



## Highlights

- Since the middle of March, a total of 55,817 people displaced from Eastern Ghouta in Rural Damascus and the Al-Qadam neighbourhood in Damascus city to north-western Syria and northern rural Aleppo, following agreements between the Government of Syria and the non-state armed groups.
- The UN and humanitarian organizations face an estimated funding gap of some \$100 million, to provide life-saving assistance and services to the IDPs who were displaced to northern Syria, in addition to the \$74 million lacking and required to assist those who were displaced to areas in rural Damascus, remain in areas of East Ghouta that recently shifted control, and the people in need currently located in Duma city.
- The existence of large concentrations of IDPs in the north-west continues to put a strain on the resources of humanitarian organizations and host communities. Estimates from February 2018 show the presence of over 1.2 million IDPs in Idleb governorate - an approximate 25% increase in the IDP population in Idleb governorate compared to eight months prior.
- On 08 April, an agreement was reportedly reached in Duma city, where an estimated 78,000 – 150,000 individuals remain besieged, indicating that more displacement to northern Syria are likely to happen in the coming days.
- The Turkey Humanitarian Fund (THF), which has been an integral part of the humanitarian response to emergencies over the past years, is almost depleted. Urgent support is needed to ensure that the THF is capable to fund humanitarian activities, when emergencies occur.



**55,817**

have arrived in northern Syria from Eastern Ghouta and Al-Qadam neighbourhood between 14 March and 05 April



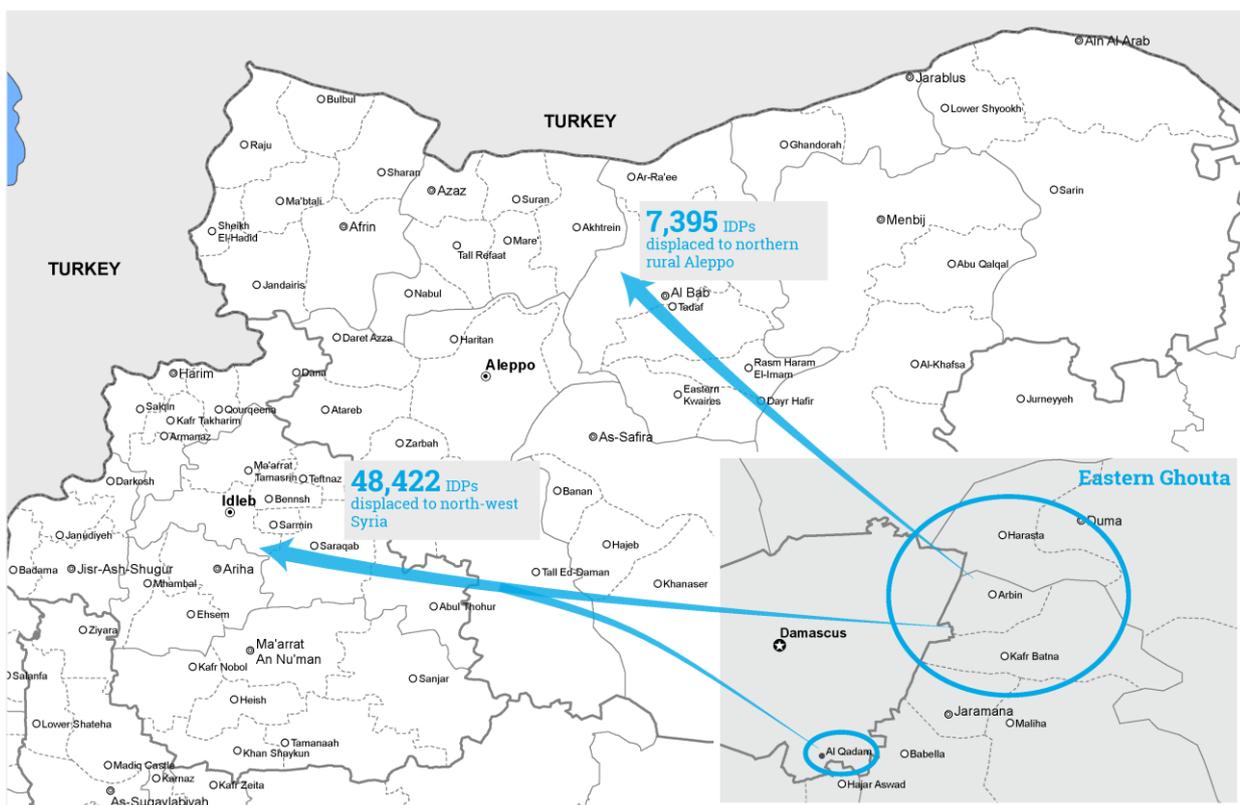
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NGO-run reception centres are available in north-western Syria (Idleb and northern rural Aleppo)



**\$100m**

funding needs identified by the UN to ensure an adequate and dignified response to a total of 120,000 being displaced through agreements



# Situation Overview

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Since 14 March, 21 convoys of internally-displaced people (IDPs) left Eastern Ghouta in Rural Damascus governorate and Al-Qadam neighbourhood in Damascus governorate to northern Syria. Three convoys carrying a total of 1,351 IDPs from Al-Qadam neighbourhood arrived in north-western Syria between 14 and 15 March, and 15 convoys carrying an estimated 47,071 people from Eastern Ghouta arrived in north-western Syria (Idleb governorate and adjacent non-state armed groups held areas) between 23 March and 02 April. The Euphrates Shield areas in northern rural Aleppo received 7,395 people, mainly from Duma city, between 03 and 10 April. Humanitarian organizations operating in those areas received the IDPs at the entry points, and provided transportation to those, who wish to head to the NGO-run reception centres, as well as the alternative shelters (mosques, schools, unfinished buildings etc.)

While no further evacuations are expected from the parts of Eastern Ghouta, now under the Government of Syria control, (Arbin, Hezzeh, Kafar Batna, Zamalka and Jobar neighbourhood), it is likely that a number of civilians who were separated from their families and displaced to Government of Syria (GoS) held areas may seek to northern Syria to join loved ones who were displaced as a result of the agreements. This applies mostly to women, children, and men over the military conscription age who felt no risk in heading to GoS-held areas during the hostilities, while their family members – mostly fighters and men of conscription age - stayed and were later displaced to the north as part of an agreement.

Despite the efforts humanitarian organizations are exerting to meet the needs of the new arrivals, the humanitarian response in the north-west continues to face several challenges. The existence of large concentrations of IDPs in the north-west continues to put a strain on the resources of humanitarian organizations and host communities. Estimates from February 2018 indicated the presence of over 1.2 million IDPs in Idleb governorate, marking an approximate 25% increase in the IDP population in Idleb governorate compared to only eight months ago.

Prior to the Eastern Ghouta displacement, the Education Cluster reported overcrowding in classrooms as a major concern, with some classrooms hosting more than 50 students. The Water, Sanitation and Hygiene (WASH) Cluster stated that water systems in the north-west are overloaded, with assessments conducted in north-western Syria prior to the Eastern Ghouta evacuations showing that 400,000 people have access to less than five litres of water per day. Funding for programs that focus on rehabilitating and expanding the capacity of the existing water systems has mostly stopped, with the current focus being on funding emergency water services, such as water trucking. In their efforts to respond to the IDPs from Eastern Ghouta, humanitarian organizations are using rapidly depleting available resources to provide emergency assistance and services to these new IDPs from Eastern Ghouta. The reprioritization to enable a crisis rapid response to the affected population draws resources away from addressing other critical needs.

In the Euphrates Shield areas in northern rural Aleppo, the limited presence of humanitarian organizations is a major hindrance to the provision of an adequate response. There are two NGO-run reception centres in Azaz and Al-Bab towns, which have received the IDPs from Duma city. Advocacy with the authorities to facilitate the entry of IDPs to the Euphrates Shield areas, increase humanitarian presence and allow unfettered access for humanitarian organizations is ongoing.

In Duma city, local media reported that a reconciliation agreement between both sides was reached on 08 April. The terms of the agreement are similar to those reached in other previously NSAG-held areas and is likely to include the displacement of scores of fighters and civilians to the Euphrates Shield areas in northern rural Aleppo. Although no estimates regarding the numbers of people that will be displaced to northern Syria are available, initial reports indicate that the agreement reached might result in the displacement of 48,000 people.



## Protection Cluster

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### Needs:

People arriving from Eastern Ghouta are very distressed and/or traumatized from the experience of living under siege and their subsequent displacement. They are exhausted and express fear for their future, as well as for family members, friends and property left behind. They are in urgent need of psychological first aid (PFA) and psychosocial support (PSS).

Many children were separated from family members during the movement and other children arrived unaccompanied. Cluster members have noted that recently arrived civilians from Eastern Ghouta reported experiencing verbal and physical abuse during their flight, particularly at checkpoints.

Throughout the different areas of the emergency response, there is a significant need to mitigate protection risks, including for child protection (CP) and gender based violence (GBV) cases. Protection considerations must be at the centre during the selection of locations and types of shelter for displaced women, men, girls and boys.

## Response:

The Protection Cluster, CP, GBV and Mine Action sub-Cluster members scaled-up their emergency service provision. Between 27 March and 3 April, 12 Cluster members provided 27,072 protection interventions to IDPs and affected host community members, providing response in 12 sub-districts in Idleb and Aleppo, in both the reception sites as well as in communities, reaching 8,622 individuals (1,604 girls, 2,224 boys, 2,865 women, and 1,929 men).

In line with the Cluster's emergency response package, the main services protection actors provided was as follows:

- Psychological First Aid (PFA) for 395 girls, 1,194 boys, 1,280 women and 969 men;
- Psychosocial Support (PSS) for 938 girls, 866 boys and 19 women;
- Dignity Kits distribution for 481 women; and
- Risk education (RE) for 121 girls, 128 boys, 67 women, and 71 men.

The CP Family Tracing and Reunification Taskforce identified, reunified and started tracing of unaccompanied and separated children from Eastern Ghouta.

In collaboration with the Camp Coordination and Camp Management and Shelter/NFI Clusters, the Protection Cluster developed guidance for identifying safe and suitable shelters for civilians arriving from Eastern Ghouta.

The Cluster will initiate rapid protection monitoring to better understand present needs and risks, as well as, protection threats experienced prior to and during their flight.

## Gaps and Constraints:

The Protection Cluster and Sub-Clusters members are responding with already-overstretched protection teams, because of already existent displacement of around 400,000 individuals that arrived between December 2017 and February 2018. Resources allocated for regular programming have been shifted to this emergency response, leaving critical gaps in other locations where resilience and community-based initiatives could be built to further pre-empt reactive emergency responses.



## Shelter and Non-Food Items

### Needs:

The Shelter/non-food Items (S/NFI) Cluster indicated that seven Rapid Needs Assessments (click [here](#) to access) were conducted in 13 sub-districts (Ariha, Afrin, Atareb, Dana, Idleb, Kafr Nobol, Kafr Takharim, Ma'arrat An Nu'man, Madiq Castle, Saraqab, Sarmin, Sharan and Ziyara) with the aim of informing the response of the cluster members.

IDPs arriving to Idleb or Northern Aleppo first are received in reception centres; however, they are all in need of identifying alternative shelter solutions in other shelters, collective shelters and/or IDP sites. The shelter capacity in Idleb is already depleted and people are living in overcrowded conditions. Northern rural Aleppo has more capacity but access remains limited. NFIs are fully covered so far and there is capacity to cover more arrivals for the coming weeks

### Response:

#### NFI distributions and response:

- The SNFI Cluster members remain fully mobilized to respond to the emergency. As of 5 April; 4,992 NFI kits have been distributed (or are being distributed) to almost 30,000 IDPs by 13 cluster members.
- The current cumulative and level of stock is over 34,000 NFI kits (could cover up to 204,000 additional IDPs)
- The NFI response is ongoing in both in-site and urban areas including reception centres.

#### Shelter Response:

- The CCCM and SNFI Cluster continues to update the mapping of the available shelter space and the related needs (click [here](#) to access)
- The CCCM and SNFI Clusters continue to advocate and actively look for shelter solutions alternative to sites. In this vein, over 300 families previously accommodated in the reception centres moved to housing units equipped with NFIs from the Turkey Humanitarian Fund (THF) Contingency Stock.
- A SNFI Cluster member is in the process of conducting a technical assessment in 30 concrete housing units with the aim to identify the needs and upgrade/insulate them using shelter kits (prepositioned in Syria)

- The SNFI Cluster Coordination team is currently discussing the possibility of conducting a rapid mapping of building/shelters available in Idleb that could be rented, rehabilitated, converted into collective shelters, or improved through the use shelter kits.
- The Cluster is looking to support new arrivals with “cash for rent” in order to help arriving IDPs to transit from reception centres to more durable shelter solutions. Cash for rent is only a temporary solution as cash will not guarantee additional shelter capacity. Other longer term durable shelter solutions are needed.
- The Cluster is trying to increase the capacity of response through shelter kits to support the conversion of shelters into liveable spaces.

### Gaps and Constraints:

- The lack of available shelter options remains the key challenge in the response.
- There is a lack of alternative geographic areas to receive IDPs elsewhere besides Idleb and northern rural Aleppo.
- Lack of available funding for shelter rehabilitation and other shelter activities such as cash for rent
- The unplanned nature of the arrivals
- New challenges on Hawala transfers into Idleb



### Nutrition

#### Response:

Ten Nutrition partners deployed rapid response teams to provide curative and preventive nutrition activities when the Eastern Ghouta IDPs arrived. Additionally, a total of 338 Community health workers responded through mobile clinics deployed to Al-Madiq Castle (Zero Point), Ma'arrat An N'uman, Ariha, Armanaz, Jisr As-shogur, Sa'ad and Mizanaz reception centres.

10,084 girls and boys aged 6-59 months and pregnant and lactating women (PLW) were screened using mid-upper arm circumference (MUAC) for acute malnutrition. 273 cases of severe acute malnutrition and 640 cases of moderate acute malnutrition were identified and referred to health facilities to receive treatment. Of the total number of children screen, 11.8% were found to be acutely malnourished (i.e. a MUAC less than 12cm). Of the pregnant and lactating women screen, 10.4% were found to be acutely malnourished (i.e. a MUAC of less than 21cm).

Rapid response teams reached 15,200 people with preventive nutrition interventions including high energy biscuits, *Plumpy Doz*, and micronutrient supplementation to girls and boys aged 6-59 months and PLWs. In addition, 1,372 infants under the age of 6 months and their mothers were assessed for appropriate breastfeeding practices. 3,729 PLW received messages on optimal infant and young child feeding practices.



### Food Security

The table below indicates the figures of ongoing/plan emergency food assistance:

Activity	Reached People	Stock	Plan	Locations
Light meals— Sandwich	50K	Available	New arrivals	Zero Points
Cooked Meals	6k	Available	all covered on daily basis	Reception centers in Meznaz and Maarat Al-ikhwan
Ready to Eat Rations	26,200	3,287	8390	local communities and informal shelters of Idleb
Food Rations	12,394	—	26,738	local communities and informal shelters of Idleb

## Needs:

- The health needs of 52,000 newly displaced people from EG to numerous locations in northern Syria include, obstetric and gynecology care for an approximate 22,000 women and continuous vaccination support to around 7,000 children.
- There is urgent need to replenish 165,000 medical treatments in pipelines designated for cross-border support of health actors in northern Syria. Support to 22 referral hospitals, 74 ambulances, and 13 mobile clinics with medical supplies and running costs is pivotal to meet the increasing demand on health service providers.
- The displaced population are in need of health services including, transportation for emergencies and life-threatening cases, primary and secondary health care services - including basic reproductive health - and psychosocial support.
- Given the additional caseload, the availability of medication and medical supplies at the health facilities inside Syria is of paramount need.
- Support mental health and psychosocial support activities and provide mental health services through specialists.
- Increase the number of the vaccination teams for the provision of routine vaccination of children.

## Response:

- The Health Cluster partners in cooperation with the local medical authorities established urgent medical triages at the Zero Points in Madiq Castle (Hama) and in Al-Bab town to respond to the displacements from Duma city. Below is an overview summary of the medical consultations that were provided by the Health Cluster partners at Madiq Castle between 24 March and 02 April.
  - 4,156 medical cases
  - 1,153 trauma cases
  - 2,989 Internal medicine consultations
  - 370 critical cases were immediately treated and referred to hospitals
  - 12,317 children were vaccinated with oral polio vaccine
  - 8,448 mental health and psychosocial support consultations
- Health partners mobilized an average of 80 ambulances to collection/zero point for urgent and timely patient transportation and referral. Essential medicines/supplies were provided for ensuring treatments.
- The Health Cluster activated an Emergency Operations Center (EOC) for improved coordination between the on-ground health local authorities and the health partners based in Gaziantep. Two coordination meetings have taken place concerning the response to the displacement from Eastern Ghouta.
- Health partners are responding to an increase of patients load in their fixed health locations. The health centres are providing a variety of services including internal medicine consultations, dentistry, ophthalmology, neurology, physiotherapy, pharmacy, reproductive health services, and deliveries.
- Mobile clinics were deployed to meet the essential health needs to serve the largest number of IDPs and reach most of the villages in Hama, Idleb and rural Aleppo. Mobile clinics has been deployed at the reception centres in the villages of Mizanaz and Maaret Elekhwan, as well as to the Al Maara temporary hosting centres and nearby camps to provide basic reproductive health care.

## Gaps:

- Additional medical supplies and consumables are needed to avoid acute shortages of health care staff and functioning health care facilities, which could mean that people with life-threatening illnesses or injuries may not receive life-saving care.
- Limited/lack of funding especially for staff salaries. Many are volunteers (as the case for the ambulance staff) and others in some agencies have not been paid for 6 months.

- As unvaccinated children are at high risk of contracting life-threatening diseases such as measles and polio, sufficient levels of vaccination are required to protect the population.
- Limited provision of mental health and psychosocial support.
- As there are inadequate sexual and reproductive services for pregnant women, additional services are required.

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