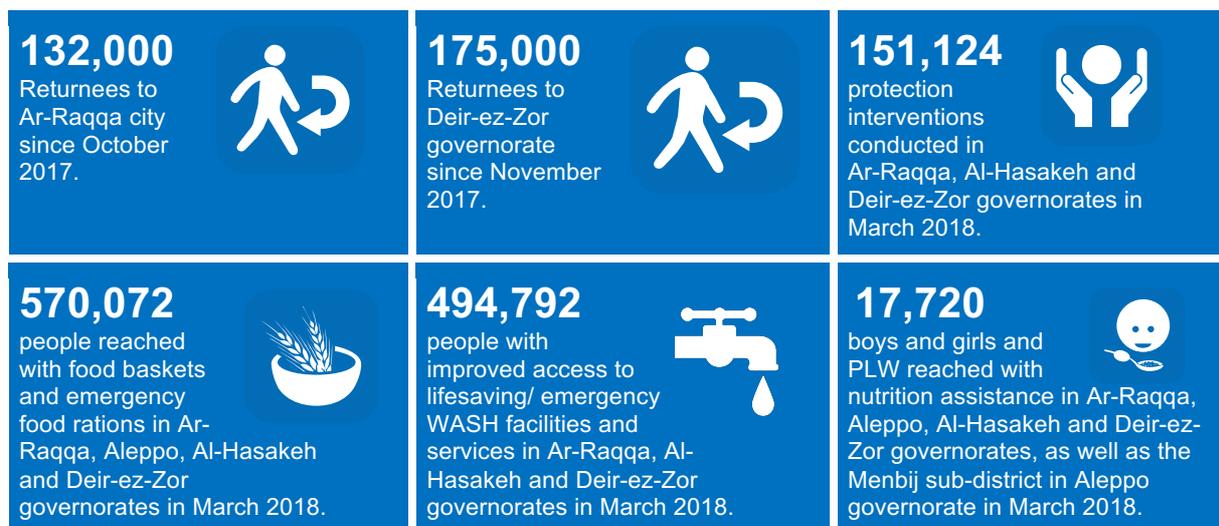




This report is produced by the OCHA Syria Crisis offices with the contribution of all sectors in the hubs and at the Whole of Syria (WoS) level. The situation overview covers the period from 15 April – 15 May 2018. The next report will be issued on or around 20 June 2018.

Highlights

- An estimated 132,000 individuals returned to Ar-Raqqa city since October 2017 and 175,000 to Deir-ez Zor governorate since November 2017, although conditions for returns remain unsafe.
- Explosive hazard contamination remains a major protection concern, which continues to hamper humanitarian access, assessments and the principle of safe returns in both governorates.
- The population in the IDP sites has relatively stabilized, but new IDP arrivals were reported from Deir-ez-Zor governorate in the reporting period, as a result of the ongoing military operations against ISIL pockets.



Situation Overview

Ar-Raqqa governorate

Key issues in Ar-Raqqa city are the protection concerns related to explosive hazard contamination, widespread infrastructural damages and the lack of public service delivery. Deaths and injuries of civilians, including children, due to explosive hazard continue to be reported in Ar-Raqqa city. While contamination levels remain high and have resulted in hundreds of fatalities since the end of the Ar-Raqqa offensive in October, it appears that the trend of blast-related casualties is gradually decreasing to an average of 13 blast victims per week from over 50 per week in November and December. Meanwhile, mine risk education activities have been ongoing across Ar-Raqqa city since January 2018 and humanitarian actors continue to scale up these activities. Humanitarian mine action survey, marking and clearance operations continue in Ar-Raqqa governorate, but not in Ar-Raqqa city.

Approximately 295,823 people from and within Ar-Raqqa governorate were displaced due to military operations in 2017, according to the Camp Coordination and Camp Management (CCCM) Cluster. However, conditions are still not in place for the safe, dignified and sustainable return of IDPs. Displacement will likely become more protracted, as indicated by consultations undertaken earlier this year with IDPs in the major sites in Al-Hasakeh and Ar-Raqqa governorates. Despite these risks, an estimated 132,000 individuals returned to Ar-Raqqa city since October 2017, including from IDP sites as well as the rural areas around the city where some part of the population had also sought for safety during the height of the hostilities.

Access to health care within Ar-Raqqa city is improving, but secondary/tertiary care remains limited. On 24 April, a government-administered health center reportedly reopened for the first time in Ar-Rafika neighbourhood and will provide routine vaccination services to returnees complemented by ongoing NGO-supported routine immunization efforts. On April 29, a new private hospital was also opened in Raqqa city. The hospital will be the fourth to open and will provide surgeries, childbirth assistance and maternity care.

On 25 and 26 April, WFP-provided food assistance for 30,000 people in Ar-Raqqa city through local partners, which was the first WFP delivery to the city in four years. During WFP's last distribution cycle no incident was reported. Moving forward, WFP has plans for the delivery of 6,000 food rations (sufficient for 30,000 people) on a monthly basis through a Hassakeh-based partner.

Major repairs of Al Furosyah Electric Station, the main station that provides power to Ar-Raqqa city and its countryside, were completed in mid-May. As a result, communities in the northern countryside of Ar-Raqqa now have access to the main electricity network. The rehabilitation of the internal electrical networks in Ar-Raqqa city is planned to provide access to the network in populated neighborhoods.

Water is pumped to some neighborhoods in Ar-Raqqa city, and even where it is pumped, the quantity is often insufficient. There is a risk that movements to reach water points may further expose people to safety risks, including explosive hazard contamination. On 14 April, for the first time, the water supply through the local water network reportedly reached the outskirts of Ar-Raqqa city. This water was supplied from the Al-Maslakh pumping station along the Euphrates River with support from WASH sector partners.

Deir-ez-Zor Governorate

During the reporting period, ISIL retained control over several villages in southern rural Deir-ez-Zor governorate on the eastern side of the Euphrates River, as well as areas along the Syria-Iraq border, east of Markada. On 18 April, ISIL has reportedly regained control of the Al-Hasrat village in eastern rural Abu Kamal city. On 1 May, the SDF announced the launch of two separate anti-ISIL offensives in Hassakeh governorate (Dashisha and surrounding areas) and in Deir-ez-Zor governorate (Hajjin to Abu Kamal). The SDF reportedly took control over the Baghouz Tahtani area in northeastern Abu Kamal sub-district on 14 May. In mid-May, hundreds of civilians were displaced from Hajin town in southern rural Deir-ez-Zor due to armed clashes between the SDF and ISIL.

In late April, clashes were reported between the GoS and SDF in the SDF held-areas of northwestern rural Deir-Ez-Zor and Konico Oil field plant at Taiba. This reportedly resulted in the displacement of some 1,000 families from Janinah, Shakra, Jee'a, Al Hissan and Eliyan villages to SDF-controlled areas such as Mihemeedah and Kasra, Suar and other villages. The IDPs are reportedly hosted by the local communities.

Despite the risks posed by explosive hazards, more than 132,000 people are returning to their places of origin in Deir-ez-Zor governorate. Explosive hazard contamination continues to present a daily risk for thousands of children, women and men across Deir-ez-Zor governorate. Without explosive hazard surveys conducted by humanitarian mine action organizations no detailed information is currently available on actual levels of contamination in areas of return. Further efforts are needed to increase the level of awareness of local communities, IDPs and returnees with risk education campaigns, in addition to the conduct of systematic survey, marking and removal of explosive hazards. While current mine action interventions focus on Al-Hasakeh and Ar-Raqqa governorates, needs in Deir-ez-Zor governorate are also reported to be high.

The absence of fully operational public hospitals in Deir-ez-Zor governorate has heightened the vulnerability of civilians seeking medical treatment. As of 15 May, 289 cases of acute diarrhea in Deir-ez-Zor governorate have been reported since 10 March due to the consumption of unchlorinated water from the Euphrates river. On 18 April, the Directorate of School Health reported a measles outbreak especially among school-aged children. A measles vaccination campaign was launched in response to the 22 confirmed cases of measles detected in schools and 45 cases reported among children under age five. In late April, more than 383,000 children were vaccinated against measles in Hassakeh, Deir-ez-Zor and Ar-Raqqa governorates. From 22 to 28 April, 552 cases of Leishmaniasis were reported in Deir-ez-Zor governorate, which has spread largely due to lack of healthcare and health actors.

An estimated 250 IDP families collectively sheltered in public buildings were reportedly evicted in western rural Deir-ez-Zor, such as in Abo Khashab, Jazrat Milaj, Jazarat Abo Hmaid, Busaira and Swaoar. This comes following a decision taken by the Civil Council in Deir-Ez-Zor in 2017 to evict IDPs sheltered in public buildings in SDF-held areas in order to reinstate service deliveries. No alternative shelter options were provided to the IDPs, leaving IDPs to seek shelter within the host community or to set up tents.



Access

During the month of April, UN agencies transported humanitarian supplies by road to Qamishli via 62 trucks (62 WFP) from Damascus, Latakia and Tartous. During the same period, UN agencies transported humanitarian supplies by road to Deir-ez-Zor via 12 trucks (1 UNICEF; 12 WFP) from Damascus and Homs. Organizations reported

being stopped at Atheria and Al Tayeh checkpoints for several days on their way to deliver assistance to Qamishli during the month of April.

In March 2018, cross-border actors reached nearly 600,000 people in need with humanitarian assistance across Al-Hasakeh, Deir-ez-Zor and Ar-Raqqa governorates.

The second humanitarian convoy in two transshipments through the Rabiaa/Yarubiyah border crossed successfully on 25 and 29 April.



Protection

The population in IDP sites continues to remain stable, with limited new arrivals registered in Areesha, Al Hol (IDP phase) and Ain Issa IDP sites, largely originating from the areas of Deir-ez-Zor governorate where hostilities against ISIL are underway. The IDP population in some of the sites located in Hassakeh still largely consists of IDPs from Deir-ez-Zor governorate. Due to scarce coverage and presence of partners, the protection sector has a limited overview of the overall protection situation in Deir-ez-Zor governorate, including on patterns of displacement.

Returns of IDPs from the existing sites to Ar-Raqqa and Deir-ez-Zor governorates continue. Movements remain limited and in line with earlier intention surveys conducted in the IDP sites (see previous reports). While there are no indications that these return are involuntary, in many occasions, they affect only some family members. Information on the reintegration challenges in areas or origin seem to be reaching the IDPs and determine their choice to stay or return. In addition, protection actors operating in the IDP sites continue to interact with the displaced population, disseminating messages on the principles of voluntary, well informed and safe return, and advocating for the importance of attending explosive hazards Risk Education session offered by trained partners in IDP sites.

During the reporting period, some IDP families postponed their intended return to Deir-ez-Zor due to the information on the ongoing hostilities in certain areas of the governorate. Concern continues to be expressed on the restriction periodically implemented by the site administration on the possibility for IDP families to depart with the NFIs received while in the sites. Advocacy continues with the local counterparts on the humanitarian nature of the assistance and on the importance for IDPs to retain minimal assets to support the initial reintegration in areas or origin or elsewhere.

Activities of distribution, upgrading structures and general maintenance by technical sectors are ongoing in all the sites to maintain adequate standards in living conditions. However, the protection situation in the IDP sites continues to require utmost attention, given the presence of recurrent protection risks for the most vulnerable segments of the population. During the last weeks, a participatory assessment has been conducted in several IDP sites by UNHCR, in cooperation with other UN protection agencies. While the findings are being analyzed, some preliminary observations and results of the consultations have indicated that protection issues that have already been repeatedly highlighted by the protection sector remain of concern. Episodes of child recruitment have been reported, but also of young men and women, exposing them to the stigmatization of the community. As a consequence of the restriction to movement outside the sites, lack of resilience and self-reliance of the IDP population is an evident gap, with associated risk of triggering negative coping mechanisms, including early marriages and recruitment.

Limitation in freedom of movement from the IDP sites continues to be seen as a serious impediment. During consultations, IDPs have signaled that the number of permissions to temporary leave the camp for administrative purposes remain very low; the procedures remain inconsistent and unpredictable; the timeframe of the validity of the permits (generally some six hours with permits provided in the afternoon) is a limitation for any meaningful use. The continuous restrictions on freedom of movement retain their negative repercussions also on some health aspects, particularly in Areesha site. Available ambulances seem to be able to transport only urgent cases to receive treatments in the Hassakeh hospital and IDPs reportedly bear the costs of the transport back to the IDP site. In addition, limitation in the availability of specialized treatment in the sites lowers the quality of the assistance. NES protection partners also highlighted the impact of restrictions on freedom of movement on IDPs' ability to register vital events outside of IDP sites. Not being able to exit IDP sites to register these events, for example through obtaining birth notifications issued by medical service provides, will create challenges for IDPs to obtain official documentation at a later stage. There also are reports in Areesha site situation that family members are detained in place of others who are exiting the camps for short periods.

UN Protection agencies and their partners continue to strengthen the protection environment in the IDP sites, in line with a plan of action agreed in January and on which the Sector is providing periodical feedback to the humanitarian leadership. One additional national protection partner started operating in Areesha IDP site, which remains the most populated. GBV actors continue to sensitize the population in the Women and Girls Safe Spaces in the sites and in hosting communities on GBV basic principles, first aid for GBV survivors, gender rights and gender equality, early marriages (definitions, causes, and effects), psychological coping mechanism and stress management, as well as various forms of parental skills.

A surge in international protection staff has been possible for some partners and will hopefully bring with more opportunities for follow up on issues, reinforce coordination, and support capacity building of the local partners. Opportunities have been provided for protection and other humanitarian staff for trainings and sensitization on mainstreaming protection and GBV in humanitarian action, with particular reference to the site situation. This remains a core effort since it appeared that several protection concerns in the IDP sites were also triggered by inadequate practices in shelter and wash interventions. Efforts continue to be invested in strengthening coordination, including with other INGO protection partners, to support synergies and avoid duplications of activities in the sites.

The Protection sector is looking with attention at the situation unfolding in Ar-Raqqa city, where safety and security conditions, including high level of explosive hazard contamination remains a major concern the protection of civilians and for humanitarian access, as visible from the reports of technical experts. There is also ample recognition that return of displaced population is happening and needs to be supported. Needs for all types of protection, child protection, and GBV interventions and services are enormous. Discussions are underway to see how to operationally expand protection presence and services in the areas, without putting the lives of the civilians and of the humanitarian actors at risk.

Humanitarian mine action efforts continue in Ar-Raqqa and in Al Hassakeh governorate, through the deployment of an integrated humanitarian mine action response, which includes: 1) Risk education delivered to vulnerable population, including in IDP camps and in accessible areas of Ar-Raqqa city where people have started to return; 2) Limited emergency survey, marking and clearance of hazardous areas identified by humanitarian partners, local communities and local authorities across accessible areas. However, there is currently no international survey, marking and clearance capacity operating in Ar-Raqqa city for the moment. Needs in Deir-ez-Zor governorate are also reported to be significant, based on the number of blast casualties reported by the Health sector and to the intensity of past hostilities. Clearance, marking and survey activities is highly prioritized by the humanitarian community as a precondition for the safe return of the population; 3) NGO staff members are receiving explosive hazards risk education training and training of trainers.



Cross-Cutting Operational Challenges

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

- **Access and insecurity:** Access to vulnerable communities remains challenging due to insecurity and explosive hazard contamination.
- **High levels of explosive hazard contamination:** The contamination levels in newly accessible areas are considered very high, particularly in Ar-Raqqa city and on Deir-ez-Zor roads, towns and large population centres as well as in rural areas.
- **Policy environment:** Humanitarian actors remain concerned for the policies being implemented by local authorities with regards to the treatment of the displaced population, particularly those subjected to restricted freedom of movement. 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. In addition, any protracted interruption of humanitarian assistance and services in the IDP sites may create push factors for IDPs to return to areas of Ar-Raqqa and Deir-ez-Zor governorates where their safety can be at risk.
- **Scalability:** The scalability of the assistance and local capacity remain limited and unpredictable, including for any possible increase of activities in Ar-Raqqa city. Increasing humanitarian needs will further strain current capacities and require a scale-up of supplies, humanitarian partners and reach. The availability of certain supplies – such as life-saving trauma kits - has been particularly hard hit because of access issues. The delivery of specialized services, particularly for protection partners, also remains a challenge due to limited resources and capacity of local actors.
- **Funding limitations:** In the wake of other competing emergencies in other areas of the country, funding for the projects included in the 2018 HRP are essential necessity for key humanitarian actors to be able to continue operations throughout the first half of the year, amidst competing emergencies elsewhere in the country.

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