**Situational Overview**

Since the start of military operations in south-west Syria, the UN continues to receive reports of civilian deaths, and alleged indiscriminate attacks on health facilities, schools and NGO offices. This includes reports that on 30 June, air strikes hit a school in the Ghasam area of eastern Dar’a where many IDPs were reportedly sheltered, allegedly killing nine civilians, including three women.

The sustained violence in south-west Syria has further resulted in the displacement of some 285,000 - 325,000 individuals since 17 June. Of those, up to 189,000 IDPs have moved to areas in immediate proximity to the Golan Heights and up to 59,000 displaced to areas in close proximity to the Al-Nasib border crossing with Jordan. Close to half of those displaced to the Jordanian border are estimated to be children. While the Government of Jordan has announced on 3 July that they will open three border crossings for the dispatch of humanitarian assistance into Syria and the Government of Israel has reported to have sent some assistance towards the areas of displacement, both governments have announced that displaced Syrians will not be permitted to cross into their respective countries.

The living conditions of IDPs stranded in the two border areas are extremely difficult, with IDPs lacking adequate shelter, WASH facilities and sufficient amounts of basic assistance, particularly health. Up to 70 per cent of IDPs close to the Golan Heights area are reported to be without shelter, leaving them exposed to harsh weather conditions, such as dusty desert winds and high temperatures. The situation close to the Jordanian border is similarly severe. The UN has received reports of up to 15 deaths close to the Jordanian border and one death in the Golan Heights area, due to scorpion bites, dehydration and diseases transmitted through contaminated water. While some critical medical cases have been able to seek treatment at medical facilities in Ramtha and Irbid in Jordan, casualty numbers are likely to increase unless humanitarian aid is rapidly scaled up, comprehensive medical services are provided and medical evacuation protocols are put in place to serve all IDPs in the south-west. Medical needs due to conflict-related injuries are rapidly increasing, and current estimates using IDP figures, indicate
that 36 to 44 per cent of pregnant women will require delivery services each day, of which six or seven per cent will require emergency obstetric care, such as caesarean sections.

The four GoS-established “corridors” through which individuals can move towards GoS-controlled areas remain intermittently open, following the evolving military operation. Initial estimates indicate that 15,000 to 20,000 people have reportedly crossed into GoS-held areas in Dar’a and As-Sweida governorates, with an additional corridor towards As-Sweida, Kharaba — Ora, opening for a few hours on 4 July. Some 5,000 individuals are estimated to have returned to their areas of origin, that have since come under GoS control. UN agencies and partners are providing support to SARC to respond to the needs of IDPs at the corridors and at temporary shelters/sites, mainly in Jbab in Dar’a and Rssas in Sweida. This assistance includes health, WASH, food, shelter and other core relief items as well as protection presence. Efforts to dispatch UN cross-line assistance, and to access areas that have shifted control are ongoing. The GoS is reportedly also providing some assistance.

The military escalation and the anticipation of protracted hostilities have led to price increases for some basic commodities, including food, fuel and gas. Fuel for hospital generators and mobile medical units is currently scarce and sells at three to four times the normal price in NSAG-controlled areas, limiting the capacity for the provision of health and water trucking services. Sustained hostilities and mass displacement have also led to the increase of rental prices, further limiting shelter options for the displaced population.

Shelter, food, medical care and the provision of water and sanitation facilities remain the key needs for the displaced population. A UN rapid assessment at the Al-Nasib-Jaber border crossing between Syria and Jordan revealed that IDPs lack access to sanitation and basic water supplies. IDPs are forced to defecate in the open, which constitutes a public health risk as well as a protection risk, particularly for women. Additionally, the lack/loss of personal documentation is commonly reported and urgently needs to be addressed, as do many cases of family separation, with family members left behind in areas of active hostilities.

Compounding these urgent needs, the humanitarian response is hampered by access constraints and capacity gaps. These have particularly impacted local responders inside Syria, limiting their ability to access warehouses and people in need. Many humanitarian workers who used to provide services to people in need have themselves been displaced. In many cases, this has led to a partial or complete reduction of local capacity, with many partners forced to suspend operations.
The delivery of cross-border assistance through the Ramtha crossing has also been impacted by ongoing hostilities and a lack of security guarantees from the parties to the conflict. The last convoy was dispatched on 25 June and the convoy scheduled for 27 June has since been postponed.

In response to the mass displacement, the United Nations, in cooperation with the Government of Jordan, dispatched inter-agency convoys loaded with life-saving assistance, including food, water, soap, sanitary items, shelter, and medical supplies and equipment. These have targeted tens of thousands of Syrians by the Jordanian border over the past few days. Additional items remain on standby in Jordan until the security situation allows delivery into south-west Syria.

Prior to the recent events and in anticipation of an escalation of hostilities, the United Nations prepositioned supplies and dispatched humanitarian assistance over the past two months. This allowed the United Nations to respond immediately to needs at the start of military escalation in south-western Syria.

**Humanitarian Response**

### Shelter and NFIs

**Needs:**
- The hosting areas in Quneitra and alongside the Jordanian border are characterized by limited absorption capacity and a lack of basic services, leaving many without shelter and basic items. Shelter and NFI needs far exceed the available stocks and capacity in the respective areas, and needs are anticipated to rise further. Various rapid needs assessments have also highlighted that shelter and NFI materials are among the most urgent needs of the displaced population and their host communities.
- Even prior to the recent mass displacement, the situation of long-term IDPs in Quneitra was dire, largely due to lack of shelter. Following this significant influx of newly displaced people into Quneitra, the situation has been further exacerbated to an alarming degree.
- Thousands of people have crossed into GoS-controlled areas, where most of the IDPs either rent houses or are hosted by relatives and acquaintances. The remaining IDPs live in collective shelters/sites in both Dar’a and As-Sweida Governorates.

**Response:**
- Through the Jordan hub, the Shelter/ NFI sector is responding to the basic needs of the displaced population through the provision of NFI kits, shelter materials (including basic and extended shelter kits) and multi-purpose emergency cash grants in Dar’a and Quneitra governorates. As of 3 July, the Shelter/ NFI sector (Jordan hub) has distributed shelter and NFI materials to approximately 47,000 individuals in non-state-armed-group-controlled areas in south-west Syria. Sector partners also carry out regular Rapid Needs Assessments.
- The shelter needs of those living in collective shelters and IDP sites in Government-controlled areas are being assessed, while as a preparedness measure other potential sites are also being assessed. The available shelter items, including shelter kits and tents (family-size and big-size tents), can cover the shelter needs of more than 67,000 individuals.
- Through the Damascus hub, some prepositioning of NFI materials in GoS-controlled areas of south-western Syria is ongoing.

**Gaps & Constraints:**
- Stocks for various non-food items including tarpaulins, sleeping mats, kitchen sets, jerry cans and blankets, and shelter materials prepositioned in southern Syria are quickly depleting. The operational space and humanitarian access for local responders inside Syria, both to warehouses and to people in need, is increasingly shrinking.
- Challenges with regards to the response from Damascus include limited operational sector partners, limited access, as well as security constraints which limit the assessment of sites and shelter needs in Dar’a and parts of As-Sweida governorate.
Water, Sanitation and Hygiene

Needs:

- WASH needs among the affected population are acute. Reports of insufficient access to clean water and sanitation services, constitute a serious risk for potential outbreaks of water-borne diseases, besides protection and privacy issues. A UN rapid assessment at the Al-Nasib-Jaber border crossing between Syria and Jordan revealed that IDP lack access to sanitation or basic water supplies and confirmed the urgent needs for access to safe water and sanitation facilities as a priority.

- WASH Sector partners have reported that many water supply systems and water trucking activities stopped due to significant increases in fuel prices or the lack of fuel.

- WASH Sector partners have reported that many IDPs are living in open areas without access to sanitation facilities and are defecating in the open. While such practises carry with them a high risk for the outbreak of water-borne diseases, WASH sector partners have also raised protection concerns for women who have to satisfy their natural needs without access to privacy.

Response:

- Since 14 June, 6,344 hygiene kits have been distributed to IDP families, reaching an estimated 31,720 IDPs.

- As of 2 July, ongoing daily water trucking activities of 95,000 litres to 6,333 IDPs in south-west Dar’a have been increased to 150,000 litres daily to reach 10,000 IDPs. It is anticipated that an additional 6,000 IDPs will be benefit from with emergency water trucking across Dar’a and Quneitra governorates by the first week of July. WASH Sector partners are using prepositioned aqua tabs and bladder tanks to support this activity.

- WASH sector partners are engaging with vendors to construct 430 emergency latrines to reach 8,600 IDPs with current funding. However, only 30 emergency latrines are projected to become available for IDPs in south-west Dar’a by the first week of July due to constraints in the vendor production capacity. The provision of emergency latrines has been further hindered by the inability of vendors to transport construction materials due to security risks. Additionally, WASH sector partners have communicated challenges in getting cash into south-west Syria to pay vendors and to undertake response activities.

Gaps & Constraints:

- The current scope and geographical reach amongst WASH partners is not fully known but has decreased in the last few days due to displacements, lack of funds, and limited supplies. A mapping exercise related to partners’ remaining capacities on the ground, their geographic locations and warehousing/storage capacities and remaining stocks is ongoing.

- The remaining WASH NFIs in West Dar’a are warehoused in Tal Shihab. There has been limited access to Quneitra, north-west Dar’a and east Dar’a due to security restrictions. Thus, WASH sector partners have been largely unable to undertake emergency WASH activities in these areas, and most activities were undertaken in south-west Dar’a. The WASH Sector is working on identifying partners who may have access to provide emergency WASH interventions in Quneitra/north-west Dar’a.

- Fuel prices have increased and are projected to increase even further, which in turn affects the prices of water trucking. The WASH sector is currently reaching 10,000-16,000 IDPs with water trucking activities, while 270,000 people are in need of support.

- Contingency stocks of hygiene kits have reduced rapidly with distribution activities ongoing. It is estimated that all reserves of hygiene kits will be exhausted by the second week of July, if cross-border convoy operations do not resume.

- Funds available at the sector level are currently not sufficient to allow for a scaling-up of the WASH response.
Food Security

Needs:
- The driving factors of food insecurity in the region, such as limited livelihoods, depleted productive assets, the large number of IDPs and high percentage of household expenditure on food have been exacerbated by the escalation of hostilities. The recent offensive has further constrained markets, depleted assets and impacted people’s ability to earn an income. Among the displaced people, the Rapid Needs Assessments conducted so far show that that the main food-related coping strategies for the communities were reducing the number of meals, relying on less preferred food and borrowing food. It is to be noted that as per contingency plans, the sector recommends suspending agriculture/livelihoods activities from Jordan hub in all high-risk areas as of now; and to provide emergency food assistance and design adapted livelihoods activities, such as provision of seasonal vegetable seeds, animal health care, and cash for work for medium and low risk areas.

Response:
- Food Security Sector partners responded or plan to respond to new IDPs along three lines of response: immediate and short term assistance (via Ready to Eat Rations - RTERS), provision of one-month food via in kind Monthly Food Rations (FRs) or cash/voucher transfers (MPCG); and complementary support to access bread. Since the offensive started on 17 June, the response to the newly displaced was triggered in a short time from the pre-positioned food by WFP in both eastern and western Dar’a. The response figures are broken down by dates due to the rapidly changing context which included movement of people, changed access status and growing insecurity.
- First Line IDP Response: Between 22 – 24 June, WFP provided immediate assistance with ready-to-eat food rations to 4,586 households (estimated beneficiaries: 23,000 people) in 22 locations and 1,206 households (estimated beneficiaries: 6,030 people) in 13 informal tent settlements. On 2 July, one NGO provided ready-to-eat food rations to 500 households (estimated beneficiaries: 2,500 people) in two camps in Quneitra. Thus, as of now, 6,292 households have received ready-to-eat food rations.
- As part of a one-off emergency distribution to people displaced to areas in proximity of the Al-Nasib/Jabar border, WFP complemented the joint UN humanitarian assistance with 3,200 ready-to-eat food rations for 16,000 people. This was done in coordination with four NGOs for reception, distribution and monitoring. WFP has already assisted IDPs in the Al-Nasib and Mataeiyyeh border villages from inside Syria as reported in second line response.
- Second Line IDP Response: As of 30 June, WFP provided food rations to 20,657 households (estimated beneficiaries: 103,285 people) in 27 villages/locations and 469 households (estimated beneficiaries: 2,345 people) in six informal tent settlements. Two NGOs provided food rations to 5,300 households (estimated beneficiaries: 26,500 people) in six locations. Thus, a total of 24,709 households have received monthly food rations as of now.
- Additionally, a partner was able to tranship 1,062 MT of flour inside Syria for bakeries. As of now, the partner has access to 15 bakeries.

Planned response:
- Jordan hub: As of 3 July, ten NGOs have plans to reach an estimated 48,725 households (243,625 people). This includes ready-to-eat food rations/food rations for 22,213 households, Multi-Purpose Cash Grants for 15,500 – 25,000 households and Food Vouchers for 1,000 households. As of 1 July, WFP has a remaining stock of 5,500 FRs inside southern Syria to assist approximately 27,500 people for one month. In addition, WFP is replenishing its stocks of ready-to-eat food rations sufficient for 25,000 people, planned to be dispatched through the cross-border operation if the situation permits. However, these stocks are reported by partners and actual availability and distribution may vary because of various operational constraints.
- Syria hub: As of 2 July, WFP has provided SARC with 5,000 RTERS for 25,000 people to be prepositioned in Dar’a, Quneitra and As-Sweida and Rural Damascus governorates, close to areas where IDPs would arrive. In addition, WFP is preparing to preposition an additional 3,000 RTERS with SARC in Rural Damascus (Kisweh) and Dar’a (Jibab and the city of Dar’a). In addition, WFP is planning to deliver 12,960 FRs to Da’el and Abtaa in western rural Dar’a and is working with SARC to identify the needs in villages in eastern Dar’a, such as east and west Gariyeh, Karak, Mseifra, Busra Esh-Sham, Ghasm, and Jizeh. In total, WFP as of now has allocated 15,000 ready-to-eat food rations sufficient for 75,000 people and 40,800 food rations for 204,000 people. Additional resources are in the pipeline to be kept in Damascus for future responses.
Gaps & Constraints:

- Access to various parts of south-west Syria is of highest concern. This is due to changing conflict lines and the closing down of access routes for supplying stock inside Syria. Additionally, all partners are concerned about reaching the build-up of IDPs in Quneitra, Tal Shihab and south-eastern border areas where overwhelming numbers of IDPs are reported to be overstressing the humanitarian partners’ capacity to respond.

- Livelihoods and agriculture activities are affected in all high risk areas from where civilians are fleeing.

- Partners’ availability and capacity on ground remain a concern across south-west Syria from both hubs, and needs assessments are required for areas to be accessed from the Syria hub.

- Severe shortages of fuel, transportation and staffing reported. Markets are constrained in some parts and the cost of fuel has reached SYP 625 a litre.

- Reports of diversion of humanitarian aid from warehouses and tension and violence during distribution of humanitarian assistance have emerged. Thus significant concerns remain for the safety of humanitarian staff and assets.

Needs:

- The IDP hosting areas, particularly in the area alongside the Jordanian border and close to the Golan Heights are characterized by limited absorption capacity and services, leaving many IDPs without shelter and basic items. Protection risks are exacerbated by the emergency situation and this high volume of displacement, including with respect to GBV, exposure to explosive hazards and concerns regarding child protection. There are concerns that overcrowding in and lack of WASH facilities at the border areas with Jordan and in Quneitra put people at particular risk of GBV.

- As many protection services, including for GBV and child protection services, are suspended due to displacement of staff and security concerns. GBV survivors have limited space to turn for assistance, and a targeted response for children is almost non-existent. There is a need to activate and scale-up mobile emergency protection response, including protection messaging, psychological first aid/ psycho-social support identification and referrals. Materials, such as dignity kits, are in dire need to address the hygiene needs of women and girls on the move.

- Heightened risk of exposure to explosive hazards due to the high displacement level and new layers of explosive contamination in civilian areas, and an increased risk of injury or death from explosive incidents in areas affected by the conflict, underscore need for increased direct or indirect risk education and safety awareness. The scope of medical and support needs for survivors of explosive incidents and hazards outweigh current victim assistance capacity.

- The population crossing over the corridors and arriving at the collective shelters in Jbab and Rssas reported family separation, with family members still left behind in the areas of active hostilities. According to the child protection team on the ground, the presence of unaccompanied children remains negligible. The consulted population appears to be in need of psycho-social first aid and support to cope with the distress caused by the flight and the exposure to hostilities. The lack or loss of civil status documentation has also been identified as significant, with possible repercussions on freedom of movement. Missions are being undertaken to rural areas in Sweida where IDP families have settled and revealed similar needs for protection services.

Response:

- Through the Jordan hub, 580 dignity kits have been distributed to women and girls at the Al-Nasib border area, the GBV referral focal point system for Quneitra has been updated and the GBV emergency response in Quneitra has begun. Protection actors are developing and compiling protection messages, including on, for example, the prevention of family separation.

- A number of risk education activities have taken place, such as the inclusion of safe behaviour in case of shelling or bombing and risk education awareness for humanitarian operators and focal points. Furthermore, risk education capacity and reach has been escalated, where feasible, through the integration of awareness material into other sector activities (e.g. food and Shelter/NFI), as well as through the provision of remote trainings and increasing/retraining field teams to carry out risk education. Surveys have taken place, where and when possible, of sites with high IDP concentrations to ensure that they are safe from potential explosive hazard contamination in western Dar’a and Quneitra. Emergency rehabilitation services have been supported (physical rehabilitation and
psycho-social support). Medical devices and specific items to improve the early mobilization of injured people, prevent secondary complications of injuries, and improve the recuperation of people with injuries staying in camps and temporary settlements, has been provided.

- Partners of the Protection Sector Syria hub are present with available protection services in selected locations in all three Governorates. Eight community centres offering integrated protection services, four Child-Friendly Spaces, three Women and Girls Safe Spaces and around ten mobile teams (protection, Child protection, GBV/reproductive health) were operational in the area as of before the emergency and are available to provide services.

- Child protection teams from local NGOs have been placed on the main crossing corridors to register children and raise awareness on prevention of separation, using brochures and ID bracelets. In Jbab site, UNICEF dispatched tents and supplies (psycho-social support and mine risk education) to a child protection partner to establish a Child Friendly Space and provide psycho-social support activities. A case manager is in this shelter to follow up on special child protection cases. Child protection teams started recreational activities for children and other outreach volunteers from the nearby Iza Community Center are present to provide psychological first aid.

- In As-Sweida, UNHCR teams and partners are visiting areas of displacement and the Rassas site as well as in the rural areas where IDPs have settled. The agency is mobilizing partners through mobile reach out to provide much needed psycho-social support and child protection support, as well as civil documentation support to improve freedom of movement.

- In Dar’a, the existing community centres are providing some protection services to IDP families approaching the centres.

- UNFPA-supported reproductive health/ GBV mobile teams are mobilized to reach out to areas of reported displacement in Dar’a and provide services including psychological first aid and psycho-social support activities. A partner has reached 2,977 beneficiaries through both the women and girls safe spaces (WGSS) and the mobile team.

- UNFPA, through partners, has provided 5,000 female dignity kits and 10,000 sanitary napkins for women and girls of reproductive age. Another 60,000 sanitary napkins, 5,000 female dignity kits, and 3,940 pregnant and lactating kits for the Dar’a response will be distributed by SARC.

- Displaced families reaching areas in Damascus (Harjelleh and Kisweh) will be able to access the protection services offered by Damascus-based partners, including in protection facilities and legal clinics. Protection teams and partners in Damascus are also being mobilized to support new arrivals, including in the existing IDP sites created for the East Ghout emergency, where however access for UN protection teams remains constrained.

- Sensitization sessions on protection and GBV mainstreaming are planned for shelter, NFI, and WASH partners in Sweida and Dar’a, particularly for those engaged in IDP sites.

Gaps & Constraints:

- Due to the ongoing hostilities, many local responders have been displaced, reducing overall capacity. There is limited shelter or facilities and space available to set up confidential services. Additionally, there is a lack of partners who have access to affected communities. Mobility is impeded for many field teams, in part due to severe lack of fuel.

- There is little to no capacity to identify unaccompanied and separated children due to insufficient coverage and operational capacity of partners. There is also low capacity for protection case management services, including family tracing and reunification.

- Protection activities become suspended and then active again on a day to day basis. Approximately only 33-44 per cent of mine action operations are currently active due to the security situation and safety concerns for staff.

- Coordination of the overall response is impeded by a lack of swift access, including when areas shift control. Cross-line activities have not yet been undertaken. Additionally, Protection Sector partners have to coordinate their response from different locations (As-Sweida, Dar’a, and Damascus) and extra efforts are needed to ensure smooth communication and synergies.

- Although several partners are ready to scale-up the response, lack of funding is a major challenge. Additionally, the process of approvals by governmental authorities for NGOs and INGOs to start activities on the ground has to be accelerated to be able to swiftly respond to the evolving needs.
Health

Needs:

- Trauma care, first-aid, blood transfusion and medical evacuation services are urgently needed. Exact figures are challenging to come by due to destruction of infrastructure and the collapsed reporting mechanisms. The demand for services exceeds the capacity to provide them on both sides of the frontline.
- Exposure to insecurity, conflict and displacement significantly increases the need for provision of mental health and psycho-social care services.
- Current estimates using IDP figures only, indicate that 36 to 44 percent of pregnant women will require delivery services each day, of which six or seven will require emergency obstetric care such as caesarean sections.
- Fuel for hospital generators and mobile medical units is scarce and currently selling at 3-4 times the normal price in NSAG-controlled areas, limiting the capacity for health service delivery.
- Medications for diabetes and other non-communicable diseases, psychotropic medicines, analgesics and other essential medicines are in short supply in NSAG-controlled areas.

Response:

- Health sector response is based on daily coordination between the Jordan cross-border partners, the Damascus-based partners, SARC, local health authorities, and the WHO Jordan country office. Health needs are greatest in areas affected by intense fighting and displacement.
- One fully and one partially functional hospital are able to provide trauma and Emergency Obstetric Care services. The Dar’a health authorities set up three field hospitals, while the blood bank only functions at half capacity. Cross-border, government and SARC resources are being redirected to provide mobile and static medical services, first aid posts, ambulance referral services, nutrition services and mental health services to IDP shelters and remaining populations across all accessible areas.
- Health supplies were delivered by Damascus-based partners to local health authorities, SARC and health facilities in Dar’a. Cross-border convoys with medical supplies are on standby in Ramtha. Additional stocks are on standby in both Damascus and Amman.

Gaps & Constraints:

- Continued attacks on health facilities result in destruction of infrastructure, absence of health workers, and severely obstruct the ability of patients to access to life-saving services.
- The lack of humanitarian access to the affected populations on both sides of the frontline limits the provision of essential medical supplies, services, and fuel.

Nutrition

Needs:

- Nutrition needs in the affected areas of Dar’a and Quneitra are screening and treatment of acute malnutrition of children 6-59 months, pregnant, and lactating women, as well as infant and young feeding support and counselling services for all caregivers with children aged 0-24 months.
- The influx of unsolicited and untargeted donations of infant formula is widespread in both areas. Controlling and monitoring donations of breastmilk substitute (BMS) is urgently required, and compliance with the Whole of Syria breast milk substitutes standard operational procedures and international guidance on infant feeding in emergencies is critical.
- Immediate access to nutrition supplies prepositioned in warehouses and shipments to partners who are operational is immediately needed.
- Orientation on infant and young child feeding practises to all stakeholders and training of local staff in infant and young child feeding counselling is crucial to support a quality nutrition response.

Response:

- The escalation in conflict has affected all nutrition activities in Dar’a. One community management centre of acute malnutrition was attacked by aerial bombardment and two community management centre of acute malnutrition
were suspended. All infant and young child feeding activities have been suspended in Dar’a. In Quneitra, only one community management centre of acute malnutrition is operating in Ghadeer Albosta. Another partner is conducting routine middle-upper arm circumference screening, however, there has not yet been a referral pathway established for malnourished cases to community management centre of acute malnutrition services. Partners are assessing the situation on the ground on a daily basis, with plans to resume activities when/where feasible.

**Gaps & Constraints:**
- Although the nutrition sector was able to preposition supplies in south-west Syria, the warehouse is currently inaccessible with the inability to ship nutrition supplies to partners.
- Potential attacks on health facilities also threaten nutrition services where nutrition centres are co-located.
- The majority of nutrition partners programming areas have been under bombardment, and therefore cannot continue nutrition services either due to insecurity, staff displacement or the inability to work in GoS-controlled areas.
- Focal points for control of infant formula donations are lacking and need to be assigned.

**Education Needs:**
- It is estimated that 80,345 school aged children (5-17 years) are affected by the ongoing conflict in south-west Syria. Two partners reported that one school and one learning centre were hit by the shelling, resulting in loss of life and damaged learning facilities. University exams in Dar’a were postponed indefinitely.
- Due to mass displacement, and given the fact of school closures due to summer holiday, schools are used as shelters, and it is anticipated that schools will be in need of emergency rehabilitation with the start of the academic year in September.
- Immediate provision of learning activities for affected children is vital to bring gradual normalcy to their lives ahead of the new school year commencing in September 2018. Partners are prepared to conduct remedial education and to provide life skills activities along with psycho-social support through meaningful recreational activities.

**Response:**
- The Education Sector is updating capacity mapping of 20 education partners working in the south to inform reprogramming when needed. Alternative ways of providing education are being explored through mobile modalities.
- The Education Sector is monitoring the attacks on education facilities in close collaboration with partners and the child protection sub-working group.

**Gaps & Constraints:**
- Education activities in eastern Dar’a are currently on hold due to the continuous escalation of hostilities.
- Access to the south for the assessment of the education situation has been impeded by the fragile security situation.

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