



This report is produced by OCHA Syria in collaboration with sectors and humanitarian partners. It covers the period from 12 April to 18 April 2018. 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 evacuees in the northern governorates is being issued by the OCHA Turkey office.

## Highlights

- Despite the suspension of hostilities on Duma and the conclusion of evacuations, the UN was still not granted access to Duma, where an estimated 50,000-70,000 individuals are in dire need of humanitarian assistance after years of besiegement and hostilities.
- The UN continues to face access constraints to other parts of east Ghouta, where an additional estimated 50,000-70,000 individuals reside. The planned inter-agency assessment mission to Kafr Batna, Saqba, and Hammoria is awaiting approval since 3 April. However, MoFA approval was received for a joint MoH/SARC/WHO public health assessment in east Ghouta.
- Humanitarian assistance continues to be provided to close to 45,000 individuals who left east Ghouta and remain in the IDP sites in Rural Damascus. These sites, however, are still severely overcrowded, accommodating on average twice as many IDPs as their intended capacity permits.
- The UN and partners have had to re-direct resources to respond to the East Ghouta emergency, given the \$95 million funding requirement for the Ghouta response. The \$95 million are urgently needed to continue providing life-saving assistance and protection services to people at the IDP sites in Rural Damascus and to those who remained in East Ghouta.<sup>1</sup>



## Situational Overview

On 15 April, the last round of evacuations from Duma to north-western Syria was concluded, and it is currently estimated that since the onset of evacuations on 22 March some 66,000 evacuees have been transported to Idleb and Aleppo governorates. The UN estimates that some 100,000 – 140,000 individuals remain in east Ghouta, 50,000 - 700,000 of them are estimated to reside Duma. Despite the conclusion of evacuations, the UN still has not been granted access to Duma, and its residents remain in dire need of humanitarian assistance after years of besiegement and months under intensified shelling and airstrikes. The United Nations was last permitted to reach Duma over a month ago, on 15 March, with food assistance only for 26,100 individuals. The by now depleted food stocks urgently needs to be replenished in quantities sufficient for all those remaining in Duma, and multi-sectoral assistance, such health, nutrition, WASH and NFI assistance, also needs to be extended to the affected population as a matter of utmost priority.

The UN also continues to face access constraints to other parts of the enclave, notably, a planned inter-agency assessment mission to Kafr Batna, Saqba, and Hammoria remains unable to deploy since 3 April due to lack of approvals. The United Nations reemphasizes the urgency to implement the proposed needs assessments inside East Ghouta, to inform the provision of life-saving humanitarian assistance in Ghouta moving forward. Currently, the UN is only able to provide through humanitarian partners to areas in east Ghouta that recently changed control. Such partners, particularly SARC, are providing food, WASH, and nutrition assistance, as well as health support and some protection services. More specifically, the food sector, through partners, provided 23,920 food parcels/food rations to Ain Tarma, Kafr Batna, Hammoria, Saqba. Health sector-supported mobile teams reached Kafr Batna, Ain Tarma, Arbin, Saqba, Zamalka, Hazzeh, and Harasta, and, with the UNICEF support, the DoH of Rural Damascus is providing health and nutrition services in Saqba, Harasta, Zamalka, Arbin, Ein Tarma and Hazzeh.

<sup>1</sup> This funding gap exclusively highlights the funding requirements for a response to the IDPs in the IDP sites and individuals who remained inside East Ghouta. Further financial assistance is urgently required to assist those who were evacuated to the northern governments.



# Humanitarian Response

## Shelter and NFIs

### Needs:

- 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 the Herjaleh 1 site, the IDP sites will remain overcrowded unless considerable numbers of IDPs are allowed to move out of the IDP sites. Hence there is a need to identify additional sites to ensure adequate living spaces for all IDPs. Additionally, some IDP sites need to be repaired/partitioned to provide IDPs with more privacy.
- Furthermore, there are at least three IDP sites (Al-Adieh, Bardeh, and Bueda) with an approximate capacity of 4,000 individuals that are ready but not yet in use. Relocation of some IDPs to these sites would help to decongest currently overcrowded sites to some extent.
- Some 94,140 individuals are in need of different NFIs across IDP sites and other locations in eastern Ghouta.

 **472,000+**  
non-food items  
distributed to internally  
displaced people

### Response:

- More than 39,000 IDPs have benefitted from different shelter interventions in different IDP sites and another 6,950 IDPs will benefit from ongoing shelter interventions, once completed. The shelter interventions include repairing/rehabilitation/upgrading of existing building structures, the installation of tents and rub halls, and the construction of emergency shelters and sheds.
- The site preparation works continue at the Karnak Transportation Company site, and it is expected that the site preparation works, including graveling, will be completed by 23 April. The preparation works for the installation of 36 large-sized tents continue. The Karnak Transportation Company site is composed of an open space (75,000 m<sup>2</sup>) and a hangar, with a total capacity of 3,880 individuals. According to the site plan, 400 family tents and 36 big size tents will be installed in addition to the rehabilitation of the existing hangar.
- The site preparation works continue at the Herjelleh 1 site, and it is expected that the site preparation works including graveling will be completed by 26 April. The Herjelleh 1 site includes an open space of 75,000 m<sup>2</sup>, and will have a total capacity of 3,070 individuals. According to the site plan, 332 family tents and 47 big size tents will be installed.
- So far, 472,326 various non-food items including blanket, mattresses, kitchen sets, hygiene kits, jerry cans, plastic sheets, solar lamps/lights, winter clothing kits, children clothing kits, diapers for the elderly and children, sleeping bags and sleeping mats have been distributed to the affected population in the ADRA IDP sites (Schools + electricity), Al Bardeh, Dweir, Herjelleh, Khrbet Al-Ward, Najha, Nashabiyeh, and Sehnaya SARC WH/ Yadouda.

 **32,000+**  
IDPs benefitted from  
shelter interventions

### Gaps and Constraints:

- The IDP sites need to be decongested. The approximate capacity of the 13 IDP sites, including Herjelleh 1 site, Karnak Transportation Company site, Al-Aldieh, Bardeh and Bueda is 32,293 individuals whereas currently over 45,000 IDPs are living in eight sites. Hence, even when all sites, including those fully prepared and those under construction, are occupied, the sites will remain overcrowded, and therefore there is a need to identify additional sites to ensure adequate living space for all IDPs.
- 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.
- There is a lack of storing space in the SARC warehouses on site.



## Water, Sanitation and Hygiene

### Needs:

- Despite stabilization of the IDP influx to the majority of sites, the sustained congestion of the IDP sites and limited access and approvals for sector partners to work in all sites means that the WASH facilities are not yet in full compliance with SPHERE standards. This particularly applies to showers, vector control, and hygiene promotion.
- Management of liquid waste, cleaning/maintenance, sewer lines, desludging of septic tanks/ fecal sludge management and vector control remain other critical priorities for the sector to prevent and control the risk of acute diarrhea and other communicable diseases.


**1,200**  
 toilets and bathing  
 showers installed, upgraded  
 or repaired in the IDP sites

### Response:

- Access to safe drinking water has significantly improved through the continuous and reliable delivery of water trucking services; and by improving the existing boreholes, the quick repairs of pumps and generators, and by connecting water supply networks in all IDP shelters with those existing in the city. The WASH sector partners continued the installation of additional water storage tanks and pumps, and exceeded SPHERE standards with regards to per capita consumption of water in most of the sites.
- The second round of water quality testing results from all IDP sites confirmed that water is safe for drinking purposes and other domestic use.
- The WASH sector continued to repair, upgrade and install over 700 functioning toilets and 500 functioning bathing showers across the IDP sites, while the coordination to install additional latrines and bathing spaces for people with special needs is ongoing in all shelters.
- The planning, design, and implementation of WASH work in two new shelters (Al-Karnak and Herjalleh) are ongoing with the participation of many partners, and the distribution of hygiene kits and supplies continued in all sites.
- The close monitoring of the compliance of WASH facilities, supplies and services with regards to the agreed WASH-GBV checklist remains the joint responsibility of all sector members.

### Gaps and Constraints:

- The WASH sector has not yet been able to start and scale up a hygiene promotion campaign (except for one partner), or to obtain feedback how acute diarrhea and communicable diseases can be prevented and overcome in all IDP sites.
- The main challenges are related to hygiene standards, particularly the cleaning of latrines and desludging.



## Food Security

### Needs:

- The Food and Agriculture Sector strategy considers all incoming IDPs as food insecure for at least the first three months (after which the situation is further assessed), 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.


**49,500**  
 Ready-to-eat food  
 rations/canned food parcels  
 provided to IDPs

### Response:

- The immediate response that has been provided by the sector and other humanitarian partners to the IDPs in the sites is as follows: 36,500 ready-to-eat food rations, 13,000 canned food parcels and 92.79 mt of milk. Milk was distributed as an initial response to cover school-aged children within the families, with necessary measures in place to avoid the utilization of milk as a breast milk substitute. Moving forward, date bars and milk will be provided to children only through schools, once they become functional.

- Furthermore, 20,300 bread packs were provided on a daily basis, with plans for a scale up the quantities distributed 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: 14,800 bulk food rations were delivered which are sufficient to provide hot meals to 12,000 persons per day. The Dumair kitchen serves an estimated 14,954 IDPs (figures as per 9 April 2018) from the following IDP sites: Electricity building in Adra, School compound Adra, Fayaa Alsam and Akram Abu Al-Naser.
  - The kitchen in Hafeer is catering to the IDPs in the Al Dweir IDP site: 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: 10,000 bulk food rations were delivered which are adequate to provide hot meals to 5,500 persons per day.
  - An additional kitchen in Al Dweir operated by a charity organization is currently serving 15,250 hot meals per day in Al-Dweir and Abu Al-Naser. The kitchen started serving hot meals for Al-Dweir on 26 March 2018 and on 3 April in Abu Al-Naser, and employs 100 men and women under a cash-for-work modality.
  - Other locations are covered through the kitchens mentioned above on an *ad-hoc* basis.
- Deliveries outside the IDP sites, meaning inside East Ghouta, at the crossing points and inside Rural Damascus, include: 23,920 food parcels/food rations to Ain Tarma, Kafr Batna, Hamouriya, Saqba and Al Tal City (not an official IDP site but 1,400 food rations were distributed to 1,400 households through an NGO); 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 and Constraints:

- The collective kitchen in Al-Dweir started providing hot meals based on the assumption that additional funding would be secured to ensure the kitchen's continuity. However, this currently seems unlikely, leaving some gaps for hot meals for an estimated 10,463 IDPs in Al Dweir and Abu Al Naser shelters. This kitchen will be closed by end of the week due to a lack of funding faced by the charity organization operating the kitchen.
- The major challenge remains site management which negatively affects the distribution process of assistance at the IDP site 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 a need for further assessments to inform the humanitarian needs of persons who remain inside the enclave.



#### Needs:

- Protection risks and needs of the East Ghouta population continue to demand attention and a reinforced response. The capacity of the sites remains overstretched, as space is still not sufficient to guarantee dignified living conditions; partitions to ensure adequate privacy are still not established in all sites; some of the WASH facilities are still in need for improvement to guarantee safe access for women and girls. Protection presence and activities are in constant demand to expand trust with the displaced population, better identify protection risks and improve the reach and the quality of the initial response. Protection needs cannot be met only through a rapid response, particularly considering the prolonged exposure of IDPs to violence, threats, deprivation, psychological distress, lack of normalcy in children's lives, lack of support for persons with specific needs.
- Family unity remains a high concern for women, who do not want to be separated from their adult male and young family members while they undergo the security screening process. Family reunifications across the sites still remain affected by lack of procedures and of an efficient system of computerized rapid registration, to connect databases across sites and facilitate the restoration of family links.
- Advocacy on maintaining the civilian character of the sites needs to continue, limiting the presence of military personnel outside the sides (at a minimum) or at least in spaces distant from women shelters. There is a continuous need to deploy female personnel, only occasionally reported.


**30,000**  
 Women and girls to benefit from the distribution of sanitary napkins and dignity kits, once distributions conclude

- While protection actors are mobilizing, previously identified protection needs persist: psychosocial interventions (PFA/PSS) for all population, and particularly for children; informal learning opportunities to gradually restore educational activities; integrated reproductive health and GBV services, particularly as an avenue to detect GBV concerns, and allowing protection actors to take action to support survivors. The continuous presence of protection teams per site also remains important to support referrals and integrate protection considerations in the various interventions of other sectors, particularly WASH and shelter.
- Continuous awareness on the processes to obtain civil status documentation remains central in the legal aid response, including to facilitate freedom of movement for IDPs once outside the sites. Legal aid partners estimate that more than 31,000 individuals in the sites and outside may currently be in need for support in issuance or reissuance of civil status documentation, with interventions in front of courts or administrative bodies. The main documentation needs appear to be related to the issuance of new IDs and reissuance of damaged/lost ones, birth registration, issuance of family books and marriage certificates, due to the high number of underage marriages that reportedly occurred in previous months/ years. In these circumstances, it is critical to reinforce advocacy at the highest levels for the authorities to consider the evidentiary value of earlier issued notifications of vital events, at least hospital / midwives notification at a minimum, to speed up the issuance of official state documentation.
- The protection needs of IDPs who remained outside the sites in areas that shifted control, or who left the sites are believed to be largely similar. During the last weeks, the arrivals of IDPs from Ghouta has also been noticed in other Governorates, particularly Sweida, Tartous, Latakia. These arrivals were largely from Duma and Nashbiyeh and were largely represented by women, children and older persons, who exited through the sponsorship system via linkages to relatives and acquaintances. Reportedly, from 22 March to 14 April some 247 families with such profile have arrived to Sweida, while some 22 families arrived to Banyas/Tartous and 15 in Latakia. Psycho-social first aid/ psychosocial support, basic material assistance for dignified conditions (children clothing, hygiene and sanitary items), and support to obtain official civil status documentation have been highlighted by teams on the ground.

**Response:**

- According to available information, there are currently at least eight authorized NGOs with protection expertise operating in the IDP sites, alongside the three major UN protection agencies and SARC. UN Protection agencies plan to maintain their presence on the ground on a daily basis to identify protection needs, organize referrals and to inform evidence-based advocacy. This was possible both through protection staff and through child protection facilitators interacting with SARC teams and with the numerous volunteers from national NGOs, who facilitate communication with communities, access to services and facilitation of sponsorship procedures.
- Legal aid support on civil status documentation continued to be provided to IDPs through a specialized national legal partner. A team of 30 lawyers and outreach volunteers, along with a private photographer and employees from the civil registry department/ moukhtars have visited several sites (Dweir, Adra, Akram, Abu Alnasr, and Herjaleh) to identify main documentation needs for further follow up and interventions, and to provide awareness on civil documentation and counseling. Most of the interventions (42%) related to procedures for issuance of ID cards, followed by marriages and connected birth registration (24%), and birth registration (20%).
- Child Protection (CP) activities continued in all sites with a combination of information/ awareness activities, recreational activities and psycho-social first aid in Child Friendly Spaces (CFS). They are carried out by various Child Protection sub-sector partners and SARC to support the well-being of children and to help children to regain a sense of normalcy after the traumatic experience of besiegement and hostilities.
  - Child Protection information desks are functional in the seven main sites (Herjilleh, Adra schools (3) and the electricity compound, AD Dwier, Nahya, Al Nashabeyih and Fahyaa).
  - In Fahyaa Shelter, a Child Protection helpdesk/information desk has been set up inside the shelter and a two-staff mobile team is active. Due to lack of space in the site for a Child Friendly Space, SARC is coordinating with other NGOs to provide recreational activities to children in a small empty space inside the shelter.
  - Child Friendly Space interventions at Adra Electricity and Adra Schools sites by one partner included awareness raising and recreational activities through puppet shows, storytelling for children, group kinetic games, songs and handicrafts for female adolescents.
  - In Al Najhaa IDP site, a location for a Child Friendly Space has been identified and recreational activities have been moved to the new location. Children are targeted in shifts according to age categories.
  - In Al Nashabeyih, the Child Protection information desk and Child Friendly Space is located outside the school premises. However, security restrictions hinder a regular access. SARC volunteers accompany children to the

Child Friendly Space, but on several occasions security officers have reduced the number of children allowed to exit. psycho-social support teams started conducting activities inside the building, while a mobile team is tasked needs identification to identify cases and refer to a Case manager available five days a week.

- Due to the identified high presence of persons with physical disabilities still present in the sites, as well as old persons with mobility challenges, at least two protection actors have started to provide mobility devices in three sites. This complements analogous interventions of partners operating under the health sector.
- Since the beginning of the crisis, an emergency gender-based violence (GBV) response has been implemented in the various sites by four different GBV sub-sector partners and SARC. GBV partners largely operate through mobile teams and integrate GBV and reproductive health interventions, PSS and PFA, as well as general awareness raising on GBV and reproductive health (some 5,500 interventions). Sanitary napkins and dignity kits continue to be distributed to some 30,000 women and girls in reproductive age.
- On the coordination front, several protection partners continue to liaise and operate closely with SARC. The Protection Sector has updated a mapping of protection actors active in the sites. The Sector has also disseminated material on principled referrals, to underline the importance to respect dignity, confidentiality, gender and age sensitive approaches when addressing persons in need. The Sector also shared a referral pathway specifying the protection/ child protection/ GBV static facilities outside the sites. This should allow partners to properly inform and advise the IDPs that are exiting the sites and in need of continuous support.

#### Gaps and Constraints:

- The lack of clarity on various registration systems reportedly in place in the sites by different governmental and non-governmental institutions remains to be addressed. While more detailed registration initiatives for specific cases remain necessary, a unique rapid system of population registration supported by a centralized database at least at site level would be critical to organize the sites; obtain a good sex/ gender disaggregate profile for each site; equitably plan assistance delivery; facilitate family reunification across the sites. It will also avoid exposing IDPs to multiple registrations and support the follow-up of needs once IDPs exit the sites.
- A unique and coordinated system by mandated institutions will be of great support in speeding up the process of restoring family links.
- The duration of the security screening remains a negative factor for family members to make a full use of the sponsorship system, as families try to avoid prolonged separation. An accelerated system will benefit also the decongestion of the sites. The harmonization of the sponsorship system across sites remains a critical point for equitable treatment.
- Inadequate space remains a challenge to ensure dignified conditions, privacy, confidentiality, including for the proper consultation with IDPs to detect needs, and particularly for certain services such as GBV. The respect for basic principles of informed consent and confidentiality in all responsive interventions in favour of persons of concern, particularly women and children survivors of violence, remains a point of advocacy and sensitization with protection partners and institutions. The protection sector has produced and disseminated a series of best practices to support partners on the ground in adopting a principled attitude in referrals.
- Predictable access for UN agencies' protection teams and for partners in general remains a critical element for an effective response. In addition, extending access to some expert partners, particularly on activities such as psychosocial support and case management, including for children, is an important point of advocacy, including to increase adequate coverage and quality intervention.
- Civil status documentation remains a crucial intervention that needs to be supported to improve legal safety, freedom of movement, access to services for East Ghouta IDPs. The recognition of some forms of notification of vital events issued before the displacement remains important to accelerate the process. Seemingly, advocacy needs to continue not to apply penalties and fines for delayed registration, as foreseen by the law, but to waive the requirements considering the specific situation of the families.
- There is an urgent need for fresh funding to support the actors engaged in the East Ghouta protection response. Donors should show flexibility in the use of the funds to scale up the response. Funds against the HRP 2018 protection projects will also allow responding to the needs of the families from East Ghouta reaching other Governorates and being assisted through regular programs in those areas.



### Needs:

- The lack of sustained access by all teams to IDP sites has become an issue.
- There is an urgent need to grant access to other areas in EG in order to support the population and returnees in Saqba, Harasta and Zamalka with basic health service.
- Lack of sufficient mental health and psycho-social support services for both children and adults. Reproductive health services for pregnant women are inadequate and a need for newborn kits was reported. Acute diarrhea, upper respiratory infections and lice infestation remain the most reported communicable diseases. Patients with thalassemia are being detected in shelters, and suspected tuberculosis and hepatitis cases require further follow up.
- Referral services for seriously ill or wounded patients who require further hospitalization, especially during night hours, needs to be further increased. Also, some of shelters 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. Health promotion activities are to be embedded in overall health and WASH sectors response.
- There is 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 IDP sites. Additionally, a lack of sufficient medications for non-communicable diseases has been reported.
- Wheelchairs for adults and children as in general support to people with disabilities required.



**22,000**

outpatient

consultations are provided on a daily basis

### Response:

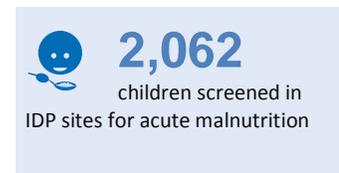
- Support to 85 medical mobile teams, clinics, mobile health units and medical points has been mobilized. Up to 22,000 outpatient medical consultations, including for children under five years, integrated reproductive health services and psycho-social support, are continuously provided on a daily basis across the IDP sites. Additionally, medical teams also reach areas outside the IDP sites, such as Kafr Batna, Ain Tarma, Arbin, Saqba, Zamalka, Hazzeh and Harasta. Three primary health care centers were opened in Saqba, Hazzeh and Ain Tarma. The sector also supports the operational costs for 350 DoH personnel. Additionally, health supplies provided to SARC and DoH Rural Damascus.
- Support is in place for family planning services, antenatal care, including ultrasound scans and supplements, natural deliveries, postnatal care, treatment of reproductive tract infections and referral of high risk pregnancies to public health facilities.
- Vaccination activities covered an estimated of 2,000 children.
- Ten teams of trained community psycho-social support workers provide basic psychological interventions, educational and recreational activities. People with mental health conditions received psychological and /or pharmacological interventions. People in need for medical assistance were identified and referred by the MHPSS teams to receive the needed health care and medicines. An estimated 5,000 people benefit from this programme on a weekly basis.
- A total of 19 EWARS (early warning and response system) sentinel sites are supported. EWARS coverage in the IDP sites was increased through assigned DoH EWARS focal points who provide systematic weekly reports inside six sites and through assigned central rapid response teams who conduct daily visits for investigation of any emerging outbreaks or diseases. Health sector partners are encouraged to follow the reporting lines of the designed health sector assessment tool at a community level.
- MoFA approval has been received to conduct a joint MoH/SARC/WHO public health assessment in East Ghouta. The team will be composed of two epidemiologists, two health sector coordinators, one public health officers and one information management officer, and the mission plans to visit all 25 public health facilities across East Ghouta and to carry out community based assessments. Technical consultations are currently being held with MoH and SARC. Additional MoFA approval was received for the surge of a health sector coordinator who will provide the lead for a coordinated and effective health sector response.
- A total of 1,078 injured and critically ill patients referred to Damascus hospitals since the beginning of the displacement, and are under health monitoring.

**Gaps and Constraints:**

- SARC and DoH coordination at camp level has to be strengthened, and currently there is also insufficient coordination between the health service providers. Medium/long-term plans for simple rehabilitation or the setting up of pre-fab centers has to be coordinated with health sector partners.
- There is a shortage of ambulances by SARC and DoH Rural Damascus, and newly accessible areas require a higher number of equipped mobile clinics/ambulances.
- Regarding the referral process of critical cases, it still can take hours to get patients admitted to hospitals (after passing to many hospitals). Better coordination and acceptance by hospitals is required, and the possibility of referring cases to private facilities remains key.
- Basic health equipment and consumables are required to equip the health points and should be made available with health units and medical teams. Family planning activities need to be enhanced and supplemented with the distribution of contraceptives and reproductive health kits.
- Evening/night shifts of health care providers are not available at all IDP sites.
- The current overcrowding, lack of hygiene in shelters may be directly linked with an increased risk of potential outbreaks, as well as a potential for an increase of vector-borne diseases across the IDP sites.
- The system for the registration of mortality cases and the issuing the required death reports is weak and needs to be further improved.

**Nutrition****Needs:**

- Cases of acute malnutrition and chronic undernutrition and cases with micronutrient deficiencies of women and children under five years of age in the IDP sites continue to be identified, and need sustained support through regular service provision and regular follow-up.
- Food and WASH-related challenges in the IDP sites may affect the nutritional wellbeing of the population.

**Response:**

- Preventive and curative nutrition services are provided to IDPs in the sites through mobile medical teams run by DoH and SFPA with the support of sector partners. More systematic nutrition services are being established in all shelters.
- The DoH Rural Damascus, with the support of UNICEF, is providing health and nutrition services, including treatment for malnutrition, to the population in the newly accessible areas inside East Ghouta (Saqba, Harasta, Zamalka, Arbin, Ein Tarma and Hazzeh) through mobile medical teams (25-45 health workers). During the reporting period, as of receiving reports up to 11 April, 2,062 children under five years were screened for malnutrition, and 75 children under five years were diagnosed with Moderate Acute Malnutrition (MAM), accounting for 3.64 per cent of those screened. Additionally, 13 Severe Acute Malnutrition (SAM) cases, accounting for 0.63 per cent, were detected. All children received adequate treatment. UNICEF also provided supplies to mobile medical teams inside East Ghouta, particularly to support maternal health services.
- UNICEF supported mobile medical teams (60-75 health workers) from the DoH Rural Damascus who are providing health and nutrition services (medical consultations, vaccination and nutrition essential services) in all IDP sites. Additionally, 7-9 mobile medical teams from SFPA are providing medical consultations and nutrition essential services in the IDP sites through UNICEF support. During the reporting period, as per reports received on 12 April from SFPA, 3,722 children under five years were screened for malnutrition (including 510 U6 Months), and 140 Moderate Acute Malnutrition (MAM) cases (3.76%) and 19 Severe Acute Malnutrition (SAM) cases (0.5%) were identified and supported with adequate treatment, including one case that was referred to a stabilization center. Additionally, UNICEF also provided supplies to the mobile medical teams operating in IDPs shelters.
- 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 and Constraints:**

- Comprehensive nutrition services with all components of prevention and treatment need are to be scaled up in the newly accessible areas of East Ghouta.
- Improvements of the coordination practices between implementing partners in the IDP remain a priority.
- Proper practice of infant and young children feeding need to be promoted, particularly to prevent under nutrition.


**Education**
**Needs:**

- Awareness still needs to be raised regarding the Ministry of Education's decision to extend the school year by two months and to facilitate the re-enrolment of students displaced from East Ghouta amongst parents and IDPs in all IDP sites and host communities.
- The large number of school-aged children in the IDP sites who have missed out on significant periods of exposure to learning need to be provided with accelerated learning opportunities.
- Displaced ninth and twelfth grade students need accelerated support classes to be ready to sit for the national official exams in mid and end of May.



**16,000+**  
children started  
benefitting from formal or  
non-formal education services

**Response:**

- A total of 1,000 school bags and stationary were delivered to Harasta city through the Directorate of Education.
- The Rural Damascus Directorate started rehabilitating a school adjacent to the Nashabiyeh IDP site to provide education for the displaced students.
- One hundred desks and 14 teachers' desk and chairs were dispatched to the Dweir school where an estimate of 690 children were re-enrolled in the available school grades (1-9), in addition to the 310 students from the Dweir community. Also, 690 school bags were distributed, in addition to ten schools in a carton kits (each sufficient for 40 students) and five recreational kits (each sufficient for 90 students).
- A total of 16 prefabricated classrooms in the Herjallah site were installed and have the capacity to provide 1,500 students in four shifts with condensed learning. 8,000 school bags, 150 school in a carton kits and 50 recreational kits will be distributed gradually to enrolled children.
- Twelve classrooms have been made available in one of Adra IDP sites (Adra 3<sup>rd</sup> school). 40 desks, stationary (15 school-in-a-carton kits) and seven recreational kits were distributed to facilitate the resumption of learning activities.
- It is estimated that more than 16,500 children in the Adra, Najha, Herjalleh, Dweir and Nashabiyeh sites are benefiting from education in emergencies interventions in the form of organised and regular recreational activities, life skills and citizenship education, and for early childhood care and education awareness sessions for younger children.

**Gaps and Constraints:**

- There are limitations to outreach and support activities to school-aged IDP children who moved out of the sites, which hamper their re-enrolment into schools.
- The bureaucratic and administrative process are stalling the education sector's response.


**Early Recovery**
**Response:**

- Over 713 people (90% IDPs), are employed under a *cash-for-work* modality, for solid waste collection works, and more than 157 tons of solid waste have been collected and removed from IDP sites to temporary landfills, 33 tons of which has already been moved to the final landfills. Due to this intervention, more than 53,500 IDPs now enjoy improved hygiene conditions inside the sites.



**157 tons**  
of solid waste  
collected by IDPs employed  
under a cash-for-work scheme

Furthermore, through this intervention, 67 emergency jobs were created to carry out management, supervision and monitoring activities.

- **Adra Schools Compound:** 63 IDPs, including seven women and four people with disabilities, benefited from the cash-for-work jobs, through which, 30 tons of solid waste were removed to a temporary landfill and 10 tons have been moved to the final landfill outside the town.
- **Adra Electricity Institute:** 145 workers, including 137 IDPs, four women and three people with disabilities, benefited from the cash-for-work employment opportunities in solid waste management intervention in the site. Through this intervention, 24 tons of solid waste were moved to a temporary landfill, 16 tons of which have been moved to the final landfill outside the town.
- **Akram Abu Al-Nasser Center:** 40 IDPs benefited from the cash-for-work employment opportunities, including eight women and two people with disabilities. A total of 4 tons of solid waste were collected and removed from the site.
- **Al-Fayhaa/Baghdad Bridge Center:** 53 IDPs benefited from cash-for-work employment opportunities, including 22 women and eight people with disabilities. More than 23 tons of solid waste were collected and moved to a temporary landfill, three tons of which have been moved to the final landfill outside the town.
- **Al-Harjalleh:** 292 IDPs, including 55 women and five people with disabilities, benefited from the cash-for-work employment opportunities through the solid waste collection and removal works, under which 76 tons of solid waste were collected and removed from the site.



## 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 17 April, a total of 681m<sup>3</sup> of multi-sectoral assistance has been delivered to the the IDP sites set up for the East Ghouta population. A 320 m<sup>2</sup> of mobile storage unit has been installed in Herjalleh to provide storage space for humanitarian commodities. The Logistics Cluster is providing two medium-sized and seven smaller trucks dedicated to SARC operations for delivery assistance from the SARC central warehouse in Adra to the IDP sites. In addition, 700 wooden pallets have been provided to the SARC central warehouse to facilitate loading and offloading operations.


**681m<sup>3</sup>**  
 of multi-sectoral  
 assistance, have been  
 delivered to the Adra, Dweir  
 and Herjalleh IDP sites

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