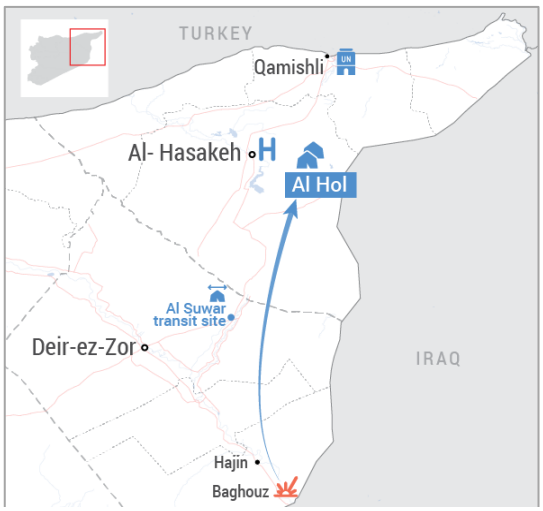
SYRIA: HUMANITARIAN RESPONSE IN AL HOL CAMP

Situation Report No. 2

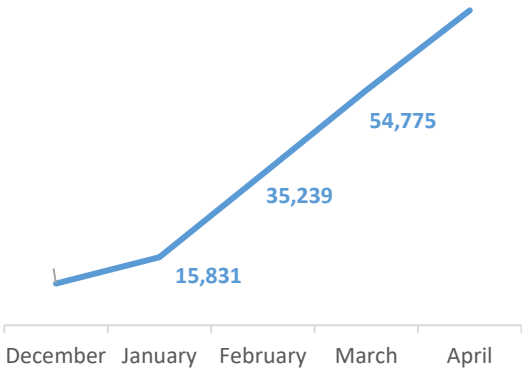
8

This report is produced by OCHA Syria in collaboration with humanitarian partners. It covers the period from 31 March to 17 April 2019. Situation reports on Al Hol camp are published bi-weekly. The next report will be issued around 30 April 2019.

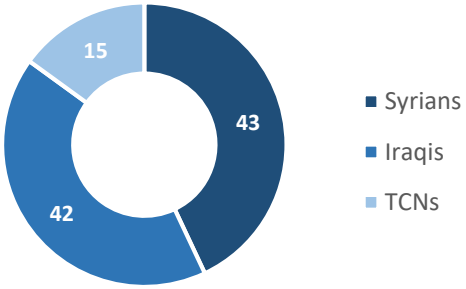
HIGHLIGHTS



Al Hol camp population



Population breakdown



- **The total current population of Al Hol is now 73,393 people**, having doubled between February and March. In the last week, around 71 families (approx. 174 individuals) have arrived to Al Hol, mainly from neighbouring camps such as Al Roj and Ein Issa. **Around 70 per cent of the camp population is under the age of 18 and 65 percent under the age of 12.**

- While the reduction of new arrivals has to some extent relieved pressure on emergency services in the reception areas, **multiple specific protection needs remain.** These include the notable absence of adolescent boys and men between the age of 15 and 65 years old (reportedly been detained and unable to communicate with their families) as well as significant challenges related to civil documentation.

- Site preparation, including demarcation and WASH works, have commenced in phases 6 and 8 following delays due to bad weather. Currently, **around 15,000 people are being hosted in large tents and rub halls** while they wait these works to be completed. Despite the ongoing expansions, **a further 846 plots (enough to accommodate around 3,000 people)** are required to transfer all camp residents currently being hosted in large tents to family-sized tents.

- Health partners have improved the medical referral system, activating a dedicated hotline and assigning focal points responsible for the prioritisation and rapid transfer of the most urgent cases. **In the last week, the Kurdish Red Crescent referred 350 cases to hospitals** in Al Hasakeh and Qamishly.

- **Crude mortality rates have been kept within emergency sphere standards of 1.0/10,000/day**. As of 15 April 2019, 262 deaths have been registered – a CMR of 0.5 deaths/10,000/day.

- **Four information desks providing information on existing services have been established in phases 3, 4, 5, and 7,** however more structured communication with community initiatives, as well as risk awareness, needs to be put in place, including gender age and gender considerations.

- On 6 April, the Camp Administration, in coordination with the Iraqi government and UNHCR, resumed its voluntary repatriation programme following a four-month suspension. So far, 1**,769 households have registered with the camp administration.** There are approximately 30,000 Iraqis in the camp. The exact timeline for departures is not clear, although movements will likely occur in small batches over an extended period.

- The Syria Humanitarian Fund (SHF) has launched two reserve allocations for some **US$16 million**. Some **US$4.3 million** has already been disbursed to partners implementing projects protection, health, nutrition, multi- sector, WASH and shelter & NFIs.

SITUATION OVERVIEW

- The needs of the population remain **critical across all sectors** and teams on the ground are undertaking needs assessments in the camp to ensure a more efficient, prioritized response. Efforts to scale up the response continue for infrastructure and services, including shelter, solar lamps, tents, adequate communal spaces, WASH and health facilities and services.
- Site preparation remains a priority with **more than 63,500 IDPs** having arrived in the last 4 months. Interior and exterior works on phase 6 are expected to be ready by the end of April and phase 8 by the end of May. These two phases will have capacity for **around 2,700 households** (between 10,000 – 13,000 people) – land for a further 846 plots (3,000 people) still needs to be identified. In the meantime, installation of 2,380 tents in ongoing in the Annex.
- Capacity of surrounding hospitals to accept additional referrals is limited and efforts are therefore ongoing to increase the availability of medical facilities within the camp, including through the establishment of field hospitals. At the beginning of April, a 20 bed hospitainer was transferred from Harasta to provide reproductive and maternal health services to women are girls; installation of a 50-bed hospitainer supported by the SHF is also planned.
- While humanitarian indicators are expected to stabilise in the coming months in relation to accommodation, water, sanitation and health, these will not resolve the long-term protection issues which are diverse and complex in nature, and require coordinated approaches, increased presence of protection actors, and specific expertise including on legal issues. Currently, protection challenges are aggravated by the unique context, with the presence of non-Syrian nationals (Iraqi and other countries) and the complex restoration of family links; severe psychological distress affecting the population; specific needs of children, particularly unaccompanied and separated children (UASC), and detention-related issues.
- Access to third country nationals (TCNs) in the annex is subject to additional approvals, including names of staff who plan to enter, preference for female staff and details of planned activities. Several partners do have access to the annex including mobile medical units, teams constructing WASH facilities, partners setting up tents and camp management personnel and those providing services through child-friendly spaces. In addition, recently, a health NGO which had faced difficulties in establishing a static presence was able to resolve these challenges and has now been granted permission. Nevertheless, it remains a challenge for new partners to negotiate access and build trust, at a time when rapid scale up of services and assistance is required – in particular, static and regular presence is difficult to obtain and protection activities are subject to more oversight which undermines specific interventions as case work. In addition, uncertainty over the fate of male and adolescent boys – including TCNs – has contributed to a tense environment amongst the newly arrived families, particularly those from the Baghouz area, with many women expressing concerns over the whereabouts and well-being of their male family members separated en route and possibly transported to places of detention. There is a need for continued case work and communication with the women and children in these areas to clearly outline existing efforts, and subsequent limitations, of forming links with families.

FUNDING

- To sustain the humanitarian response, the UN and humanitarian partners call on all member states to continue providing support to humanitarian actors responding in the area and to facilitate efforts to further scale up assistance.
- In the absence of identified durable solutions for the camp population in Al Hol, sectors are currently working to update their funding requirements through to the end of 2019. Northeast Syria NGOs are also reaching out to donors to request additional funding and continued flexibility to redirect existing funds. At this critical time, NES NGOs have been subject to restrictions on cash-based interventions in Al Hol which will have a fundamental and detrimental impact to the ability to address needs, particularly in relation to cash for work activities and cash for supplementary food. NGOs urge donors to ensure that any phase-out of cash in Al Hol is conducted responsibly, with adequate time to message to communities, to limit tensions and negative impact to beneficiaries, and to enable a transition to other modalities. A premature withdrawal of cash for food is likely to result in populations adopting the same negative coping mechanisms, with more extreme implications anticipated for a population which is already displaying critical vulnerabilities with regards to poor nutrition.

HUMANITARIAN RESPONSE

Health

Needs:

- There is a need to increase the number of existing medical mobile clinics (three), static medical points (six) and ambulances (two) as well as to scale up reproductive health services, health promotion and health education, mental health and psychosocial support staff as part of fixed/mobile health teams and secondary health care and trauma.

350
People referred to hospitals in the last week

- Sustainable supply chains of trauma supplies and essential medicine are required along with an expansion of disease surveillance systems across the camp.
- Enhanced coordination with nutrition sector to follow up on discharged cases to avoid relapses.
- The establishment of an additional stationary health point inside the Annex, with capacity to provide life-saving and life-sustaining health assistance needs to be expedited, as well as a transparent referral pathway for foreign women and children to be hospitalized outside the camp.

Response:

- Reception area offers 24/7 health services, while other phases provide support for 12 hours a day.
- Vaccination is ongoing with teams operating to cover the needs in all phases of the camp, including triage/reception areas and the Annex.
- The network of engaged private hospitals has been expanded, including two hospitals in Qamishli city, and a specialised team consisting of surgeons and nurses was established to scale up referrals of emergency cases.
- Enhancement of the communicable disease surveillance system is ongoing, including suspected measles cases.
- The health and nutrition sectors are cooperating closely. One stabilization center has been opened in the camp and there are plans to expand its current capacity from 8 to 25 beds.
- Delivery of health supplies continue, including plans to send a 14 tons shipment. Pediatric medicines are being procured locally to meet the needs of the Integrated Management of Childhood Illness implementation programme.
- Health and protection sectors are coordinating to mainstream protection in current health services.

Gaps & Constraints:

- Although the referral system has improved, additional/top-up funding is required to support referrals to private hospitals.
- There is currently a high burden on existing health facilities and limited capacity of secondary healthcare and trauma facilities.
- The number of trauma specialists, surgeons, paediatricians, gynaecologists and midwives needs to be increased, along with the number of mobile clinics and static medical points.
- Insufficient medicines – particularly paediatric medication – and consumables.
- Reliance on airlifted medicine and equipment supply chains.

Food Security

Needs:

- Immediate needs are being met with monthly food rations and ready-to-eat rations, however the number of communal kitchens need needs to increase by at least 50 per cent to meet the gaps for the longer-term needs of the population.

20,700
Current Ready-to-eat stock

Response:

- The response is ongoing, reaching all camp residents, through three lines of assistance: 1) provision of cooked meals to new arrivals at the reception centers; 2) provision of Ready-to-Eat rations (RTE) that last up to 5 days; and 3) provision of monthly food rations with a 30 day feeding period. Additionally, bread is provided on a daily basis.

- There is capacity in the reception area to provide 2,000 meals a day to new arrivals. Current RTE stocks are at 20,700 packages. Pipeline Capacity of RTE is at 13,800 packages, with each package expected to last a family of 5-6 for up to a week.
- As of 14 April, 16,493 households or 62,186 individuals have been assisted with cooked meals; 19,193 households or 63,759 individuals have been assisted with RTEs and 21,317 households or 73,393 individuals have been assisted with monthly food rations for the month of March. Additionally, 1,794,026kg of bread has been provided to 21,317 households or 73,393 individuals per day.
- The April monthly food distribution cycle started in the second week of April.
- Monthly food ration capacity stands at more than 21,317 households (73,393 individuals) per month, until June.

Gaps & Constraints:

- As per stock update from partners, the sector does not foresee any critical gaps in food assistance in the near future.
- Cooking facilities are a key gap in terms of stoves and areas to prepare food. Current gap of communal kitchens is 206.
- Access to markets is constrained for Annex residents, due to approval procedures.

Shelter/NFIs

Needs:

- Currently, 4,914 shelter plots are under construction – 200 in phase 7, 1,368 in phase 6, 1,440 in phase 8 and 1,906 in the annexes. Once completed, a further 846 plots will be required, with relating land still needing to be identified.
- Any future arrivals will continue to require basic non-food items; including mattresses, blankets, jerrycans, solar lamps, and boots.

18,000
NFI and winter kits distributed

Response:

- In order to meet shelter needs, partners have mobilized all available resources including family tents, big size tents and rub halls. Since December 2018, 209 big size tents, 7 rub halls and more than 10,653 family tents have been installed.
- 96 big size tents have been decommissioned mostly in annex areas as people have moved to family tents. To date, 2,380 family-sized tents are being installed in the annexes.
- More than 18,000 NFI kits and winter clothing kits have been distributed.
- 5,000 solar lamps will also be provided by a UN partner to Al-Hol camp.
- Site preparation for further camp expansion is underway with construction work ongoing in phases 6 and 8.

Gaps & Constraints:

- It has not been possible to expand the camp at a speed commensurate with the rate of influxes – while works are ongoing in phases 6 and 8 to increase the available space and transfer the 15,000 people currently hosted in large tents and communal areas, a gap of 846 plots is still foreseen.
- The number of family tents available/in the pipeline is 9,180. There is no gap in family tents. Furthermore, NFIs are available and no gap is expected except for solar lamps and rechargeable fans; both are in the pipeline.
- Works in communal kitchens and latrines have been stopped until guards are hired to protect the facilities and items.

Nutrition

Needs:

- The nutrition sector will target up to 25,000 children under the age of 5, and 5,651 pregnant and lactating women (PLW). Detection and identification of malnourished children under the age of five and PLW is key, alongside prevention feeding programmes and treating malnourished children.

25,000
Children under the age of five to be targeted

- There is a need to enhance referral mechanisms to Stabilization Centers (SC) for SAM cases with complications, especially for children under 5 in the Annex.
- Further integration is required with the health and protection sectors regarding unaccompanied children's referral and raising awareness on nutrition services.

Response:

- As of 14 April, 660 MAM cases, 357 SAM cases without complications have been treated and followed up in the camp. 461 SAM cases with complications have been admitted into the SC from the camp for treatment. SAM cases without health complications and MAM are treated and followed up inside the camp. SAM cases with health complications are referred to SC and followed up until discharged.
- A nutrition-feeding center is opening in phase 1, with a capacity of 8-10 beds to be expanded to 25 beds in the coming weeks, while Outpatient Therapeutic Programmes (OTP) to cover the entire camp are being established with three already in place and one underway.
- Three mobile teams, consisting of nutrition nurses, are operational. Seven more are in the pipeline.
- Training of community volunteers on the use of MUAC tape for early identification of malnutrition; 24 volunteers are already trained and more than 170 are to be trained.
- Breastfeeding counselling for lactating mothers is to start and awareness campaigns on breastfeeding and complementary feeding are taking place. The number of baby-friendly spaces in the camp is to increase to two per phase, to encourage mothers to breastfeed children younger than 6 months.

Gaps & Constraints:

- Provision of nutrition services remains a gap due to the shortage of screening volunteers, specialized lactation consultants, nurses and pediatricians.
- Only one SC in Al-Hasakeh exists to cover the needs of all children with complicated SAM. Partners are looking to set up additional SCs in Al-Hasakeh and Al-Haya hospitals however transportation remains a challenge.
- Insufficient Mother Baby Areas and breastfeeding counsellors – currently, there are only three for the whole camp when each phase and annex should have a minimum of one.

Water, Sanitation and Hygiene

Needs:

1,516,000
Liters of water delivered per day in Al-Hol camp

- More than 1,350 toilet doors and 1,350 showers are needed to reach the ratio of 1:20 (one latrine for 20 persons), particularly in phases 6, 7, 8 and the Annexes.
- Almost 40 per cent of existing sanitation facilities need rehabilitation.
- 18,410 family hygiene kits are needed to cover the entire camp population on a monthly basis; 800 water tanks (containers) and 400 solid waste containers.

Response:

- 676 toilets and 80 new bathing spaces have been installed, along with 475 water tanks – a further 171 are under construction. Currently, sector partners are working to maintain 20 persons per toilet in phases 1 – 5 of the camp. In phases 6 and 8 efforts are ongoing to reach emergency standards (1 toilet for 50 persons). Overall, a latrine ratio of 1:50 has been achieved**.**
- Humanitarian partners are also carrying out vector control activities (area cleaning campaigns and disinfection) to minimize the risk of further diarrhea cases.
- The water quality is also being regularly tested and additional WASH facilities installed in reception areas to limit the use of unsafe hygiene practices.
- Water supply is provided through emergency water trucking and from the existing water treatment plant, minimum standards are reached with 25 liters per person per day. Currently, a total of 1,516,000 liters per day are being provided, representing around 21 litres of water per person per day.

- Solid waste management is ongoing on a daily basis, in addition cleaning of latrines and camp site cleaning is ongoing.
- Hygiene promotion is taking place focusing on general hygiene practices and water safety; hygiene kits distribution is ongoing to new arrivals along with regular monthly distribution. Joint distributions among all partners have taken place for hygiene kits.
- Garbage bins needs have been met with 413 having been provided in total.

Gaps & Constraints:

- 1,350 toilet doors are needed to reach to the ratio of 1:20 in addition to 1,350 showers and 800 water tanks (containers). Latrine cleaning will be a priority in the new phases 6,7 and 8.
- 18,410 family hygiene kits per months are a gap to cover entire camp population.
- Rehabilitation of WASH facilities and desludging to ensure the continues functionality of services.

Education

Needs:

26,000
School-aged children in Al-Hol camp

- There are an estimated 26,000 school-age children in the camp – the majority of whom have been out of formal certifying schools for at least five years. Of those, an estimated 4,000 children currently have access to schools.
- The language barrier of school-aged children requires a targeted intervention. Learners need a differentiated and blended approach to education.
- Learning spaces need to be set up in the separate phases of the camp; space needs to be found for an approximate 160 classroom tents in 20 learning centers.
- An initial education joint assessment is underway to identify the number of children aged 6-19 and better understand the number of school-aged children and their learning needs.

Response:

- Non-formal education programmes including self-learning and basic numeracy and literacy classes are being provided to approximately 1,000 school-aged children in 8 classroom tents in phase 3. In addition, 16 classrooms tents are being erected in phase 4 catering for 3,000 school-aged children. Around 2,350 children aged 3 to 12 are receiving early childhood education (3-5) or non-formal education i.e. using self-learning materials.
- Starting mid-April, two additional temporary learning centers composed of 16 classroom tents will be established and will serve 2,000 children aged 6 to 18 in phases 5, 6 and 7.

Gaps & Constraints:

- Lack of space for temporary learning centers needs to be made available to run Education in Emergencies – the overcrowded phases of the camp pose a challenge to erect a learning center of 8 classrooms tents of 24 or 72 sqm tents.
- There continues to be a major gap in the education response as compared to education needs. WG members are working towards expanding the response as quickly as possible. Considering the limitation of education partners, UNICEF, as provider of last resort, stands ready to scale up activities in camp if funding is received.

Early Recovery

Needs:

600
People with disabilities and in need of assistance

- Cash-for-work opportunities are a critical opportunity to ensure that camp residents can support with basic initiatives such as repair and maintenance, cleaning, home production – however, partners have faced severe donor restrictions limiting the ability to expand the scope of these interventions. need to be created.

- Reduction of risks related to accumulative waste in the camp is required to support better resistance to diseases, including the Leishmania Vector which can have serious effects on public health.
- Rehabilitation of camp market and establishment of productive workshops e.g. for repair of shelters.
- Initial assessments indicate that the number of persons with disabilities (PWD) is between 575 and 600 among IDPs, and there is an urgent need to provide workshops and assist this group.

Response:

- The response strategy will focus on providing short-term employment opportunities to ensure that affected households are directly involved in their own recovery while helping in normal economic activity.
- One partner has initiated solid waste management through a cash for work programme covering phases 4 and 5, creating 64 job opportunities with an estimated 3,120 tons of waste to be removed, in parallel with fumigation and spraying to combat sand flies, focusing on female headed households. Solid waste management of other phases of camp will also be addressed.
- Plans to rehabilitate Al Hol camp market (key economic infrastructure) are also underway, along with support to PWDs, by providing trainings on maintenance of their own kinetic aids in addition to tool kits.
- Ongoing vocational training through community centers targeting 135 individuals is also taking place, as is a tents maintenance workshop using cash for work targeting 60 individuals.

Gaps & Constraints:

- There are several gaps in livelihood services in newly created areas in the camp, as well as a need to scale up cash for work activities. (See donor constraints for NES NGOs noted above).
- Enabling IDPs to become self-reliant, through vocational training to enable them to be productive members in the society in which they reside now or when they return.

Protection*

Needs:

120
Unaccompanied/separated children have been reunited with their families as of 15 April based on available data

- With many women and children still in provisional collective tents / communal spaces waiting to receive assistance and support, and some individuals still in urgent need of medical referrals, the continuous presence of protection teams across all phases of the camp for needs identification, communication on assistance and referrals remains critical.
- The situation of children continues to generate critical needs. By mid-April, child protection partners had identified at least 458 unaccompanied and separated children (UASC) in the camp, of whom 121 are still in interim care centers waiting for the family tracing and reunification to be pursued. A high demand therefore remains in resources for the identification and expansion of proper interim care arrangements and in the identification of suitable families to act as temporary caregivers, also in case or repatriation of the Iraqi population (arrangements during travel) or simply in case of hospitalization of the mother while the children are left behind in al Hol. There is a persistent need for re-establishing family contacts and family unity, including after children are discharged from the hospitals. A full range of emotional and well-being initiatives for children in safe spaces is required, to avoid further exposure to risk, to offer some informal education opportunities also to allow mothers to attend assistance distribution and services. More structured psychosocial support interventions, and case management for the most complex situations, remains in high demand.
- As contacts and consultations with the affected population progresses, very complex legal documentation cases have emerged, particularly affecting children and women. Situations of children born from undocumented marriages, whose father remains unknown or missing, and whose nationality cannot be proven; difficulty in establishing lineage/ paternity due to multiple marriages; and even the presence of unaccompanied children completely undocumented and unnamed represent unique challenges that will need to start being addressed by partners with legal expertise. In the case of foreigners, when the nationality of the mother can be determined in the absence of the father, the role of the State authorities in the country of origin will be critical in preventing the statelessness of the child. In the case of children of Syrian mothers whose father remains unknown, advocacy should be pursued for the children to acquire the nationality of the mother. Protection partners are also following up on the issue of death registration.

- Old persons – even if they represent a small proportion of the Al Hol population - and PWD, particularly individuals with scarce mobility, continue to be a segment of population with unmet needs. While some agencies are managing some specific cases, and other protection and non-protection actors started to provide assistive devices, a comprehensive reach out and care programme is still missing.
- Women and adolescent girls continue to need various forms of assistance to preserve dignity, including through the provision of tailored dignity kits. Access to RH remains critical and is being reinforced, also to respond to possible consequences of GBV which occurred before their arrival. Consultations with women have revealed a serious need to improve the gender sensitivity of WASH facilities, in particular the lighting and the addition of lockable doors notably – but not exclusively – in phase 7. Reportedly, the lack of such measures have detrimental effects on the health of the women and girls, who refrain from using such facilities, particularly at night. Consultations with women and girls have highlighted also the need for enhancing the lighting coverage in some phases, specifically 5 and 7, to improve sense of security for women and children. While training is being offered, more sensitisation on protection/ gender and GBV mainstreaming across the humanitarian actors is required.
- Specialised psychological support needs to be scaled up, as well as case management by qualified CP and GBV managers. The number of situations of distress, or even trauma, due to the exposure to hostilities, to the experience under ISIS control (for certain segments of the population), or to recent periods of detention in conditions falling short of international humanitarian law and human rights standards, requires a more in depth approach, not sufficiently covered by basic forms of emotional support and psychological first aid.
- While a partner has been able to have a stable presence to conduct CP activities, access to the Annex of the camp hosting third country nationals remains highly regulated by camp authorities, impacting the ability of some partners to respond. While – given the security posture – confidence between the service providers and the Camp Administration needs to be gradually built, there is a need to see some further progress towards a more numerous and effective presence of protection actors in these areas, operating in full respect with confidentiality and “do no harm”.

Response:

- Some twelve protection partners, including the three lead protection agencies, and other three Syria based protection partners, as well as some five INGOs operating from NES and cross-border are actively involved in the response. They coordinate on a weekly basis initiatives, activities and planned expansions.
- Volunteers continue to cover all areas where the new arrivals have settled or are still waiting to be assigned, identifying needs, referring cases and providing information on services. Information desks remain operational in phases 3, 4, 5, and 7. Improved procedures are being put in place to streamline communication and analysis of requests, and to ensure that the numerous newly recruited staff and volunteers follow a principles approach in interacting with persons of concern. Ethical standards (including elements of PSEA) have been developed and translated into Arabic to remind protection actors of their basic duties to respect “do no harm”, informed consent, confidentiality.
- 3 GBV mobile teams now operate in the camp (phase 1, 5, 7), providing continuous services throughout the week. The teams are providing awareness sessions, group and individual counselling, PFA, and referrals. Two Women and Girl Safe Spaces (WGSS) are operational (in phase 3 and a big size tent in phase 4). Several plans are in place to expand the offer of specialized GBV support in other phases where gaps are identified, either through dedicated WGSS (e.g. gaps in phase 1,2,5,7 and annexes) or through the presence of GBV case managers associated to other protection facilities (e.g. community/ satellite centers). Distribution of dignity kits and other dignity material has been carried out.
- Protection and child protection teams continue to respond to a variety of situations of children in need. Eleven CFS’s, including one in the foreigners’ Annex, and five mobile units / mobile teams are operational, equipped with case managers, run by Syria-based and NES INGOs. Follow-up on the situation of UASC and hospitalized cases is expanding, but interim care arrangements are at full capacity, with 121 unaccompanied children remaining in the three existing facilities run by CP partners as of 14 April. One CP partner operating cross border has started a programme to train families in parental care for further selection as foster care arrangement. 32 families have so far been trained and 14 families are ready to start providing care for unaccompanied children as foster families, while another round of training is foreseen to increase this number. The initiative can be duplicated elsewhere in the camp by other actors.
- In response to the identified gaps in gender/ GBV mainstreaming, some 47 staff from various humanitarian actors operating in WASH, Shelter/NFI, health, food have been trained and additional sessions are planned. Similarly, the major protection Agencies have run a Code of Conduct and PSEA training amongst their staff and partners serving in the camp to raise awareness and mitigate risks.

- During the second allocation of the SHF reserve, the Review Committee of the protection sector approved three projects, of which two focused on Al Hol, for a value of almost 2 million USD. Beyond financial support, the availability of specialized human resources remains a challenge.

Gaps & Constraints:

- The level of protection presence and services still need to increase, from basic activities to more specialized interventions. This will be critical also to avoid re-directing resources from one area of the site to another, notably from the pre-existing Al Hol population to the areas assigned to the new arrivals. Such dynamics, if not properly avoided or at least temporarily managed, can increase an already visible tension amongst the communities in the camp, sometimes due to perception of discriminatory attitudes. Protection partners deem that some 6 additional WGSS may be needed; as for CP facilities, at least 6 facilities can be supported to improve coverage and quality of response, including in the two Annexes. One community and two satellite centers offering a variety of protection services are planned.
- Interim care arrangements, including in the form of foster families, remains a critical effort to be pursued in the field of child protection. Referral protocols for hospitalization still need to be strengthened, particularly for certain health facilities, to avoid that hospitalized children, once discharged, lose contact with their families.
- Support for older persons and PWD through dedicated staff and mobile teams remains critically needed, as well as to make WASH and other facilities accessible. A plan is in place to train volunteers in home-based care assistance. Reportedly, PWD have challenges in accessing latrines, and lament the presence of sceptic pits with fragile covers.
- Despite efforts in sorting and preserving, the policy of confiscation of personal documents continue to generate ill-effects. There are still an unquantified number of individuals for whom there is no match between the identification database compiled in the camp and the document found in the archive room in Al Hol, where all confiscated documents were stored. This is a challenging situation, particularly if the process of repatriation of the Iraqi population starts and individuals start leaving the camp undocumented, thus jeopardizing their legal security in their country of origin. While advocacy with national authorities in Iraq to support the issuance of civil documentation is ongoing, a proper handling of the documentation by the camp administration would have positive effects.
- The necessity by parties in control and detaining authorities to respect basing principles of IHL and promptly communicate to the families the whereabouts of detained male and children remains critical. Not only does this represent a firm obligation of the parties; it is also a critical measure to temper the growing anxiety, distress and resentment of many women in the camp for the fate of their husbands and sons. If not managed, these circumstances can provoke an escalation of tension, with detrimental effects also for humanitarian access and for the safety of humanitarian workers. It is equally critical that children suspected of having been associated with ISIS or other armed groups be provided with the care and protection they are entitled to under IHL. They ought to be considered as victims, not being subjected to detention and, whether this is deemed necessary, being subjected to principles and standards of juvenile justice.
- The civilian character of the camp needs to be maintained, with reference to both the annexes where foreign citizens are located and the other phases of the camp. Security forces or other military/security actors should remain at the perimeter of camps, and not enter unless to intervene as last resort in situations of tension to restore law and order while respecting principles of necessity, proportionality and precaution.

** For further information please refer to "Protection Sector Notes on the Situation in Al Hol" published by the Protection Sector*

Background on the crisis
The military escalation in Hajin and Baghouz in Deir-ez-Zour governorate that started in September 2018 triggered a massive internal displacement of a population that has been exposed to intense hostilities and lived in a situation of extreme deprivation amid growing protection concerns. The number of people leaving Baghouz exceeded all expectations. More than 60,000 people, have been transported to Al Hol camp in Al-Hasakeh governorate since December 2018 and more than 9 in 10 are women and children in dire condition. The influx of displaced people has stabilized, as of end of March, but challenges remain for humanitarian actors to respond to the vast scope and scale of needs of 73,000 people. Overall, the humanitarian situation in the four governorates in the northeast, Al-Hasakeh, Deir-ez-Zour, Ar-Raqqa and parts of Aleppo, remains fluid and complex, with an estimated 1.6 million people in need. Humanitarian partners are currently reaching approximately 600,000 people with assistance every month.

For further information, please contact:
Hedinn Halldorsson, Public Information Officer, hedinn.halldorsson@un.org, + 963 953 300 078
For more information, please visit https://www.unocha.org/syria