



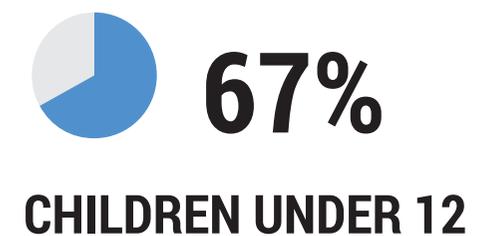
Credit: OCHA

HIGHLIGHTS

As of 19 June, the population of Al Hol is 73,043 people or 21,039 households, representing a slight reduction in figures previously reported following the departure of 740 Syrian IDPs to Tabqa in Ar-Raqqa on 3 June, and an increase in the number of third country nationals repatriated by their countries of origin, including children. On 13 June, Camp Administration reported that seven unaccompanied children had left Al Hol, while seven other unaccompanied children departed on 9 June. In the past week 30 Iraqi households (188 individuals) have arrived from Dashisha in rural Hassakeh and 5 households from Ein Issa camp in Ar Raqqa.

With the onset of summer, there has been an increase in the number of cases of acute diarrhea in the camp with 1,071 cases reported by just 10 health facilities through the Early Warning & Reporting System (EWARS) in week 24 (9–15 June). The upward trend in acute diarrhea cases over the past six weeks is attributed to a number of factors, including a rise in temperatures which has led to a greater prevalence of the bacteria and parasites which contaminate food and cause bacteria-related gastrointestinal diseases, as well as reported shortages of safe drinking water. Poor hygiene and inadequate feeding practices are further compounding these challenges and contributing

to the increased incidence of diarrhea. On 15 June, the nutrition sector launched a needs assessment to determine the number of children under one who are exclusively breastfed, to inform future interventions. The sector will also hold a training workshop on Infant and Young Child Feeding (IYCF) in Emergencies in early July prioritising health workers in direct contact with mothers in the camp. Mother and Baby Areas (MBA), critical for the delivery and scale up of IYCF services, including breastfeeding counseling, are urgently required. Currently there is a single MBA in phase 1, while ideally there should be two per phase.



Over the coming weeks, the health sector will establish two Oral Rehydration Corners (ORCs) in each phase to support diarrhea management; health points with pediatricians and qualified staff will be prioritized in phases 1, 3, 4 and 5. At the same time, some 61 community cholera kits have been prepositioned in Qamishli to cover the case management of 6,100 moderate dehydration cases for a period of two months, and 150,000 chlorine tablets have been dispatched to the camp. In the last week of May, a health education campaign on the prevention of waterborne diseases and hygienic practices was completed, reaching 11,250 beneficiaries through brochures containing key prevention measures for waterborne diseases.

Three field hospitals providing in-patient care to 100 people per day are now operational in the camp, although not yet operating at maximum capacity. This is mainly due to the absence of a blood bank which impacts the number and types of surgeries that can be performed. Discussions are ongoing with the Department of Health on the establishment of a blood bank to improve capacity of the field hospitals.

Relocation of residents from phase 7 to phases 6 and 8 is ongoing, albeit at a slower rate than initially envisaged, with around 600 Syrian families relocated as of 12 June. Currently, around 50 families are being relocated each day. It is expected that as service provision in phases

6 & 8 increases, and that following the establishment of a new distribution site in phase 5, this process will accelerate. At present, relocation is expected to take another six weeks to complete.

A second distribution point has been established in phase 5, covering distributions for people living in phases 4, 5, 6, 7 and 8, while a mobile distribution team will also support distributions in the Annex. Phase 1 will continue to serve populations living in phases 1, 2, 3 and the Annex. Rechargeable fans, mosquito nets and summer clothes have been distributed. Common messaging has also been developed to respond to frequently asked questions on available services and protection-related concerns, including the whereabouts and well-being of detained family members and procedures for return. The messages have been shared with the eight information desks now established in the camp, as well as with humanitarian partners.

No additional returns of Syrian IDPs have taken place to areas of origin since 3 June. Partners have stressed the need for Camp Administration to establish clear procedures for departure, including timeframe; selection criteria; transportation arrangements; and provision of humanitarian assistance pre-exit to ensure that necessary preparations can be made in advance. While 2,000 Iraqi refugee households have registered for repatriation, details relating to process and timing remain unclear. In the mean-



time, humanitarian partners continue to advise Camp Administration that they are not in a position to directly facilitate such movements at this time, until the situation in Iraq is considered safe for returnees.

 **20.8M**
FUNDING REQUIRED

* This mapping reflects activities and services currently being provided in Al Hol as reported by partners. Moving forward, the mapping will be updated on a regular basis as new information becomes available and/or as additional activities and services are established. ** Showers are not being installed in Phases 6 & 8.

ALL PHASES

- Camp coordination & management activities
- 2 vaccination teams, 12 medical points, 5 ambulances, 3 field hospitals & 18 mobile medical teams, 2 specialized leishmaniasis teams, 3 normal delivery clinics and a stabilization center for the complicated malnutrition cases*
- Food distribution (ready to eat and monthly food rations)
- Group and individual counselling, psychological first aid (PFA) & referrals; 24/7 care giving for unaccompanied & separated children (UASC); case management & referral to specialized services including family tracing; mine risk education (RE) & sensitization on civil status documentation
- Distribution of heaters, clothing, rechargeable fans & mosquito nets
- Distribution of large & family tents and site preparation
- Installation of latrines, showers**, water tanks, and garbage bins; solid waste management; hygiene supplies; water quality testing & water trucking (2,250 m3/day)
- Cash for work for tent repair; livelihood toolkit & vocational trainings
- 8 information desks (1 per phase)

Key services

- 12 Health facilities (only the SMP), 3 field hospitals, 7 ambulances
- 11 CFS
- 6 Protection centres: CP, SGBV, community mobilization & PSS
- 4 GBV mobile teams
- 2 Health & Nutrition Clinics
- 6 OTP and 6 SFP
- 2 WGSS
- 5 learning spaces for 6-12 year olds

PHASE 8

- 1 OTP & 1 SFP (planned)
- Learning spaces for 6-12 year olds
- 1 Medical mobile team, 1 static medical point & 1 vaccination team & 1 H&N clinic (planned)
- Community mobilization, PSS & SGBV

PHASE 6

- 1 Protection center: CP, SGBV, community mobilization, PSS & HBCA
- 1 OTP & 1 SFP (planned)
- 1 Mobile medical unit (MMU); 1 static medical point; 1 vaccination team & 1 Health & Nutrition clinic (planned)
- increased number of latrines to reach SPHERE standard of 1/20

PHASE 4

- 1 Protection center: CP, SGBV, community mobilization, & PSS; 1 CFS & 1 WGSS with 2 integrated GBV mobile teams
- 1 Field hospital; 1 static medical point, 1 ambulance; 1 leishmaniasis team & 2 community health workers and 2 teams for physical rehabilitation and 1 vaccination team
- 1 OTP; 1 SFP; & 1 mobile team for screening & referral
- Mobility Aids Maintenance Workshop and provision of dignity kits to persons with severe disabilities
- Self-learning programmes & learning spaces for 6-12 year olds

PHASE 5

- 1 Protection center: CP, SGBV, community mobilization, & PSS; 1 CFS; 2 GBV mobile teams & 1 information desk
- 1 OTP & 1 mobile team for screening & referral
- Self-learning programmes & learning spaces for 6-12 year olds
- 2 Static medical points + 1 C4D team; 1 leishmaniasis team; 3 medical teams; 1 emergency team & 2 community health workers; 1 vaccination team
- Food distribution point
- Solid waste management (Cash-for-Work) with fumigation and spraying for sand flies

PHASE 2

- 2 Community health workers and 2 teams for physical rehabilitation & 1 vaccination team
- 1 Mobile team for screening & referral
- Increased number of latrines to reach SPHERE standard of 1/20
- Community mobilization, PSS and RE

PHASE 3

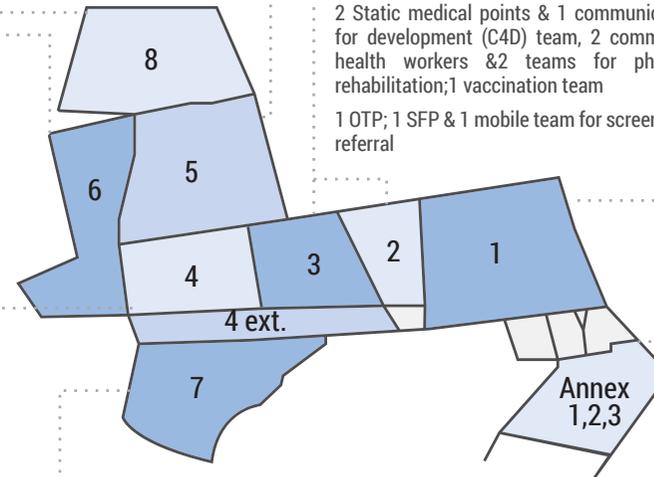
- 1 Protection center: CP, SGBV, community mobilization, PSS & home-based care attendance (HBCA); 2 CFS; 1 interim care centre for UASC & 1 women & girls, safe space (WGSS)
- Self-learning programmes
- 2 Static medical points & 1 communication for development (C4D) team, 2 community health workers & 2 teams for physical rehabilitation; 1 vaccination team
- 1 OTP; 1 SFP & 1 mobile team for screening & referral

PHASE 1

- 1 Protection center providing child protection (CP), sexual & gender-based violence (SGBV), community mobilization, & psychosocial support (PSS); 5 child friendly spaces (CFS) & 2 interim care centres for UASC
- 1 Field hospital; 2 delivery clinics, 4 static medical points; 1 leishmaniasis team; 1 stabilization centre (23 beds); 4 ambulances; 2 teams for physical rehabilitation & 2 community health workers; 1 vaccination team
- Food distribution point
- 1 outpatient therapeutic feeding programme (OTP); special feeding programme (SFP); 1 infant and young child feeding (IYCF) centre, including 1 mother and baby area (MBA); 1 mobile team for screening & referral
- Learning spaces for 6-12 year olds
- Market rehabilitation and support (planned to start in June)

ANNEXES

- 1 Mobile distribution point
- 1 CFS, community mobilization & PSS
- 8 Medical mobile teams, 1 emergency team, 1 leishmaniasis team; 1 vaccination team & 1 ambulance; 1 24/7 health services (planned)
- 1 Mobile team for screening, treatment & referral
- NFI distributions
- Learning spaces for 6-12 year olds
- Market rehabilitation and support (planned for June)



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