



This report is produced by the OCHA Syria Crisis offices with the contribution of all sectors in the hubs and at the Whole of Syria (WoS) level. The Protection Section is attributed to the Protection Sector (Syria, NES cross-border and WoS). The situation overview covers the period from 15 December 2018 – 31 March 2019. The next report will be issued on or around 31 May.

Highlights

- **Mass displacement from Hajin, Deir-ez-Zor Governorate:** Between 4 December 2018 and 31 March 2019, more than 63,000 people were displaced from ISIL-held areas in southeastern Deir-ez-Zor Governorate and were transferred to Al Hol camp in Al Hassakeh Governorate following intense airstrikes and ground hostilities in the area. By the end of March, the influx of people to Al Hol had reduced significantly. Civilian casualties and large-scale destruction of civilian infrastructure, as well as critical shortages of food, clean water and medicines, were reported by people fleeing areas of hostilities. An estimated 20,000 – 25,000 displaced people reportedly spontaneously returned to the Hajin area during January, according to REACH. The UN, Syrian Arab Red Crescent (SARC) and NGOs provided humanitarian assistance for nearly 80,000 people in southeast Deir-ez-Zor during January and February, however a much bigger response is needed as soon as the security situation allows; the risk posed by explosive hazard contamination also affects the ability of humanitarian actors to scale up the response.
- **Humanitarian organisations mobilize large-scale response at Al Hol camp:** To respond to the large and sudden influx of people in Al Hol camp, which saw its population increase more than seven-fold since December 2018, the UN and humanitarian partners have mobilized a large-scale response. Food, shelter, NFIs, WASH, hygiene items, dignity kits and critical medical and protection services were provided to the new arrivals. Despite the comprehensive 24/7 response, conditions at Al Hol remain difficult as the site has by far surpassed its maximum capacity, with humanitarian actors working on expanding the camp's capacity to host the influx of newly displaced and to expand essential services. However, additional financial resources are urgently needed to sustain and scale up response, as well as improved capacity in specialized areas (e.g. health and protection).
- **Large-scale flooding at Areesha camp:** Above average rainfall has led to severe flooding in Areesha camp in Al-Hasakeh Governorate since late December 2018. In total, 75 per cent of the approx. 9,200 people staying at the site have been affected, with close to 1,000 families (approx. 5,000 people) having had to move to an extension site outside the camp into makeshift shelters. While humanitarian organisations and local authorities are responding at the camp, the situation in the new part of the site remains precarious with inadequate shelters, water and sanitation facilities, education and other essential support. Areesha camp is located in a flood prone area; however, families have indicated a strong preference to remain in close proximity to the existing site. The UN and partners have identified a possible solution, pending a viability survey of the site, encompassing the current extension site and another plot opposite the current camp.

633,429

people reached on average with food baskets and emergency food rations in Ar-Raqqa, Aleppo, Al-Hasakeh and Deir-ez-Zor governorates during Dec 2018, Jan & Feb 2019.



1,320,692

people reached with improved access to life-saving/emergency WASH facilities and services in Ar-Raqqa, Al-Hasakeh and Deir-ez-Zor governorates in February 2018.



10,653

family tents set up in Al Hol camp between December 2018 and end March 2019



Situation Overview

Hostilities in Deir-ez-Zor displace tens of thousands to Al Hol camp

Since November 2018, hostilities in the ISIL-held areas of Hajin in south-eastern Deir-ez-Zor have further intensified, with reports of civilians killed and injured. Civilians fleeing hostilities reported critical shortages of food and medical supplies, and large-scale destruction of civilian infrastructure. Since 4 December 2018, more than 63,000 people have fled the Hajin area and were transferred to Al Hol camp in Al Hassakeh Governorate, with the total camp population exceeding 73,000 by the end of March. Approximately 10,000 people were staying at Al Hol camp prior to December 2018. This population was primarily comprised of Iraqi refugees and a smaller number of IDPs from areas of southeast Deir-ez-Zor, who had arrived at the site between September and November 2018.

More than 90 per cent of the new arrivals to Al Hol are women and children, with more than 25 per cent estimated to be children under five and some 50 per cent children under 12, while an estimated 8 per cent are pregnant or nursing mothers; many of them under 18-years-of-age. The absence of men and adolescent boys – as young as 15-years-old – has triggered concerns of separation and detention upon exit from Al Baghouz or at screening points during transit, with no information provided to the families on their whereabouts. This represents specific protection concerns and challenges. The provision of interim care services and identification, documentation, family tracing and reunification remains a priority - the number of unaccompanied children exceeds the capacity of interim care arrangements at the camp. Psychological first aid has also been required as new arrivals show signs of exhaustion and distress. Equally, the provision of information on available services is essential to facilitate prompt access to life-saving assistance, in a non-discriminatory and equitable way.

The rapid expansion of the camp due to the unplanned and often unannounced transfer of people created frequent situations of overcrowding in reception areas, with displaced people sometimes compelled to sleep in the open for the lack of emergency shelter. While people have since been moved from reception areas, more than 19,000 people remained in big size tents, rub halls and communal spaces as of the end of March. The fragile health of many of the new arrivals also presented grave health concerns, with 269 children severely malnourished children admitted to the stabilization center of Al-Hikma private hospital as of 15 March. Further, more than 150 children had been treated for diarrhea as of 28 February. The high number of patients referred to hospitals represents an additional challenge as there are limited hospitals and health facilities available in the area. Throughout most of the reporting period there has also been an urgent need for shelter and available land to expand and host the new arrivals. There is also a pressing need to scale up more specialized protection services, as well as to continue to increase water and sanitation at the camp. As of end-March 2019, the total number of school-aged children in Al Hol was approximately 26,000, the majority of whom have been without any education opportunities for at least five years.

Of the camp population, 43 per cent are Syrian IDPs, 42 per cent are Iraqi nationals and 15 per cent are other third country nationals. Access to third country nationals who are hosted in a dedicated annex to the camp is regulated by camp authorities, limiting some humanitarian services, which has particularly affected medical teams, with language barriers also affecting people's ability to access services. There is an urgent need for sustained medical presence given the level of needs, as well as to improve information sharing on detained family members with people at the annex.

Spontaneous returns to Hajin underway

As hostilities subsided in the Hajin area, an estimated 20,000 to 25,000 displaced people reportedly spontaneously returned in late January 2019, [according to REACH](#). The intense and protracted hostilities have caused extensive damage to civilian infrastructure, including private accommodations, returnees and other civilians in the area, reportedly lack access to food markets, health clinics and pharmacies, adequate shelter, basic household items, and safe drinking water. Widespread explosive hazard contamination and remaining insecurity, may limit safe, dignified and sustainable returns, as well as humanitarian organizations' ability to scale up the response.

IDPs displaced from Hajin over previous months (before 4 December when people leaving the remaining ISIL-held areas were largely directed to Al Hol) continue to be dispersed across the surrounding areas, living in informal settlements/ makeshift camps, more formal IDP sites in Gharanij and amongst host communities. The humanitarian situation for these people remains dire, with limited livelihood opportunities and limited access to services and assistance, including lack of safe drinking water. While the UN, local partners and SARC were able to access the area and provide assistance to some communities in January and February, people remain vulnerable and in need of further food, WASH, health, core relief items, livelihood, education support and protection. Across SDF-controlled areas of northeast Syria there are an estimated 97,000 people living in IDP/refugee sites. This represents an increase in the estimated IDP population since December 2018 due to the mass displacement from Hajin and Al Baghouz from January to March. The total number of people estimated to be displaced in camps and informal settlements in northeast Syria is approximately 133,675 individuals.

Flooding affects thousands in Areesha camp

Severe flooding due to above average rainfall since late December 2018, has affected thousands of women, men, girls and boys at Areesha camp in Al Hassakeh Governorate. The camp is currently hosting close to 9,200 displaced people (approx. 1,900 households), who originate from different parts of Deir-ez-Zor Governorate. Around 60 per cent of the camp population are under 18-years-of-age, while 22 per cent are women and 14 per cent men; 2 per cent are people over the age of 60. Since December 2018, 1,353 people have departed the camp, out of them 1,033 individuals returned to different areas in rural Der-ez-Zor; however another 541 people newly arrived at the camp.

As of mid-March, around 75 per cent of the camp (which represents 80 per cent living space of the population) had been affected by flooding, including key infrastructure, such as communal spaces, toilets and other facilities. Due to the flooding, 987 families have had to move into tents in a new site, some 500 meters from the actual camp. They

lack adequate, dignified shelters and access to sufficient sanitation facilities and the situation at this site is precarious, especially in the last expansion of the informal area. More than 100 families are also staying in communal areas or in big size tents in the camp's reception area. Another 900 or so families are staying in higher ground areas of the camp. Humanitarian organizations have provided assistance, however further support is needed, particularly in terms of shelter, NFIs and latrines, as many shelters, sanitation structures and materials were damaged during the floods. In addition, many camp facilities are flooded, including education and protection services, with temporary education facilities only able to accommodate some 400-500 children and mobile protection clinics only. It is also critical that the risk of disease outbreaks due to stagnant water is mitigated and the high level of water in some areas present a serious risk to young children.

The Syrian authorities have opened the main gate of the nearby dam, allowing water to pass and to limit additional increase in the water level, to minimize the risk of further flooding in camp side. However, the camp remains in a flood prone area and the overall situation is difficult. Initially, humanitarian partners were encouraging displaced people to move to other camps, including Al Hol. However, with the rapid influx of tens of thousands of IDPs at this site, this is no longer an option. Displaced families in Areesha have also said that they do not wish to re-locate to another site to avoid further displacement or more restricted regime of movements. The UN and partners remain engaged with authorities, regarding possible solutions to the situation, with the extension area and another site opposite the original camp identified and being assessed for viability. While the process of finding a suitable solution continues, it is essential that assistance for flood-affected families in Areesha camp is urgently scaled up.

Wide-scale floods in Al-Hasakeh Governorate

During March 2019, heavy rains in northeast Syria caused wide-scale floods and heavy damage to civilian residence, infrastructure and agricultural land and road networks. In south-east Qamishli and in rural Al-Hasakeh governorate, particularly in Tal Hmis and Ya'robiyah sub-districts. Reportedly, more than 100 villages were affected by the heavy rain during March and more than 41 villages were affected by floods, resulting in hundreds of houses and materials being badly damaged. About 100,000 people were affected by the heavy rain and floods, 3,000 families (9000 individuals) lost their livestock and belongings. In addition, about 25 small bridges and agricultural roads were affected by the floods. These small bridges connect villages with each other and with other towns. Hundreds of acres of wheat crops were also swept away. The Jarahi river and other rivers were flooded and have brought dirty waters into the houses of the village. Water contamination could cause waterborne diseases. The situation may worsen as harsh weather conditions are expected to continue.

A rapid needs assessment was conducted in the area, immediate needs include: NFIs, ready-to-eat rations, food rations and water trucking, in addition to opening drainage canals and building soil barriers, fix bridges and roads. Response efforts by humanitarian partners are underway: 200 NFIs kits and 150 ready-to-eat rations were distributed in the first days following the floods and partners provided two bulldozers to help clear the roads and drain the canals. In addition, 1,000 NFI and 1,000 hygiene kits are ready to dispatch to villages in the Ya'robiyah and Jawadiyah sub-districts. Many villages, however, are still inaccessible.

Continued support needed for returnees to Ar-Raqqa

During the reporting period, small numbers of displaced people continued to return to Ar-Raqqa Governorate, with approximately 1,500 people recorded as returning between December 2018 and January 2019. Humanitarian organisations continue to respond in Ar-Raqqa, providing monthly food rations, maintaining water points, and distributing education materials, winter clothing and non-food items, as well delivering medicines to health facilities and supporting mobile clinics. However, significant needs remain. An assessment conducted in February 2019, showed that while people continue to return to Ar-Raqqa over a year after the hostilities ceased in the city, critical needs remain particularly relating to protection, healthcare, water and sanitation, access to non-food items, shelter, electricity and livelihood opportunities.

In addition, the security situation in the city remains precarious, with curfews reportedly imposed by local authorities, affecting movement and traffic in the city, as well as public institutions and markets. Protection support, mine risk education and clearance remain critical concerns, as large parts of the city are contaminated with explosive hazards. With respect to the scope of the need, the technical capacity to carry out comprehensive clearance activities remains limited and pressing needs remain to scale up the support for survivors of explosive incidents and their families. UNMAS remains ready to deploy and assist with humanitarian mine action in Raqqa, should such a deployment be authorized by the authorities.

Critical health concerns in northeast Syria

Cases of infectious disease continue to be reported across northeast Syria though improvements are visible. Over the previous months, the number of new typhoid cases has reduced from 2,922 in October 2018 to 2,339 in December 2019 – an overall decline in proportionate morbidity of 36 per cent. Typhoid cases are largely due to the consumption of unsafe water and follows an ongoing acute bloody diarrhea outbreak in Deir-ez-Zor Governorate. In view of heavy rains reported during the winter period, resulting in flooding in some IDP sites, there are also concerns over possible water-borne diseases. With the ongoing large-scale influx of new, highly vulnerable

displaced people, including a high number of young children, the health situation in Al Hol is of particular concern with a diarrhoea cases among the most commonly reported illness among children under five-years-of-age. Health partners are working with the WASH sector to address challenges with accessibility to latrines and safe drinking water, as well as to raise awareness around hygiene practices and accessing medical treatment.

On 18 April 2018, the Directorate of School Health reported a measles outbreak particularly affecting school-aged children. Over the course of 2018, weekly reports from early warning sentinel sites showed that, following an outbreak of measles in April and May in many parts of Syria, cases declined from a high of 1,176 suspected cases per week to an average of 80 suspected cases per week in the final ten weeks of 2018. In northeast Syria, there were just 176 cases reported in all of December – an average of 35 cases per week, compared to a peak of 650 cases per week in early May. Further, on 2 December, after an 18-month long intensive vaccination campaign, WHO announced that the poliovirus outbreak in Syria was successfully stopped. Overall, there is high vulnerability to infectious diseases in northeast Syria, due to insufficient immunization coverage rates, poor living conditions and high numbers of displaced people living in poor and overcrowded conditions. Inadequate healthcare coverage and poor basic services, including water, sanitation and hygiene, in camps and communities, further compounds the situation. A routine vaccination campaign was implemented in areas under SDF-control and mobile teams deployed to provide primary healthcare services in Busaira, Suar and Al-Jarthy in the eastern part of Fuarat river.

While leishmaniosis cases are stabilizing in some areas of northeast Syria, proportionate morbidity increased between November and December by 12 per cent, from 2,629 cases in November to 3,722 cases in December, 1,163 of which were in Ar-Raqqa Governorate, 563 of which were in Al Hasakeh Governorate and 1,994 of which were in Deir-ez-Zor Governorate. Leishmaniosis has spread due to a lack of healthcare and health actors operating in affected areas and is compounded by displacement and inadequate shelter options. The disease itself is spread via the sand fly; displaced populations living in camps and informal settlements are often at risk of exposure to the organism and thus infection.

Restrictions on access to education for children in NES

In September 2018, the local authorities in northeast Syria issued a decree preventing children from accessing Government of Syria schools (teaching the national curriculum). Compared to late November 2018, by mid-March 2019 school attendance rates of students in Al-Hassakeh Governorate increased from 41 per cent to 87 per cent. The increase in attendance rates was primarily the result of coping mechanisms by students, who found alternative ways to access schools, such as walking instead of using transportation or taking off school uniforms while crossing the checkpoints when using transportation. Additionally, it became easier for some students to cross some checkpoints, however support for children's access to education services remains a priority. Periodic spot checks were conducted in the schools of Al-Hasakeh Governorate to monitor the situation.

Food security in northeast Syria

There has been a general increase in the price of flour in northeast Syria, particularly noted in Al-Hasakeh and more prominently in Deir-ez-Zor. According to REACH's January [Humanitarian Situation Overview](#), 29 per cent of assessed communities in northeast reported that people in their community did not have access to bread every day. The majority of this was reported in Deir-ez-Zor Governorate, where people in 111 (87 per cent) of the 128 assessed communities reported that bread was not accessed every day. The most commonly reported barrier being that flour was too expensive/difficult to obtain in 103 (84 per cent) assessed communities. The price of 1kilo of flour in March has increased by 30 per cent since September 2018, subsequently the price of 1kilo of bread has also seen a general increase from September 2018 to March 2019.

From 15 December to 15 March, the Food Security Sector provided food baskets containing wheat flour to 66,255 households (331,275 individuals) in Deir-ez-Zor. There are currently no Food Security Sector partners providing bread/flour support to bakeries in Deir-ez-Zor. The rise of the cost of bread/ flour are due to a combination of poor harvest brought on by the draught during the last agricultural season, resulting in a shortage of wheat flour, as well as the exchange rate.

Humanitarian Response

Large-scale response mobilized at Al Hol camp

The UN, NGOs and local authorities mobilized a large-scale response to provide assistance to tens of thousands of newly displaced people who have arrived at Al Hol, regardless of nationality. All new arrivals were provided with a hot meal, NFI kits and winterization items. Around the clock medical screenings and assistance was carried out by health teams in the reception area, with critical cases referred to Al Hikmah, Hassakeh, Al Hayat hospital, Al Salam, Ras Al Ain, and Tal Tamer hospitals. During March, about 2,000 patients were referred to hospitals. Health clinics have been set up in the different areas of the camp, an early warning system is in place, vaccination teams are operational with 12,686 children under five vaccinated as of the end of March, health trainings have been

carried out, including for psychological first aid, and health partners are in the process of establishing two field hospitals with an initial combined capacity of 40 beds. A nutrition team supports new arrivals through consultations for pregnant and lactating women, nutrition interventions and distribution of nutrition supplies. Protection actors from Qamishly and NES INGOs have also mobilized a 24/7 response at maximum of their current capacity, providing specialized protection services for separated and unaccompanied children, including family tracing, and psychosocial support. Protection emergency teams are also providing psychological first aid to new arrivals, GBV support along with other protection interventions. Given the fragile state of health of many of the new arrivals and the risk of disease outbreaks due to overcrowding, scaling up the health response and protection services remains a priority, including providing appropriate mental health and psychological care.

Since December 2018, 209 big size tents, 7 rub halls and more than 10,650 family tents have been installed, with over 8,300 tents available/in the pipeline. With all tents available and in the pipeline, there will be no gap in terms of tents however there is an immediate gap in available plots with site preparation and infrastructure construction ongoing in phase 6,8 and annex 3-5, with some 1,368 additional plots still needed. As of the end of March, installation of 468 latrines had been completed, while over 400 latrines and bathing facilities were under construction to meet the 1:50 ration emergency standard. Currently, there are 28 persons per toilet in phases 1 – 5 of the camp, with approximately 30 per cent of toilets in need of repair (locks, black smith work). For phases 7, 8 efforts are ongoing to reach emergency standards, with the expectation to meet this target during the second half of April. Emergency water supply has been established, garbage collection and regular cleaning/maintenance and hygiene awareness are ongoing. Humanitarian partners have also carried out vector control activities (area cleaning campaigns and disinfection) to minimize the risk of further diarrhea cases. Water quality is also being regularly tested and additional WASH facilities installed in reception areas to limit the use of unsafe hygiene practices.

More than 18,000 NFI kits and winter clothing kits have been distributed to the newly displaced population in the camp, as of the end of March. The distribution of hygiene and dignity kits is ongoing. However, with the large number of young children and women, more nappies and sanitary napkins are needed. As of the end of March, 61,750 people had been assisted with cooked meals, 63,323 people had received 'ready to eat rations' and 73,041 people had received monthly food rations. Additionally, in March, 469,012 kg of bread was provided to 61,750 individuals per day during March. Non-formal education programs are being provided to approximately 4,000 school aged children in the camp, a fraction of the overall school-aged children in the camp. To better understand the number of school-aged children and their learning needs, a joint assessment was carried out to identify the number of children of ages (6-19). This assessment will inform the response and support better coordination amongst all operational partners.

Hajin, Deir-ez-Zor

Humanitarian response efforts are also underway in Hajin and surrounding areas, despite challenges in access and concerns on the expected elevated levels of explosive hazard contamination. On 15 February, a Syrian Arab Red Crescent convoy, consisting of six trucks loaded with UN and Red Cross/Red Crescent supplies, reached Hajin town and distributed aid to 5,000 people. On 17 February, the UN and partners completed a food distribution to 15 towns and informal settlements in the eastern part of Deir-ez-Zor Governorate, supporting some 17,800 families. In addition, a NES NGO has also been providing water treatment items to people in Hajin to ensure access to safe drinking water. The priority has been to respond to IDPs living in informal settlements and collective centres. Several NGOs are exploring opportunities to deliver assistance and provide basic services in Hajin in the coming period. However, much more is needed to scale up the response and meet large-scale needs of some people in the area. At the same time, it is important that any returns are voluntary, safe and dignified in nature, particularly given the large-scale destruction of civilian objects and infrastructure due to the recent hostilities and potential high explosive contamination. The risk of explosive hazards also presents a concern for humanitarian actors to be able to scale up the response in northeast Syria.

Areesha camp

Humanitarian organizations are providing assistance in Areesha camp, including food, non-food items, sanitation, water trucking, primary health care services, nutritional supplies and services, various forms protection support, including child protection and GBV services. However, major gaps remain to ensure essential needs are met and people are able to live in adequate and dignified conditions, in particularly in the new expansion site where flood-affected families have had to move.

Preparedness planning

Given the complexities and dynamics of the situation in northeast Syria, as part of operational readiness, the UN and NGOs continue to update and review preparedness and contingency plans to respond to possible displacements and developing contingency plans should the operational environment change. This includes readiness to scale up should new and increased displacements happen due to renewed hostilities; assessing and repositioning contingency stocks; as well as mapping response capacities to identify gaps.

Protection

1.4 million

protection interventions conducted in Ar-Raqqa, Al-Hasakeh and Deir-ez-Zor governorates during 2018.



During the period in review, protection actors in northeast Syria – based in Qamishly and operating cross-border – have largely focussed their efforts on the response to the humanitarian situation in Al Hol. This situation represented a unique challenge, with the presence of mixed population (IDPs, Iraqi and third country nationals), some with specific profiles, and with the overwhelming majority the population consisting of women and children under 13 years-of-age.

Amidst gaps in financial resources and presence, the Protection Sector and its Areas of Responsibility (AoRs) scaled up the response to their maximum capacity. The unpredictability of the population flow put any ability to coordinate the protection response to the test, particularly in the screening/reception/waiting areas, due to overcrowding, the presence of many women and children in conditions of evident fatigue, distress and at times serious medical conditions waiting in the open for screening, identification and life-saving assistance. With the majority of the arrivals women and children, including unaccompanied and separated children, injured persons in need of urgent medical care and other persons with specific needs, the mobilization of emergency protection teams was critical. Working 24/7, these teams were able to provide initial psychological first aid and emotional support, referral to medical and other services, information on assistance and modalities of delivery, and were able to start a process of identification of unaccompanied and separated children.

The continuous arrivals and the following efforts to expand the reception capacity of the camp, could not be matched by equally fast construction of WASH facilities, presence of services, adequate lightening and privacy. This generated a challenging environment for women and girls, prompting the Protection Sector to encourage efforts to reach the minimum humanitarian standards everywhere in the site, including in newly established areas to ensure dignified conditions for all population. Based on the account of the protection actors on the ground, foreign families emerged as a specific concern. Aside having less access to information about services and procedures in the camp, also due to the language barriers of many third country nationals, the designation of dedicated “annexes” / areas of the camp for their screening and subsequent accommodation generated some challenges in humanitarian access, in particular for health services. The Protection Sector has led humanitarian advocacy calling for the respect of a principle of humanity and for unhindered and continuous access to all population, regardless of their profile, in all areas of the site.

The presence of unaccompanied and separated children emerged as a major concern throughout the period and the capacity of the responding child protection (partners were severely overstretched with constant new arrivals). At least 355 unaccompanied and separated children have been identified in the camp; of which 56 have been reunified with their families or caregivers. Protection teams identified new cases of unaccompanied children, especially amongst foreigners. Three interim care centers were at full capacity and, on some occasions, protection teams fast-tracked children for screening and NFI support and negotiated with the camp authorities to associate temporarily these children to women in the transit areas until more sustainable solutions are available. The provision of interim care services and identification, documentation, family tracing and reunification remains a priority, while the number of unaccompanied children exceeds the capacity of interim care arrangements at the camp. In addition, several cases may be extremely complex, with a web of family relations pointing at different nationalities, polygamous marriages, and other complex family situations to determine the best interest of the child.

In light of the identified challenges of medical referrals, efforts have been ongoing between child protection partners and the health actors to mitigate the risk of involuntary family separation in cases of child hospitalization. A system has been put in place to manage better the referrals from the camp to external hospitals. This entails the assignment of protection focal points from partners operating in the camp to assist those who transport the case to the designated hospitals and follows on the hospitalization. Focal points are equipped with information on the child and maintain the contacts with the clinic, the hospital and the parents/ relatives/caregivers in the camp. In this way, parents are kept abreast on their children’s conditions and will receive information on the expected time of discharge with at least one-day notice. Coordination and timing of the discharge is agreed in order to ensure presence and reception by the parents and avoid separation. The agreed referral mechanism between health and protection actors also includes the provision of 24/7 caregivers to accompany the unaccompanied child during treatment period in the hospital or accommodating the children of women for hospital treatment at the interim care center, when no family members are available to take care of the children.

Four Gender-based Violence (GBV) mobile teams, comprised largely of female staff, have attempted to expand their continuous presence in phases 1, 5 and 7 of the camp, in waiting and reception areas, but challenges persist in having adequate personnel for night coverage and experienced staff for case management. Presently, there are only four GBV case managers as most services are provided through mobile services where comprehensive case management cannot be offered. GBV teams conduct awareness sessions, group and individual counseling,

Psychological First Aid and referrals to other services (health, distribution, registration, vaccination, interim care, and other services). GBV leading partners have also distributed various types of dignity kits, adolescent kit, sanitary napkins, pregnant and lactating kit, and sanitary napkins.

The provision of adequate information on available services emerged as essential to facilitate prompt access to life-saving assistance, in a non-discriminatory and equitable way. By mid-March, the Protection Sector had established information desks at the reception area and in two other phases of the camp but more staff is required for a proper and continuous management. Language barriers emerged in the communication with the foreign women and children. Population addressed the desks with critical questions related to protection and assistance. Most of the requests of the population concerned the situation and whereabouts of detained relatives; the restitution of subtracted assets and confiscated documentation, on which the sector continues advocacy with the Camp Administration and with parties; the existing movement regime out of the camp, including the modalities and timeframe of return; and assistance related queries. The information desks are also instrumental in the referral of hospitalized cases, as the protection focal points can provide the necessary information to the caregivers of hospitalized children, inside or outside the camp.

As on past occasions, the confiscation of personal documentation emerged as a challenge. Protection partners tried to support the sorting and preservation of the civil status documentation confiscated to the displaced population and stored in an “archive room” in the camp. More personnel was mobilized and in-kind support provided to store properly the documents. While advocacy continues with the SDF on the detrimental effects of the confiscation, this form of support is seen as a “last resort” measure to avoid further loss and repercussions on the mobility and legal safety of the population, including during any future return process.

The situation in Al Hol has rapidly emerged as a unique challenge for all humanitarian actors. The physical and psychological vulnerability of the new arrivals require an increase in human resources and capacity. At the same time, while with a sustained response the conditions will eventually stabilize at the level of technical sectors (shelter, WASH, possibly health), for protection-related issues a longer temporal horizon is envisaged before this complex situation can end. Such circumstances require a more structured and accountable approach in the delivery of protection services and all protection actors on the ground need to plan beyond the current emergency phase and be able to scale-up with adequate staff and expertise.

Protection activities in other areas of northeast Syria

While the main response in the reporting period was directed to Al Hol, activities in other IDP sites in northeast Syria continued. In all sites, the children and adolescent population (below 18-years-of-age) exceeds 60 per cent, signaling the continuous attention that needs to be devoted to protection activities and protection mainstreaming. According to the camp administration and UNHCR, sites such as Ein Eissa (2,319 HH/ 11,541 individuals) and Mabrouka (574 HH/ 2,754 individuals) saw a slight increase in arrivals. Reportedly, this was caused by insecurity in areas in the South of Der-ez-Zor and Al Mayadin, or due to exhaustion of families’ capacity to support themselves outside the sites. In some sites, such as Ein Eissa, space also became constrained, and protection partners continue to monitor the situation and interact with the population for possible repercussions on dignified conditions and protection risks, particularly for persons with specific needs. In the flood-affected Areesha camp, in the past months Protection Sector partners conducted consultations with the affected population on their preferred solutions, including supporting “go and see visits” to other sites (Mabrouka) to make sure that IDPs can take a fully informed decision on their move to other sites or permanence in the current location. Protection actors also tried to sensitize the population on the hazard posed by the flooding, particularly for the safety of children.

As of February, Protection Sector partners from within Syria operated in the three governorates of northeast Syria through the following facilities and resources: Five Community Centers (four in Al-Hasakeh Governorate, mostly in urban areas, one in Raqqa Governorate/ Ras El Ain), with 145 ORVs and four Mobile Units; 26 Child Protection Facilities/ Spaces (18 in Hasakeh Governorate, 8 in Raqqa Governorate); 4 Women and Girls Safe Spaces (3 in Al-Hasakeh Governorate and 1 in Deir-ez-Zor Governorate/ City); 8 GBV / RH Mobile team; and 23 Child protection mobile teams. In Raqqa, increasing activities focused on psychosocial support for children from Qamishly-based child protection partners. In Deir-ez-Zor, particularly in selected neighborhoods of the city (Villat, Al Qusoor, Al-Addahia) and in some villages in the outskirts, protection activities directed to children and GBV prevention and response have gradually expanded in the last months to address the growing concern of women and adolescent girls. This includes early marriages, domestic violence, stigma associated with female-headed household or with women suspected to have been associated with ISIL. The emergency response in Al Hol, partially tapped into the overall northeast resources, partially mobilized new ones. The capacity to further scale up remains a challenge for all partners, given the lack of human resources with expertise at local level and the necessity to surge from other areas within Syria and in the region. Resources are also needed to expand the response in Raqqa and other areas of Deir-ez-Zor.

The process of spontaneous or organized IDP returns from the major sites in Northeast Syria was limited during the period in review. Humanitarian partners signaled as a potential concern the increased return trends from off-site

population towards areas in Der-ez-Zor recently affected by hostilities. According to protection actors, some of these movements are spontaneous but may not be well informed, nor safe or sustainable, given the level of destruction and the possible high-level of contamination, including the presence of improvised explosive devices and explosive remnants of war. In addition, according to some sources, some return movements may generate from processes of evictions of IDPs from makeshift settlements or from collective accommodations and public buildings such as schools, often on security grounds. The NES Forum and the Protection Sector have prepared guidelines and key messages for authorities alerting on the violation that processes of evictions with no alternative accommodations constitute, and have solicited humanitarian partners to adopt due diligence when embarking in projects of school rehabilitation.

The return to Deir-ez-Zor can have the positive effects of decongesting the situation in al Hol, and may represent the preferred choice for camp residents and for other displaced population. However, it is essential that such return is voluntary in nature, not premature, safe and in occurs dignified conditions. The Protection Sector and NES humanitarian organization continue to advocate for a substantial scale up of survey and clearance of explosive hazards in the areas of East and South Deir-ez-Zor that have been most heavily affected by the recent hostilities, potential contamination, and where return movements may occur. The Protection Sector has advocated for a tangible engagement of parties, who may have the resources to embark in such extensive clearance and infrastructure repair.

Access

During the month of December, UN agencies transported humanitarian supplies by road to Qamishli, with a total of 112 trucks from Aleppo, Damascus, Homs, Latakia and Tartous governorates. Supplied were also transported by road to Deir-ez-Zor, with 41 trucks from Homs and Qamishli governorates. In January, UN agencies transported humanitarian supplies by road to Qamishli via 29 trucks from Damascus, Homs, Latakia, Qamishli and Tartous governorates. During February, humanitarian supplies were transported by road to Qamishli, via 125 trucks from Aleppo, Damascus, Homs, Latakia and Tartous governorates. During the same period, UN agencies also transported humanitarian supplies by road to Deir-ez-Zor 28 trucks from Homs, Latakia and Damascus governorates.

During the reporting period, organizations faced delays delivering assistance to Qamishli through Al-Tabaqa due to restrictions on the capacity of the bridge. Restrictions remain on WHO's ability to deliver medical supplies via road to Quamishly and Al Hassakeh, with assistance having be air lifted to Quamishly. More than 150 tons of medical supplies were delivered via air and local procurement, with health supplies were being to Qamishli hospital, Al-Hasakeh, Al Hol camp, Ein Issa, Al-Tabqa and Tal Abyad hospital.

NGOs in northeast Syria continued to support service delivery and distribute supplies, without major access impediments to most areas during this period. However, as detailed above, access to areas of southeastern Deir-ez-Zor which have seen intense hostilities since November, remained challenging throughout the reporting period for UN, NGOs and their local implementing partners.

Cross-Cutting Operational Challenges

Humanitarian actors face significant challenges in responding to needs in northeast Syria. These challenges include:

- **Active hostilities and insecurity:** Active hostilities and insecurity in south-eastern Deir-ez-Zor remained a significant barrier to accessing people in need in Hajin and Al Baghouz, as well as other areas of southeastern Deir-ez-Zor, as well as to scaling up humanitarian programming in the area. Amidst a fluid situation resulting in frequent changes in control, there continues to be a particular risk of ISIL infiltration. Ar-Raqqa experienced several IEDs during the reporting period, specifically targeting specifically military convoys, but by their indiscriminate nature also affecting the civilian population. Other episodes, such as the IED in a restaurant in Menbij, also claimed the lives of numerous civilians. Assassination of prominent political figures was also reported, leading to an increasingly asymmetric nature of the conflict and a continuous threat to the security of civilians in many areas.
- **High levels of explosive hazard contamination:** Contamination levels in areas affected by hostilities continue to be considered very high, especially in areas where there has been intense fighting, aerial bombardments and ground shelling. Casualty levels from explosive hazard accidents in Ar-Raqqa have decreased from the end of 2017 but continue to remain high and a major cause of concern. Extensive explosive hazard contamination presents a major barrier to scaling-up humanitarian assistance, allowing safe movements, and basic service provision, particularly in Ar-Raqqa city and in many parts of Deir-ez-Zor, including in areas that have experienced high-levels of spontaneous returns. Limited survey and clearance

capacity presents a further challenge, particularly in Deir-ez-Zor Governorate, where only one humanitarian Mine Action NGO is currently active. Further scaling-up of surveying is needed to gather measure of the scope and presence of explosive hazards before systematic clearance can occur, particularly in areas with limited presence or access like Deir-ez-Zor.

- **Policy environment:** Humanitarian actors remain concerned for the policies implemented by local authorities on the treatment of the displaced population, particularly those subjected to restricted freedom of movement and confiscation of personal documentation, more frequent in certain areas. The treatment of third country nationals remains also of concern, and the humanitarian community has often advocated for the respect of the principle of humanity in addressing all population in need of life-saving assistance, irrespective of nationality, origin, sex/age, perceived or effective political affiliation. The intermittent bureaucratic impediments to operate in IDP sites and conduct certain activities are also of concern for humanitarian actors as it hinders planning, implementation and predictable provision of services to the population. Interference by local authorities in staff recruitment, procurement processes, beneficiary selection and needs-based targeting have also presented challenges to humanitarian operations in Syria.
- **Scalability:** Although the ability to scale-up assistance and local capacity remain limited, the capacity of local actors continues to increase, creating opportunities for increased assistance and service delivery in Ar-Raqqa city and Deir-ez-Zor city. At the same time, the sheer geographic scale of affected areas over which people in need, including IDPs, are dispersed, as well as the distance of existing NGO and UN operational setups from affected areas (particularly in south-east Deir-ez-Zor), represents a significant challenge to implementing humanitarian activities.
- **Funding limitations:** The Syria Humanitarian Fund has disbursed US\$ 4.3 million to partners delivering life-saving assistance to people in Al-Hole camp, and a second reserve allocation has been mobilized. Additional funding is critical in view of the increased needs in the camp, which has seen its population expand more than seven-fold to over 73,000 people during the reporting period. UN agencies have appealed for an additional US\$ 27 million to support the needs of the current population over the next months, including the scaling up of shelter and WASH and to be able to sustain assistance efforts to meet the nutritional, health protection – including child protection and GBV - and food needs of the camp population. Northeast Syria NGOs have also reached out to donors to request additional funding and continued flexibility to redirect existing funds. Gaps also remain for winterization support in northeast Syria. According to the Shelter/NFI sector, as of 28 February, international NGOs responding in northeast Syria were facing a US\$ 1.38 million funding gap for their winterization plan. It is estimated the funding gap will leave approximately 121,015 of the 358,000 people targeted under the plan not covered with winterization assistance.

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