



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. The response update covers the period from 1–31 January 2018.

## Humanitarian Response Update

### Highlights:

- Displacement dynamics remained stable with limited new arrivals to IDP sites recorded, mostly in Deir-ez-Zor Governorate, particularly Abu Kamal
- However, IDP return movements to both Ar-Raqqa City and various parts of Deir Ez-Zor Governorate continued, despite safety and security conditions as well as access to basic services not conducive to returns in many of these areas. On average, since January 2018 approximately 20-25 blast wounded incidents have occurred per week in Ar-Raqqa City, with the number of children affected increasing.
- Recruitment, military training and the use of girls and boys in military activities is reportedly continuing.
- The interruption of UN distributions throughout the month of January caused major concern and serious disruptions to the overall response. The recurrent interference by multiples parties in humanitarian response efforts remained a challenge. Conscription, requests for humanitarian actors to share staff lists and other operational impediments put strain on the response in some areas (especially around Menbij), particularly affecting INGO partners as well as their staff.
- Response coverage of vulnerable displaced people and host communities in Menbij District, including pregnant and lactating women as well as children, remains limited due to the unstable security situation (exacerbated by the Afrin offensive).
- Immunization efforts continued with over 665,700 children reached with polio vaccine (IPV). Short- and medium-term solutions for blood support are urgently needed for each of three governorates in northeast Syria.
- In Ar-Raqqa Governorate, the provision of potable drinking water continues to be a major gap in various areas, as well as in informal camps and settlements in rural areas of Deir Ez-Zor Governorate.

**263,604**

people reached with food assistance in January in Ar-Raqqa, Aleppo, Al-Hasakeh and Deir-ez-Zor governorates



**70,000**

people reached on a daily basis in 56 communities with water trucking services in January



**665,736**

children aged 2-23 months reached with polio vaccine (IPV) immunization round in January



**15,300** girls

and boys under five and 2,400 PLW reached with preventative and therapeutic life-saving nutrition support in January



### Protection

#### Key Developments

Displacement dynamics in northeast Syria remained relatively stable in comparison to previous months, with limited arrivals (largely of women and children) to the various IDP sites still recorded from areas in the southeast and east of Deir-ez-Zor Governorate, particularly Abu Kamal. Return continues to be presented by the camp authorities as a viable option, while movements are still occurring from several IDP sites to SDF controlled areas of Deir-ez-Zor Governorate. However, many of the IDP families living in the sites seem to be cautious given the information received from areas of return on safety and security conditions as well as the quality of infrastructure and availability of accommodation. For instance, consultations in Mabrouka IDP site, have revealed that while the majority of IDPs intend to return to their areas of origin located in Ar-Raqqa or Deir-ez-Zor, this was not seen realistic before July if current circumstances persist.

While displacement levels have decreased, the overall protection situation in numerous IDP sites remains challenging. Several sites are operating beyond their capacity, with conditions dire and protection services and capacity of partners insufficient to address protection risks. More interventions and sensitization is needed to improve the gender-sensitive character of infrastructure and facilities, particularly WASH facilities, in order to prevent harassment as well as violence against women and girls, including sexual violence. Challenges in enhancing prevention and the response to gender-based violence (GBV) cases are numerous and are linked to factors including access, capacity of staff on the ground, and the lack of a generally conducive socio-cultural environment for reporting GBV which fuels stigma against survivors. Based on a plan of action agreed in January by the Protection sector, with its Child Protection GBV sub-sectors, initiatives have been undertaken to strengthen the referral pathways for GBV cases in the major IDP sites, starting with Areesha and Mabrouka. In addition, while personnel from the mobile and static reproductive health facilities have been trained on principles of GBV including clinical management of rape (CMR), capacity limitations of local protection actors and staff remain a barrier to an effective and necessary response. Staff working across sectors in northeast Syria have been prioritized for a series of capacity building activities offered by the GBV area of responsibility (AoR) at regional and country level, which focus on mainstreaming GBV in humanitarian action. In addition, protection agencies on the ground have provided training on operational protection principles – particularly focused on age/ gender/ diversity mainstreaming and community-based protection – for newly recruited staff who will operate in the IDP sites.

GBV concerns are also reported outside of IDP sites. A two-week long GBV rapid needs assessment was conducted by a protection partner in Tabqa city and surrounding areas through focus group discussions among women ranging age from 14-66 (4 in total) years of age as well as interviews (102 women and 15 men interviewed, including local entities, organizational workers and community leaders). 78 per cent of respondents were IDPs. Findings highlighted that women have more limited access to humanitarian assistance. While the most commonly reported ways women earn a living included teaching, working for a local entity or doing domestic work, begging, and providing sexual services was also listed by some women respondents as a means through which they earned a living. The majority of women indicated that although they are able to move outside the community, they would do so in groups or with a male chaperone. 60 per cent of respondents stated that the biggest concern for women and girls was sexual assault, while 36 per cent stated that the biggest concern was domestic violence.

The handling of confiscated documentation by the site administration has reportedly improved, in large part through the efforts of the protection teams. In Areesha site, where constraints and inefficiencies had been reported in the past, there is evidence that a better archiving system has been put in place by the site administration, with documents stored according to camp blocks and location of the IDPs. Nonetheless, the confiscation policy remains a serious concern. At the very least the confiscation policy hinders further departures, or return movements. However, the confiscation of documentation can also expose IDPs to potential security risks, as they leave the sites moving to onward destinations without documentation. Considering that many IDP families may already have members without Syrian personal documentation due to their prolonged residence in ISIL controlled areas, the further loss of official forms of documentation due to confiscation leaves them increasingly vulnerable.

The situation of children in northeast Syria remains of concern. Recruitment, military training and use of girls and boys reportedly continues, underscoring the urgency of expanding advocacy vis-a-vis responsible parties to immediately halt recruitment and the use of girls and boys. Sharp increases in the number of foreign families living in IDP camps was observed during the reporting period, with a particularly pressing need to ensure protection and maintain access to women and children with alleged family ties to suspected ISIL fighters.

During January, protection actors have continued to provide services in the IDP sites and host communities, particularly through mobile activities. Changes in bureaucratic requirements over the reporting period were of particular concern, with the associated risk that the provision of much need assistance and services (including protection and health) is halted. While the situation seems to have temporarily improved, the

importance of continuous presence is critical in building confidence and trust among the population reinforcing coordination amongst humanitarian actors and strengthening referrals.

Explosive hazards contamination remains a major protection concern, which continues to hamper humanitarian access, the ability of partners to conduct assessments and threatens the principle of safe return in both Ar-Raqqa and Deir-ez-Zor governorates. The reported increase of blast wound cases in Ar-Raqqa city highlights the physical safety risks associated with return movements of the civilian population. Based on the adopted policy on returns to Ar-Raqqa city, protection actors supported the articulation of key messages from the humanitarian community to the population in the sites related to safety and the challenges in providing available assistance. Mine action response efforts also continue in Ar-Raqqa and Deir-ez-Zor governorates, through the deployment of an integrated mine action response, which includes: 1) Risk education delivered to the vulnerable population; 2) Limited emergency surveying, marking and clearance of hazardous areas identified by humanitarian partners, local communities and local authorities across accessible areas. Clearance and survey activities are highly prioritized by the humanitarian community as a precondition for the safe return of the population; 3) NGO staff members are receiving explosive hazards risk education training and training of trainers.

### Response Update

During the reporting period, protection partners have continued to provide a variety of protection services in IDP sites and host communities, including by operating through partners' staff and through outreach volunteers. With some partnerships between protection agencies and national counterparts further strengthened, an increasing number of outreach volunteers have been able to support the provision of services in IDP sites as well as neighboring communities in Ar-Raqqa Governorate affected by the influx of IDPs from Ar-Raqqa and Deir-ez-Zor (Tal Abiad city, rural Tal Abiad, Suluk city, Ain Issa city and Ain Issa camp) as well as in Al-Hasakeh Governorate (Ras Al-Ain city, rural Ras Al-Ain, Mabrouka city and Mabrouka site), where awareness raising and recreational events and activities have been organized to support psychosocial wellbeing.

During the reporting period, the child protection response continued to expand the reach and quality of (i) community-based child protection including psychosocial support interventions and (ii) specialized child protection services through case management for children most at-risk and survivors of violence, exploitation and abuse. Community-based child protection interventions such as awareness raising activities on specific child protection concerns and structured and sustained psychosocial support activities are all critical in reducing vulnerabilities, strengthening individual and community resilience as well as reinforcing self-coping mechanisms. These interventions were a tool to build trust and confidence with the communities to better detect possible at risk cases, which may require further referral. Awareness raising sessions on general protection issues in IDP sites, Child protection and GBV were also conducted for both IDPs and host communities in different locations (including Areesha, Ain Issa and Suluk for CP and including Areesha, Ain Issa, Al Hol, Suluk and Tal Hamis for GBV). In the IDP sites, sensitization sessions included topics related to safety in the use of stoves to avoid incidents that have seriously injured children in the winter months, with safety messages distributed by partners.

Child Protection case management activities targeted 185 beneficiaries in Ain Issa, Al Hol, Areesha, Mabrouka, Roj, Ain Issa, Suluk and Tal Abiad communities. 12 more beneficiaries were referred to specialized child protection services in four locations (Al Hol, Areesha, Ain Issa sites and Suluk community). Around 2,100 GBV counselling session interventions (individuals or in focus groups) were reported in Al Hol, Areesha, Suluk and Ain Issa, Newroz and Roj sites and Al-Hamam, Amuda, Suluk and Yathreb communities. 85 focused psychosocial support (PSS) interventions for GBV survivors were reported, in addition to case management for 190 beneficiaries and 42 referrals.

Over the reporting period, some protection NGOs operating in northeast Syria have started supporting interventions to improve protection and gender sensitive measures in the layout of IDP sites as well as through the provision of services in these sites. Partitions for use in big tents are being distributed in Ein Eissa IDP site to enhance privacy for women and girls; solar lamps are being distributed; signs are being posted on latrines to better segregate the facilities, improve access and decrease the risk of harassment.

Interventions to facilitate access to the various facilities for persons with disabilities are also being put in place (e.g. access ramps in latrines).

Some of the main protection agencies and partners already active in Al-Hasakeh Governorate before the displacement crisis continue to provide important services. These include community centers, child protection and GBV/RH mobile services and facilities. These services continue to be offered to persons in need in northeast Syria with a variety of integrated services such as structured PSS support, case management to address various situations and specific protection needs (child protection, GBV and integrated RH services) and limited material support for persons with specific needs to mitigate protection risks. The Protection sector and its sub-sectors have a complete mapping of the available services as a basis to support referrals. Yet, the provision of such services for the displaced population from Ar-Raqqa and Deir-ez-Zor living in IDP sites remains constrained by restrictions on freedom of movement as well as the sponsorship system, which continues to be applied and influences the ability of the population to access and settle in neighboring communities and centers, particularly in Al-Hasakeh Governorate. According to field reports, leaving IDP sites for short-term visits remains restricted by the site administration remains restricted for the vast majority with just a few exceptions (e.g. government employees for salary collection, attendance to special events). Advocacy by protection actors continues to mitigate such restrictive measures that deprive IDPs of essential services, increase dependency on aid and limit the possibility to strengthen resilience by temporary settlement in local communities.

Several initiatives took place over the reporting period in terms of capacity-building, with trainings on protection mainstreaming for non-protection providers, including in Tal Abiad and Areesha (68 interventions). Training on community-based child protection interventions and psychosocial support programming also took place for 66 humanitarian workers (including in Areesha and Ain Issa).

The humanitarian mine action response continued to focus on delivering extensive explosive hazards risk education campaigns, with a specific focus on IDPs, returnees and children who are considered to be the most exposed to such risks. During the reporting period, 25,800 explosive hazard risk education interventions were reported by three partners, including 5,900 in Areesha, Al-Hol and Ain Issa camps. In parallel, risk education flyers and booklets were distributed through other sectors to increase the overall coverage. Humanitarian workers are receiving safety trainings by humanitarian mine action actors, as well as risk education booklets to raise awareness about explosive hazards when working with beneficiaries potentially at risk.

Humanitarian explosive hazard surveying and clearance tasks continued to be conducted in accessible locations of Ar-Raqqa and Deir-ez-Zor governorates. While the needs are high, the current capacity remains limited. The number of victims of explosive hazard incidents continues to rise, especially in Ar-Raqqa city, requiring additional support from the Health sector. Basic medical and physical rehabilitation support are currently provided to survivors of such incidents by medical NGOs, however there is a need to increase the response and to ensure longer term support, including through psycho-social support and inclusion.



## Food Security and Agriculture

---

### Response Update

Over the reporting period, the Food Security sector, through WFP and nine cross-border NGOs, responded to people fleeing hostilities in Ar-Raqqa and Deir-ez-Zor, as well as neighboring Al-Hasakeh and Aleppo governorates.

The overall response from 1 - 31 January reached around 263,604 beneficiaries across northeast Syria, through various types of food assistance including food baskets, ready to eat (RTER) rations, food vouchers, cash grants, supplementary food baskets, wheat flour support and bread, as well as livelihoods support. During the reporting period, 12,147 RTERs covering the food needs of a household of six for five or ten days were distributed to support 65,603 beneficiaries; 18,066 dry food rations covering the food

needs of a household of six for ten days were distributed to support 102,197 beneficiaries; 9,213 regular food baskets covering the food needs of a household of six for a month were provided for 48,922 beneficiaries; 1,597 cash for work support interventions were covering the food needs of a household of six for a month were implemented, reaching 9,344 indirect beneficiaries; 4,014 vouchers covering the food needs of a household of six for a month were distributed to support 20,070 beneficiaries; 2,649 households received agricultural inputs covering 14,379 beneficiaries; 78 households received animal feeds covering 468 beneficiaries; 200 households received livestock support covering 1,264 beneficiaries. In addition, 56,243 beneficiaries receiving bread on a daily basis; 219,533 beneficiaries receiving wheat flour support; and 22,941 beneficiaries receiving supplementary food items through vouchers.

In Ar-Raqqa Governorate, a total of 105,167 beneficiaries were reached in January by five cross-border partners in the sub-districts of Ar-Raqqa, Karama, Ain Issa, Ath-Thawrah, and Tell Abiad. During the reporting period in Ar-Raqqa Governorate, 17,198 RTER's, dry food rations and food baskets, covering the food needs of a household of six for ten days up to one month were distributed to support 97,877 beneficiaries; 31 cash for work support interventions covering household needs for one month were implemented, reaching 195 indirect beneficiaries; 1,082 food vouchers covering food needs for one month were distributed to support 5,410 beneficiaries; 3,456 food baskets covering food needs for one month were provided for 20,404 beneficiaries ; 78 households (468 beneficiaries) received animal feed; and 250 in-kind agricultural inputs (reaching 1,500 beneficiaries) were delivered. In addition, 7,802 beneficiaries received wheat flour support and 4,782 beneficiaries received supplementary food items through vouchers.

In Aleppo Governorate, a total of 21,600 beneficiaries were reached in January by three cross-border partners in the sub-districts of Menbij and Ain Al-Arab. During the reporting period in Aleppo Governorate, 506 dry food rations and food baskets , covering the food needs of a household of six for ten days up to one month, were distributed to support 2,854 beneficiaries; 509 cash for work support interventions covering food needs for one month were implemented, reaching 3,687 indirect beneficiaries; 2,932 food vouchers), covering the food needs of a household of six for one month were distributed to support 14,660 beneficiaries; and 49 households ( 399 beneficiaries) received agricultural inputs ). In addition, 2,831 beneficiaries received supplementary food items through vouchers.

In Al-Hasakeh Governorate, a total of 66,655 beneficiaries were reached in January by WFP and nine cross-border partners in the sub-districts of Ras Al-Ain, Al Hassakeh, Al-Malikeyyeh and Qamishli, including the Mabruka, Areesha and Al-Hol camps. During the reporting period in Al-Hasakeh Governorate, 8,676 RTERs, food baskets and dry food rations covering the food needs of a household of six for five days up to one month were distributed to support 47,449 beneficiaries; 2,350 in-kind agricultural inputs were distributed to support 12,480 beneficiaries ; 1,057 cash for work support interventions covering household needs for one month were implemented, reaching 5,462 indirect; 200 households received livestock support through cash, supporting 1,264 beneficiaries. In addition, 211,731 beneficiaries received wheat flour support; 16,243 beneficiaries received bread on a daily basis in Areesha, Al-Hole and Mabruka camps; and 15,328 beneficiaries received supplementary food items through vouchers.

In Deir-ez-Zor Governorate, a total of 80,026 beneficiaries were reached in January by four sector in Kisreh and Deir-ez-Zor sub-districts. During the reporting period in Deir-ez-Zor Governorate, 6,130 RTERs covering the food needs of a household of six for between five and ten days were distributed to support 31,487 beneficiaries; 2,902 dry food rations covering the food needs of a household of six for ten days were distributed to support 16,985 beneficiaries; and 6,311 cooked meals reached a total of 31,554 beneficiaries in Deir-ez-Zor sub-district. In addition, 40,000 beneficiaries received bread on a daily basis.

## Gaps and Challenges

The interruption of UN distributions throughout January resulted in serious disruptions to the overall response in northeast Syria. Contingency plans put in place by the sector ensured that needs were generally covered in all of the main locations that were affected by the restrictions imposed by the local authorities. However, Al-Hole camp was only reached at the beginning of February. The interference of local in the humanitarian response, with challenges such as conscription, sharing of staff lists and other

administrative barriers putting strain on the response in some areas (especially around Menbij). This has put considerable pressure on INGOs, their partners and their staff operating in the region

Close monitoring of the situation in Deir-ez-Zor Governorate is ongoing, with limited response mainly in Kisreh sub-district due to access and security constraints. Needs are expected to continue to increase in various parts of the Governorate.

In addition, response coverage in Menbij district in Aleppo Governorate remains limited, particularly affecting the sectors ability to maintain assistance to vulnerable groups such as children and pregnant and lactating women. The volatile security context, including as a result of the Afrin offensive, has prompted sector partners to scale-up assistance and enhance overall contingency planning. At the same time, advocacy efforts remain instrumental in expanding access to address the needs of IDPs and vulnerable host communities.

Field-level coordination mechanisms are being implemented among Food Security sector partners to ensure gaps are identified and effectively addressed. In addition, enhanced coordination is important in avoiding overlap, particularly in terms of the response in villages around Ar-Raqqa city. In Ar-Raqqa city the sector intends to gradually and cautiously scale-up the response, as and when assessments are conducted and fully recognizing that the conditions are not conducive for safe returns and scaled-up humanitarian assistance due to security risks and extensive explosive hazard contamination in all neighborhoods within the city. The limited reach of clearance activities currently conducted within the city further underpins the need for a gradual and cautious approach.

The Food Security sector continues to urge all relevant authorities to lift administrative impediments regarding the delivery and distribution of humanitarian assistance. The provision of humanitarian assistance should be unfettered and delivered to all in need in a timely manner.

## February Plan

As per the February Plan, the Food Security sector through its partners will be able to cover food needs for a total of 709,997 people across the monthly through a wide range of modalities based on needs and the suitability of assistance modality in a given context (RTERs, food baskets, cash-based response and livelihood activities).



Health

---

## Response Update

In January 2018, public health assessments were conducted in Areesha, Al Hol, Mabrouka, and Ain Issa camps in northeast Syria. These assessments reviewed health conditions of IDPs in the camps as well as the status of the camps healthcare services, water infrastructure, sanitation facilities and hygiene practices. Recommendations for improving the current situation on the ground will be released in March.

11 suspected measles cases were reported in Areesha camp in January 2018. In response, a measles vaccination campaign was initiated on 15 January to vaccinate all children between 6 months and 12 years of age. A similar vaccination campaign was launched in response to two suspected measles cases reported in Al-Hol camp in January.

No new cases of Circulating Vaccine-Derived Poliovirus type (2cVDPV2) were reported since September. The most recent case (by date of onset) was recorded on 21 September 2017 in Abou Kamal district in Deir-ez-Zor Governorate. The total number of confirmed cVDPV2 cases remains 74. An inactivated polio vaccine (IPV) immunization round continued in accessible areas utilizing mobile and fixed teams. To date the round has reached a total of 665,736 children aged 2-23 months, representing 96 per cent of the

estimated target in northeast Syria. Preparations are ongoing for a nationwide immunization round targeting all children aged less than 5 years of age, which is planned for March.

Trauma kits and life-saving medicines were delivered to Tal Abiad hospital along with 100 beds and other health supplies, including an ultrasound device. IV fluids and medical supplies were delivered to the newly established surgical operation unit in Al Tabqa hospital. In response to reports of widespread dermal infectious diseases and pneumonitis in Tabqa city, lice and scabies medication and pneumonia kits were also provided. 500 vials of anti-rabies vaccine were also distributed to hospitals across northeast Syria due to the rural nature of most areas and absence of preventive practices. To prepare health facilities in case of chemical attacks, 10,000 Atropine ampoules were distributed to hospitals across northeast Syria.

## Gaps and Challenges

- Short and medium-term solutions for blood support are needed for each of three governorates in northeast Syria. The standard response should include 1) assistance with building rehabilitation; 2) provision of equipment and supplies; 3) staff capacity building.
- Treatment of patients with burn injuries remain a significant gap, especially for those patients who lack documentation.
- Provision of more technical support to northeast Syria partners on infectious disease control, notification procedures and referral pathways for patients is needed.
- Access challenges in Deir-ez-Zor Governorate continue to limit the understanding of health needs and population movements.
- The temporary suspension of operations of national NGOs decreased the overall provision of health services in Al-Hasakeh city, its rural area and camps while Ar-Raqqa-based services continued.



## Nutrition

### Key Developments

A SMART nutrition survey was completed in Tell Abyiad district in Ar -Raqqa Governorate, covering Tell Abyiad, Suluk and Ain Issa sub-districts from 17 to 27 January 2018. The prevalence of children aged between 6 - 59 months with chronic malnutrition (low height-for-age/stunted) is 25.8 per cent which is considered a poor situation according to WHO standards. Children who suffer from chronic malnutrition as a result of poor diets or recurrent infections tend to be at greater risk of illness and death. Stunting is the result of long-term nutritional deprivation and often results in delayed mental development, poor school performance and reduced intellectual capacity. The prevalence of children aged between 6-59 months with acute malnutrition based on weight for height was 2.1 per cent, and severe acute malnutrition (SAM) was 0.2 per cent, while based on mid-upper arm circumference (MUAC), global acute malnutrition (GAM) was 1.9 per cent, and SAM was 0.7 per cent. This is considered an acceptable level according to WHO standards.

A nutrition surveillance system was activated in Menbij sub-district (eastern rural Aleppo) in two health facilities on 28 January. 240 children aged between 6 – 59 months were screened for acute malnutrition using MUAC with two moderate acute malnutrition (MAM) cases detected. Eight health facilities will be added to the surveillance system in the coming months.

A nutrition partner conducted an exhaustive screening for malnutrition of all children aged 6 – 59 months in Ain Issa Camp Annex.<sup>1</sup> 99 children were screened with 21 presenting with acute malnutrition (21.2 per cent). Eight children presented with SAM and 13 children with MAM. All cases received the required treatment and the partner will revisit the camp in two weeks to re-screen and provide follow-up treatment according to the protocol. The situation is classified as critical in this annex camp.

<sup>1</sup> This is a separated part of the main camp where approximately 250 families live that have increased security restrictions.

Nutrition partners with the support of UNICEF and WHO conducted MUAC screenings for boys and girls under five years old in Areesha, Mabruka and Ain Issa main camp from 1 January to 15 February. Of the 7,287 children screened during the reporting period, 168 (2.3 per cent) were identified with acute malnutrition and received treatment. 40 (0.5 per cent) children presented with severe acute malnutrition (SAM) and 128 (1.76 per cent) children and PLWs presented with moderate acute malnutrition (MAM) indicating an acceptable nutrition situation.

### Response (January 1 – 31, 2018)

2,428 pregnant and lactating women (PLW) and 15,298 girls and boys under five were reached with preventative and therapeutic life-saving nutrition support in Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor governorates (one location of Abu Khasab).

Five children were admitted to an in-patient nutrition treatment center (stabilization center) for severe acute malnutrition with complications, 27 children were treated for severe acute malnutrition and 89 children and 35 PLW were treated for moderate acute malnutrition in community management of acute malnutrition (CMAM) centres.

Nutrition partners provided lipid-based nutrient supplements (LNS) and high-energy biscuits (HEB) to prevent malnutrition to 6,088 boys and girls under five and PLW.

Nutrition partners delivered infant and young child feeding (IYCF) messages and sessions to 1,356 women of child bearing age and PLW in Mabruka camp and 16 host communities in Al-Hasakeh Governorate.

### Key Gaps and Challenges

- The new procedures issued by Ministry of Social Affairs – Government of Syria impeded the response of national NGOs at many sites in northeast Syria (i.e. Areesha and Al Hol camps).
- Access to the population of Raqqa city is delayed due to explosive hazard contamination.



### Response

In Ar-Raqqa Governorate, several water stations are being rehabilitated. An emergency water treatment plant (SWAT) was constructed in Karama sub-district to provide a safe water source for water trucking. WASH partners are providing water trucking services in at least 56 host communities/informal settlements in Ar-Raqqa Governorate, reaching more than 70,000 beneficiaries on a daily basis. Monitoring of water quality is ongoing on a daily basis. In Ar-Raqqa city, while some WASH partners have started to provide water trucking services in some neighborhoods, partners continue to assess needs and conditions before providing assistance inside the city.

In Ain Issa camp, daily water continues to be supplied by WASH partners through a combination of water network and water trucking. WASH facilities cleaning, camp cleaning, garbage disposal and desludging services by WASH partners have continued. 30 units of latrine blocks are under construction. WASH partners also distributed 1,062 hygiene kits and 5,819 jerry cans. In the Tuwayhinah IDP site, 25 prefabricated latrines were provided.

In Aleppo Governorate, WASH partners installed water treatment dosing equipment in Menbij, benefiting 12,500 people. The rehabilitation of OwnAldadat Water Station (2389 users) is almost complete and the rehabilitation of Abu Kahf Water Station (16718 users) is ongoing. WASH partners have improved site surface water drainage by graveling Rasem Al Akdar Camp benefiting 3,000 individuals. In Alsarab, Alhemkma and Alkhafsa neighbourhoods, 100m of sewerage system was rehabilitated or extended benefiting 3,000 host community members.

In Deir-ez-Zor Governorate, WASH partners are considering future plans for responding to humanitarian needs. No major assessments have taken place to date, but activities and assessments are ongoing in the northwestern countryside. In the Jazrat area, WASH partners distributed 799 hygiene kits benefiting 4,794 beneficiaries. At the Abu Khashab Checkpoint, water trucking is provided at a rate of 25 liters per person per day, while regular solid waste management continues (7m3). Plans have also been developed to construct 20 latrines. At the Al-Malha checkpoint, WASH partners provided 775,000 liters of clean water and water trucking is ongoing at the rate of 7,000 liters per day. These supplies benefitted over 3,000 IDPs in January 2018.

In Al-Hasakeh Governorate, WASH partners are working in several locations on the rehabilitation of boreholes, water stations and water networks (Shafaniyeh, Tal Hmaid, Darbasiyah, Um Elkeif, Nesheran and others). Partners rehabilitated 800m of sewage network. Rehabilitation of sanitation facilities in schools is ongoing in Shafaniyeh, Tal Elahmar, Saideh Darbasiyah. One WASH partner is installing 70 m3 Oxfam water tanks in Mghloja area (west of Al-Hasakeh city) benefitting 12,000 individuals and 45 m3 Oxfam water tanks in Homaniya area (west of the city) benefitting 10,000 individuals.

In January, the potable water supply in Areesha camp was provided by WASH partners at a rate of 630 m3 per day. One partner provided daily trucking of non-drinkable water for domestic use at the rate of 50-75 m3 per day. Another partner provided regular cleaning and maintenance of WASH facilities and desludging of septic tanks. Installation of Oxfam 45 m3 capacity water tanks is ongoing. Partners also completed the rehabilitation of 72 latrines, replaced 60 taps and carried out hygiene promotion sessions.

In Al-Hol camp, one WASH partner provided approximately 2.7 million liters through daily water trucking benefitting IDPs in Al Hol camp in January 2018. The installation of 45 m3 capacity water tanks is ongoing and latrine cleaning services continue.

At the Mabrouka IDP site in Al-Hasakeh Governorate, 3.08 million liters of potable water were provided by water trucking during the reporting period. WASH partners provided WASH facilities maintenance and cleaning services for 200 latrines and 128 showers. Partners are installing water tanks with 70 m3 capacity. Partners continue to provide daily garbage collection. During the reporting period, 1,117 hygiene kits were distributed.

## Gaps

In Ar-Raqqa Governorate, potable drinking water continues to be a major gap. Commercial water suppliers are delivering untreated surface water sourced from canals or the Euphrates River. WASH partners are considering allowing these trucks to source water from their treatment points, if there is surplus capacity. At the Ain Issa extension of the Ain Issa camp in Ar-Raqqa Governorate, strict provisions limiting the construction of permanent structures have resulted in gaps in the provision of latrines and showers areas.

In Deir-ez-Zor Governorate, rural areas outside the city have multiple informal camps and settlements which face a dire need for sanitation and water provision.



## Cross-Cutting Operational Challenges

Humanitarian actors face significant challenges in responding to needs in northeast Syria. Key challenges include:

- **Access and insecurity:** Access to vulnerable communities, particularly in and around Ar-Raqqa city, remain challenging due to insecurity and explosive hazard contamination.
- **High levels of explosive hazards contamination:** The contamination levels in newly accessible areas is considered very high, particularly in Ar-Raqqa city and on Deir-ez-Zor roads, towns and large

population centres as well as in rural areas. Information on contamination remains very limited. This poses a threat both to civilian populations as well as to humanitarian actors aiming to assist them, particularly in the context of increased return movements. 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 the treatment of the displaced population, particularly those subjected to restricted freedom of movement. These policies are contributing to a deteriorating humanitarian situation and are hampering the ability of humanitarian actors to engage beyond life-saving support in certain settings. The intermittent bureaucratic impediments to operate in IDP sites are also of concern for humanitarian actors as it hinders planning and implementation. In addition, any protracted interruption of humanitarian assistance and services in the IDP sites may create push factors for IDPs to return to areas of Ar-Raqqa and Deir-ez-Zor governorates where their safety can be at risk.
- **Scalability:** The scalability of the assistance and local capacity remain limited and unpredictable. Increasing 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. The delivery of specialized services, particularly for protection partners, also remains a challenge due to limited resources and capacity of local actors.
- **Funding limitations:** While humanitarian pooled funding (HPF) has been mobilized in late 2017, 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. Funding for the projects included in the 2018 HRP will also be necessary for key humanitarian actors to be able to continue operations throughout the first half of the year, amidst competing emergencies elsewhere in the country.

**For further information, please contact:**

**Kristele Younes**, Head of OCHA Syria, [younes4@un.org](mailto:younes4@un.org)

**Trond Jensen**, Head of OCHA Turkey, [jensen8@un.org](mailto:jensen8@un.org)

**Aidan O'Leary**, Head of OCHA Regional Office for the Syria Crisis, [oleary@un.org](mailto:oleary@un.org)

For more information, please visit [www.unocha.org/syria](http://www.unocha.org/syria) [www.reliefweb.int](http://www.reliefweb.int)