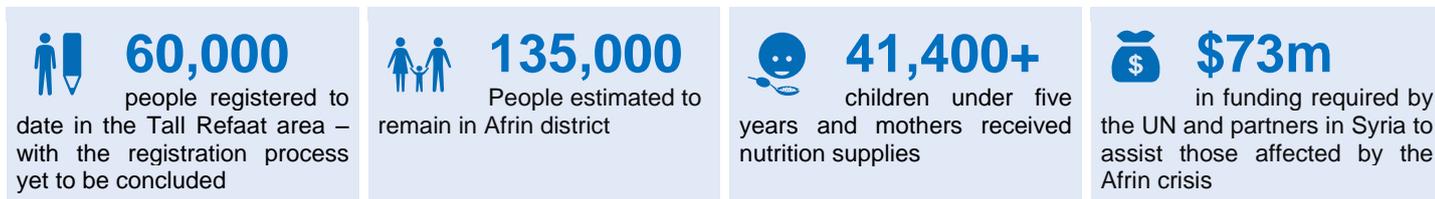




This report is produced by OCHA with inputs from Sectors and humanitarian partners. It covers the period from 24 April to 8 May 2018.

## Highlights



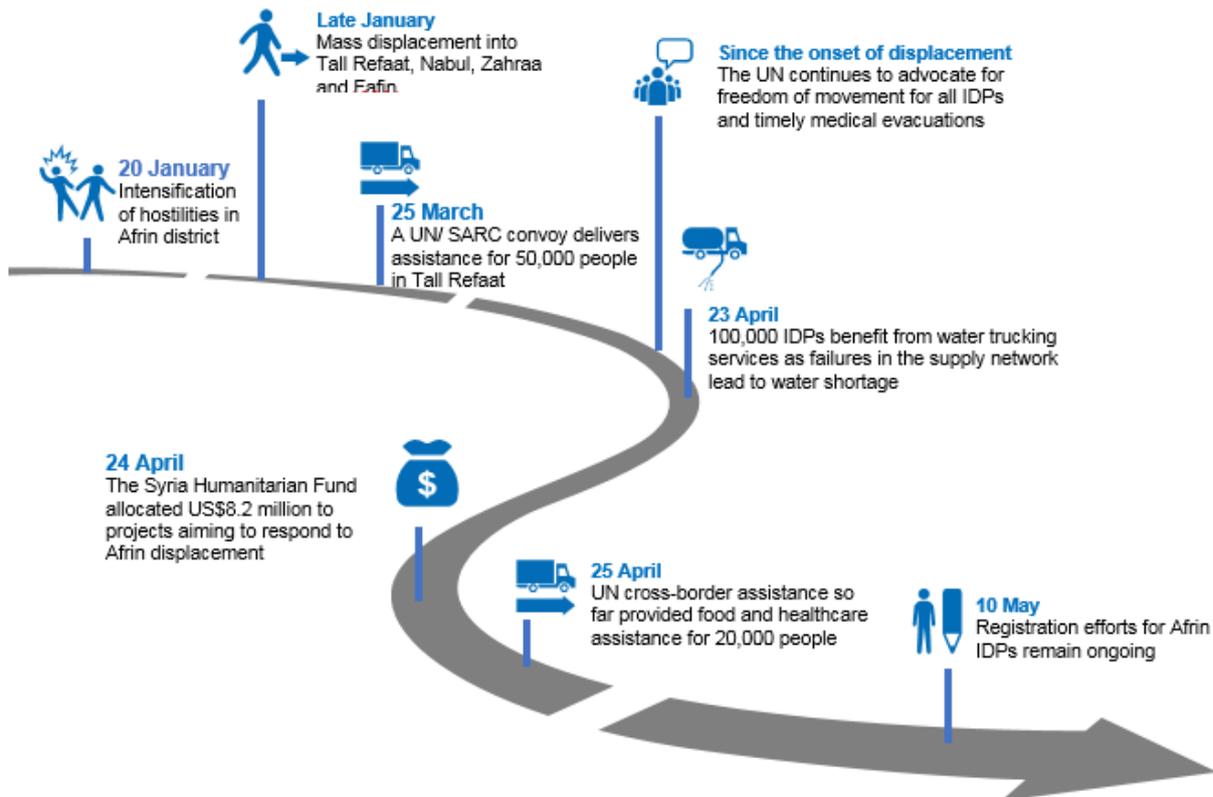
- The accurate determination of IDP numbers for those who left Afrin district is impeded by the slow roll-out of registration efforts, unofficial and unmonitored return movements, and restrictions for humanitarian actors to access all IDP areas. While the registration of displaced people has been concluded by SARC and NGOs in many key locations of the Tall Refaat area, SARC registration efforts in Nabul and Zahraa remain ongoing, and KSA registration numbers for the Fafin area require further verification.
- For people displaced from Afrin district, freedom of movement remains restricted, preventing the displaced population from seeking safety and services in Aleppo city or from returning to Afrin district. More than three months since the onset of military operations in Afrin district, there is growing concern about the risk of a protracted displacement crisis in these areas, impacting both IDPs and host communities, and requiring additional and prolonged humanitarian response efforts.
- An estimated 135,000 individuals currently reside in Afrin district. In Afrin town and surrounding communities, the provision of humanitarian assistance and services by cross-border partners are reported to be improving, while the UN remains unable to reach Afrin from inside Syria. Data collection by cross-border partners for a multi-sectoral needs assessment inside Afrin district took place this week, and the findings will guide the ongoing response.
- The UN and partners in Damascus require at least \$73m to continue responding with life-saving assistance and protection services to those displaced from Afrin district to Tall Refaat, Nabul, Zahraa, Fafin, and surrounding communities. Additional funding is also required to assist those who remain inside Afrin district through cross-border efforts.

## Situational Overview

Military operations in Afrin district began on 20 January, and culminated in the Turkish take-over of Afrin district on 18 March 2018. While an estimated 135,000 people remain inside Afrin district, military operations resulted in mass displacement to Tall Refaat and surrounding communities, as well as Nabul, Zahraa, and Fafin. SARC and NGO-led registration efforts of IDPs who left Afrin district are ongoing, and initial estimates from SARC and local NGOs indicate that some 60,000 individuals are sheltering in the Tall Refaat area, predominantly in empty houses and schools that have been converted to makeshift collective shelters as well as in empty houses left vacant by previously displaced families. Registration efforts are also still ongoing in Nabul and Zahraa. Local authorities in the Fafin area and surrounding villages estimate some 60,000 displaced people are residing in the area, including 5,626 individuals in the Barkhadan, Al-Aser, Afrin, and Al-Aloushiyeh camps; however, earlier SARC estimates for IDPs in the area were significantly lower. Further verification of IDP numbers is necessary but remains challenging due to the limited number of partners with regular presence in the area. An accurate assessment of IDP numbers in the areas outside Afrin district has also been complicated by spontaneous smaller-scale return movements and some restrictions on access to IDP locations for humanitarian actors.

The lack of freedom of movement for IDPs remains a key concern, and most IDP movement are between the displacement areas, yet there are some reports of limited return movements to Afrin via unofficial routes. These restrictions of movement mean that displaced people continue to be prevented from moving to areas where they would potentially have better access to services and humanitarian assistance, better housing arrangements and/or the ability to return home.

## Timeline of the Afrin Crisis



There are reports of displaced people arriving to new IDP sites in Tall Refaat and Fafin from nearby areas, including from Nabul and Zahraa, reportedly due to being unable to afford alternative accommodation or access other locations where they could shelter with relatives and acquaintances. This has increased needs in existing IDP sites, where assistance is already stretched, as accommodation in the IDP sites appears to become a longer term rather than a temporary solution. Due to a lack of employment opportunities, the majority of IDPs in the area are reported to be reliant on rapidly depleting savings, while prices in the local markets of Tall Refaat are reported to be at least 10 per cent higher than in Aleppo city.

Humanitarian organizations continue to appeal to all parties in control of displacement areas and of Afrin district to adhere to their obligations under IHL and IHRL, and to allow internally displaced persons to either return voluntarily, in safety and with dignity, to their homes or places of habitual residence, or to resettle voluntarily in another part of the country. The frequently reported lack of official civil documentation, due to loss or destruction, remains a key concern, and the fact that partners specialised in civil documentation have not yet been able to reach several areas of displacement makes it challenging to address this assistance gap.

In Afrin town and surrounding communities, the provision of humanitarian assistance and services by cross-border partners are reported to be improving, with indications that all bakeries are currently operational and selling bread at reasonable prices. Since the beginning of May, a hospital in Afrin town is reported to be providing free medical services to the affected population, including some 200 consultations per day. Another NGO-supported hospital in Afrin town has recently resumed offering services to the affected population, and is providing an estimated 350 consultations daily. In addition to the services provided by hospitals, mobile clinics are active in Afrin town and some 30 pharmacies and 25 private medical clinics have reopened since the beginning of May. The availability of food and non-food items is reported to be improving. Solid waste and rubble removal are also reported to be underway. With regards to safe water, civilians in Afrin town and surrounding communities continue to rely on water trucking services, as water through the network remains unavailable. Repair work of the pumping station at the Midanki dam remains ongoing with reports indicating that it will come into service soon.

Data collection for a multi-sectoral needs assessment through cross-border partners took place this week, and analysis is now ongoing to guide the humanitarian response and early recovery effort inside Afrin district.

An estimated 135,000 people remain inside Afrin district. In the western part of the district, an estimated 10,000 IDPs from Rural Damascus are reportedly residing in two IDP camps around the communities of Jandairis and Deir Balut. In addition to those residing in camps, IDPs from Rural Damascus have been allowed to settle in vacant houses. While some are paying rent, reports of IDPs residing in empty houses without obtaining the permission of their owners continue to emerge.

Despite a slight decrease, anecdotal reports of incidents of theft and confiscation of civilian property, as well as arbitrary detention of civilians by local armed groups continue to emerge. Those with perceived Government of Syria affiliations are particularly at risk. A curfew has reportedly been put in place in Afrin town from 9pm to 6am, which applies to both civilians and armed group members. The UN continue to call on the parties to the conflict to ensure the protection of civilians and civilian infrastructure and facilitate safe and unimpeded access for humanitarian actors.

## Humanitarian Response



### Shelter and NFIs

#### Needs:

- Most of the IDPs in the Tall Refaat area continue to shelter in empty houses, the majority of which need doors, windows, and minor rehabilitation works for WASH facilities. As most IDPs only have verbal approval from the authorities to shelter in the abandoned houses, potential housing, land and property-related issues need to be taken into consideration before any shelter interventions can be undertaken in privately owned houses. Currently, there are 15 schools in the villages surrounding Tall Refaat used as shelters and partitions need to be installed to provide privacy to the families.
- Some IDPs in Kafr Naya and Ziyara are in need of urgent shelter assistance. While some IDPs were provided with tarpaulins, this intervention is insufficient to meet their shelter needs with a view to adequacy and privacy.
- In Nabul and Zahraa, IDPs are accommodated in IDP sites (mainly mosques and private halls) and while the authorities are planning to relocate IDPs in the collective settings to the Tall Refaat area, a need for partitioning has been identified in the interim.
- Regarding NFI needs, based on IDP estimations and the identification from partners on the ground, 220,280 individuals are in need of a variety of NFIs. This number includes individuals in Afrin.

#### Response:

- Shelter partners have finished the installation of 213 shelter kits in mosques and hangars in Nabul and Zahraa. Through this intervention, partners have served 426 IDP families, corresponding to 2,556 individuals.
- Shelter partners have started installing shelter kits in houses in Tall Refaat. So far, 25 kits have been installed, benefitting 150 individuals, while plans exist to install 300 kits by 20 May.
- A total of 1,000 family tents has been delivered to Aleppo as a contingency measure.
- So far, members of the NFI sector distributed 437,824 various non-food items to the affected population in Nabul, Zahraa, Tall Refaat, Aleppo city and Afrin via the inter-agency convoy. The delivered items included hygiene kits, plastic sheets, blankets, mattresses, kitchen sets, jerry cans, buckets, solar lamps, sleeping mats, children clothing kits, sleeping bags, winter clothes, diapers for the elderly and for children and moquettes.



**3,700+**

Individuals benefited from shelter kit interventions



**437,000+**

non-food items distributed to internally displaced people

#### Gaps and Constraints:

- Many IDPs who are currently sheltering in empty houses have only verbal permission by the authorities to occupy these houses. This may create housing, land and property-related issues in the near future. Lack of approvals for shelter partners is one of the constraints for shelter interventions.
- The local administration is planning to relocate IDPs families living in mosques and hangars from Nabul and Zahraa to Tall Refaat and surrounding areas, and therefore the planned shelter interventions in these sites are on hold.

- The available shelter items and current funding levels are not sufficient to respond or to maintain an adequate response to the shelter and NFI needs in the areas where the affected population resides.
- The lack of clear registration numbers for IDPs hinders reliable planning and could lead to a duplication of the required assistance. Similarly, constant population movement has led to a limited number of cases where assistance was sent to locations that were no longer hosting IDPs.
- There is limited warehousing capacity for partners and SARC.



## Water, Sanitation and Hygiene

### Needs:

- Some areas in Tall Refaat and the surrounding villages currently suffer from a water supply shortage from the main networks at the household level due to a need for maintenance at the pumping centers.
- IDPs in Nabul, Zahraa, Tall Refaat and surrounding villages do not have sufficient showers/bathing facilities at their disposal. Recently shared reports indicate high percentages of lice-infestation amongst children. This particularly applies to IDPs in collective site settings, while IDPs in houses have better access to sanitation facilities.



**125,000**

IDPs benefitted from water trucking services

### Response:

- Rehabilitation works of the water pumping centers is ongoing to restore water pumping activities to the entire IDP reception area. These works are supported by sector partners in cooperation with the Aleppo Water Establishment. In the interim, a total of 178 public tanks of 5,000 liters-capacity have been installed in Nabul, Zahraa, Tall Refaat and the surrounding villages by sector partners to secure an alternative water source. Another partner is conducting water trucking activities to secure access to the minimum water supply requirements for 125,000 IDPs in the entire area, including Al-Shahbaa and Fafin Camps (15 liters per day).
- WASH items sufficient to serve 100,000 IDPs were delivered by sector partners to assist IDPs in maintaining their personal hygiene practices, with distributions currently ongoing.
- To date, 70 toilets and 36 units of showers were installed in schools in Deir Jmal, Kherbet Al Hayat, Kafr Naya, Zyrara and Kahres villages areas; in the Fafin camp, the installation of 96 toilets and 60 showers is currently ongoing, while 247 toilets and 247 showers are in the pipeline for the coming two weeks to cover the needs of IDPs in the Fafin and Tal Sardam camps. The standard for the WASH facility installation is 50 persons per unit.

### Gaps and Constraints:

- Solid waste management, including its collection and removal, remains a major gap.
- Regular maintenance and cleaning of the existing sanitation facilities in the IDP sites needs to be ensured.
- Water quality check is a concern, considering the large caseload of IDPs served on a daily basis.



## Food Security and Agriculture

### Needs:

- The Food and Agriculture Sector strategy considers all newly displaced individuals as facing acute food insecurity and as being in need of immediate food assistance.

### Response:

- Since 30 March 2018, the immediate response that has been provided by the sector and other humanitarian partners to the IDPs in Tall Refaat, Nubula, Zahraa and Fafin includes 28,350 ready-to-eat food rations, 3,000 canned food parcels, 5,000 food rations, 31,200 liters of milk, 23,000 bread packs (daily) and hot meals for 20,000 individuals. Milk was distributed as an initial response to cover school-aged children within the families, with necessary measures were put in place to avoid the utilization of milk as a breast milk substitute. Moving forward, milk will be provided to children only through schools, once the schools have become functional.



**31,350**

ready-to-eat rations and canned food rations provided to IDPs

- The daily distribution of 7,000 bread bundles (3,000 bundles for Tall Refaat and 4,000 bundles for Nabul) out of the 23,000 bread packs being provided was extended to May 2018. The sector response aims to cover the immediate food needs of IDPs for a minimum of one to four weeks. When the IDPs have access to cooking facilities, regular monthly food assistance will be provided.

#### Gaps and Constraints:

- A sector partner's regular programming activities to cover 4,000 households (equivalent to 20,000 individuals) with food baskets in Zahraa and Nabul town/villages still needs to materialize.
- There is a need to finalise the IDP registration process in order to identify and address any possible gaps in the response.
- The collective kitchen in Tall Refaat started providing meals based on the assumption that additional funding would be received to ensure the kitchen's continuity. However, this currently seems unlikely, leaving a critical gap for hot meal provision in Tall Refaat, Nabul and Zahraa IDP hosting sites and surrounding areas.



#### Protection

#### Needs:

- Protection partners continue to highlight recurrent protection risks, including child protection (CP) and GBV affecting the displaced population from Afrin in collective shelters, accommodations, as well as in IDP sites established in the Tall Refaat and Fafin areas and where additional needs are emerging.
- Some of the IDP sites (e.g. Aseer site) appear to have established community structures and initiatives to maintain vigilance on the situation of women and girls and promote some activities for children. However, this may not be the case in other sites. There is an urgent need to mainstream protection/GBV in all the emergency interventions (e.g. in WASH, shelter, distributions).
- It appears that new sites in Tall Refaat and Fafin are increasingly gathering IDPs from nearby areas, but also from Nabul and Zahraa, where IDP families seem to have exhausted means to ensure their accommodation. These secondary movements are of concern, as they generate more permanent IDP sites with new assistance needs. Moreover, these moves are also triggered by the constraint in freedom of movement: consultations with IDPs continued to highlight how several families have relatives and acquaintances in Aleppo and would be keen on reunifying with them in the city, yet their access continues to be constrained.
- A need for reproductive health services was stressed by consulted women and girls during recent missions to rural villages in Tall Refaat. It is likely the only available avenue to detect forms of GBV. Hygiene and other personal items for women and girls of reproductive age is in demand due to the scarcity of such items in the markets in the most remote areas. A phenomenon of early marriages – not common before displacement – is reportedly emerging as a “protection mechanism” in IDP sites, where community networks and safe environment have been disrupted. Early marriages seem to be driven by the motivation to preserve the family reputation in situations where men and women share overcrowded shelters. Awareness and support to avoid such negative coping mechanism remain essential.
- Child protection interventions are still in high demand. In some locations (e.g. in Aseer IDP site), the community have tried to organise some activities for child well-being, but they remain insufficient. Due to the lack of schooling and other forms of learning and recreational activities, families consulted by protection actors reported that some children have developed violent behaviours in their interaction. Cases of children unaccompanied or separated from families continue to emerge during the visits, demanding proper handling of the cases by trained case managers. It is to note that some children could be reunited with family members in Aleppo in adequate care arrangements if mobility is allowed.
- Risk Education remains a need, for children as well for the population in general. Recent monitoring visits of protection partners in rural areas of Tall Refaat have reported contamination, and the authorities have been alerted to undertake decontamination activities.
- Persons with specific needs, notably older persons and persons with disabilities, continue to demand increased attention and some forms of dedicated support (mobility devices, diapers) to improve their mobility and dignity.

**33,800+**

Protection Interventions in favor of children (including recreational activities, risk education, psychosocial support, prevention of family separation)

- Concerns regarding missing or destroyed documentation remain to be addressed, also to facilitate unimpeded movements to other areas, if and when allowed. As displacement protracts, the need of recording new vital life events will emerge in all locations. While in some areas new born children are provided with birth notifications by local mukhtars, there is a need for specialised partners to facilitate the issuance of official birth registration and other documentation.

#### Response:

- Protection actors from Aleppo are trying to expand their services to other locations, in the rural areas and IDP sites. They currently have presence in Nabul and Zahra (protection and CP), Tel Refaat town and numerous surrounding villages (protection, CP, GBV/RH) and in Shaba and Fafin IDP sites (CP, GBV and RH). Existing services remain available in Aleppo city through facilities already present in several neighbourhoods where Afrin IDPs are settled.
- *Nabul and Zahraa:* IDPs continued to be supported from a Community Centre in Nabul providing several integrated protection services, working five days a week. Outreach Volunteers and mobile teams linked to the centre are also reaching IDPs in the four remaining collective shelters in Nabul city and in Zahraa. Since the beginning of the emergency situation in mid-March, more than 2,500 interventions have been provided to persons with specific needs, including risk awareness, psycho-social first aid and psycho-social support. Since 20 January, 17,317 children and 400 adults were reached with recreational activities and PSS, 8,701 children and 2,667 adults with risk education; 2,704 children and 150 adults with awareness-raising on prevention of family separation; and 144 children were provided with case management and referrals. Since the start of the response, GBV partners have provided PSS services and have distributed sanitary napkins, male and female dignity kits to some 4,000 women and girls in this area.
- *Tall Refaat and surrounding rural villages:* The protection response in these areas and in the new IDP sites continued to rely on mobile activities. More than 2,300 interventions for persons in need have been provided, including PSS interventions (760), risk awareness and sensitisation on protection topics (some 1,500), some targeted material support to individuals with specific needs, through the provision of mobility devices and dedicated material assistance (33 individuals).

Since the start of the response, various CP partners supported by UN protection agencies have reached almost 2,700 children with recreational and PSS activities through mobile teams; 1,488 children with risk education; and 823 children with awareness-raising on prevention of family separation.

The GBV response has been extended also to some of the newly established IDP sites (Fafin and Shaba), with mobile teams touring the areas and offering integrated GBV/RH services, PSS support, and distributing dignity kits. Since the start of the intervention, more than 14,000 dignity kits and more than 6,300 winterised kits for women (80%) and men were distributed in these locations. Mobile teams have also been active in providing a confidential avenue for awareness sessions, sensitisation session on GBV, including for male participants, as well as psycho-social support. Since the start of partners' activities in these areas, some 3,194 women and girls and some 495 men and boys have been reached.

#### Gaps and Constraints:

- Constraints on freedom of movement for IDPs in Tel Refaat to move towards Aleppo, where several have family ties, or to return to Afrin have not improved. There is information that multiple parties may be hindering the return of IDPs to Afrin. The Sector continues to call for high level advocacy with all parties in control of the area to facilitate the freedom of movement and right to return. This will also avoid an aggravation of the humanitarian situation with the proliferation of IDP sites.
- The resort to secondary occupation by IDPs from Afrin of abandoned properties in Tall Refaat remains a concern for future disputes between legitimate owners and secondary occupants. This is mirrored by similar concerns in Afrin town, with reported situations of families from other areas in Syria occupying vacant properties of IDPs. Some form of commitments by IDPs to vacate the properties that they have temporarily occupied in case of legitimate claims by the returning owners should be encouraged with all authorities.
- The creation of IDP sites requires additional interventions and new investment, coupled with robust sensitization on protection and GBV mainstreaming in the all interventions (WASH, shelter, distribution) to ensure adequate inclusion and dignity.
- Language barriers are being addressed by various partners on the ground through the hiring of Kurdish speaking staff, particularly to allow proper access to children and older persons, but the issue remains a challenge in newly created IDP sites.

- There is an urgent need for fresh funding to allow protection actors to continue to respond and expand the protection services for the displaced population from Afrin. The current response is increasingly addressing protracted displacement and occurs in conjunction with other competing emergencies across the country. In the absence of adequate funding, the Afrin response is carved out from regular programming and causes a rapid depletion of such resources.
- There are limited referral services for critically ill or wounded patients who require further hospitalization and need to receive advanced health care services, and the system is in urgent need of further improvement.



#### Needs:

- In areas receiving IDPs from Afrin district, acute diarrhea, upper respiratory infections and lice remain the most reported communicable diseases amidst the IDP population, in addition to suspected measles cases, noting that the number of suspected measles cases has been decreased in reporting period.
- There is a lack of specialized and advanced healthcare facilities for patients with “neglected” health conditions (trauma, amputations, cancer, and congenital disabilities among infants, etc.) in addition to hemodialysis centers.
- Reproductive health services for pregnant women, particularly for operative deliveries, are inadequate, and there is a lack of mental health and psycho-social support services for both children and adults.
- A lack of sufficient medications for non-communicable diseases has been identified, and furthermore, suspected tuberculosis and leishmaniasis cases require further follow up.


**58,000+**  
 Outpatient consultations provided since the onset of displacement

#### Response:

- Health sector partners have enhanced their response to cover key locations hosting IDPs, including collective shelters and newly established IDPs camps. Furthermore, a daily coordination mechanism had been established between partners and the responsible technical departments of the DoH.
- A total of 36 medical mobile teams, health units and medical points that have been mobilized in areas where Afrin IDPs reside: five DoH donated mobile clinics, five SARC mobilized mobile clinics, 17 mobile medical teams by NGOs, one mobile vaccination team, three DoH PHC centers, three SARC PHC, one NGO PHC, one dialysis center, and one local hospital.
- A total of 17 NGO-supported medical mobile teams (with an additional 10 teams in the pipeline) and one NGO-supported public health clinic are providing essential health care services, including pediatrics and reproductive health care services to the displaced in areas where Afrin IDPs reside.
- A cumulative total of 58,179 medical consultations have been provided since the beginning of the Afrin IDPs response, which corresponds to 2,300 average daily consultations.
- Through coordination between SARC and national supported NGOs, the referral system for Afrin IDPs from Zahraa local hospital has been enhanced, and 128 cases received STHC services, including 59 deliveries. SARC ambulances are facilitating the patients’ transportation.
- One shipment of health supplies was delivered to SARC during the reporting period, in addition to four shipments of psychotropic medications that were delivered to SARC and three NGOs. The total number of received items can provide up to 249,500 treatment courses.
- A total of 33 registered kidney failure patients are treated at the SARC Nabul dialysis center, where one specialist and two health workers were mobilized.
- Routine immunizations are being carried out in five DoH fixed posts in Nabul, Zahraa, Deir Jmal, Kafar Naya, and Meskan. Moreover, IDPs sites were targeted through the national immunization days. 4,065 U5 children were OPV vaccinated and 7,989 U5 children received routine immunisations.
- A total of 6,399 U5 children were vaccinated against polio (sub national campaign), over 13,900 were screened for their routine vaccination status, and 2,047 drop out children were vaccinated.

- A Leishmaniosis centre was activated in Fafin town wherein related treatments are available. Furthermore, 700 mosquito nets were distributed in Fafin camp.
- Twelve social workers are working for three supported NGOs; 423 mhPSS services were provided during reporting period (physiological first aid, basic psycho-social support services, and counselling).
- Eight mhGAP trained doctors (NGOs) and four mhGAP trained doctors (DoH) have been deployed in mobile medical teams and fixed PHC to the IDP sites; 255 mhGAP consultations were provided during reporting period.
- Coordination is ongoing between sector partners, including SARC and DoH to set an active mechanism to transport critical cases. Approval was received from MoFA to facilitate medical transportation for IDPs who fled from Afrin and are currently in Nabul, Zahraa and surrounding villages to the city of Aleppo.
- Several cases are being transported by SARC to the Aleppo University hospitals based on approval of local authorities which facilitate the transportation of critical/emergency cases. .

#### Gaps and Constraints:

- Newly accessible areas require a higher number of equipped mobile clinics/ambulances, to improve access to primary health care services. There are only limited health care options for patients with tuberculosis and leishmaniasis.
- A suboptimal referral system (case by case basis rather than a systematic approach) and limitations in reaching health facilities in Aleppo are resulting in lengthy clearance procedures for the referral of sick and injured patients.
- Family planning activities need to be enhanced through the distribution of contraceptives and reproductive health kits.
- The current overcrowding in many locations, including camps, and lack of hygiene in several IDP sites might be directly linked to an increased risk of potential outbreaks. There is a potential for an increase of vector-borne diseases across the IDP sites.



#### Needs:

- People still have limited access to sustained essential nutrition services. Children under five years of age have signs for chronic malnutrition while health workers reported the presence of acute malnutrition cases among children and pregnant and lactating women.
- Poor practices of infant and young children feeding are still noticed as the distribution of breastmilk substitutes, including untargeted distribution of artificial formula by private charities, were observed. This untargeted distribution puts young children at a greater risk of disease and death, as a result of poor hygiene and sanitation practices, among others. As a response, sector partners have intensified awareness raising sessions on optimal infant and young child feeding practices, including exclusive breastfeeding and complementary feeding. An urgent and comprehensive response is required to ensure sustainable access to quality preventive and curative nutrition services.
- Since beginning of Afrin response, DoH and MSJM with support of sector partners screened approximately 6,028 children under five years of age and 749 pregnant and lactating mothers. Of which, 68 children (51 MAM and 17 SAM) and 36 pregnant and lactating mothers (all MAM) were diagnosed with acute malnutrition and enrolled in treatment program.



#### Response:

- The DoH, MSJM and SARC through the support of other sector partners are providing life-saving nutrition interventions in all sixteen IDP locations to children under five years of age and pregnant and lactating mothers.
- Sector partners are supporting DoH and MSJM to deploy three nutrition mobile teams and two fixed Outpatient Therapeutic Programme (OTP) centres that are providing preventive and curative nutrition services to children and mothers, including services related to the identification and treatment for severe acute malnutrition among children.

- DoH with the support of sector partners is providing treatment for moderate acute malnutrition among children under five and pregnant and lactating mothers.
- SARC with the support of sector partners is providing high energy biscuits and plumpy doz to IDPs children and mothers.
- Sector partners are supporting infant and young children feeding awareness sessions on daily basis, and so far more than 7,325 CBA women were reached by breast feeding and complementary feeding education.

#### Gaps and Constraints:

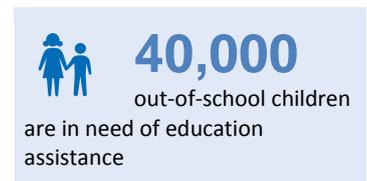
- There is only limited DoH storage capacity of in Tall Refaat, and mobile teams get their nutrition supplies from DoH Warehouse in Nubul and Zahraa, creating extra effort and cost. Supply gaps were also identified in the Aleppo warehouse affecting all nutrition items; although the replenishment process has already been set in motion.
- More coordination is required between partners to respect the service mapping carried out by the sector and to avoid duplications.
- Constant IDP movement between reception areas makes follow up of cases very difficult.
- Protection, promotion and support for infant feeding practices, including exclusive breastfeeding and complementary feeding practises, remains a challenge and needs to be prioritized and scaled up.



## Education

#### Needs:

- The estimated number of Out-Of-School-Children in need of education support is around 40,000, while the targeted children in the immediate response is around 5,000 children.
- More than 15 schools are used as IDPs shelters in Tall Refaat and its surrounding villages, impacting the education response. The education sector members need to assess alternative locations to setup learning spaces reachable and accessible by IDP and host community children; however, the issue of contamination and limited capacity of local authority to clear these locations are reducing the possibility to have sufficient learning spaces for all children of school age.



#### Response:

- The Education sector members are continuing education awareness and promotion campaigns in Nabul, Zahraa and Tall Refaat areas. Five schools have been identified and approved by DoE to accommodate IDP children for self-learning activities. The education activities will start soon as these schools do not require any rehabilitation or furniture.
- At the Shahba Camp, 200 school-aged children have been identified, and three classrooms within the camp are ready to accommodate children to complete non-formal/self-learning educational activities. Volunteer teachers have been mobilized from the camp; in addition, teachers will be mobilized by the department of education.
- Eight national exam centers were established in Nabul and Zahraa with the expectation to have approximately 4,000 students ready to sit the 9<sup>th</sup> and 12<sup>th</sup> grade official exams.

#### Gaps and Constraints:

- Pending MOE approvals are delaying the response to the needs of school-aged children.
- The lack of learning spaces and functioning schools is affecting the expansion of the response, particularly as schools continue to be used as shelters.
- Space to set up temporary learning spaces to hold Education in Emergencies activities in the shelters is still not available due to overcrowding.

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