



This report is produced by the OCHA Syria Crisis offices with the contribution of all sectors in the hubs and at the Whole of Syria (WoS) level. It covers the period from 1 October – 5 November 2017. The next report will be issued on or around 10 December.

Highlights

- The overall humanitarian and protection situation for civilians displaced from Ar-Raqqa city remains of high concern, particularly with regard to explosive remnants of war (ERW) contamination, amongst other factors. ERW mapping and clearance is required to ensure access for humanitarian partners and create a safe environment that is conducive for voluntary returns.
- While no civilians remain in the central neighborhoods of Ar-Raqqa city, some 8,000 individuals have returned to the eastern and western periphery of the city. The SDF announced that no civilian returns will be permitted to central neighborhoods of the city for a period of three months, until full clearance from unexploded ordnances.
- The humanitarian community has developed a joint position paper on the return to Ar-Raqqa city, highlighting the imperative of safety, voluntary, well informed and sustainable return as the criteria guiding any intervention in support to the return of the displaced population.
- Displacements from and within Deir-ez-Zor governorate continued due to heavy fighting and airstrikes. Large influxes of IDPs from Deir-ez-Zor governorate are straining existing capacities and services in IDP sites across north-eastern Syria resulting in increased humanitarian and protection needs. Camps are overcrowded since arrivals continue to far exceed departures in most of the locations.

146,999

people displaced from Ar-Raqqa and Deir-ez-Zor governorates between 1 – 31 October (Source: CCCM Cluster)



454,451

people reached with food assistance from 1 – 31 October in Ar-Raqqa, Aleppo, Al-Hasakeh and Deir-ez-Zor governorates



102,500

people benefiting from 20,500 hygiene kits distributed in IDP camps from 1 – 31 October



170,000

children aged 0-59 months were vaccinated against polio in Ar-Raqqa and Deir-ez-Zor governorates from 1 – 31 October



Situation Overview

Ar-Raqqa Governorate

Following the announced completion of military operations in Ar-Raqqa city on 20 October, the remaining civilians in the central neighborhoods were evacuated by the Syrian Democratic Forces (SDF). On 20 October, local authorities announced a response plan for Ar-Raqqa city where rubble removal, explosive remnants of war (ERW) clearance, road openings and an emergency response would be the priority before beginning the restoration of basic services, such as electricity, water and sewage networks. Rubble removal and ERW clearance efforts have started.

While no civilians remain in the central neighborhoods of Ar-Raqqa city, some 5,000 individuals have returned to the eastern and western periphery of the city.

Reportedly, unexploded ordnances and landmines, as well as widespread destruction rates of up to 80 per cent constitute severe protection concerns. Due to difficult conditions at the IDP camps across the governorate, some IDPs attempted to return to Ar-Raqqa city. Between 20 and 21 October, nine people were reportedly killed by mines while trying to enter Ar-Raqqa city to check on their houses in different areas. On 22 October, four family members were also killed due to a mine explosion while trying to return to Al-Tayar neighborhood in Ar-Raqqa city. On 26 October, four people were reportedly killed in landmine explosions while also trying to check their houses in Ar-Raqqa city. On 27 October, four IDPs were reportedly killed in landmine explosions in a school shelter in the Ratla area.

To date, humanitarian partners have been unable to access the city until the clearing of mines and other unexploded ordnance is completed. The central neighborhoods remain closed for civilian returns for a period of at least three

months. The SDF and local authorities reportedly continue to implement public messaging on the dangers of returns to the city via radio, television, and newspaper announcements.

Meanwhile, tensions continue to escalate among IDPs, who have not yet been able to return to their homes in the city. On 27 October, IDPs from Al-Mashlab neighborhood in the eastern part of Ar-Raqqa city demonstrated in Tabqa city for permission to return home. The demonstrations quickly escalated when SDF members reportedly wounded up to 12 protesters. Following the incident, SDF sources confirmed that the residents will be allowed to return to Ar-Raqqa city immediately after the mine clearance. As such, all mine clearance capacity in the city was reportedly diverted to Al-Mashlab neighbourhood. On 5 November, the Raqqa Civil Council and SDF reportedly allowed 5,000 – 7,000 civilians to return to their homes in Al-Mashlab neighbourhood in Ar-Raqqa city. Reportedly, returnees had to sign a document which states that the returnee is responsible for returning to the neighbourhood, that he/she refrains from carrying out any destabilizing acts and that he/she will cooperate with the local and security authorities.

On 29 October, the SDF/Asayesh security forces permitted about 6,000 civilians to return to their homes in Raqqa Samra village 4 km east of Ar-Raqqa city, after they were displaced for about 5 months. SDF announced that the village was cleared of ERWs and the village is safe for civilians to return. After civilians returned, reports about loss of property and looting taking place prior to their return emerged.

Deir-ez-Zor Governorate

During the reporting period, Government of Syria (GoS) forces advanced further inside Deir-ez-Zor city. On 3 November, Deir-ez-Zor city was declared to be under the full control of GoS and allied forces. Consequently, GoS engineering units embarked on sweeping the area to remove unexploded ordnance (UXOs). Following the GoS forces' takeover of Deir-ez-Zor city, an estimated 150 individuals are reportedly trapped in the Hweijit Qate'a river island, where the remaining ISIL fighters that were in Deir-ez-Zor city are present. Some advocacy organizations have issued statements on the issue, calling on the warring parties to ensure the safety of the trapped civilians. While GoS and allied forces have advanced on the ground in southern Deir-ez-Zor governorate, SDF forces have advanced from the northern areas of the governorate. During the reporting period, the SDF with support from Coalition forces gained control of Markada town in southern Al-Hasakeh governorate.

Meanwhile, the southern desert of Abu Kamal near the border with Iraq witnessed violent clashes and the Syrian forces managed to advance in the area of T2 station and became less than 15 km away from Abu Kamal city, after controlling Okash field. On 17 October, airstrikes on Abu Kamal city in eastern rural Deir-ez-Zor governorate reportedly hit food trucks offloading in a square, killing nine people and injuring many others. On 19 October, an airstrike reportedly hit the river crossing (Abu Kamal-Baguz), killing 20 people (including 5 Iraqi refugees) and injuring 12 others. On 21 October, airstrikes on Basira town reportedly destroyed a hospital and the only water station. On 23 October, airstrikes on Deir-ez-Zor city reportedly hit a mosque and a bakery in the Al-Qusour neighborhood, killing at least 25 people and injuring over 50 others, in addition to damaging about 70 houses. On 28 October, one person was reportedly killed and three women and four children were injured due to airstrike on Moezleh. On 28 October, a man and a woman from Muhasan were reportedly killed after being shot by SDF while trying to displace to Hasakeh governorate. On 30 October, Al-Ba'ath bridge, which connects Shekh Yasin, Al-Hamediyeh and Al-Ardi neighborhoods with Al-Hawiqa neighborhood in Deir-ez-Zor city, was destroyed due to an airstrike.

On 24 October, local authorities in Deir-ez-Zor city called on the United Nations to protect civilians in the governorate from airstrikes. The statement declared that entire areas in the southern Euphrates River have become empty of civilians, while over 40 per cent of houses were damaged or destroyed. Local authorities have documented the death of at least 329 civilians in airstrikes on Deir-ez-Zor governorate between August and September 2017. The statement asked all parties to the conflict to stop recruiting children, open safe corridors for civilian movement, protect civilians and establish well equipped camps.

An estimated 350 IDPs (majority of whom are women and children) from Deir-ez-Zor and Ar-Raqqa governorates have been reportedly stranded in the Qamishli airport for more than two weeks. Reports indicate an urgent need for food, blankets and other NFIs particularly as winter is approaching. The IDPs reportedly want to proceed to Damascus but are waiting for sponsorship from their relatives in the capital. Exact departure arrangements and date are still unknown.



Displacement Trends

More than 507,000 people have been displaced from Deir-ez-Zor and Ar-Raqqa governorates since the start of military operations in November 2016, according to the CCCM cluster.

Ar-Raqqa governorate

Between 1 November 2016 and 31 October 2017, the CCCM Cluster registered approximately 328,384 displacements (some may be secondary displacements) from or within Ar-Raqqa Governorate. The cumulative figure includes approximately 247,304 people displaced within Ar-Raqqa; 55,114 people displaced to Aleppo Governorate; 18,184 people displaced to Idlib Governorate; 7,484 people displaced to Deir-ez-Zor Governorate; and 87 people displaced to Hama Governorate.

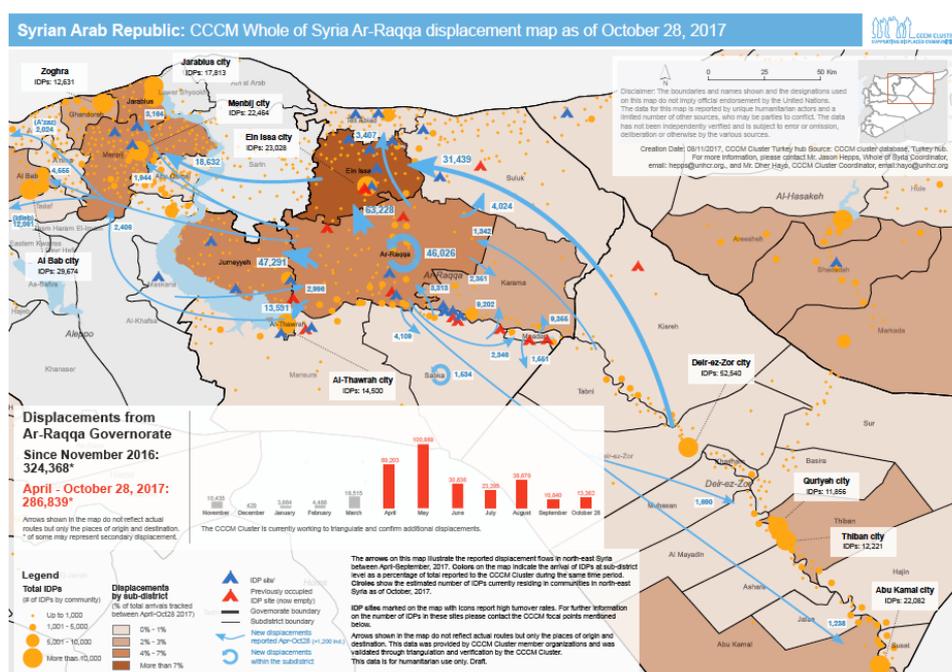
As military operations in Ar-Raqqa governorate have been concluded, further large scale displacements are unlikely. As the focus shifts to returns, conditions are not met for a safe, dignified and sustainable return of IDPs, especially in terms of physical safety. Based on available information obtained from the displaced population, it is very likely that the majority of them intend to return home as soon as possible. However, returns will also be contingent on the conditions that local authorities will be able to guarantee, including conditions of safety and security, dignified living conditions, non-discriminatory attitudes vis-à-vis the civilian population, including the families who remained in the city until the end of the offensive. The humanitarian community needs to remain vigilant and advocate for humanitarian principles to be adhered to by all stakeholders.

Deir-ez-Zor governorate

Military offensives to retake remaining ISIL-held areas continue to prompt significant population displacement, with 17,378 displacements registered from or within the governorate between 1 October and 31 October, according to the CCCM cluster. However, as hostilities reach heavily-populated locations unconfirmed reports indicate that as many as 270,000 people may have been displaced from or within Deir-ez-Zor governorate within the month of October alone¹. Between 9 and 16 October, around 116,000 people were displaced within and from Deir-ez-zor Governorate, according to IOM. The total number of IDPs since hostilities escalated in Deir-ez-Zor governorate in August 2017 rose to around 311,000 people.

During the last three weeks, an estimated 120,000 people have been displaced from Abu Kamal and other areas around Euphrates river, which witnessed fierce airstrikes and clashes between ISIL and GoS forces and its allies. Of those, an estimated 50,000 people are reportedly residing in the eastern part of Al Sur town, under ISIL control and not accessible by the humanitarian actors, while an estimated 70,000 people are displaced to areas near to their villages into western Al Sur town in western Al Khabour river under SDF control. Food, WASH and health are the main gaps identified in these two locations. UN agencies are planning to send humanitarian assistance through their partners to those residing in Western Al Sur.

Protection concerns, including movement restrictions for displaced populations due to screening and sponsorship requirements, are critical challenges preventing displaced persons from accessing locations where humanitarian assistance is available. The SDF reportedly continues to prevent the return of about 7,000 IDPs in dire need of assistance who were displaced in late October to the outskirts of their villages in the east and west of the Khabour River as well as Al-Sur town. Humanitarian access to their locations is possible through Qamishli, Al-Hasakeh and Al-Khurafi and the UN is working on a plan to deliver assistance to address needs.



¹ Inconsistent displacement estimations are largely attributed to delays in data verification and triangulation.

Main IDP sites

IDPs from Raqqqa and Deir-ez-Zor governorates continue to be accommodated in a number of camps across north-eastern Syria. The situation remains fluid as the number of IDPs and locations of IDP sites fluctuate from day to day. The information provided below covers the period from 1 – 31 October.

Al Hol Camp	
Population	Approximately 5,500 IDPs and 20,000 Iraqi refugees (camp capacity: 34,000)- WASH shortages
Response	Water trucking is ongoing at 450,000 liters/day. During the reporting period, 2,184 family hygiene kits 45,542 bars of soap, 5,595 washing powder packs, and 6,173 packs of baby diapers were distributed. In phase 1, the construction of 3,300 meters of sewerage network is completed. In phase 3, the installation of 264 concrete toilets and 264 concrete showers is completed. In phase 4, the construction of 7,800 meters of sewerage network is ongoing and 82 latrines were installed. Food and bread distributed; shelter/tents available and non-food items provided for new arrivals; health services available; and learning services for children provided.
Gaps	Phase 1: increase water tanks and 2 units of permanent latrines required Phase 2: water tanks, permanent latrines needed Phase 3: permanent latrines and completion of the water network required Phase 4: water tanks, emergency latrines, and completion of the water network required Phase 5: water tanks, communal kitchens, and emergency latrines needed
Key Concerns	Phase 5 has officially been activated for IDPs from Deir-ez-Zor, with site planning and preparation near completion, and acceleration of availability of services.

Ain Issa Site	
Population	Approximately 20,000 individuals (camp capacity: 14,000 people)- Overcrowded
Response	Daily water is supplied by combination of water network and water trucking. Construction of 100 concrete toilets and 100 concrete showers is ongoing and is 99 per cent complete. Construction of eight km long sewage system network is completed. WASH facilities cleaning, camp cleaning, garbage disposal and desludging services continue. An estimated 3,000 hygiene kits were distributed during the reporting period and hygiene promotion sessions were conducted. Food baskets for new arrivals, monthly food packages and daily bread distributions provided; shelter/tents are available; NFI kits for new arrivals; communal kitchens; health and reproductive health care available
Gaps	Emergency latrines; activities for children and youth; access to showers and other services in the extension
Key Concerns	While the agreement with the landlord for the Ain Issa camp extension has been signed, no permanent structures can be built in the area. Partners are seeking clarity on the exact limitations for programming. Recent assessments have indicated 60-70 per cent of IDPs will likely remain in Ain Issa in the medium to long-term due to destroyed homes and/or no intention of onward movement.

Mabrouka Site	
Population	Approximately 21,500 individuals (camp capacity: 7,200 people)- Overcrowded
Response	Daily water trucking by UNICEF at the rate of 300,000 liters per day is ongoing. Construction of 100 concrete toilets and 100 concrete showers is ongoing and current progress stands at 99 per cent complete. Garbage is collected five days a week. Cleaning of latrines is ongoing. Construction of eight km long sewage system network and connection of greywater from latrines into the sewer line is completed. During the reporting period, an estimated 1,000 jerry cans, 1,823 family hygiene kits and 4,000 hygiene kits were distributed. Hygiene promotion sessions were also conducted. Food assistance was provided for new arrivals, in addition to daily bread distributions and monthly food packages provided; shelter/tents are available; NFI kits and communal kitchens provided; health services provided, including a 24/7 health clinic in the camp and reproductive health care available.
Gaps	Additional communal kitchens are needed; gas cylinders and refilling is a gap to urgently address in preparation for winter; activities for children and youth; additional solid waste management support needed; and hygiene kits for new arrivals required.
Key Concerns	Fluid population movements challenge the effective delivery of humanitarian aid. New arrivals from Deir-ez-Zor continue to arrive daily. At the same time, up to 1,000 IDPs have departed the camp each day during the reporting period. It is expected that this camp will continue to accommodate new arrivals.

Areesheh (Bahra) Transit Site	
Population	Approximately 34,000 individuals (camp capacity: 28,000)- overcrowded
Response	Delivery of emergency water increased through water trucking to 550,000 liters per day. Four water bladder tanks were installed outside of the camp. 80 emergency latrines were constructed and cleaning of latrines is ongoing. Garbage collection is ongoing. During the reporting period, 5,075 family hygiene kits, 4,900 washing powder packs, 49,000 bars of soap, 12,060 women sanitary napkins, 6,800 baby diapers, and 4,200 jerry cans were distributed. Food for new arrivals; daily bread distribution: monthly food package; shelter/tents; NFI kits; health services available; reproductive healthcare provided.
Gaps	Absence of activities for children and youth; need for camp management; health screening at arrival is taking place, there is a gap in referral system as depends on camp admin approval; communal kitchens (phase 1 only), sewage system, water tanks (drinking and water), and latrines.
Key Concerns	Health surveillance campaign conducted to identify MAM, SAM and complicated SAM cases. 5,370 children under 5 years were screened. 109 moderate acute malnutrition and 22 severe acute malnutrition cases were detected and managed. The camp has been receiving a large number of daily arrivals – one large influx of approximately 5,000 IDPs who had not been screened, led to the set-up of an informal area outside the camp where IDPs awaited screening, registration and tent allocation within the official two phases of the camp.

Al-Malha Checkpoint	
Population	Approximately 2,500 individuals
Response	Current partner response activities include provision of tents, NFIs, and hygiene kits; installation of emergency latrines; provision of medical care through a mobile medical unit and two ambulances. 2,000 RTEs distributed at the site. In addition, an organization provides fresh vegetables, fruits, and bread daily, although not enough to cover all households. Water trucking ongoing with 75,000 liters provided on daily basis. During the reporting period, 1,250 hygiene kits, 9,200 women sanitary napkins, 2,650 family hygiene kits, 6,000 bars of soap, 600 packs of washing powder, and 4,500 packs of baby diapers were distributed.
Gaps	Urgent needs at the site include safe drinking water, food, medicine, shelter, and sanitation facilities.
Key Concerns	The Al-Malha screening point is located 70 km north of Deir-ez-Zor city and some 27 kilometers from the nearest ISIL-controlled area in Deir-ez-Zor governorate. Despite UN advocacy, local authorities continue to use the facility even after the 12 October attack and has no plans for its move. Instead, the local authorities promised to enhance the security provisions at the site. Humanitarian partners have limited access to the site, and agreed to only provide life-saving assistance.

Abu Khashab Checkpoint	
Population	Approximately 420 individuals (camp capacity: 1,000 households)
Response	Current UN and partner response activities include provision of tents, NFIs, and hygiene kits; installation of emergency latrines; provision of medical care through a mobile medical unit; and daily water trucking. Water tanks and emergency pit latrines installed. During reporting period, 545 family hygiene kits, 2,400 baby diapers and 2,400 women sanitary napkins were distributed.
Gaps	There are currently no latrines at the site and the nearest water point is reportedly 50km away. There are insufficient tents and adults reportedly sleep in the open.
Key Concerns	The situation remains fluid and the number of IDPs fluctuates from day to day.

Tuwayhinah IDP site	
Population	Approximately 5,000 individuals
Response	Humanitarian partners agreed to maintain only minimal, life-saving assistance to minimize the risk of creating a pull factor to the site, which is unsuitable for IDPs due to its exposure to environmental factors, lack of facilities and camp administration, and flood-prone location. Partners continue to provide minimal, life-saving assistance at the site to support the existing IDP population until the population is relocated.
Gaps	There is an urgent need to confirm the future of the site. Daily distribution of bread is required. Medicine and nutrition supplies are needed. New arrival kits, including hygiene kits are required. Bathing facilities and maintenance of latrines needed.
Key Concerns	The future of Tuwayhinah as a site is still under discussion. Following advocacy efforts to relocate the site to a more suitable location, local authorities have identified a new location, Safsafah, which is closer to services/the town and not a flood risk.

Al-Safsafa IDP Site**Key Concerns**

The Northeast Syria (NES) Forum reports that local authorities are considering alternative sites and will make a decision in November. Local authorities stated that IDP relocation will not be forced. The replacement site will host up to 20,000 IDPs, including IDPs located at Tuwayhinah, Tabqa city schools, and other informal settlements.



Access

As of 31 October, humanitarian actors have limited access to Ar-Raqqa city due to the presence of explosive remnants of war (ERW). Clearance operations are reportedly ongoing. Local authorities have reportedly informed humanitarian actors of the importance of waiting a minimum of 60 days before operating in the city.

Reports indicate that the Government of Iraq (GoI) is in control of the Al-Yarubiyah border crossing, one of the designated border crossings in the United Nations Security Council (UNSC) resolution 2165. The humanitarian community continues to advocate for the use of Al Yarubiyah border crossing, as authorized under UNSC resolution 2165, to allow for the delivery of humanitarian assistance to northeast Syria. The full use of different modalities – from within Syria and cross-border – is necessary to reach people in need, particularly given the unfolding situation in Deir-ez-Zor governorate.

Humanitarian Response



Protection

Key developments and needs

On 20 October, SDF officially announced having taken complete control of Ar-Raqqa city. During the days preceding this development, decreased conflict activity had allowed for the evacuation of the last population from the city – including through voluntary hand over to the SDF forces. Most of the civilian population was transported to the nearest camp of Ain Issa, where screening procedure started, particularly targeting male of fighting age. Reportedly, families and individuals with suspected affiliation to ISIL, including individuals of foreign nationality, were accommodated in separate areas of the site, under a more stringent security regime by the camp administration. While the processes remain extremely undefined and undisclosed to protection actors, it is understood that men of fighting age are reportedly separated and detained outside the site, while the rest of these last groups of families from Ar- Raqqa are concentrated in specific areas of the site with highly regulated access for humanitarian actors, allowing few contacts.

The evolving situation in Ar-Raqqa reportedly triggered first attempts by IDPs to return to some semi-urban areas of the city to the southwest and the east. The return move was allegedly prevented by SDF, given the high contamination of explosive hazards. First-hand accounts and public reports on the city, as well as consultations with the last groups of arrivals from Ar-Raqqa, highlight the severe destruction of the urban area, including essential facilities such as schools and hospitals; the high presence of debris and unsound buildings; the presence of corpses; and the high level of contamination by explosive hazards including remnants of war and improvised explosive devices. In those conditions, the pace of the return of the civilian population needs to be carefully addressed. Safety and security considerations of both population and humanitarian workers need to be at the forefront. The protection sector has recently elaborated a joint position for the humanitarian community on the return to Ar-Raqqa city, highlighting the imperative of safety, voluntary, well informed and sustainable return as the criteria guiding any intervention in support to the return of the displaced population.

Reports of growing number of civilian casualties, airstrikes and military operations in the whole Deir-ez-Zor governorate have continued unabated. SDF ground advances in the western part of Markada town, with aerial support from the international Coalition, coupled with ground and aerial activity of Syrian forces registered in different neighbourhoods of Deir-ez-Zor continued to expose civilians to active hostilities and serious protection concerns.

Attempts to flee the conflict areas continue to put civilians at risk, as demonstrated by the numerous reported cases of severely injured IDPs reaching the checkpoints and the IDP sites. In addition, the setting up by SDF of checkpoints close to active frontlines exposes population on the move to major risks, along with humanitarian workers attempting to assist them. A security incident attributed to ISIL occurred in the vicinity of Al Malha village checkpoint on 12 October and was reportedly caused by the explosion of two SBVIEDs. Over 40 civilians were reportedly killed and more than 80 wounded as a result. In addition, in the confusion that followed while IDPs escaped from the area,

belongings were lost and the situation led to numerous episodes of family separation. This situation did not deter smugglers, routinely present in the areas, to take advantage of the desperation and eagerness of IDPs to flee, by imposing even higher-than-regular fees.

During the past weeks, as the influx from Deir-ez-Zor continued, and particularly in the wake of the incident of 12 October, humanitarian actors expressed concern over the current location of some of the check points, including Al Malha check-point, where IDPs fleeing different sub-districts of Deir-ez-Zor, al Mayadin and Abu Kamal are initially screened before being transferred to Mabrouka, Areesha, Al Hole and Ain Issa camps. For several weeks, arrivals to Al Malha outpaced departures, with an average of 3,000 daily arrivals as opposed to an average of 500 persons being transferred to surrounding camps every two days. For instance, approximately 20,000 IDPs were believed to be present on this site on 8 October as routes to other checkpoints (e.g. Abu Khashab and Rejim Sleby) were inaccessible given ongoing conflict. The lack of personnel appointed to conduct the screening processes often created substantial delays in screening procedures, with waiting lines sometimes a length of two to three kilometers (km) at the checkpoint entry. In October, the average stay at Al Malha ranged from one to six days, with some families reporting having stayed in Al Malha for a total of two weeks. Humanitarian actors at local and higher levels continue to point out the obligations for the authorities that introduced the screening as a security imperative measure to make all possible efforts to expedite the process and avoid exposing civilians to unnecessary harm and risks.

Despite advocacy conducted by protection actors at different levels, restrictions of freedom of movement and related protection issues persist. In addition to delays in screening procedures and insufficient means being deployed to cope with the scale of movements, personal documentation continues to be confiscated at checkpoints. It is subsequently transferred to transit sites, increasing risk of possible loss or damage. While local protection actors have repeatedly advocated to end confiscation procedures, and supported as a last resort the orderly gathering and stocking of documentation, these suggestions are often ignored. For instance, the advice and provision of envelopes to preserve all documents of the same family has occasionally been followed for some days, but then discontinued at major checkpoints. This contributed to the offloading in camps of masses of unsorted personal documents. It also in turn delayed the departure of families waiting for restitution or caused exasperated individuals to leave the site undocumented, which therefore exposes them to new risks while travelling to other destinations.

Cases of smuggling are still frequently reported, with indications that an amount of 125,000 SYP (US\$ 580) is required to IDPs travelling from Deir-ez-Zor governorate to Al Malha. This situation leads families to prioritize which members should travel first, with family separation as a consequence. IDPs indicate being generally unaware of security procedures implemented in SDF-controlled areas, including different steps required, possible length of their stay and future destinations. This lack of information makes them more vulnerable to potential exploitation and unable to make informed decisions. The inability to obtain information on onward movement and to control it has been described as a major factor of stress among the IDP population. Smuggling is also reported from inside the IDP sites, as a last resort for IDPs who may want to accelerate their departure from the camps. Advocacy continues at various levels to induce the local authorities to control and curb the phenomenon. Continuous advocacy to return to and allow full freedom of movement is conducted by the Protection sector.

Cases of unaccompanied and separated children were identified as a major concern during consultations conducted in Al Malha checkpoint and in Areesha. Those cases either occurred at the checkpoint, as a result of chaos or overcrowding, or *en route*, as children were sent ahead by parents unable to afford smuggling fees for a joint travel. A total number of unaccompanied or separated children remain unconfirmed given the size of the IDP influxes and the overall fluidity of movements. According to current reports, there are neither safe methods for parents to identify their children, nor established care arrangements for identified unaccompanied and separated children at checkpoints. While efforts and coordination among mandated protection agencies are still to be reinforced in IDP sites, they are severely hampered by the fluidity of movements and the situation on the ground, which simply outweighs capacities. Despite these challenges, general cases of family separation during the travel from the check point to the indicated sites started to be addressed by protection partners on the ground, especially when the destination of part of the families was known. Cases of successful reunification through transfer of family members from one site to another have been reported.

Due to sustained influx from Deir-ez-Zor, coupled with less than expedite screening procedures, the challenging process of sorting and restitution of confiscated personal documentation in IDP sites, as well as the restrictions on freedom of movement still in force, IDPs' influxes in camps very often outweighed the departures. This in turn created an overall environment where the most vulnerable segments of the population are exposed to risks. Almost all camps, and in Mabrouka, Al Hol (IDP phase) and Areesha recurrently exceeded their hosting capacity, with consequent deterioration of living conditions. According to the statistics gathered through the identification process conducted by UNHCR and partners, the proportion of children remains considerable (58-60 per cent) and despite the strengthening of presence and initiatives, the environment for children remains unfavorable. During the recent period, several eyewitness reports have been received on the occurrence of active child and youth recruitment in the IDP sites, including by female YPG members to presumably encourage the recruitment of women and girls. Protection actors have brought the issue to the attention of the local entities, including by recalling earlier commitment of the parties to

respect the protection of children from the effects of armed conflict² and to respect humanitarian principles to protect civilian populations during armed operations, including children.

IDP sites, particularly the newly created ones, are not yet fully equipped with protection services and facilities to cope with new influxes. In addition, the lack of basic services such as sanitation latrines, the shelter conditions – often below standards in terms of space and privacy- contribute to aggravate the risks for women and girls. Re-establishing dignified living conditions is of paramount importance, also from a protection perspective.

Restrictions imposed on freedom of movement remain unpredictable and affect onward movement. Delays in sorting of documentation de facto blocks families in IDP sites. The sponsorship system is still implemented to allow access to nearby communities under the effective control of the Kurdish entities. Families remain in sites while waiting for the release of detained males. Movements towards Damascus, or otherwise west-bound, tend to be benefit from more flexibility, especially for medical cases screened by local partners. It is understood, however, that Damascus may not be the final destination for many of IDPs heading West, who rather stop in Aleppo or Hama Governorates, or reach opposition-held areas of either Afrin or Idlib. The opportunity of heading west more easily might be used as a possibility to continue their journeys and avoid being constrained in IDP sites. However, delays in organizing departures have also affected movements by road. Busses arriving to the sites to transport IDPs, including medical cases, often have to wait for several hours until all procedures are terminated. The extenuating waiting times put vulnerable IDPs such as children and the elderly under unnecessary strain and cases of severe exhaustion have been reported. According to monitoring visits regularly conducted by an INGO, 66 per cent of interviewed Syrian IDPs and local community members in Ar-Raqqa governorate know Syrian families who departed to another location in the last three months. Concerns for safety, limited access to services and livelihood opportunities, as well as the fear of forced recruitment, were the reported reasons for departure. The greatest challenge for these families was the sum of money required to smuggle themselves across the border. All interviewed IDPs reported knowing individuals who would like to leave Syria, but cannot overcome the barriers to departure, including border closures and smuggling fees. Many IDPs in Ar-Raqqa governorate have settled in schools. With the reopening of schools in mid-September, forced relocations have been noted in several areas. In the village of Khenez Shamali (Northern Ar-Raqqa) the school has been closed for five years, and approximately 25 IDP families inhabited the school within the last six months. In mid-September, the IDPs were asked to vacate this school by local security and military actors so that the school can reopen. Without alternative shelter options in other villages, IDPs were advised to go to Ain Issa Cotton Center. As of 4 October, none of the IDP families had moved. Similarly, over the last six months, Syrian IDPs from rural Ar-Raqqa and Aleppo governorates have taken shelter in schools in Ath-Thawra and Mansura. Local authorities informed the IDPs on multiple occasions that they would be forcibly evicted from the schools. IDPs without alternative housing were to be transferred to Tawhina Camp. Generally, most IDPs were assigned to their camp by local authorities. In Mabrouka Camp, many IDPs reportedly requested to be transferred to Ain Issa Cotton Center or Al Hol Camp, as IDPs believe that the services are better in these locations. IDPs requested the freedom to choose where to go.

Ongoing and planned response

Protection partners active on the ground (both from UN protection-mandated agencies and NES INGOs) continued to reinforce their presence in main IDP sites, particularly Ain Issa, Areesha, Mabrouka and Al Hole IDP phase. Keeping the pace of influxes of the month of October has however been challenging. The fluidity of the situation continues to put a strain on current response capacities and triggers additional challenges. On the positive side, the planned expansion of protection services is ongoing, with UNHCR partners signaling the opening of facilities in Ras-el-Ein and Tal Abyad, from where improved protection support to Ain Issa and Mabrouka sites, respectively can be provided as well as strengthening a steady presence in Areesha.

Through more sustained presence in the IDP sites, protection actors continue to regularly consult with the population to better understand their needs. An INGO conducted 46 protection monitoring visits in Ar-Raqqa and Southern Hasakah governorate, meeting with 402 individuals (221 males, 181 female) to better understand their protective environment, including barriers affecting access to services and protection risks. Two rapid protection needs assessments in Ath-Thawrah district, reaching IDPs housed in abandoned schools in Ath-Thawrah town and Mansura town, as well as in Tuwayhinah camp, shed light on Syrian IDP intentions to inform advocacy efforts to prevent forced relocation. Protection monitoring visits remain ongoing. Partners continue to be critical in the process of identification of arriving IDPs, although the size of the influx and the fluidity of movement make the follow-up of complex situations requiring specific interventions and case management extremely challenging. In the meantime, the dialogue continues to reinforce the presence of child protection staff at identification stage, to immediately detect cases in need for special attention and support.

A previously conducted protection mainstreaming assessment of Ain Issa Camp by an INGO led to the procurement of rehabilitation materials to help to ensure that IDPs and refugees in the camp live in a dignified manner. For

² https://www.genevacall.org/wp-content/uploads/dlm_uploads/2013/12/DoC-Protecting-children-in-armed-conflict.pdf

example, with the procurement of curtains and rods, the team will create small rooms in the large tents shared by multiple families, these rooms will offer individuals a modicum of privacy, including changing clothes and prayer. Metal sheets, for instance, will be placed in front of the restrooms to ensure that the elderly and persons with disability are able to access these facilities.

UNHCR staff in the main IDP sites supported the reunification of some families separated by the Al-Malha events of 12 October. Through one of its national partners, UNHCR managed to provide immediate reception support and Psychological First Aid (PFA) to the families in distress fleeing the scene of the incident, as well as a series of awareness sessions on relevant topics (hygiene, health, child safety). In Ain Issa, where a more stable population is visible, some community-based initiatives have been promoted (e.g. training for family members to support simple physiotherapy /rehabilitation exercises for other members in need; woman group for sewing winter clothing).

UNHCR continues to support the process of sorting civil documentation in IDP sites to facilitate the exit procedures. While SOPs developed by the protection sector explicitly advocated against the confiscation of identify documents, local authorities continue to implement this practice. To limit loss and potential destruction of documents, mitigating measures have been identified to ensure that documentation of different family members confiscated at different checkpoints are kept together (e.g. by the provision of envelopes to the check points). These measures do not rescind the responsibility of local administrative and security authorities to uphold standards outlined by the protection sector in the conduct of screening processes, which include not confiscating identity documents.

More structured interventions in the facilitation of civil documentation issuance occurred in Deir-Ez-Zor city. Between 24 September and 5 October, a UNHCR national partner completed a ten-day Legal Aid mission in several neighbourhoods of the city under governmental control. Activities particularly focused on providing legal advice on civil status documentation, supporting renewal, including with liaison with Damascus, intervening on civil status and civil event matters in Court. A pool of lawyers managed to provide legal advice to 1,128 persons, to intervene in fifteen Court procedures, and to support 710 actions before administrative bodies.

UNFPA continues to support the emergency response with the distribution of sanitary napkins to women and girls of reproductive age and improve their dignified conditions.

Psychosocial support services (PSS) provided by an INGO reached a total of 223 (117 females, 106 male) Syrian IDP and local community members in Ain Issa Camp, Ain Issa villages, Suluk and Al Hole Camp. 146 individuals benefited from GBV, CP and Protection case management services, with a total of 31 referrals made for protection, health and basic needs assistance. In October, an INGO started child protection case management coordination focusing on harmonizing prioritization and vulnerability criteria, geographic division of caseload and to improve response for UASC. Future meetings at the camp-level are being planned.

An INGO trained 450 humanitarian frontline staff in gender based violence (GBV) core concepts, protection mainstreaming, humanitarian principles, mine risk awareness, and protection from abuse (PFA). Eight case workers received a training on the delivery of a specialised mental health and psychosocial support services (MHPSS) curricula for men and boys.

The humanitarian mine action response in Ar-Raqqa governorate continues to increase, through the deployment of an integrated mine action response. This will include: 1) Risk Education delivered to vulnerable populations, including IDPs in the surrounding area to improve knowledge of the local population of the local threats. Furthermore, a risk education capacity will also be focused towards south Hasakeh with the large number of IDP movements; 2) response by clearance teams to hazardous areas identified by humanitarian partners, local communities and local authorities across accessible areas of Ar-Raqqa governorate, where active hostilities have ceased. Clearance will be prioritised in coordination with the wider humanitarian community to improve safe access to critical infrastructure and improve safety for civilians and humanitarian workers; 3) Contamination surveys will be deployed to map contamination and to mark dangerous areas for future clearance.

Key gaps and challenges

Despite active advocacy on safety and security, due process in screening, and freedom of movement by the protection sector and its partners at different levels, including through civil-military coordination channels, limited results have been achieved on the ground and robust high level advocacy remains imperative.

Limited presence and capacity of national humanitarian actors in northeast Syria has been repeatedly identified as a major challenge for the protection response in the area. This is even more evident with the recent sustained influxes, which put all human and material resources under strain. Operationally, activities such as comprehensive cases management and family tracing remain extremely difficult, either due to the expertise of the partners or due to the temporary nature of the stay of the population in sites, at least for some families.

Potential spontaneous returns to Ar-Raqqa city and surrounding areas, while preconditions are not met (especially regarding physical safety) should be anticipated. Decreased level of hostilities combined with the local authorities outlining some of the key priorities for Ar-Raqqa city (rubble removal, explosive hazards, road openings and emergency response, followed by a second phase aiming at the rehabilitation of basic services) might create a pull factor. As mentioned above, the protection sector has supported the identification of pre-conditions for returns in this specific context. To be efficient, this approach will however require the active involvement of all relevant stakeholders, in particular local authorities.



Food Security and Agriculture

Response

As of 31 October, the Food Security Sector, through WFP and eight cross-border NGOs, has been able to respond to the conflict-affected people fleeing the Ar-Raqqa and Deir-ez-Zor offensives in various parts of Ar-Raqqa, Deir-ez-Zor governorates and neighboring Al-Hasakeh and Aleppo governorates.

The overall response from 1 - 31 October reached around 454,451 beneficiaries across areas in north-eastern Syria affected by the ongoing Ar-Raqqa and Deir-ez-Zor displacements through various types of food assistance including food baskets, ready-to-eat rations, food vouchers, cash grants and bread.

During the reporting period, 16,409 ready-to-eat rations (RTERs) covering food needs for five days for a family of five were distributed to 81,921 beneficiaries; 3,758 RTERs covering food needs for seven days for a family of six were distributed to 22,548 beneficiaries; 10,174 RTERs covering food needs for ten days for a family of six were distributed to 52,765 beneficiaries; 15,133 dry food rations covering food needs for ten days for a family of six were distributed to 90,369 beneficiaries; 37,945 regular food baskets covering food needs for a month for a family of five or six were distributed to 189,936 beneficiaries; 2,255 unconditional cash grants covering food needs for a month for a family of six were distributed to 13,530 beneficiaries; 532 food vouchers covering food needs for a month for a family of six were distributed to 3,382 beneficiaries; and a total of 63,255 individuals received bread daily throughout the month in three IDP camps.

In Ar-Raqqa governorate, a total of 294,074 beneficiaries were reached in October by WFP and 5 cross-border INGOs in Tall Abyad, Suluk, Ain Issa, Jurneyyeh, Ath-Thawrah, Mansoura, Karama, Sabkha and Ar-Raqqa sub-districts with food assistance. During the reporting period, 54,823 RTERs, dry food rations, food baskets and unconditional cash grants, covering food needs ranging from five or ten days to a month for a household (HH) of five or six reaching 291,027 beneficiaries. An additional 472 food vouchers covering the food needs for one month reaching 3,047 beneficiaries were distributed.

In Aleppo governorate, a total of 3,905 beneficiaries were reached in October by 2 cross-border INGOs in Menbij and Ain Al-Arab districts. During the reporting period, 633 dry food rations and food baskets covering food needs between ten days and one month for a HH of six reaching 3,510 beneficiaries and an additional 10 RTERs covering food need for five days reaching 60 beneficiaries. An additional 60 food vouchers covering food needs for one month reaching 335 beneficiaries were distributed by two cross-border NGOs.

In Al-Hasakeh governorate, a total of 129,144 beneficiaries were reached in October by WFP and 6 cross-border INGOs in Ras Al-Ayn, Beir Al-Helo and Areesheh sub-districts respectively in Mabruka, Al-Hol and Areesheh camps, and Areesheh surroundings, with food assistance. During the reporting period, 24,820 RTERs and food baskets covering food needs from five days to a month for a HH of five or six reaching 129,144 beneficiaries. Additionally, 20,850 bread bundles reaching 63,255 beneficiaries were distributed in Al-Hol, Mabruka and Areesheh camps as a complementary support to food rations assistance.

In Deir-ez-Zor governorate, a total of 27,328 beneficiaries were reached in October by WFP and one cross-border INGO, in Kisreh sub-district in Abu Khashab and Mkman with food assistance. During the reporting period, 2,194 RTERs covering food needs for five days in Malha checkpoint and Abu Khashab camp and 3,000 food baskets covering food needs for one month in Abu Khashab were distributed by WFP and one cross-border INGO reaching a total of 26,164 beneficiaries. Additionally, 194 dry food rations covering food needs for ten days were distributed by one cross-border NGO.

November Plan

As per the November plan, the Food Security Sector through its partners (WFP and nine cross-border partners) will be able to cover food needs for a total of 574,731 people in November through a wide range of modalities based on needs and context adequacy (RTERs, food baskets, cash-based response and bread).

Additionally, two micro plans for Areesh and Twehina have been set up to ensure regular distributions while a proper allocation mechanism has been set up in the other UNHCR-managed camps for both emergency and monthly food distributions among FSS partners. Partners will be able to reach up to 111,915 beneficiaries throughout the month in Areesh (without WFP support and other non-HRP partners) – although some stocks are still under procurement). As for Twehina, monthly food rations will be distributed to the whole camp by WFP, followed with another ten days dry food rations blanket distribution two weeks later by one cross-border partner, to cover the food needs of the estimated 1,500 HH in the camp.

Close field coordination has been established for Tabqa City to prevent any overlapping coverage where four cross-border partners and WFP are currently covering food needs of an estimated 95,930 people through various modalities, including general food rations, unconditional cash grants and food vouchers.

Contiguous to IDPs movements, the Sector through its partners, will try to cover most of the gaps, based on their stocks and access capacities. The continuous fluidity of movements makes it a challenge to set fixed allocation plans in advance in most parts of northeast Syria. Additionally, camps are being overcrowded since arrivals continue to far exceed departures in most of the locations.

Close monitoring of the Ar-Raqqa City situation is ongoing although no direct interventions are planned into the city by FSS partners until all pre-conditions for returns to Ar-Raqqa City are fully met, including ERW clearance and/or mapping conducted allowing safe and secure distribution of humanitarian assistance for both humanitarian workers and conflict-affected populations.

Gaps and Challenges

- Security incidents and heightened tensions have been reported in Twehina as well as in Areesh camps and surroundings, therefore hindering the distribution of food assistance.
- The Food Security Sector is concerned with the returnees movement to the outskirts of Ar-Raqqa city due to the contamination by explosive hazards.
- IDPs currently located in and around Twehina have shown no willingness to relocate to the initially suggested alternative location situated in Safsa. As such, important concerns remain around camp administration and management in the camp and around their safety, freedom of movement and types of assistance they would be receiving.
- Ain Issa has been the subject of numerous protection concerns notably of vulnerable women and children.

Some of the main gaps and challenges identified by the Food Security Sector are:

- Coverage of Menbij District – in informal settlements and host communities. This needs to be extended to more partners given the large reported numbers of IDPs and vulnerable host communities.
- Coverage of villages around Ar-Raqqa city (north, south, east and west), that have not been either sufficiently or regularly covered or not reached, due to security risks and large presence of ERWs. A closer and more granular field coordination mechanism is being set up among cross-border partners and WFP to ensure gaps are being identified and covered while preventing any overlap.
- Accessing Abu Khashab and Al-Malha checkpoints and/or informal settlements has been assessed as highly unsafe where increasing numbers of IDPs are arriving daily. The sector, in coordination with OCHA and other sectors, is strongly advocating for IDPs screening/reception/transit centers to be located in secured and safe areas for both humanitarian actors and IDPs in order to ensure an adequate, timely and consistent response.
- The delivery of humanitarian assistance continues to be highly challenging in Twehina informal camp due to the complete absence of a formal and civilian camp management, hindering beneficiaries identification process, including new arrivals and departures and leading to an increasingly unsafe environment with high protection concerns.



Response

On 1 October, WHO delivered an additional 26 tons of health supplies to Qamishli hub to cover for 87,749 medical treatments and 1250 trauma cases. These supplies will be made available to meet partially cross-line and cross-border partners' needs. An additional shipment of health supplies was delivered to Tabqa National Hospital in Ar-Raqqa governorate for 38,000 medical treatments and 400 trauma cases. Furthermore, WHO and health sector focal points are permanently on the ground throughout north-eastern Syria assessing the rapidly evolving situation in camps, settlements, public and private health service providers.

WHO and local partners have intensified efforts to respond to an outbreak of polio since March 2017. There are 53 confirmed persistent circulating vaccine-derived poliovirus type 2 (cVDPV2) cases as of 31 October. Two outbreak response immunisation rounds utilizing mOPV2 have now been completed in both Deir-ez-Zor and Ar-Raqqa governorates. Between 8 - 12 October, an estimated 170,000 children under the age of five were vaccinated out of the planned target of 230,000 children. All camps were included in vaccination campaign covering 13,048 children in IDPs camps. Additionally, 16 new refrigerator trucks have been provided by UNICEF to transport vaccine and maintain cold chain for ongoing response activities and outreach. However, more than 100,000 doses of measles vaccines and 35,000 doses of polio vaccines were destroyed due to an attack on medical facilities in al-Mayadeen district, Deir-ez-Zor governorate. Equipment, syringes, and stocks for all vaccine-preventable childhood diseases were also destroyed. The attack will delay the implementation of routine immunization for vulnerable children in the area.

WHO is supporting the establishment of environmental surveillance in Syria and upgrades to the existing laboratory network. Health partners conducted rapid assessment missions to various locations in Ar-Raqqa governorate, specifically to Tabqa area to follow up on Health Resources Availability Monitoring System (HeRAMS) updates and follow up on earlier dispatched equipment to the national hospital. The missions assessed trauma and surgery services throughout health facilities to make specific recommendations for immediate health interventions based on the local capacity. The missions also assessed priority primary healthcare centers which require immediate re-activation.

Following the confirmation of Hepatitis A outbreak in rural areas in Ar-Raqqa and potential outbreak in Ain Issa camp, the necessary technical guidance and recommendations were provided to the implementing partners on the ground, including prevention measures on securing of safe drinking water; personal hygiene practices by proper hand washing with safe water; proper sanitation; adequate chlorination of water; boiling or cooking food and drinks for at least one minute to 85°C inactivates Hepatitis A virus. WHO continues to support the provision of aqua tablets for water chlorination in addition to health educational materials.

WHO is working to strengthen tuberculosis (TB) surveillance and response after five suspected cases of tuberculosis were reported from the same camp. WHO is assessing TB center needs in terms of availability of medicines and lab supplies; capacity of TB health workers in terms of availability of specialists doctors and trained lab technicians; and defining the process used in the center in the diagnosis of TB cases. Case definitions and threshold of the priority communicable diseases including TB are shared.

Following the reported and confirmed cholera outbreak in southern governorates of Iraq, WHO alerted all surveillance focal points and health partners to strengthen the surveillance in all camps and settlements along the border zone.

UNFPA services are covering more than 85 per cent of the accessible areas in Hassakeh, Deir-ez-Zor and Ar-Raqqa governorates including urban and rural provinces, shelters and IDP camps. UNFPA is providing comprehensive reproductive health (RH) services including family planning, pre- and post-natal, neonatal care and treatment, prevention of mother to child transmission (PMTCT) prevention, psychosocial support (PSS), early detection for breast and cervical cancer and Basic Emergency Newborn and Obstetric Care (BEmNOC) services. Services are provided through seven reproductive health clinics, 11 medical mobile teams, ten primary healthcare centers and two hospitals. During the reporting period, two women and girls safe spaces were established in northeast Syria to support survivals and empower most vulnerable groups to re-build their society again. During the reporting period, more than 258,000 health services were provided, including 1,600 beneficiaries targeted during breast cancer awareness month provided with awareness sessions, training on self-examination and the referral of cases to primary and secondary treatment.

November Plan

In November, the health sector will continue to provide life-saving and life-sustaining humanitarian health assistance. This will be done through specific interventions focusing on: provision of health care services (including trauma, reproductive health, including maternal and child health, management of malnutrition, management of non-communicable diseases, mental health and psychosocial support, support for people living with disabilities, and referral services); availability of essential medicines, medical supplies, equipment and provision of outreach services; and strengthening of the communicable disease surveillance, detection and response system.

The health sector strategy is: 1) Strengthen the institutional and response capacity of remaining public and private health care services in Ar-Raqqa city; 2) Pre-position health supplies for public and private health care facilities throughout the city; 3) Reinforce the capacity of public and private health care facilities (including physical structures, human resources and equipment/supplies) for health service delivery, including mobile medical units for emergency response in camps and spontaneous settlements; 4) Partner with available health service providers (public and private) to strengthen the emergency referral system for patients requiring treatment in secondary and tertiary health care facilities in Ar Raqqa, Al Hassakeh and elsewhere.

Key Gaps and Challenges

A gap in the existing referral systems in camps continues to be challenging largely due to the dependence on the approval of camps management. Furthermore, vaccination follow-up is necessary in camp settings.

Restrictions applied by local authorities remain major challenges for local implementing partners. Restrictions include:

- Regulation of hiring processes by health committees including medical workers and data entry;
- Control of distribution of medicines by local partners; and
- Retention of used equipment (medical equipment, IT equipment, etc.) following completion of project.

Coordination within the health sector is a major gap and challenge. Closer coordination among cross-line and cross-border partners is necessary for the set-up of health clinics across northeast Syria. Clarity on information-sharing between hubs, working groups and WoS is also needed. Finally, a coordinated approach among cross-border partners and working groups in regards to communication with pharmaceutical suppliers; quality performance in IDP sites/camps; vaccines deliveries; assistance in Tabqa hospital and Menbij area is required.

The health sector continues to explore solutions to the above challenges to promote a more productive operating environment.



Nutrition

Key Developments

Nutrition partners, with UNICEF's support, conducted mid-upper arm circumference (MUAC) screenings for children under five years old in Areesha, Mabruka and Al Hole camps, as well as at the Malha check point. Of the 21,212 children screened during the reporting period, 561 (2.6 per cent) were identified with acute malnutrition and are receiving treatment. An additional 141 (0.6 per cent) children presented with severe acute malnutrition (SAM) and 420 (1.98 per cent) children and pregnant and lactating women (PLW) presented with moderate acute malnutrition (MAM). All diagnosed children were admitted for treatment and no child presented with acute malnutrition had complicated severe malnutrition. Infant and young child feeding (IYCF) support has started in Mabruka, Areesha and Al Hole camps.

Since 6 October, almost 5,000 IDPs from Deir-ez-Zor have gathered outside Areesha camp waiting to be registered. This has resulted in delays to provide lifesaving humanitarian services including food and water. UNICEF responded to those IDPs with a blanket distribution of preventive nutrition supplies. In total 2,160 boys and girls under five years of age as well as 400 PLW received multiple micronutrients and high energy biscuits.

A community-based management of acute malnutrition model (CMAM) and IYCF training was completed from 24 – 26 October in Ras Al Ein with 20 participants working in northeast Syria. The workshop included nutritional surveillance, infant and young child feeding, supplementary feeding and management of acute malnutrition in centers and with follow up in the community.

Response

Implementing partners with the support of UNICEF, WFP and WHO provided preventive nutrition interventions including provision of fortified spread (Plumpy Doz), high energy biscuits and micronutrients to about 73,679 under five children and PLW in Mabraouka, Shaddadah, Ain Issa, Jalaa, Thawra, Mansoura, Twihin, Al Hole camps and Al Mahla checkpoint.

Following the establishment of Community Management of Acute Malnutrition (CMAM) centres in Al Hole, Mabruka and Areesha camps, 141 boys and girls identified with SAM and 420 boys and girls as well as PLW with MAM received treatment for acute malnutrition with the regular support and follow up by nutrition outreach volunteers.

To scale up for Ar-Raqqa nutrition response, the nutrition sector is planning to integrate CMAM activities with already established health centres supported by WHO inside Ar-Raqqa governorate, in addition to UNICEF health centres. Additionally, Nutrition sub-national cluster in Qamishli plans to coordinate nutrition partners to ensure provision of nutrition services. This also entails identification of gaps and discussions on ways forward. In addition, a plan is in place to establish outreach mobile clinics to complement the nutrition treatment and management of acute malnutrition at the Malha and AbuKhashab IDP gathering check point/camps.

Key Gaps and Challenges

- Access to Ar-Raqqa city remains a challenge for partners to deliver preventive and curative nutrition services and also promotion of optimal IYCF practices on regular basis. This also hampers timely identification of SAM and its treatment.
- The delays in registration of new arrivals is taking long time (reaching to ten days) leading to denial of essentials lifesaving services in Malha and AbuKhashan checkpoint/makeshift camps.
- The long distance of Malha check point from Hasakeh is challenging for partners to deliver services and supplies on time and regularly.



WASH

Key Developments

Due to ongoing fighting in Deir-ez-Zor extremely high numbers of IDPs continue to flow to Hassakeh governorate. Due to limited basic services in Areesha camp with population exceeding 40,000, authorities have directed IDPs to move to Mabrouka camp. High number of IDPs are staying in Abu Khashab and Al Malha check points. The capacity of all IDP camps in northeast Syria are two to three times exceeded. Additionally, the conditions in many other informal IDP sites in host communities are dire and capacity of WASH actors overstretched.

WASH Working group for camps has been strengthened through engaging with UNHCR and using the matrix specific to camps. A technical working group (TWIG) for latrines in camps has been initiated to implement standards.

Response

WASH partners are providing water trucking services in several host communities/informal settlements in Ar-Raqqa governorate (Hilo Abed, Mushefe, Abbara, Qaltah (Kalta) West & Ar Ruhayyat (Rohayat) with 22m³/day in each location; and by another INGO to 14,000 beneficiaries in 14 other locations). Several water stations have been under rehabilitation or assessed by WASH partners during the reporting period (Hamar Boytia, Al Karameh, Abu Wahel and So Al Hal – Raqqa City; Al Dilawia, Abu Qalqal, Dadi - Dada Li, Bir Issa, Salheea, Bnat Ali, Moshrefat Izzo, Monbateh). WASH partners have been rehabilitating sewer network in Tal Tamer, Hasakeh and in Ras Al Ain (Al Kharabat & Al Kornesh Al Shamali neighborhoods). In Twaiheneh, 15 more water tanks and 25 more emergency latrines have been installed and 1,000 female hygiene kits were distributed. The solid waste management campaign in Tabqa city, including garbage collection and the provision of bins, continued. WASH partners distributed 75 HH water tanks in Hilo Abed and Mushefe, 85 in Abbara and Qaltah (Kalta) West and 40 in Ar Ruhayyat (Rohayat). WASH partners also distributed 1,000 washing powder, 10,000 bars of soap, 1,000 baby diapers, and 1,000 women sanitary napkins in Hassakeh in Southern Hassakeh villages (Sabaa Arbea) targeting new IDPs from Deir-ez-Zor.

Gaps and Challenges

The WASH sector with flexible support from UNICEF is leading action and ensuring minimum immediate lifesaving WASH needs and services are delivered, however in some areas gaps remain significant. Regular operation and maintenance of installed WASH facilities continues to be a major challenge due to lack of clear accountability of camp coordination and camp management mechanism in all IDPs temporary shelters.



Education

Response

UNICEF and its NGO partner continue the Back to Learning (BTL) community mobilization campaign and risk awareness sessions targeting 25,000 school age children in Ar-Raqqa (Ath-Thawrah district) and 5,000 in cities of Al Hasakeh governorate. During the month of October, the trained outreach volunteers visited a total of 1,911 families - 1,546 families in Ath-Thawrah (risk education & BTL door-to-door visit) and 365 families in Al-Hasakeh (BTL door to door visit only). A total of 2,382 out of school children (OOSC) have been identified (1,917 in Ath-Thawra and 465 in Al-Hasakeh) through the campaign. The campaign will continue throughout the month November. From April to October, a total of 40,570 school-age IDP children (21,189 boys and 19,381 girls) benefited from this support in Ar-Raqqa and Al Hasakeh (Mabrouka camp).

As a part of the Back to Learning (BTL) campaign, a total of 6,577 school-age IDP children (3,721 boys and 2,856 girls) in Ar-Raqqa (Al Twehinyeh, 2nd neighbourhood, 3rd neighbourhood, and Tishreen 16 of Al Thawrah sub-district) and Al Hasakeh (Mabrouka camp) have benefited from school bags and stationery distributed by UNICEF and its partner NGO during the reporting period.

An estimated 2,150 children enrolled in some 30 re-opened schools in Debsi Afnan of Al Mansoura sub-district of Ar-Raqqa have benefited from school bags and stationery distributed by UNICEF and Directorate of Education (DoE) of Ar-Raqqa. In addition, textbooks for Curriculum B program (accelerated learning program with official certificates) were also transported to Debsi Afnan and the distribution is currently in progress. More education supplies have been prepositioned by UNICEF in the area in the light of the expected return of displaced children and their families to the areas.

UNICEF and Directorate of Education (DoE) of Deir-ez-Zor completed the distribution of school bags and stationery for 10,000 children enrolled in schools in Deir-ez-Zor city during September and October. The 10,000 school bags and stationery sets were delivered earlier on 11 September after the siege was broken.

November Plan

UNICEF and its NGO partner have signed a partnership agreement to launch temporary learning services for school age children in Ain Issa, Mabrouka, and Areesha IDP camps, starting with literary and numeracy classes for the duration of three months with the possibility of extension based on the situation in coming months. UNICEF and DoE Ar-Raqqa are planning to conduct teacher training for Curriculum B program for 40 teachers, school principals, and supervisors from Debsi Afnan and its surrounding areas.

Gaps and Challenges

With no access to Ar-Raqqa city by civilians or humanitarian partners, the conditions of a total of 113 schools, which were functioning with 2,000 classrooms for 75,000 children prior to the crisis (EMIS, 2011), are unknown. Considering the unprecedented scale of destruction, a considerable length of time and resources are required for the resumption of formal education inside Ar-Raqqa city. Meanwhile, education sector's priority is to ensure school age IDP children have access to alternative learning opportunities in camps/settlements or in host communities.

With the continuous displacement of population from/within Deir-ez-Zor in addition to Ar-Raqqa, access to education opportunities is a primary concern for thousands of school age IDP children, whether they are in transit camps, in unofficial settlements, or hosted by communities.

While education need is ever increasing among IDP/returnee school age children over a vast geographically scattered area, the limited capacity of education partners in the region pose a great challenge on education sector in providing timely education-in-emergency support to children. The limited resources i.e. qualified teaching staff or teaching and learning materials including textbooks are also identified as major issues to be addressed.



Logistics

Response

During the month of October, UN agencies transported humanitarian supplies by road to Qamishli via 86 trucks (UNHCR 29, UNICEF 9, WFP 48) from Aleppo, Damascus, Tartous, Lattakia and Homs.

No new deliveries were made to Deir-ez-Zor during the month of October.

The Logistics Cluster continues to provide logistics coordination and information management to identify gaps and bottlenecks and avoid duplication of efforts. Furthermore, no-cost-to-user land transport for humanitarian supplies to both Qamishli and Deir-ez-Zor is available for requesting organisation.

Gaps and Constraints

The process of obtaining all necessary approvals results in long lead times.



Cross-Cutting Operational Challenges

Humanitarian actors face significant challenges in responding to needs in North-East Syria. Key challenges include:

- **Access and insecurity:** Access to vulnerable communities, particularly in and around Ar-Raqqa city, remain challenging due to insecurity and active hostilities.
- **High levels of explosive hazards contamination:** The contamination level in newly-seized areas is considered very high, particularly in Ar-Raqqa City and in Deir-ez-Zor roads, towns and large population centers. This poses a threat both to civilian populations as well as to humanitarian actors aiming to assist them. A mechanism to demarcate and declare areas cleared and safe for humanitarian actors and the population continues to be necessary.
- **Policy environment:** Humanitarian actors also face challenges related to the policies being implemented by local authorities with regards to IDP management particularly those affecting freedom of movement. These policies are contributing to the deteriorating humanitarian situation and hampering humanitarian actors' ability to engage beyond life -saving support in certain settings.
- **Scalability:** The scalability of the supply line remains limited and unpredictable. Increasing population displacements and humanitarian needs will further strain current capacities and require a scale up of supplies, humanitarian partners and reach. The availability of certain supplies – such as life-saving trauma kits - has been particularly hard hit because of access issues.
- **Funding limitations:** Additional funding is still required to increase reception capacities in key sites and the number of people that can be assisted monthly with basic goods and services.

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