



This report covers the period from 3 April – 11 April 2018. Please note that this SitRep refers to the response to the East Ghouta crisis in rural Damascus. A separate report regarding the response to the evacuees in the northern governorates is being issued by the OCHA Turkey office.

Highlights



151,000

individuals are estimated to have left East Ghouta either to IDP sites in Rural Damascus or to Aleppo and Idleb governorates



50%

of all IDPs, most of them women and children, have obtained permission to leave the IDP sites in rural Damascus



32,000

IDPs have benefitted from different shelter interventions in IDP sites in rural Damascus



\$95m

needed to continue assisting those affected by the East Ghouta crisis in rural Damascus¹

- After a brief period of relative calm, sustained attacks on and shelling from Duma resumed on 6 April, resulting in civilian deaths and injuries. On 8 April, a local agreement was reached for the Duma area, resulting in further evacuations from the area.
- On 10 April, the UN Secretary-General expressed outrage at alleged reports on the use of chemical weapons in Duma, reiterating his strong condemnation of the use of such weapons against civilians. The Secretary-General called for a thorough investigation, using “impartial, independent and professional expertise.”
- A total of 46,527 individuals continue to be accommodated inside the nine IDP sites in Rural Damascus hosting people displaced from eastern Ghouta, which remain severely overcrowded, with some facilities accommodating twice as many IDPs as their intended capacity permits. At the time of writing, it remained to be seen whether additional displacement from Duma will take place potentially further increasing overcrowding in the sites.
- The UN and partners have had to re-direct resources to respond to the East Ghouta emergency, and they are currently facing a \$95m gap in funding to continue providing life-saving assistance and protection services to those affected by the crisis, including people at IDP sites in Rural Damascus and to those who remained in East Ghouta. This figure does not include the funds needed to support those who were displaced to northern Syria.

Situational Overview

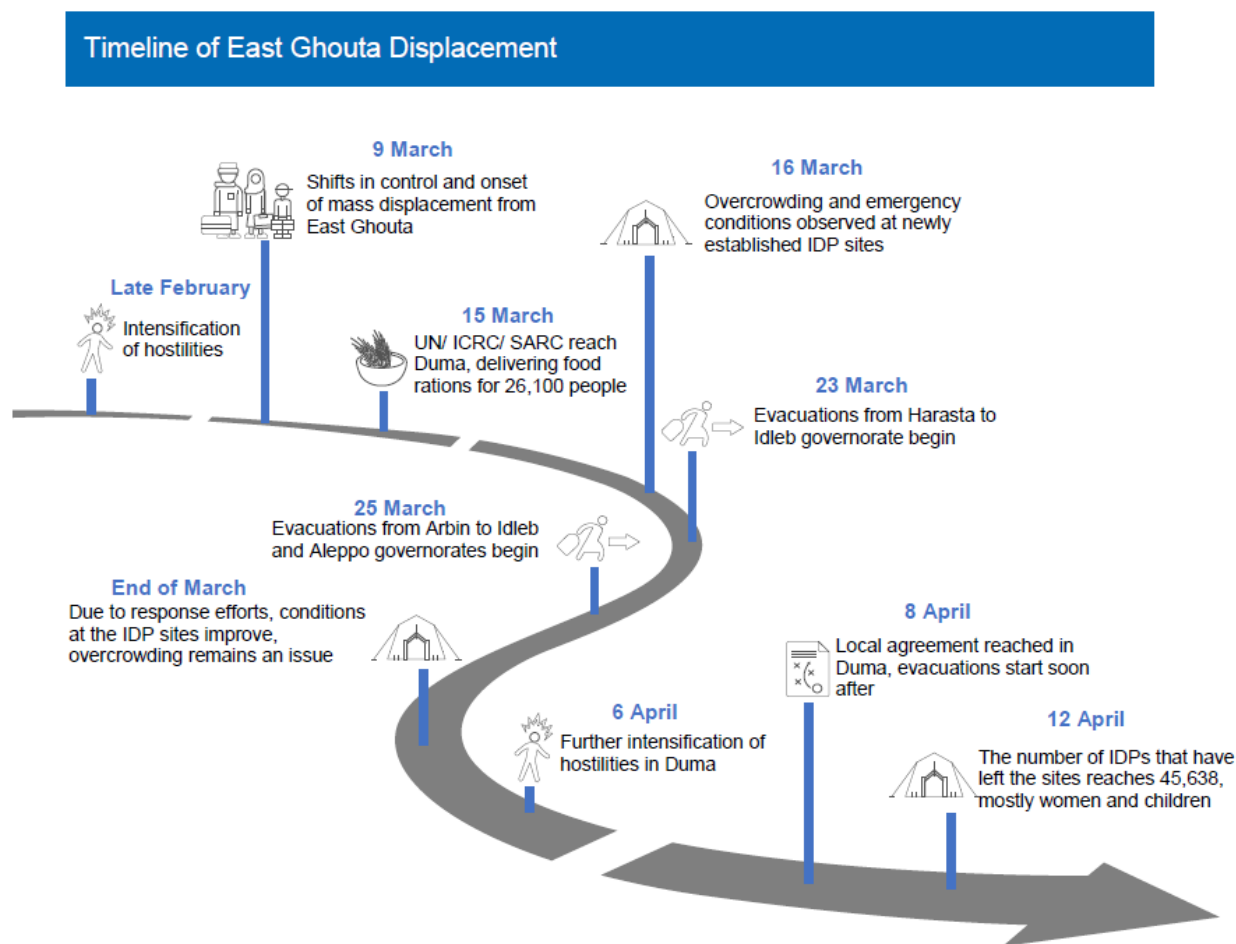
After a brief period of relative calm, sustained attacks on and shelling from Duma resumed on 6 April, resulting in civilian deaths and injuries, including some in Damascus city. Civilian infrastructure in Duma continued to be impacted by the hostilities, and the UN has received reports that on 7 April, airstrikes impacted areas close to the Hamadan private hospital and the SARC office in Duma. On 6 and 7 April, reports were received of attacks impacting several health facilities, including the Obstetrics Hospital. On both 7 and 8 April, the Duma Central Hospital reportedly sustained significant infrastructural damage, after being impacted by airstrikes. Said airstrikes were also reported to have killed an ambulance driver on 8 April.

On 8 April, there were numerous allegations that chemical weapons were used against civilian populations in Duma leading to scores of deaths and injuries. The UN Secretary-General expressed outrage at these reports, reiterating his strong condemnation of the use of such weapons against civilians, and called for a thorough investigation, using “impartial, independent and professional expertise.”

Following the period of sustained hostilities from 6 to 8 April, a local agreement for Duma was reached on 8 April. Under the agreement, scores of individuals, including women and children, were released from prisons in Duma, and between 9-11 April, an estimated 8,877 people, including fighters, were reportedly evacuated from Duma city to Azaz and Al-Bab town in Aleppo Governorate, with more displacement expected to happen in the coming days. While the terms of the agreement reached in Duma remain unclear, it appears that civilians currently have only limited access to any information related to their possible

¹ This funding gap exclusively highlights the funding requirements for the response to the people being hosted in IDP sites in rural Damascus and those who have remained inside East Ghouta. Further financial assistance is urgently required to assist those who were evacuated to Idleb and Aleppo governorates.

movement, including about safety guarantees. Humanitarian organisations continue to emphasize that the evacuation of civilians must be undertaken in compliance with relevant provisions of international humanitarian law and minimum standards, including in relation to access to assistance, protection for people who leave or remain, respect for property rights, and the right to return.



According to MoLA statistics, as of 12 April, 46,527 individuals who previously left the East Ghouta enclave continue to be accommodated inside the nine IDP sites in rural Damascus, while 45,638 individuals received permission to leave the sites, accounting for 49.5 per cent of the population that has left East Ghouta through established corridors (92,165 individuals). Despite the outflow, the IDP sites remain severely overcrowded, with some facilities accommodating twice as many people as their intended capacity permits.

The need to expedite the security screening procedures and exit of IDPs from the sites remains a priority, particularly in an attempt to decongest the sites. The sponsorship system has reportedly allowed over 45,000 people, largely women, children and persons with specific needs, to exit the sites. Meanwhile, the rate of departure has declined in the past few weeks, down from as many as 2,000 people per day at the end of March to 200 – 400 people daily in the past few days. This is due to restrictions on the movement of men aged between 15 and 55/65 years and the fact that some IDPs do not have alternative hosting arrangements. Consultations with IDPs also revealed that eligible family members may not want to leave the sites, as some women and children reported fear of being separated from adult male and young family members still waiting for the security clearance.

The sponsorship system, while speeding up the exit from the sites, remains unevenly applied. A comparative analysis across sites shows that in some locations all women have been allowed to apply for sponsorship, while in other sites only women with children less than 15 years of age were considered. Unconfirmed reports from one IDP site suggest that unaccompanied

children were being associated to single women who were seeking to fulfill the sponsorship criteria. Additionally, in some sites, some men were allowed to leave if older than 55, while in others the age limit was set at 65 years.

At the time of writing, it remained to be seen whether additional displacement from Duma towards IDP sites in rural Damascus will take place, potentially further increasing overcrowding in the sites. In the interim, humanitarian partners continue to provide multi-sectoral aid to people in need, and to conduct daily missions to the IDP sites in Rural Damascus to monitor the situation and the ongoing response. However, new regulations are being put in place requiring additional approvals to be able to access the site, currently limiting the ability of humanitarian teams to conduct monitoring visits. While IDP sites remain the main focus of activities, humanitarian assistance, including protection services, are also required in hosting areas in Damascus/Rural Damascus and for the communities in East Ghouta where an estimated 50,000 individuals remain, excluding those currently in Duma.


As of 11 April, close to 59,000 people were displaced from East Ghouta to north-western Syria, as well as northern rural Aleppo. Despite the efforts humanitarian organizations are exerting to meet the needs of the new arrivals, the humanitarian response in northern Syria continues to face several challenges. Additional funding is urgently required to ensure an adequate and dignified response to the mounting needs on the ground. For more on the cross-border response to the recent displacements to northern Syria, click [here](#).

Humanitarian Needs and Response



Needs:

- Except for Fayhaa Alsham, all IDP sites remain overcrowded with an average occupancy rate of over 200 per cent.
- Even after the completion of all ongoing/planned works, including the establishment of Karnak Transportation Company and the Herjaleh 1 site, the IDP sites will remain overcrowded. Hence there is a need to identify additional sites to ensure adequate living spaces for all IDPs. Additionally, IDP sites need to be repaired/partitioned to provide IDPs with more privacy.



32,000
IDPs have
benefitted from different
shelter interventions in IDP
sites

Response:

- More than 32,000 IDPs have benefitted from different shelter interventions in collective shelters and sites and another 8,000 IDPs will benefit from ongoing shelter interventions, once completed. The shelter interventions include repairing/rehabilitation/upgrading of existing building structures, installation of tents, installation of rub halls, construction of emergency shelters and the construction of sheds.
- The layout of the Karnak Transportation Company site has been prepared and was shared with the WASH sector for their inputs. The site includes an open space (75,000 m²) and a hanger. The total capacity of the site is 3,880 individuals. According to the site plan, 400 family tents and 36 big size tents will be installed in addition to the rehabilitation of the existing hanger. The earthwork has started and as of 10 April, is 30 per cent completed.
- The layout of Herjalleh 1 site has been prepared and was shared with WASH sector for their inputs. The total area of the site is 75,000 m². The total capacity of the site will be 3,070 individuals. According to the site plan, 332 family tents and 47 big size tents will be installed. The site clearance work has started.

Gaps and Constraints:

- The collective shelters need to be decongested. The approximate capacity of ten collective shelters/sites, including Herjalleh 1 site and Karnak Transportation Company site, is 23,810 individuals whereas currently there are 46,539 IDPs living in eight sites. Hence there is a gap in terms of available shelter spaces and there is a need to identify additional sites to decongest the sites.



NFIs

Needs:

- The situation in all shelters is dire, where the emergency needs are overwhelming and sites remain overcrowded. Based on numbers received from humanitarian partners and the information of partners on the ground, there is a continuing need for a variety of NFIs for the below specified locations.



454,870

Non-food items
distributed to internally
displaced people

Response:

- So far, 454,870 various non-food items have been distributed to the affected population in the ADRA IDP sites (schools + electricity), Al Bardeh, Dweir, Herjaleh, Khrbet Al-Ward, Najha collective shelter, Nashabiyeh, Sehnaya SARC WH / Yadouda Shelter. The standard kit includes blankets, mattresses, kitchen sets, plastic sheet, jerry cans and solar lamps but the sector has also distributed clothing kits and hygiene items.

Gaps and Constraints:

- A lack of clarity of registration numbers and the need for an improved site coordination structure has caused duplication of required assistance.
- There is a lack of storage space at the SARC warehouses on site.



Water, Sanitation and Hygiene

Needs:

- Despite a stabilisation of the IDP influx to the majority of sites, the sustained congestion of the IDP sites and limited access and approvals for sector partners to work in all sites means that the WASH facilities are not yet in full compliance with SPHERE standards. This particularly applies to showers, vector control and hygiene promotion.
- Management of liquid waste, cleaning/maintenance, sewer lines, desludging of septic tanks/ faecal sludge management and vector control remain other critical priorities of the sector to prevent and control the risk of acute diarrhoea and other communicable diseases.



1,000+

toilets repaired,
upgrade and installed across all
IDP facilities

Response:

- Access to safe drinking water has significantly improved through the continuous and reliable delivery of water trucking support; and by improvement of existing boreholes, the quick repairs of pumps and generators, and by connecting water supply networks in all IDP shelters with those existing in the city. The WASH sector partners continued the installation of additional water storage tanks and pumps and exceeded SPHERE standards with regards to per capita consumption of water in most of the sites.
- The first round of water quality testing results from all IDP sites confirmed that water was safe for drinking purposes and other domestic use.
- The WASH sector continued to repair, upgrade and install over 1,000 toilets and 450 bathing showers across the IDP sites, while installations of additional new latrines and bathing spaces (gender segregated) are ongoing in Harjelleh, Dweir and other sites where high numbers of IDPs are residing. Improvements are being made to manhole covers, while quick repairs of leakages in sewer lines and other important maintenance interventions are being conducted.
- The WASH sector and the ERL sector were able to engage IDPs under a cash-for-work modality in waste management works, creating temporary jobs and addressing immediate livelihood concerns.
- The distribution of hygiene kits and supplies continued in all sites.
- The roll out and the close monitoring of the compliance of WASH facilities, supplies and services with regards to the agreed WASH-GBV check list remains the joint responsibility of all sector members.

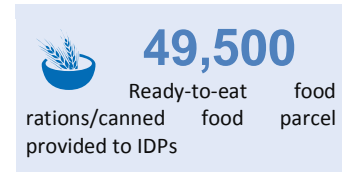
Gaps and Constraints:

- The WASH sector has not yet been able to start and scale up a hygiene promotional campaign or to obtain feedback how acute diarrhoea and communicable diseases can be prevented and overcome in all IDP sites.



Needs:

- The Food and Agriculture Sector strategy considers all incoming IDPs as food insecure for at least the first three months (after which the situation is further assessed), and as being in need of immediate food assistance and quick impact and life-saving livelihood assistance.
- Notably, IDPs in the sites lack access to cooking facilities and are therefore being assisted with ready-to-eat food rations, cooked meals and bread packs. The delivery of regular food rations will be considered whenever the population of concern has access to cooking facilities. In addition, quick impact livelihood assistance will be considered whenever it becomes feasible.



Response:

- The immediate response that has been provided by the sector and other humanitarian partners to the IDPs in the sites is as follows: 36,500 ready-to-eat food rations, 13,000 canned food parcels and 92.79 mt of milk. Milk was distributed as an initial response to cover school-aged children within the families, with necessary measures in place to avoid the utilization of milk as a breast milk substitute. Moving forward, date bars and milk will be provided to children only through schools, once they become functional.
- Furthermore, 20,300 bread packs were provided on a daily basis, with plans for a scale up to 25,000 bread bundles daily, and hot meals through the three kitchens:
 - The kitchen in Dumair is catering to the IDPs in the Adra area: 14,800 bulk food rations were delivered which are sufficient to provide hot meals to 12,000 persons per day. The Dumair kitchen serves an estimated 14,954 IDPs (figures as per 9 April 2018) from the following IDP sites: Electricity building in Adra, School compound Adra, Fayaa Alsam and Akram Abu Al Naser.
 - The kitchen in Hafeer is catering to the IDPs in the Al Dweir IDP site: 1,000 bulk food rations were delivered which are adequate to provide hot meals to 5,000 persons per day.
 - The Herjalleh kitchen is catering to the IDPs in Herjalleh: 10,000 bulk food rations were delivered which are adequate to provide hot meals to 5,500 persons per day
 - An additional kitchen in Al Dweir operated by a charity organization is currently serving 15,250 hot meals per day in Al Dweir and Abu Al Naser. The kitchen started serving hot meals for Al Dweir on 26 March 2018 and on 3 April in Abu Al Naser, and employs 100 men and women under a cash-for-work modality.
 - Other locations are covered through the above mentioned kitchens on an *ad-hoc* basis.
- Deliveries outside the IDP sites, meaning inside East Ghouta, at the crossing points and inside Rural Damascus, include: 22,120 food parcels/food rations to Duma, Ain Tarma, Kafr Batna, Hamouriya, Saqba and Al Tal City (not an official IDP site but 1,400 food rations were distributed to 1,400 households through an NGO); 3,300 bread packs/day to Saqba, Hamouriya and other areas; 3,000 canned food parcels and 3,000 bread packs/day to Harasta and 36mt of date bars at the crossing point.

Gaps and Constraints:

- The sector is closely coordinating with three partners to set up two additional communal kitchens.
- The major challenge remains site management which negatively affects the distribution process of assistance at the IDP site level. Hence, it is challenging to ascertain how many people have benefited from the food assistance, receiving what ration size with what frequency.
- There is need for further assessments to inform the humanitarian needs of persons who remain inside the enclave.



Needs:

- Despite the decongestion of some of the sites and the scaling up of the protection response, protection risks remain significant in all the locations that are hosting East Ghouta IDPs, due to overcrowding, sub-standard living conditions, the lack of privacy, and the non-fully civilian character of the sites. There is a continuous necessity to maintain a protection sector presence and protection activities to improve a dignified environment, particularly for persons with specific needs, and to identify, prevent and respond to protection concerns.
- The need for a prompt process of family reunification after involuntary separation across the sites continues to be flagged by families. This will be of great importance also in the case of IDPs returns or in case of relocation of IDPs for site decongestion. Such processes are in turn connected with the importance of a unified rapid and computerized registration system, able to connect databases across sites also to facilitate the restoration of family links.
- Advocacy on maintaining the civilian character of the sites needs to continue, limiting the presence of military personnel outside the sites (at a minimum) or in spaces distant from women shelters. There is a continuous need to deploy female personnel.
- While protection actors are mobilizing, the need for psychosocial interventions (PFA/ PSS) continues to be highlighted, particularly but not exclusively for children.
- Integrated reproductive health and GBV services continue to be requested by the female population in the sites. These services also represent an avenue for women and girls to possibly voice GBV concerns, both those predating the displacement and those possibly emerging the current situation, allowing protection actors to take action to support survivors.
- Continuous awareness on processes to obtain civil status documentation remains central in the legal aid response, including to facilitate freedom of movement for IDPs once outside the sites. In addition, there is a need for high level advocacy to consider the evidentiary value of notifications of vital events (hospital / midwives notification, notification of marriages) to speed up the issuance of official state documentation, and for exempting IDPs from legally foreseen fees for delayed registration.
- Mobile teams and coordinated protection units in each site need to remain in place, with cooperation across partners, to support the provision of a variety of services, in line with established protocols and operating procedures.



28,000+

individual counseling and facilitation interventions provided to individuals arriving to and departing from the sites

Response:

- According to available information, there are currently at least seven authorized NGOs with protection expertise operating in the sites, aside from the three major UN protection agencies and SARC. Other authorized actors operating under the health sector are also active in providing psycho-social first aid and support. Coordination of actors in the sites is being reinforced, including through the dissemination of mapping of protection actors operating inside the sites and in Damascus/Rural Damascus.
- UN Protection agencies have maintained their presence on the ground on a daily basis to identify protection needs, organize referrals and to inform evidence-based advocacy. Teams are present daily in all sites and are able to support rapid interventions in coordination with numerous volunteers from national NGOs, who facilitate communication with communities, access to services and the facilitation of sponsorship procedures. Lead agency focal points have been assigned per site, to facilitate familiarization with the environment and the operating partners, cooperation and better follow up on identified cases.
- In several IDP sites, legal aid support on civil status documentation continued to be provided to IDPs through a specialized national legal partner. Mobile teams of lawyers are present and roving in the sites. IDPs can approach the lawyers for rapid counseling, while the lawyers identify main documentation needs for further follow up and interventions. IDPs exiting the sites are also provided with contacts and addresses to continue to receive support to complete the documentation service/ intervention. More than 28,000 individual counseling and facilitation interventions have so far been provided to individuals arriving to and departing from the sites.
- Psycho-social support through individual and group consultations continued to be provided to children, women and girls to help overcome distress.

- Child Protection activities continue in all sites with a combination of information/awareness activities, recreational activities and psycho-social first aid in child friendly spaces (CFS). They are carried out by various Child Protection sub-sector partners and SARC to support the well-being of children and to help children to regain a sense of normalcy after the traumatic experience of besiegement and hostilities.
 - Activities continue in Dweir, Adra schools and Adra Electricity sites, reaching children through child friendly spaces, information desks and open air recreational activities;
 - In Herjalleh child protection interventions are implemented through an information desk, through recreational activities in the established child friendly spaces and in a recently equipped soccer playground;
 - Recreational activities for children continue in the child friendly spaces and information desk tents in Nashabieh;
 - Child protection activities continue in Najha through one information desk (mobile team van) and through a child friendly space tent hosting a series of recreational activities. An expansion of the child friendly space is foreseen.
 - Information leaflet on family separation are being distributed, particularly in the bigger sites (e.g. 1,000 leaflets distributed in Nashabiyeh).
- Since the beginning of the crisis, an emergency GBV response has been implemented in the various sites by four different GBV sub-sector partners and SARC, largely operating through mobile teams and integrating GBV and reproductive health interventions, psycho-social support and psycho-social first aid, as well as general awareness rising. In addition, some 90,000 sanitary napkins are being delivered to some 30,000 women and girls of reproduction age, while 3,800 female dignity kits and 3,700 male dignity kits have been provided based on targeted distributions.


Gaps and Constraints:

- The lack of clarity on various registration systems in place in the sites needs to be addressed, also considering the significant number of women and children having left the IDP sites. While more detailed registration initiatives for specific cases remain necessary (e.g. for unaccompanied children/ separated children, families in need for re-establishing links with separated members, children with specific needs), a unique rapid system of population registration is critical to organize the sites and to equitably plan assistance delivery.
- While the demand is increasing, initiatives of family reunifications across the sites remain uncoordinated and largely left to the initiatives of single actors. A unique and coordinated system by mandated institutions will be of great support in speeding up the process of restoring family links.
- The duration of the security screening seems to negatively affect the process of exit of family members from the sites via sponsorship system, as families try to avoid prolonged separation. An accelerated system will benefit also the decongestion of the sites.
- The harmonization of the sponsorship system across sites remains a critical point for equitable treatment.
- Inadequate space remains a challenge to ensure dignified conditions, privacy, confidentiality including for proper consultation with IDPs to detect needs, and particularly for certain services such as GBV. The respect for basic principles of informed consent and confidentiality remains critical in all responsive interventions in favor of persons of concern, particularly women and children survivors of violence.
- There is an urgent need for fresh funding to support the actors engaged in the East Ghouta protection response and donors should show flexibility in the use of the funds to scale up the response.



Needs:

- SARC and DoH coordination at camp level needs to be strengthened, especially in terms of referral of cases to reduce duplication of efforts. Additionally, the timeliness and acceptability of referred cases; in some cases it takes hours to get patients admitted to hospitals, after trying with many hospitals. Better coordination and the possibility of referring cases to private facilities is a key.
- Fixed static clinics need to be set up, while medium/long-term plans for simple rehab or set up of pre-fab centers has to be coordinated with health sector partners.
- Evening/night shifts of health care have been requested as this does currently not exist in all the IDP sites
- Joint action with the MoH is required to conduct rapid assessments of all 25 public health facilities in all new accessible areas.
- The lack of specialized health care for patients with “neglected” health conditions (trauma, kidney failure, amputations, chronic RH conditions, congenital defects among infants, etc.) needs to be addressed.


45 tons
 of health supplies
 delivered, sufficient for
 800,000 treatments

Response:

- Daily assessment missions to all shelters are in place, and a total of 15 were conducted during the reporting period.
- Up to 20,000 outpatient medical consultations, including for children under 5 years, integrated reproductive health services and psychosocial support, are continuously provided on a daily basis across the IDP sites. Support is being provided for family planning, antenatal care including ultrasound scans and supplements, natural deliveries, postnatal care, treatment of reproductive tract infections and referral of high risk pregnancies to public health facilities. The health sector also supports 90 medical mobile teams, mobile health units and medical points that have been mobilized, and support for the operational costs of 350 DoH personnel. A total of 19 EWARS (early warning and response system) sentinel sites are supported. Disease surveillance preparedness and response measures in coordination with responsible authorities are in place.
- Vaccination activities covered 9,500 children with routine vaccination (90% are fully/partially defaulters); 5,000 children under 5 receive oral polio vaccine; 8,000 children up to 12 years received measles vaccines. The great majority of children in IDP sites have been reached with the immunization services.
- A total of 925 injured and critically ill patients referred to Damascus hospitals and are under health monitoring.
- A total of 45 tons of health supplies (sufficient for 800,000 treatments) have been delivered to DoH and SARC (including 4,000 packs of diapers, 1502 new born kits, 350 pediatric kits, benzyl benzoate 25% lotion, permethrin shampoo, chairs and tables for mobile teams).
- More than 3,000 psycho-social first aid and counselling sessions were enabled.
- Health sector partners are encouraged to follow the reporting lines of the designed health sector assessment tool at a community level.

Gaps and Constraints:


- Health promotion activities are to be embedded in the overall health and WASH sector responses.
- Communication, coordination and cooperation between all health services providers needs to be strengthened.
- The current system for registration of mortality cases is weak and death reports need to be issued, as needed.
- Restoration of fully destroyed health service provision throughout eastern Ghouta where three hospitals and 22 PHCs used to function.



Nutrition

Needs:

- Acute and chronic undernutrition cases and cases with micronutrient deficiencies of women and children under five years of age in the IDP sites exist and need sustained support through regular service provision.
- Food and WASH-related challenges in the IDP sites may affect the nutritional wellbeing of the population.


Nine
 Nutrition surveillance centers activates

Response:

- Preventive and curative nutrition services are provided to IDPs in the sites through mobile medical teams run by DoH and SFPA with the support of sector partners. More systematic nutrition services are being established in all shelters.
- DoH Rural Damascus, with the support of partners, is providing health and nutrition services, including treatment for malnutrition to the population in the newly accessible areas inside East Ghouta (Saqba, Harasta, Zamalka, Arbin, Ein Tarma and Hazzeh) through mobile medical teams (25-45 health workers). During the reporting period, some 2,721 Children under five years were screened for malnutrition, and 114 were diagnosed with Moderate Acute Malnutrition (MAM) cases (4.2%) and nine Severe Acute Malnutrition (SAM) cases (0.3%). All children received adequate treatment.
- Sector partner supported mobile medical teams (60-75 health workers) from DoH Rural Damascus are providing health and nutrition services (medical consultations, vaccination and nutrition essential services) in all IDP sites and 7-9 mobile medical teams from SFPA are providing medical consultations and nutrition essential services in the IDP sites. During the reporting period 4,869 children under five years were screened for malnutrition, and 217 Moderate Acute Malnutrition (MAM) cases (4.5%) and 55 Severe Acute Malnutrition (SAM) cases (1.1%) were diagnosed and supported with adequate treatment, while one case was referred to a stabilization center.
- The DoH in Rural Damascus, through the support of partners, activated nine nutrition surveillance centers in Katf Batna, Hazzeh, Harjalleh, Harasta, Arbin, Zamalka, Dweir, Ein Terma and Adra. WHO supported three referral hospitals with stabilization centres, one in Quteyfeh and two in Damascus, and continues to provide treatment and support to SAM cases with medical conditions.
- In addition to providing essential nutrition supplies, the mobile teams are identifying and treating children and pregnant and lactating women with acute malnutrition in all IDP sites, while also promoting breastfeeding practices.

Gaps and Constraints:


- Comprehensive nutrition services with all components of the preventive and treatment needs are to be scaled up in the newly accessible areas of East Ghouta.
- Scale up and the establishment of more promotion, awareness raising and counselling on optimal feeding practices are needed to strengthen efforts to prevent under-nutrition. Improvements of the coordination practices between implementing partners in the shelter remain a priority.



Education

Needs:

- Awareness raising for the Ministry of Education's decisions regarding the facilitations to re-enrol students displaced from East Ghouta is still needed amongst parents and IDPs in all IDP sites and host communities.
- Herjallah shelter hosts the largest number of school-aged children, the majority of those children have missed on their education for more than three months. The two available and functional schools in Herjallah do not have enough capacity to host more than 5,000 school aged children. In Najha shelter, the nearby two schools have no capacity to accommodate more than 2,000 school-aged children. Prefabricated classrooms are needed and can be installed in the education compound.
- Displaced ninth and twelfth grade students need national textbooks especially in the Herjallah and Dweir sites where the education services were started by the Directorate of Education. Furthermore, those students need support classes like remedial and catch-up classes to be ready to sit for the national official exams.


16,000+
 children started benefitting from formal or non-formal education services

- Risk education is highly needed especially for those school-aged children who did not leave East Ghouta. In addition, school supplies and prefabricated classrooms are needed to accommodate all students in the schools.

Response:

- 2,630 self-learning materials inside 2,630 school bags were delivered and distributed to newly displaced children from East Ghouta in Nashabiyya, the electricity institute/Adra, in Abo Al Naser/Adra, and in the Adra schools.
- The Rural Damascus Directorate supported by sector partners has formed a team of nine education focal points to be seated at the child protection information desk to facilitate education activities in the IDP sites.
- 100 desks were dispatched to the Dweir school where over 650 children were re-enrolled in the available school grades 1-9, in addition to the 310 students from the Dweir community. Also, 650 school bags were distributed, in addition to ten schools in a carton kits (each sufficient for 40 students) and five recreational kits (each sufficient for 90 students). 15 prefabricated classrooms in Herjallah shelter will be operational starting 12 April. 8,000 school bags, 150 school in a carton kits and 50 recreational kits were delivered to the site. Distribution has been postponed till until the prefabricated classroom's instalment is completed.
- More than 16,000 children in the Adra, Najha, Herjallah, Dweir and Nashabiyeh sites are receiving education in emergencies interventions in the form of organised and regular recreational activities, life skills and citizenship education, and for younger aged early childhood care and education awareness sessions are being provided. 700 sets of curriculum B textbooks were distributed by the DOE to schools in Kafar Batna to enable children who missed out on months of education to catch up with their education.

Gaps and Constraints:

- At least 16,000 school-aged children who were displaced from East Ghouta to IDP sites have left with their mothers to Damascus city. There are limitations to outreach and support them to re-enrol and catch up on their education.
- Approvals from MOE prior to any implementation is still a constraint despite all their efforts to support and expedite the project implementations.

**Early Recovery****Needs:**

- Based on the rapid needs assessment conducted by the early recovery and livelihood team, the most prominent need was to tackle the issue of the accumulated piles of solid waste.

Response:

- More than 528 people (98% of them are IDPs), were employed under a cash-for-work modality for solid waste collection works, and more than 150 tons of solid waste have been collected and removed from IDP sites. More than 42,000 IDPs have better access to more hygienic living conditions inside the shelters. Furthermore, 62 emergency jobs were created to carry out management, supervision and monitoring activities.
- More specifically, in the Adra schools compound, 60 IDPs, including four women and four persons with special needs, benefited from cash-for-work jobs through which 30 tons of solid waste were removed from the site. In the Adra Electricity Institute 70 IDPs, including seven women and three persons with special needs, benefited from the cash-for-work employment opportunities in the solid waste management intervention in the site, where 24 tons of solid waste were collected and removed from the site. In the Akram Abu Al-Nasser Center, 40 IDPs benefited from the cash-for-work opportunities, including five women and two persons with special needs. More than three tons of solid waste were collected and removed from the target center. At the Al-Fayhaa/Baghdad Bridge Center 50 IDPs benefited from the cash-for-work opportunities including 15 women and six persons with special needs. More than 23 tons of solid waste were collected and removed from the site. In Al-Harjallah 280 IDPs, including 35 women and five persons with special needs, benefited from cash-for-work opportunities through the solid waste collection and removal works, through which 22 tons of solid waste were removed from the site. In Al Dweir 28 of IDPs were initially employed for the solid waste management works in Al-Dweir IDP site, where 48 tons of solid waste were collected and removed.

**528**

People employed under a cash-for-work modality for solid waste removal

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