide hot meals to 8,500 persons per day.

- The kitchen in Hafeer is catering for the IDPs in the Al Dweir Camp: 700 bulk food rations were delivered which are adequate to provide hot meals to 3,500 persons per day.
- The Herjalleh kitchen is catering for the IDPs in Herjalleh: 700 bulk food rations were delivered which are adequate to provide hot meals to 3,500 persons per day.
- Outside the shelters (inside East Ghouta and crossing points) recent deliveries include 10,720 food parcels to Duma, 3,300 bread packs per day to Saqba, Hamuriyeh and other areas, 5,000 food rations for Kafr Batna, Hamuriya and Saqba, and 24mt of date bars at the crossing point.
- Additionally, cooked food and ready-to-eat food rations, have been provided as part of the ongoing food support for evacuees arriving to Idleb.

Gaps & Constraints:

- The sector is closely coordinating with three partners for setting up two additional communal kitchens.
- The major challenge is site management which negatively affects the distribution process of the assistance at the shelter level. Hence, it is challenging to ascertain how many people have benefited from the food assistance, receiving what ration size or with what frequency.
- Sustained capacity to provide cooked food, ready-to-eat food rations, and ongoing food support for people in Idleb affected by this crisis.



Needs:

- Expedite the exit of IDPs from the sites for decongestion and for IDPs to resort to alternative housing arrangements, including with family members.
- Support resilience and access for IDPs to a multiplicity of protection services already in place in Damascus /Rural Damascus (Community Centers/ Women and Girls Safe Spaces, child protection facilities).
- Obtain clarity on the sponsorship system, reportedly introduced for women and children (limited to boys under 15 years of age) and elderly above 55 years of age.
- Maintain the civilian character of the sites, limit the presence of military personnel outside the sites (at a minimum)
- Ensure that security screening procedures prioritize vulnerable cases, include gender-sensitive procedures, and, communication to families in case of arrests/ detention, etc.
- Introduce gender-sensitive measures at the IDP sites and distribution sites, particularly as a way to deter incidents of gender-based violence, and in general mainstream GBV risk mitigation across sectors.
- Reinforce the coordination amongst protection actors to avoid duplication of services or gaps.
- Reinforce mobile teams and the possible establishment of Protection Units in each shelter, possibly with cooperation across partners, to support the provision of a variety of services.
- Support the provision of civil status documentation to facilitate freedom of movement, including after exit from the sites.

Response:

- UN agency protection teams are on the ground on a daily basis to identify protection needs, organize referrals and to inform evidence-based advocacy. Teams are daily present in all shelters and are able to support rapid interventions.
- In several camps, legal aid support on civil status documentation is provided to IDPs through protection sector partners. Some 7,800 individual counselings have been provided by specialized national legal partners.
- Several child protection teams and GBV teams are on the ground, conducting protection screening and services, registering and where possible, referring separated and unaccompanied children, and distributing dignity kits.

- On 24 March, sector partners have set up five tents in three sites that will serve as child friendly spaces and information desks.
- Protection Sector-leading agencies have offered technical support to SARC to assist with standardizing and finalizing the rapid registration, along with an offer of technical support for the operationalization of the process.
- Integrated GBV/Reproductive Health/Pscho-Social Support mobile teams are offering services in the shelters with some limitation due lack of privacy.
- GBV risk mitigation measures are taken through involvement of sectors lead on GBV mainstreaming across sectors (checklist, orientation on GBV risk reduction with sector partners, etc).
- Coordination and mapping of actors in the sites is being reinforced.

Gaps & Constraints:

- The lack of a rapid registration system and the lack of technical and resource capacity to implement uniform rapid registration across the sites for general humanitarian/ assistance intervention but also for initial detection of cases with specific needs will require further follow-up.
- A general lack of respect for the standard of humanitarian evacuation, the civilian character of the sites, challenges in the process of security screening (duration, fast-tracking of persons with specific needs and gender-sensitive measures).
- A lack of clarity regarding the sponsorship system and a lack of information for IDPs on the process to leave the sites.
- Inadequate space to ensure dignified conditions, privacy, and confidentiality, including for proper consultation with IDPs to detect needs, and particularly for the provision of certain services, such as GBV services.
- Due to the overcrowding and the continuous arrival of IDPs, the redirection of protection staffing to other assistance-related tasks leaves specialized services unattended.



Health

Needs:

- Acute shortages of health care staff and functioning health care facilities mean that people with life-threatening illnesses or injuries may not receive life-saving care.
- Unsafe water and poor hygiene practices among displaced people in shelters increase the risk of water- and food-borne diseases.
- Unvaccinated children are at high risk of contracting life-threatening diseases such as measles and polio.
- Increasing incidence of communicable diseases such as acute diarrhea, upper tract respiratory infections, lice and scabies, digestive disorders (vomiting, gastric spasms) among children. Suspected cases of viral hepatitis have been reported.
- Sub-optimal referral services for seriously ill or wounded patients who require further hospitalization. (Even when referral services are working well, access issues may prevent the transfer of patients to hospitals in some areas).
- Inadequate antenatal care services for pregnant women, and lack of contraceptives (IUDs, oral contraceptives, injectable, male condoms).
- Lack of mental health and psycho-social support services for both children and adults.
- A number of people arriving to Idleb on buses had medical issues. These people required urgent and immediate medical care by health care providers on arrival.



54

Mobile medical teams are providing medical services to the internally displaced

Response:

- Key shelters (Adra, Nashabiyeh, Herjalleh, Dweir, Najha, Fayhaa Al Sham) are covered by health sector partners, including national authorities, SARC, UN agencies and national and international NGOs. Twelve health care centres/teams/units are conducting disease surveillance. Active daily screening of patients is in place. DoH mobile medical teams are vaccinating children. SARC and the DOH have mobilized all available ambulances.
- The following health resources have been deployed: two emergency health points, ten mobile health units, 54 mobile medical teams, two PHC centres, one dressing room, three stabilization centres, ambulances. More health resources are needed. WHO is monitoring the hospitalization of patients. As of 25 March 2018, 620 patients have been referred to nine public hospitals.
- Medicines and supplies have been donated to SARC and MoH to be used in the shelters. Health Agencies are pre-positioning health supplies to be included in inter-agency convoys to the parts of East Ghouta that remain besieged.
- Teams of community psycho-social support workers are on the ground.
- In Idleb, medical teams are meeting the evacuees as they arrive, when prior notice is being received that patients are moving. Health services in response to needs of the people moving to Idleb are being provided, including vaccinations.

Gaps & Constraints:


- Improve access to basic and advanced health care services; revitalize public health care facilities.
- Deploy mobile medical teams/clinics; train health care workers; provide routine vaccination for children.
- Donate medicines, equipment and supplies to support diagnostic and treatment services in health care facilities and mobile teams/clinics.
- Improve the emergency referral system in public health care facilities, and strengthen preparedness and response levels to improve the management of trauma and other patients.



Nutrition

Needs:

- Following years of besiegement, extreme food shortages and limited health services, the nutritional status of the IDP population from East Ghouta particularly children under five years of age and pregnant lactating mothers is poor and requires urgent and comprehensive response.
- Cases of acute and chronic malnutrition among children were identified in shelters in rural Damascus and amongst IDPs from Idleb.


50,000+
 Nutritional items
 have been distributed o IDP
 camps and crossing points

Response:

- Sector partners screened approximately 2,000 children under five years of age and 211 pregnant lactating mothers (PLW) in three shelters (Harjelleh, Adra and Dweir) from 15 till 22 March 2018. Of these, 300 children (290 MAM & 10 SAM) and 15 PLW were diagnosed with acute malnutrition and are now receiving nutrition support.
- Sector partners are providing life-saving nutrition interventions in all IDP shelters and at exit/crossing points, covering 50,000 individuals, including children under five years of age and pregnant lactating mothers.
- Sector partners deployed 17 mobile medical teams to provide preventative nutrition supplies to women and children and curative nutrition services. They are also providing treatment for moderate acute malnutrition amongst children under five and pregnant lactating mothers.
- Three nutrition inpatient facilities were equipped, two in Damascus and one in Rural Damascus to admit and treat cases of severe acute malnutrition with complications that need hospitalization. So far, seven children with severe acute malnutrition and medical complications were referred to these hospitals and received inpatient treatment.
- SARC with the support of sector partners is providing life-saving nutrition supplies to women and children at crossing points where first contact with IDPs is made.

- As the nutritional needs of IDP children and women in the shelters and inside East Ghouta is immense, the sector is in the process to expand the response in establishing more nutrition treatment centers as well as establishing community promotion/outreach teams to support the promotion of breastfeeding and complementary feeding practices.

Gaps & Constraints:

- Inadequate quantities of Plumpy Sup to be delivered to teams that are operating in shelters.
- Registration and referrals of SAM cases with complications is experiencing some constraints. Additional support is required in all newly established shelters.
- Protection, promotion and support for infant feeding practices including exclusive breastfeeding and complementary feeding remain a challenge and needs to be prioritized and scaled up.



Education

Needs:

- All school-aged children in/from East Ghouta have had their education affected due to the crisis for the past seven years. Inside East Ghouta, schools that were partially functional were shut down for the past three to four months. When education was provided, children were not receiving a structured and well-organized education. Families were taking refuge in basements of buildings, and space was rarely found to provide learning opportunities to children.
- From an initial rapid assessment in some shelter sites, discussions with school-aged children and their parents revealed that many do not know how to read or write, and those who missed out many years of schooling have lost learned skills.
- Children need immediate integration in education in emergencies interventions before they can sit in an organized and disciplined education, interventions that include psycho-social support are the most needed.



600

School-aged children have received Education in Emergencies interventions

Response:

- An initial assessment was conducted on school-aged children by the MOE- Damascus Directorate of Education on 20 March. Around 13,000 children were assessed in five shelters (Dweir, Adra schools and Electricity Compound, Herjalleh and Nashabiyeh). This assessment is guiding the sector members' partners in their response plan.
- The Education Sector members are finalizing their response commitment and readiness to start Education in Emergencies activities in temporary learning spaces. The response includes a mid-term commitment to rehabilitate schools with the minimal standards required to make education accessible and functional in areas to be defined jointly with and as guided by the Ministry of Education.
- One sector member has started Education in Emergency activities in one of the Adra schools since 21 March. Activities are reaching 600 children and are being expanded gradually and systematically to reach additional school-aged children.

Gaps & Constraints:

- Lack of space to set up temporary learning in IDP sites.
- Financial resources of sector members to respond, given that the MoE is fully on board to facilitate access.
- Difficulties in the reintegration of thousands of children into the GoS official schools, especially those who have 9th or 12th non-accredited exams certificate.



Early Recovery

Response:

- Some 170 IDPs have been gainfully employed to engage in waste management works in the shelters, supporting a cleaner and healthier living environment while also extending a life-line to the employed workers.

**170**

IDPs employed to support waste management in the collective shelters



Logistics Cluster

Response:

- Through the logistics cluster free-to-user transport is made available to requesting humanitarian organisations for the delivery of assistance to the shelters. Between 16 and 26 March, a total of 681 m³ of multi-sectoral assistance has been delivered to the Adra, Dweir and Herjalleh shelters. A 320 m² mobile storage unit was installed in Herjalleh to provide storage space for humanitarian commodities.

**681m³**

of multi-sectoral assistance has been delivered to the Adra, Dweir and Herjalleh shelters

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