

## Highlights

---

- Ongoing hostilities and military operations in East Ghouta have led to a continued influx of Internally Displaced Persons (IDPs) to Rural Damascus and has severely impacted the protection and well-being of civilians inside the enclave.
- People living inside besieged areas of East Ghouta have critical humanitarian needs, particularly in relation to protection, food, health, nutrition, shelter, NFIs and WASH. Access, however, remains extremely limited.
- Since 11 March, the total estimated number of internally displaced people at collective shelters exceeded 50,000 people, more than double what was reported on 17 March.
- Most shelters do not have the capacity or infrastructure to accommodate the large number of people arriving. Some sites are not suitable to host IDPs and overcrowding is impeding needed rehabilitation work.
- A number of protection concerns have been identified at the collective shelters, such as GBV risks, unaccompanied and separated children, and restrictions on the movement of IDPs.
- The Syrian Arab Red Crescent (SARC), UN, NGOs and other partners have mobilized a rapid response, with NFIs, food, shelter, WASH, health, nutrition and protection assistance being provided.
- Shelter, protection and WASH services remain the key priorities. Overall, there is an urgent need for better site management in shelters to improve coordination and service delivery.

## Situation Overview

---

Ongoing hostilities and military operations in East Ghouta have led to a continued influx of IDPs to Rural Damascus and has severely impacted the protection and well-being of civilians inside the enclave. Since 18 February, nearly 1,600 civilians have been killed (according to triangulated data from local sources); thousands more injured and tens of thousands displaced.

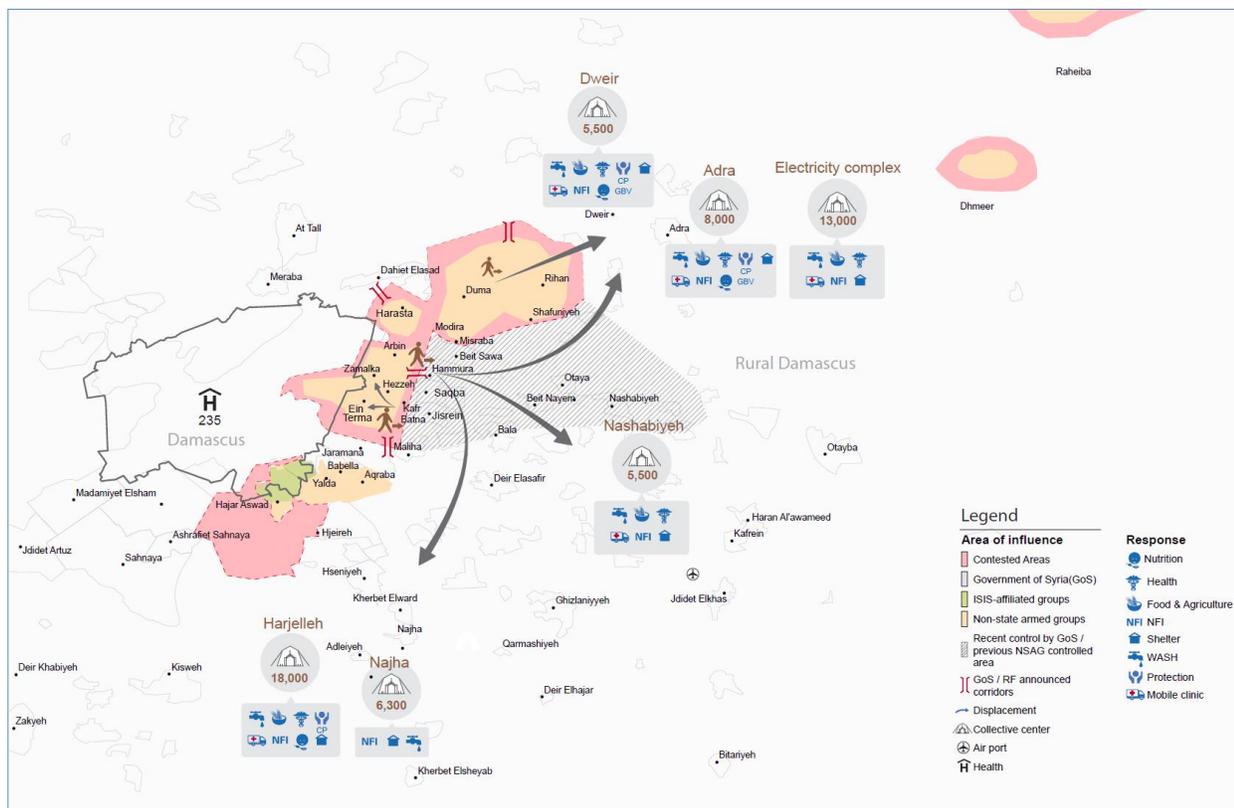
On 20 March, aerial bombardment on Douma and Arbin reportedly killed dozens of people. On the same day, a Syrian NGO reported that a hospital they support in Arbin was hit, killing one patient and destroying several floors. Heavy clashes also took place on the outskirts of Misraba. On 19 March, airstrikes reportedly hit several locations in East Ghouta including a building in Harasta where IDPs were staying, a school in Arbin which was also being used as a shelter, in addition to Douma City. On 19 March alone, an estimated 44 civilians were reportedly killed by hostilities in East Ghouta.

With continued intensive military operations and artillery shelling and airstrikes on Arbin, Ein Tarma, Zamalka, Douma and Harasta, among other areas, civilians continue to be sheltered in underground shelters, most of which are overcrowded and with unsanitary conditions. On 20 March, shelling towards Damascus resulted in at least 35 people killed and 15 injured at a crowded market place in the Kashkoul area in the outskirts of the capital.

As the frontline shifts in East Ghouta, displacement out of the enclave has continued at a significant scale. Since 11 March, the total estimated number of internally displaced people at collective shelters exceeded 50,000 people, more than double what was reported on 17 March. To respond to the growing number of IDPs, additional shelters are being established, most recently in Nashabiyeh and Najha. However, most shelters, such as Adra

and Herjelleh, continue to be extremely crowded. To relieve some of the pressure, there is an urgent need to identify more shelters, with enough lead time to be able to carry out necessary rehabilitation work.

Several thousand people are estimated to have remained in areas of East Ghouta that have recently changed control, such as Saqba, Hammouriya and Kafr Batna. Efforts are ongoing to better understand their humanitarian needs, which are likely to be significant.



East Ghouta recent developments as of 21 March 2018. All changes may not be reflected due to fluidity of developments.

## Humanitarian Needs and Response

People living inside besieged areas of East Ghouta have critical humanitarian needs, particularly in relation to protection, food, health, nutrition, shelter, NFIs and WASH. Access, however, remains extremely limited, with the last convoy to Douma taking place on 15 March with food for 26,100 people. Each food ration is reportedly being distributed amongst eight families, only giving enough food for a few days to each family.

The situation remains alarming for over 50,000 civilians who left east Ghouta and are staying in collective shelters in: Dweir, Adra, Herjelleh, Najha and Nashabiyeh. Most shelters do not have the capacity or infrastructure to accommodate the large number of people arriving. Some sites are not suitable to host IDPs and overcrowding is impeding needed shelter and WASH rehabilitation work. As a result, many are staying out in the open and there are insufficient WASH facilities, with overall hygiene standards low. Most IDPs were unable to bring much of their personal belongings with them.

The Syrian Arab Red Crescent (SARC), UN, NGOs and other partners have mobilized a rapid response, with NFIs, food, shelter, WASH, health, nutrition and protection assistance being provided. Overall, there is an urgent need for better site management in shelters to improve coordination and service delivery. Shelter, protection and WASH services remain the key priorities.

Health remains a critical concern. Many of the IDPs have medical conditions due to the lack of healthcare in East Ghouta, with poor hygiene and sanitation conditions in the collective shelters posing further risks. With the exception of Dweir, which is better equipped and managed, almost all sites need waste management and lack latrines to prevent open defecation. Health professionals reported communicable diseases among the evacuees: diarrhea, upper respiratory infections and lice. To address the health concern, WHO has delivered 9 tons of health supplies for 180,000 medical treatments for SARC and provided a shipment of vaccines (TB, MMR, vitamin A, OPV, Penta). Psychotropic medicines were provided by UNHCR. A total of 11 mobile teams are providing integrated reproductive health and gender-based violence (GBV) services with UNFPA support. Nine mobile health teams supported by WHO, UNICEF and UNHCR are providing health services at the shelters.

On 19 March, 42 patients from East Ghouta were referred to hospitals bringing the total number of patients from east Ghouta in hospitals to 277. On 18 March, a WHO team visited the University Pediatric Hospital to see 12 children who were admitted with a number of ailments, including kidney failure, acute asthma, gastroenteritis, pneumonia and traumatic brain injury. Preliminary information indicates that 18 children were hospitalized at the University Pediatric Hospital. One child was discharged and five more are expected to be discharged in the coming days. Over 130 patients were referred to hospitals, but after an evaluation of their condition they were not admitted. There are some protection concerns related to unaccompanied minors at the hospitals, with efforts underway to ensure family members or case managers can access them.

A number of protection concerns have been identified at the collective shelters, such as GBV risks (lack of privacy, lights, gender separation), unaccompanied and separated children, and restrictions on the movement of IDPs. There are some reports that women and children (boys under 15 and girls under 17) may be able to leave the shelter sites if they can prove they have relatives that can sponsor them. Many evacuees do not have identification documents, do not understand the screening process and do not know how long will they stay at the shelters.

To address needs inside East Ghouta, efforts are ongoing to facilitate an inter-agency convoy to Douma, with food, health, WASH and nutrition supplies. On 19 March, SARC, with the support of the UN and other partners, reached Saqba, Kafr Batna and Hammouriya with food, nutrition and water. Two ambulances, a mobile clinic and medical teams provided primary health care services. On 20 March, SARC reported delivering food, nutrition, medicines and water to the same three areas.

The Syria Humanitarian Fund has launched a reserve allocation of US\$20 million for the response to East Ghouta (and Afrin).

### **Dweir Shelter**

The situation in Dweir is better compared to other shelters and reportedly hosts 5,500 people.

100 UNHCR shelter units were completed and UNDP has hired 30 workers to assist with solid waste removal. Displaced people have received some shelter and NFI assistance from UNHCR, WASH and nutrition items from UNICEF, and ready to eat (RTE) food and milk from WFP. Mobile clinics and Ministry of Health clinics are treating evacuees and vaccinating children under five. The site is served with two SARC mobile clinics, an ambulance, and a doctor and nurses on site. WHO has provided medical equipment and medicine to support health needs.

### **Adra Reception Center**

The Adra sites (both the schools and the electricity complex) are in dire condition as they remain significantly overcrowded. An estimated 5,400-8,000 people are staying at the three schools while 7,000-13,000 are staying at the electricity complex. People reported that they came from Hammouriya, Arbin, Sabqa, Haza, Outaya, Shefeniyeh, Kafr Batna and Beit Sawa; in addition to other small towns. As of 20 March, about 500 people reportedly left to stay with relatives, all were women and children.

Shelter, WASH and protection are major concerns, as is the lack of site management. UNICEF reports that latrines and showers for 2,000 are available, which is still insufficient. Some people reported not having washed or changed their clothes for a month.

UNICEF water trucking has started and WFP delivered 5,500 RTEs and milk. UNHCR has provided NFIs, including 5,000 blankets, 2,500 mattresses, plastic sheets, kitchen sets, winter clothes and solar lamps among others items. UNFPA has provided male and female hygiene kits and is providing reproductive health and GBV services in both the schools and electricity complex. The services include gynecological consultations, ultrasound diagnostics, antenatal and post-natal care, psychosocial support and referral for deliveries and comprehensive emergency obstetric and neonatal care. WHO is supporting mobile medical services and mental health services. Child Protection mobile teams started assessments and screenings for special protection cases.

### **Herjelleh collective shelter**

There is reportedly an estimated 18,000 people from East Ghouta staying at Herjelleh shelter, which is well above its estimated capacity.

WFP has provided 6,000 RTEs and UNHCR has provided NFIs, such as 8,000 plastic sheets, 20,000 mattresses, 32,000 blankets in addition to kitchen sets, winter clothes and solar lamps. UNICEF is providing critical WASH support such as the installation of latrines and showers, in addition to water trucking, diapers, hygiene kits and 200 boxes of fortified paste.

Health and nutrition teams are deployed to provide services inside the shelter and a Child Protection mobile team started assessments and screenings for special protection cases. UNFPA is providing reproductive health and gender-based violence services through three mobile teams who have served 879 patients.

### **Najha collective shelter**

The new sites in Najha are estimated to be hosting 6,300 people in an unfinished school complex and mosques. The school complex lacks basic shelter conditions such as windows, doors, electricity and latrines. Many IDPs, arriving on 18 March, came from Al Ashari point in East Ghouta, which is reportedly a gathering point for people that want to leave. Some IDPs reported staying at the exit point or inside buses for 24 hours. While the shelter has electricity and lighting, no heating is available and it is very cold during the night. There is a serious lack of latrines for the IDPs and there is no proper sewage system in place. IDPs' documents were taken upon arrival at the shelter, restricting their movement. A communal kitchen will be installed and rehabilitation of the shelter is ongoing.

WFP has distributed 2,000 RTEs and milk and UNICEF-supported water trucking has started. Bottled water was distributed prior to that. Three health cases were transported from the shelter to hospitals in Damascus. Health services are available on site and vaccination of under-five children and pregnant women is ongoing. Many IDPs requested medical assistance outside the shelters, including amputees.

Mosques are also being used to host IDPs in Najha (AlHuda: 850 IDPs and AlNouman: 1,200 IDPs) and in Kherbet Alward (AlTawheed: 1,600 and AlOmari: 1,400 IDPs).

### **Nashabiyeh collective shelter**

The new shelter began receiving IDPs on 18 March with an estimated 5,500 IDPs staying at the shelter. The shelter consists of four schools, which are partially damaged by shelling and many components are missing such as windows, doors, electrical wires and water infrastructure. The building urgently needs rehabilitation, and a significant number of IDPs are sleeping in the yard. People, especially women, were observed to be in bad health and 11 cases were transported to hospitals on 19 March. The hygiene situation urgently needs to be addressed. IDPs were reportedly registered by SARC on arrival. Many separation cases were reported of family members in different shelters.

WFP food and milk were distributed and one mobile clinic is available. Water trucking has started with 20 tanks with the capacity of 10,000 litres provided by UNICEF. UNHCR distributed 500 mattresses and 500 blankets, but more assistance is needed.

**For further information, please contact:**

**Kristele Younes**, Head of Office, OCHA Syria, [younes4@un.org](mailto:younes4@un.org)

**Linda Tom**, Public Information Officer, OCHA Syria, [toml@un.org](mailto:toml@un.org)

For more information, please visit [www.unocha.org/syria](http://www.unocha.org/syria) [www.reliefweb.int](http://www.reliefweb.int)