



This report covers the period from 26 March – 2 April. Please note that this SitRep refers to the response to the East Ghouta crisis in rural Damascus. A separate report regarding the response to the Ghouta evacuees in the northern governorates is being issued by the OCHA Turkey office.

Highlights



133,000

IDPs have left East Ghouta since 9 March, either to IDP sites in rural Damascus or to Idlib and Aleppo governorates



7.9%

of all children screened in the IDP sites were diagnosed with some form of acute malnutrition



+451,000

non-food items were provided to internally displaced people in the sites



\$74m

needed to continue assisting those affected by the East Ghouta crisis in rural Damascus¹

- Since 9 March, nearly 133,000 IDPs have left the besieged enclave of East Ghouta, either through established corridors to the IDP sites in Rural Damascus or through evacuation agreements to Idlib and Aleppo governorates.
- Over 39,000 people have left the IDP sites through a sponsorship system; however, many sites remain overcrowded, hosting IDPs well beyond their capacity. The UN and other humanitarian partners continue to provide support to people at the eight IDP sites with multi-sectoral assistance.
- There continue to be severe humanitarian needs in the besieged area of East Ghouta and in areas that have recently shifted control. Some assistance is being provided to the population remaining in newly accessible areas while there has been no access to the besieged area of Duma since the last inter-agency convoy reached the area on 15 March 2018.
- The UN and partners continue to face a \$74m funding gap to respond with life-saving assistance and protection services to those affected by the East Ghouta crisis, including people at IDP sites in Rural Damascus and to those who remained in East Ghouta. This figure does not include the funds needed to support the IDPs who were displaced to northern Syria.

Situational Overview

The number of IDPs who have left East Ghouta since 9 March has reached nearly 133,000 IDPs. This includes a total of 83,564 people² who left East Ghouta towards IDP sites in Rural Damascus. According to the authorities, some 47 per cent of them (39,295 individuals) have since been screened and through a sponsorship system were able to leave the sites and are staying with relatives or acquaintances elsewhere. Some 44,308 individuals remain inside the IDP sites, in facilities that only have the capacity to accommodate 25,855 people. In addition, some 49,414 individuals, including mostly civilians and some fighters, have left East Ghouta towards northern governorates in negotiated evacuations.

Additional negotiations are ongoing between the parties to the conflict in Duma, with some evacuations reportedly having taken place in the past few days. Estimates of people remaining in the besieged area vary between 78,000 and 150,000 individuals. The area was last reached by the UN on 15 March 2018, when a UN/SARC/ICRC convoy delivered food assistance for 26,100 people. The UN and its partners continue to advocate and negotiate for access to the besieged population of Duma, where the humanitarian situation is severe. No humanitarian supplies are able to reach the area and access to basic services is minimal. Food commodities are in extremely short supply, noting that some of the delivered food commodities on 15 March were reportedly destroyed on 18 March, when shelling hit a warehouse in Duma.

The UN and its partners, through SARC, are providing food, WASH, nutrition, protection services and health support to those remaining inside areas of East Ghouta that have recently shifted control, such as Kafr Batna, Saqba and Hammouriya. The estimated 50,000 individuals in these areas are in need of basic assistance, services and protection, which are minimal after years of conflict and besiegement.

¹ This funding gap exclusively highlights the funding requirements for the response to the people being hosted in IDP sites in rural Damascus and those who have remained inside East Ghouta. Further financial assistance is urgently required to assist those who were evacuated to Idlib and Aleppo governorates.

² Numbers as provided by MOLA on 3 April.

Humanitarian Needs and Response



Shelter and NFIs

Needs:

- Except for Fayhaa Alsham, all IDP sites remain overcrowded with an average occupancy rate of over 200 per cent. Even after the completion of all ongoing/planned works, including the establishment of Karnak Transportation Company and Herjaleh sites, the IDP sites will remain overcrowded. Hence there is a need to identify additional IDP sites to ensure adequate living spaces for all IDPs. IDP sites need to be repaired/partitioned which are being carried out by seven sector partners.
- As per assessed needs, 85,352 individuals are in need of different NFIs.



+451,000

Non-food items distributed to internally displaced people

Response:

- More than 1,000 shelter kits have been used to construct emergency shelters and to install partitions, doors and windows. Light rehabilitation of IDP sites has been carried out and four sheds have been constructed in Herjalleh. One rub hall has been installed in Adra School.
- A site survey has been completed for the Karnak Transportation Company site and site clearance works are underway. An initial assessment of the new Herjalleh sites has also been conducted.
- So far, 451,883 various non-food items have been distributed to the affected population in the ADRA IDP sites (schools + electricity), Al-Bardeh, Dweir, Herjalleh, Najha, Nashabiyeh and Sehnaya SARC WH/ Yadouda IDP site.

Gaps & Constraints:

- The IDP sites need to be decongested. The overall capacity of all collective IDP sites, including the Herjalleh sites and the Karnak Transportation Company site, is 25,855 individuals whereas currently 44,308 IDPs are living in eight sites. Hence there is a gap in terms of available shelter spaces and there is need to identify additional sites to accommodate 18,453 individuals.
- The registration of the individuals is the most highlighted gap so far, and the lack of registering the beneficiaries has caused duplication of required assistance.
- Lack of storage space of warehouses on site.



Water, Sanitation and Hygiene

Needs:

- Given the dynamic movement (in and out) of IDPs in various IDP sites and the poor arrangement of sites, the WASH sector has not been able to systematically address all WASH needs on the ground nor to meet the SPHERE standard at all sites.
- The upgrading sewer lines and their connection with septic tanks, the deluding of septic tanks, hygiene supply distribution, solid waste management, hygiene promotion and vector control measures in all IDPs sites with pesticides are critical needs to be addressed in consultation with government counterparts, sector partners and health sector.



940

Toilets were installed, upgraded or repaired in the IDP sites

Response:

- Access to safe drinking water is being provided through water trucking support as well as through connecting existing water supply networks and repairs of pumps in all IDP sites. The WASH sector partners installed the required number of water storage tanks and pumps to meet the immediate water supply needs in these sites. Initial testing/monitoring in three sites confirmed that water is safe for drinking purposes and other domestic use.
- To date, the WASH sector has been able to repair, upgrade and install over 940 toilets and 410 bathing showers in all eight IDP sites. Other partners are assessing and installing new latrines, improving the sewer lines, manholes and

conduct other repair works in consultation with SARC and the concerned government authorities, taking into consideration available spaces and critically of needs.

- All WASH sector partners supported the emergency solid waste collection in all sites prior to an intervention in four IDP sites in which workers have been hired to carry out this task. In the four remaining sites, the emergency collection of solid waste is being conducted with limited support from WASH partners.
- A sector partner has distributed over 8,000 sets of hygiene kits, over 248,500 bottles water, 2,200 cleaning kits, 28,900 diapers and 6,600 lady sanitary napkins. Other partners are also complementing but no detailed numbers are currently available.
- The WASH sector in collaboration with the GBV sub-sector and other partners finalized the WASH-GBV checklist and completed an orientation of 14 SARC- WASH Coordinators.

Gaps & Constraints:

- Further WASH support is urgently needed, particularly with regards to the maintenance of sewer lines, the desludging of facilities, the connection of water supply from existing water networks, solid waste management in the four remaining sites not currently covered, vector control, hygiene kit distribution and timely replenishment and monitoring of communicable disease reporting in health facilities.

Food Security

Needs:

- The Food and Agriculture Sector strategy considers all incoming IDPs as individuals to face acute food insecurity and as being in need of immediate food assistance and quick impact and life-saving livelihood assistance.
- Notably, IDPs in the sites lack access to cooking facilities and are therefore being assisted with ready-to-eat food rations, cooked meals and bread packs. The delivery of regular food rations will be considered whenever the population of concern has access to cooking facilities. In addition, quick impact livelihood assistance will be considered whenever it becomes feasible.

 **27,500**
Ready-to-eat food rations provided to IDPs

Response:

- The sector response aims to reach the displaced population within 72 hours of the onset of a crisis by covering 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. Quick impact livelihood assistance will be considered to protect IDPs and host community livelihood within 3-6months.
- The immediate response that has been provided by the sector and other humanitarian partners to the IDPs in the sites is as follows: 27,500 ready-to-eat food rations and 7,000 canned food parcels, 90,000 litres of milk, 11,700 bread packs daily, with plans for a scale up to 25,000 bread bundles daily, and hot meals through the three kitchens:
 - The kitchen in Dumair is catering to the IDPs in the Adra area: 2,200 bulk food rations were delivered which are adequate to provide hot meals to 12,000 persons per day.
 - The kitchen in Hafeer is catering to the IDPs in the Al Dweir Camp: 1,000 bulk food rations were delivered which are adequate to provide hot meals to 5,000 persons per day.
 - The Herjalleh kitchen is catering to the IDPs in Herjalleh: 1,100 bulk food rations were delivered which are adequate to provide hot meals to 5,500 persons per day
 - Other locations are covered through above kitchens on an ad-hoc basis.
- Deliveries outside the IDP sites, meaning inside East Ghouta, at the crossing points and inside Rural Damascus, include: 20,720 food parcels to Duma, Ain Tarma, Kafr Batna, Hamouriya and Saqba; 3,300 bread packs/day to Saqba, Hamouriya and other areas; 3,000 canned food parcels and 3,000 bread packs/day to Harasta and 36mt of date bars at the crossing point.

Gaps & Constraints:

- The sector is closely coordinating with three partners to set up two additional communal kitchens.

- The major challenge remains site management which negatively affects the distribution process of the assistance at the IDP sites level. Hence, it is challenging to ascertain how many people have benefited from the food assistance, receiving what ration size with what frequency.
- There is need for further assessments to inform the humanitarian needs of persons who remain inside the enclave.



Needs:

- Despite the decongestion in some of the sites, protection risks stemming from overcrowding, lack of privacy and family separation remain prevalent. There is an urgent need to increase the number of tents in certain sites avoiding the exposure of IDPs in open space; a huge need for clothing for IDPs of all age; needs for dignity items for women and children (e.g. dignity kits, sanitary napkins and diapers); and needs for mobility devices given the high number of persons with physical disabilities.
- There is a continuous need to expedite the exit of IDPs from the sites for decongestion and for the possibility for IDPs to resort to alternative housing arrangements, including with family members. The displaced population should be able to access the multiplicity of protection services in Damascus/Rural Damascus already in place (Community Centers/ Women and Girls Safe Spaces, Child protection Facilities);
- In the context of the security screening, there is a need to prioritize vulnerable cases, include gender sensitive procedures, ensure communication to families in case of arrests/ detention, etc.
- While freedom of movement should be upheld as a principle, clarity on the sponsorship system and a harmonization of the process remain a critical need, as various systems seem to be in place in different sites. The site population needs to be properly informed on the options, and also the age limit for older persons to be eligible (currently 60-65) should be lowered. In addition, family reunification after involuntary separation across the sites and the processes to obtain civil status documentation need to be facilitated by the sites' administration.
- Advocacy is needed on maintaining the civilian character of the sites. There is a need to deploy female personnel, who are only occasionally reported in one collective site.
- Reinforce mobile teams in the sites and coordinated Protection Units in each IDP site.


+28,000
 individual
 counselling and facilitation
 interventions on civil
 documentations provided and
62,000 GBV services provided

Response:

- According to available information, there are currently at least seven NGOs with protection expertise operating in the sites, aside the three major UN protection agencies and SARC. Coordination and mapping of actors in the sites is being reinforced.
- UN Protection agencies teams are on the ground on a daily basis together with volunteers of national NGOs to identify protection needs, facilitate communication with the families, organize referrals and to inform evidence-based advocacy. Protection Sector-leading agencies continue to offer technical support to assist designated institutions in setting up a system of rapid registration.
- In several camps, legal aid support on civil status documentation is provided to IDPs by teams of lawyers of a national specialized partner. More than 28,000 individual counseling and facilitation interventions have so far been provided to individuals arriving to and departing from the sites.
- To reinforce GBV mainstreaming and mitigating GBV risks, the GBV Sub-sector involved sector coordinators and partners in dedicated sensitization sessions where they were provided with orientation on GBV risk reduction and checklists were disseminated. So far, representatives of the Food and Agriculture Sector and the Wash have been sensitized in two dedicated sessions and follow-up will be ensured.
- Since the beginning of the crisis, an emergency GBV response has been implemented in the various sites by different national partners, largely through integrated RH/ GBV mobile teams. More than 62,000 interventions have so far been conducted in several sites, as well as in newly accessible communities within East Ghouta hosting IDPs such as Saqba, Hamouriya and Kafr Batna. In addition, partners have ensured the distribution of over 5,539 Dignity kits and 37,040 sanitary napkins in Dweir, Najha, Adra, Harjalleh.
- The child protection response is currently carried out through the following interventions.

- (i) **Establishment of Information desk** managed by two volunteers to provide information related to services for children/women; register missing, unaccompanied and separated children as well as other children in need of protection services (severe medical/psychosocial; survivor of violence etc). 13 tents have been provided for the information desk and Child Friendly Spaces. A SARC team, supported by three sector partners, has established information desks in five IDP sites.
- (ii) **Mobile teams** composed by two staff are working in eight IDP sites, mobilizing 51 SARC staffs/volunteers. Mobile teams are visiting families/children, registering children protection needs and providing information to prevent separation of children and exposure of children to further protection risks by raising awareness on CP risks. In 4 IDP sites (ADRA electricity, ADRA school, Harjelleh, Dweir), mobile teams also distributed ID bracelets for children under 10 years as measure to prevent separation of children from their families within the sites.
- (iii) **Psycho-social support through Child Friendly spaces (CFS):** Tents and supplies have been provided for the CFSs. Currently three CFSs have been established in ADRA electricity, ADRA school and Dweir, where SARC workers and volunteers are organizing recreational activities for displaced children. Tents have been delivered to the Harjelleh and Nashabiya sites, where CFSs are expected to be established shortly.
- (iv) **Case management, including identification and support to separated and unaccompanied children:** 9 case managers has been assigned to cover all the IDP sites.

Gaps & Constraints:

- Lack of clarity of the registration system for the IDPs in sites could lead to creating parallel systems unnecessarily exposing IDPs to multiple processes. Technical and resource capacity continues to be needed to implement a uniform rapid registration process across the sites for general humanitarian/ assistance intervention but also for the initial detection of cases with specific needs to be further followed up.
- Lack of clarity around the sponsorship system, exit criteria and family reunifications system across the sites
- Challenges in the civilian character of the sites and in the process of security screening (duration, fast-tracking of persons with specific needs and gender sensitive measures).
- Inadequate space for ensuring dignified conditions, privacy, confidentiality including for proper consultation with IDPs to detect needs, and particularly for certain services such as GBV.
- Due to the overcrowding and the continuous arrival of IDPs, redirection of protection staffing (e.g. from SARC volunteers) to other assistance-related tasks leaving specialized services unattended.
- Importance to adequately respect basic principles of informed consent, GBV survivors' wishes and confidentiality in all responsive interventions in favor of persons of concern, particularly women and children.



Needs:

- Referral services for seriously ill or wounded patients who require further hospitalization especially during night hours.
- Inadequate reproductive health services for pregnant women. A need for newborn kits is reported. Acute diarrhea, upper respiratory infections and lice remain the most reported communicable diseases. A lack of specialized health care for patients with “neglected” health conditions (trauma, kidney failure, amputations, congenital defects among infants, etc.). Dental, ENT and ophthalmology related services are being requested across the sites. Suspected TB and Hepatitis cases require further follow up, and patients with thalassemia are being detected in the sites. Additionally, there is a general lack of sufficient number of NCDs medications.
- Lack of mental health and psycho-social support services for both children and adults.
- Some of sites do not have fixed emergency health points. There is a need for minimum examination and treatment rooms as most of services are being provided out of mobile clinics or rented vehicles.
- Support to the population and returnees in Saqba, Harasta and Zamalka with basic health service.
- Wheelchairs for adults and children as in general support to people with disabilities required.



17,000

outpatient

consultations are provided on a daily basis

Response:

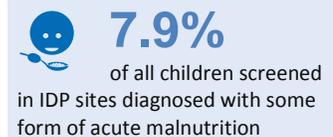
- Key IDP sites are covered by health sector partners. 17,000 outpatient medical consultations are provided on a daily basis across the IDP sites, as well as, every three days, 16,000 services, including general consultations, integrated reproductive health services and psycho- social support. Teams of trained community psycho-social support workers (57 members) who provide basic psychological interventions in the IDP sites have received additional support.
- A total of 85 mobile teams and points have been mobilized through the support by UN and INGOs to DoH/SARC. Collectively, 32 DoH medical mobile teams and medical points are supported with routine vaccination, measles vaccines, polio vaccines, vitamin A, general consultations, medicines, communicable disease surveillance, nutrition surveillance, referral of cases to hospitals; Integrated MHPSS services. Covers the operational costs on a daily basis of more than 200 health workers recruited by DoH in medical teams.
- Monitoring the hospitalization of patients. As of 2 April 2018, 780 patients had been referred to nine public hospitals.
- More than 8,700 children have been vaccinated so far.
- The health sector participated on at least 20 health assessment and follow-up missions to the IDP sites since 11 March.
- 1.5 tons of medical supplies have been donated to SARC and 3 tons of supplies, for a total of 210,000 treatments to DoH Rural Damascus.

Gaps & Constraints:

- Insufficient coordination between the health service providers.
- Shortage of ambulances by SARC and DoH Rural Damascus amidst a generally overburdened response. At the same time, the expected influx of newly displaced people from Duma requires an upgraded contingency response plan.
- Newly accessible areas require a higher number of equipped mobile clinics/ambulances.
- Basic health equipment and consumables are necessary for equipping the health points and should be made available with health units and medical teams.
- Delays or absence of approvals for hospitalization for increasing number of patients with “neglected” health conditions (trauma, kidney failure, amputations, congenital defects among infants, etc.). Limited health care for patients with thalassemia. A potential for increase of vector-borne diseases across the IDP sites.
- Family planning activities needs to be enhanced added with distribution of contraceptives, reproductive health kits.
- The current overcrowding, lack of hygiene in the sites may be directly linked with an increased risk of potential outbreaks.

**Nutrition****Needs:**

- Nutrition needs of women and children under five years of age in the IDP sites with both acute and chronic undernutrition as well as micronutrient deficiencies exist and need sustained support through a regular services provision.
- 6,269 children under 5 years of age were screened for acute malnutrition in six IDP sites and 496 were diagnosed with acute malnutrition (433 moderate and 63 severe), representing 7.9% of the screened children. The identified cases were provided with proper therapeutic nutrition support and four cases were referred to stabilization centers. In Saqba and Harasta, 934 children were screened for acute malnutrition of which 37 were identified with acute malnutrition (4.0%).
- The needs of people remaining inside East Ghouta remain a priority and will be served through existing modalities while a more sustained approach will be explored.

**Response:**

- Preventive and curative nutrition services are provided to all IDPs at the exit points and in the IDP sites through mobile medical teams run by DoH and SFPA while SARC provided nutrition support at crossing points with the support of UN agencies. Mobile teams are also promoting breastfeeding practises. DoH Rural Damascus is providing health and nutrition services, including the treatment of malnutrition, to population in some locations inside Eastern Ghouta, such as Saqba and Harasta.

- Currently, nutrition services are provided through mobile medical teams in nine locations as well as two medical points in the Harjaleh and Dweir IDP camps, providing 24-hours nutrition service, and one mobile clinic deployed by UNICEF in the Akram Abo Alnaser sites. The nutrition services include the provision of essential supplies, screening and treatment of acute malnutrition and promotion of optimal breastfeeding practices.
- 512 boxes of supplementary plumpy were delivered by WFP to DoH and SFPA for the treatment of moderate acute malnutrition among children under five and pregnant lactating mothers. This supply is enough to treat 722 cases. Furthermore, 2,310 boxes of plumpy doz were provided by UNICEF to SARC to support the IDPs at crossing points while a number of items, such as 1,100 boxes of plumpy doz, 350 boxes of High Energy Biscuits and 158 boxes of plumpy Nut, were provided to the DoH and SFPA to cover the needs of IDPs in the sites as well as those inside East Ghouta.
- The DoH in Rural Damascus through the support of WHO activated five nutrition surveillance centers in Arbin, Zamalka, Dweir, Ein Terma and Adra. WHO supported three referral hospitals with stabilization centres, one in Quteyfeh and two in Damascus, and continues to provide treatment and support to SAM cases with medical conditions.

Gaps & Constraints:

- Comprehensive nutrition services with all components of prevention and treatment need to be scaled up, especially in the newly accessible areas in East Ghouta. Further promotion of and counselling on optimal feeding practices are needed to strengthen efforts to prevent under-nutrition.
- Improvements of the coordination between implementing partners in the IDP sites remain a priority.

Education

Needs:

- Awareness raising on the Ministry of Education's decisions regarding the facilitation to re-integrate students displaced from East Ghouta is highly needed for IDP parents. Learning opportunities through the provision of any type of learning materials are needed to keep school aged children busy and to allow them to reconnect with their education.
- The Herjallah and Najha IDP sites need prefabricated classrooms as the functional schools have no capacity to accommodate more than 5,000 and 2,000 school aged children, respectively. In Dweir camp, the available school has opened for the new school-aged children from the IDP population, but there is an immediate need for school supplies and school bags and recreational kits.
- Displaced 9th and 12th grade students need national textbooks especially in the Herjallah and Dweir IDP sites where the education services have been started by the Directorate of Education. Furthermore, those students need support classes like remedial and catch-up classes to be ready to sit the national official exams.
- Risk education is highly needed especially for those school-aged children who did not evacuate from East Ghouta, in Kafr Batna, Saqba and Hamouriya. In addition, school supplies and prefabricated classrooms are needed to accommodate all students in the schools.

 **+2,000**
Children started benefiting from formal or non-formal education services

Response:

- MoE has extended the academic year for the East Ghouta students to cover the three months of summer holiday. In addition, MoE has decided to allow those students who are hold the 'coalition government 9th grade certificates' to sit for the 9th grade national exam this year.
- Awareness raising messages about the new MOE decisions and the availability of the formal accelerated learning programme – Curriculum B have been developed.
- The process to install 15 prefabricated classrooms in the Herjallah IDP site has started. Over 600 IDP children have been re-enrolled in grades 1-9 in Dweir in addition to the 310 students from the Dweir community. 100 school desks have been delivered to support accommodating the increased numbers of IDPs. In Herjallah, a number of children are provided with transportation from the camp to attend additional shifts in near-by schools.

- About 400 school aged children were supported with life skills and citizenship education in some of the Adra IDP sites and the Dweir IDP site.
- About 1,000 individuals were supported with early childhood care and education awareness and activities in the Adra schools, Nashabiya and Herjallah.

Gaps & Constraints:

- An in-depth learning assessment to better understand the school-aged children's needs is not possible for the sector members. Instead, the sector has to rely on MOE updates which are often slower than what an Education in Emergencies response should be. Approvals for any implementation is still required from MOE and this is further slowing down the response.
- While temporary learning spaces are an immediate solution, however, approval from MOE is not granted.



Early Recovery

Response:

- The ERL Sector has developed plans to support the response to East Ghouta, which will include areas of livelihoods, social services and infrastructure, social cohesion, and rehabilitation of the disabled.
- A total of 520 workers are employed under a cash-for-work modality for waste removal works in Adra, Herjalleh, Najha and Dweir.

 **520**
IDPs employed under a cash-for-work scheme in four IDP sites for waste removal



Logistics

Response:

- Free-to-user transport is made available to humanitarian organisations upon request to deliver assistance to the IDP sites. Between 16 March and 2 April, a total of 681m³ of multi-sectoral assistance has been delivered to the Adra, Dweir and Herjalleh IDP sites. A 320 m² of mobile storage unit has been installed in Herjalleh to provide storage space for humanitarian commodities.
- The Logistics Cluster will be positioning two medium-sized and five smaller trucks 24/7 to help SARC move supplies from their central warehouse and between the IDP sites. Currently, another partner has positioned three smaller trucks in the IDP sites to help SARC until other trucks are deployed in early April.

 **681m³**
of multi-sectoral assistance have been delivered to the Adra, Dweir and Herjalleh IDP sites

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