



This report is produced by OCHA Syria in collaboration with sectors and humanitarian partners. It covers the period from 19 April to 1 May 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

- Some 44,000 internally displaced persons (IDPs) from East Ghouta remain in IDP sites, most of which are considerably overcrowded. There is an urgent need to decongest the sites and allow for the freedom of movement for the remaining IDPs. There is also a need to scale up assistance to IDPs that have left the sites and are residing in host communities, in addition to a need for information on their movement and location.
- Humanitarian assistance to IDPs sites has been scaled up; however, a number of protection concerns remain related to freedom of movement, family separation, presence of unaccompanied and separated children, lack of civil documentation and concerns for women and girls, including risks of forms of gender-based violence.
- An estimated 120,000 people remain in East Ghouta, with only limited assistance provided through SARC and local partners. Humanitarian needs inside East Ghouta remain high, with restricted access for UN and partners.
- Partners have identified an overall requirement of \$95 million to continue providing life-saving assistance and protection services to people at IDP sites in Rural Damascus and to those who remained in East Ghouta.¹



158,000

individuals

left East Ghouta either to IDP sites in Rural Damascus or to Aleppo and Idlib governorates



120,000

people estimated to remain in

East Ghouta, with only limited assistance provided and no UN access



77,755

Ready-to-eat food parcels provided to IDPs



\$95m

is the funding requirement identified by the UN and its partners to assist those affected by the East Ghouta crisis¹

Situational Overview

Over the reporting period, the situation in IDP sites remains dire, with some 44,000 from Eastern Ghouta still remaining in sites. While aid and services to the sites are improving, most are still overcrowded and the situation of the displaced population, including their freedom of movement, continues to be of concern. The number of people leaving the IDP sites has slowed down during the last weeks and the UN continues to advocate for their freedom of movement and for the security screening and sponsorship process to be expedited.

Even after the completion of all ongoing/planned works, including the establishment of Karnak Transportation Company and the Herjalleh site, IDP sites will remain overcrowded unless considerable numbers of IDPs are allowed to move out. A small number of IDPs are also reportedly returning to the sites, either due to financial constraints to rent accommodation or to be reunited with their male family members inside the IDP sites that have not yet received security clearances. In order to address the overcrowding, it is important for additional sites to be opened and made functional and for existing sites to be decongested. It is also essential to speed up the procedures for IDPs to exit and to allow for their voluntary return to previous areas of residence in East Ghouta. The need for adequate shelter is especially urgent given several days of heavy rains, causing major flooding in several areas in Rural Damascus. Lack of civil documentation, particularly IDs and birth and marriage certificates, are also issues for IDPs.

Inside East Ghouta, the UN still has not been granted access to conduct multi-sector assessments that can inform the provision of life-saving humanitarian assistance. An estimated 120,000 people remain in East Ghouta, including 70,000 people in Duma

¹ This funding gap exclusively highlights the funding requirements for a response to the IDPs in the IDP sites and individuals who remain inside East Ghouta. Further financial assistance is urgently required to assist those who were evacuated to northern governorates.

Humanitarian Needs and Response

Shelter and NFIs

Needs:

- All IDP sites remain overcrowded with an average occupancy rate of over 200 percent.
- Even after the completion of all ongoing/planned works (Karnak Transportation Company and the Herjalleh site), sites will remain overcrowded unless considerable numbers of IDPs are allowed to move out. Additional sites to ensure adequate living spaces for all IDPs need to be identified, in addition to reparations and partitioning at some sites.
- There are at least three IDP sites (Al-Adieh, Bardeh, and Bueda) with an approximate capacity of 4,000 individuals that are ready but not yet in use. Relocation of some IDPs to these sites would help to decongest currently overcrowded sites.
- Based on the figures received from MOLA, SARC and partners on the ground, there is need for a variety of NFIs for some 101,947 individuals.



513,000+

non-food items
distributed to internally
displaced people

Response:

- More than 41,000 IDPs have benefitted from shelter interventions and another 6,150 IDPs will benefit from ongoing interventions. Interventions include repairing/rehabilitation/upgrading of existing structures, installation of tents, installation of rub halls and construction of emergency shelters.
- The site preparation at the Karnak Transportation Company site and Herjalleh site have been completed. Once the WASH facilities are completed, the installation of tents can start. The usable surface area of both sites is 75,000 m². The Karnak Transportation company has a large hangar that can be rehabilitated, however the partner is waiting for approval to start the work. The total capacity of these two sites is 6,150 individuals.
- 513,275 non-food items including: blankets, mattresses, kitchen sets, hygiene kits, jerry cans, plastic sheets, solar lamp/lights, winter clothing kits, children clothing kits, diapers elderly/ child, sleeping bags and sleeping mats have been distributed at sites, in addition to the IDPs who went to Sweida Governorate, and other locations in Rural Damascus: Al Tall, Sehnaya, Jarmana and Qatana.



41,000+

IDPs benefited from
shelter interventions

Gaps and Constraints:

- The IDP sites need to be decongested. The approximate capacity of 13 IDP sites, including the Herjalleh site, Karnak Transportation Company site, Al Aldieh, Bardeh and Bueda is 30,018 individuals whereas currently there are over 44,000 IDPs living in eight sites. Hence, even when all sites including those that are fully prepared and under construction are occupied, the sites will remain overcrowded; there is a need to identify additional sites to ensure adequate living space for all IDPs.
- The registration process continues to be a challenge as the lack of registration has caused duplication of required assistance.



Water, Sanitation and Hygiene

Needs:

- The stabilisation of IDP movements allowed for the installation of WASH facilities in all IDP sites. However, congestion, limited space and delayed approval processes hindered the full implementation and compliance of minimum SPHERE standards for latrines and bathing space installations in all sites.
- Systematic mechanisms in the delivery of hygiene supplies with timely replenishment of critical WASH supplies are needed and should be accompanied by hygiene promotional campaigns.
- Regular repair, maintenance and cleaning campaigns of installed facilities, control of leakage of black/greywater, constant monitoring of WQ at storage and household levels and solid waste management are critical priorities to avoid a deterioration of healthy and hygienic behavior and practices of people at the personal, family and IDP site levels.



1,200

toilets and bathing showers installed, upgraded or repaired in the IDP sites

Response:

- WASH sector partners continued to ensure the delivery of safe drinking water through the reparation and rehabilitation of boreholes with a back-up power supply and by connecting to the city's water networks, along with periodic monitoring of water quality at both storage and household levels. Average per capita delivery of water has exceeded SPHERE standards while partners are collaborating to further improve and repair local sources, storage capacity and planning to reduce/phase-out costly water trucking in all sites.
- Over 600 latrines and 460 bathing spaces, installed by UN, INGOs, civil society organizations and sector authorities/departments, are operational and functional in all sites while the sector is coordinating and providing complementary efforts with ICRC/SARC. This was possible due to the increased quantity of water in sites. Collection and timely disposal of solid waste as well as spraying of areas with pesticides for vector control has significantly contributed to the maintenance of hygienic and safe environment standards in IDP sites.
- The delivery of essential WASH supplies (hygiene kits and other hygiene supplies) significantly improved and partners have delivered over 15,000 hygiene kits and other essential items such as soap, baby diapers, sanitary napkins in all 8 IDP sites. However, there is a need to further the systematic and timely delivery of replacement items to avoid over delivery and duplication.
- Completion of site planning of two IDP sites (al Karnak and Harjelleh) allowed sector partners to initiate the installation of critical WASH facilities and services in the two sites. The shelter and WASH partners are working together to develop a workable plan for systematic and quality service installation in a timely manner.

Gaps and Constraints:

- WASH sector partners should regularly monitor the usability of installed facilities along with GBV prevention aspects in close consultation and participation with IDPs in all sites and develop remedial measures to overcome any gaps.
- Sustaining and maintaining installed facilities and services are only possible through the active participation of IDPs and local authorities.
- Health and hygiene campaigns are needed to further reinforce and sustain established good hygiene practices and behaviors in all IDP sites.



Food Security

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.
- IDPs 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 only when access to cooking facilities is possible.



Response:

- The immediate response to IDPs in sites includes: 55,203 ready-to-eat food rations, 22,552 canned food parcels and 93.27 mt of milk. Milk was distributed as an initial response to cover school-aged children with 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.
- Furthermore, 20,300 bread packs were provided on a daily basis, with plans to scale up to 25,000 bread bundles daily, and hot meals through three kitchens: 1) Dumair serves 14,954 IDPs to the Electricity building in Adra, School compound in Adra, Fayhaa Alsham and Akram Abu Al-Naser 2) Hafeer provides for 5,000 people per day 3) Herjalleh serves 5,500 people 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.
- Deliveries outside the IDP sites, inside East Ghouta, at the crossing points and inside Rural Damascus, include: 23,920 food parcels/food rations to 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 36 mt of date bars at the crossing point.

Gaps and Constraints:

- The collective kitchen in Al-Dweir started providing hot meals based on the assumption that additional funding would be secured to ensure the kitchen's continuity. However, this currently seems unlikely, leaving a gap for hot meals for an estimated 10,463 IDPs in Al Dweir and Abu Al Naser shelters. This kitchen will be closed if more funds cannot be secured.
- The major challenge remains site management which negatively affects the distribution process of assistance. It is challenging to ascertain how many people have benefited from food assistance, receiving what ration size with what frequency.
- There is a need for further assessments to inform the humanitarian needs of people who remain inside East Ghouta.



Protection

Needs:

- As the displacement in the sites becomes more protracted, protection presence remains essential to identify risks and improve the reach and quality of the response especially due to IDP's prior exposure to violence, deprivation, psychological distress, and the current sub-standard living conditions in the sites.
- The mobility of IDPs from sites continues to be dependent on the process of security status verification, which has yet to be completed for many. However, in several sites the upper age threshold for men regarding sponsorship has been lowered to 55 years, allowing for the exit of additional people. However even for them, the exit through sponsorship still depends on the presence of a receiving relative or acquaintance.
- Systematic procedures for family reunification across sites still need to be established as the current registration system does not allow for an efficient and predictable process. The presence of separated and unaccompanied

children remains noticeable. According to reports from SARC teams, as of 29 April, 91 separated children and 47 unaccompanied children have been identified, while family links have been established in about 70 cases in the eight hosting sites.

- Advocacy on maintaining the civilian character of the sites remains fundamental, to limit the presence of military personnel within the sites or at least in spaces away from women's shelters.
- Concerns on the protection of women and girls remain high. As women have generally been allowed to exit the sites through the sponsorship system, the remaining female population risk being the minority in a largely male-dominated environment. There is an immediate need to increase the presence of trained GBV partners, confidential spaces for consultation and detection, and for reinforcing integrated reproductive health and GBV services. The presence of properly trained partners, both in GBV and in child protection, to increase the ability to detect cases and ensure a proper approach and follow up is also needed.
- Child protection interventions continues to be required, from light psychosocial first aid (PFA) and recreational activities, to other more specialised services and case management for more complex cases.
- Civil status documentation, particularly the issuance of IDP cards, birth and marriage certificates, remains central in the legal aid response, also to facilitate the mobility of IDPs once outside the sites and provide legal certainty and safety to the undocumented population, including children.
- Protection needs of IDPs who exited the sites or remained outside the sites in areas that changed control, also needs to be addressed. The lack of access to East Ghouta is hindering the identification of the most pressing needs and the possibility to respond. In Al Tall, legal partners estimate that more than 7,000 individuals may be in need for civil documentation. In Sweida, the arrival of IDPs exiting the sites through the sponsorship system has continued, with almost 600 families reportedly having arrived and been assisted by SARC.

Response:

- According to partners, nine authorized NGOs are operating in the IDP sites, alongside UN protection agencies and SARC. UN agencies have been able to resume their daily presence on the ground to identify protection needs, organize referrals, inform evidence-based advocacy and liaise with local partners to reinforce communication with communities and facilitate access to services. National organizations, largely through mobilized outreach volunteers, are supporting IDPs with various services such as submission of sponsorship requests, referrals, and family contacts.
- Child Protection activities are ongoing in all sites and information desks are present in seven sites. The desks operates from morning to afternoon in particular for women and children to obtain advice on services and direct responses. In some locations (e.g. Nashbiyeh, Fahyaa), they are supported by mobile teams to increase outreach, while at least four desks have been equipped with case managers to follow up on more complex child protection cases. SARC and other CP partners are running activities in Child Friendly Spaces, providing recreational sessions, psycho-social first aid and risk education activities, with an average attendance of 70 to 100 children per session. In some sites (Adra Electricity and Schools), one partner is providing specialized activities for adolescents and in another (Adra School) parenting programs have started with about 80 mothers.
- Due to the identified high presence of persons with physical disabilities still present in the sites, as well as the elderly with mobility challenges, at least two protection actors continued to provide mobility devices in three sites. This complements analogous interventions under the health sector.
- Since the beginning of the crisis, an emergency gender-based violence (GBV) response has been implemented in the various sites by four different GBV sub-sector partners and SARC, although the needs are only partially addressed. GBV partners largely operate through mobile teams integrating GBV and reproductive health interventions. More than 86,000 interventions have been undertaken including PFA, PSS individual and group session, awareness on GBV and reproductive health. More than 6,800 dignity kits have been distributed.
- Legal aid support on civil status documentation continued to be provided through a specialized national legal partner. Mobile teams of lawyers have continued to reach almost all eight sites with assessments of civil documentation needs, prioritizing the most populated sites.

- The Sector has disseminated tools to partners who have frontline volunteers to support principled referrals and continues to hold sensitization sessions with sectors on mainstreaming protection and GBV interventions into the response.

Gaps and Constraints:

- The existence of multiple registration systems reportedly in place in the sites by different governmental and non-governmental institutions remains to be addressed. Sex/age disaggregated data is needed to better understand the profile of the population and tailor the response accordingly.
- The duration of the security screening continues to hinder families from fully using the sponsorship system, as families try to avoid prolonged separation. An accelerated system will also help decongest sites.
- Inadequate space remains a challenge to ensure dignified conditions, privacy, and confidentiality, particularly for GBV services. The capacity of case managers needs to be reinforced.
- A unique and coordinated system by mandated national institutions/actors is needed to speed up the process of restoring family links.
- During the last week, weather conditions affected CFSs structure and activities in at least two sites (Dweir and Nashabiyeh). The issue is being addressed.



Health

Needs:

- Medical referrals encountered occasional delays due to the need for security approvals. Secondary medical health services and specialized medical care (including orthopedic, dental, ENT and ophthalmology related services) are not provided in the IDP sites.
- Referrals from IDP sites are only allowed to public hospitals for urgent and life-saving medical care.
- There is continued concern for the risk of communicable disease outbreaks as overcrowding in shelters continues while sanitation and hygiene conditions do not meet SPHERE standards in most IDP sites.
- The approved public health assessment in East Ghouta by MoH, SARC and WHO is still pending final approval.



22,000

outpatient

consultations are provided on a daily basis

Response:

- All eight operational IDP sites are covered with PHC services by fixed and mobile clinics and mobile teams operated by 14 national NGOs, one international NGO IMC, SARC and DoH.
- WHO, UNFPA, UNICEF and UNHCR continued support to DoH and national NGOs to provide outpatient care in all eight IDP sites as well to DoH to carry out mobile outpatient services to seven locations inside East Ghouta, (Ein Tarma, Zamalka, Arbin, Saqba, Kafar Batna, Harasta and Duma). SARC and two national NGOs (SFPA and MSJM) also started mobile services inside East Ghouta in the above locations.
- A total of 85 medical mobile teams, clinics, mobile health units and medical posts continued to provide medical consultations including for children under five, integrated reproductive health services and psychosocial support. A daily average of 5,586 patient contacts and consultations are provided by partners.
- Vaccinations were provided to all children in the IDP sites and a campaign inside East Ghouta started last week. From 1 April, 7,994 children were vaccinated with all necessary antigens.
- A total of 1,286 injured and critically ill patients were referred to Damascus hospitals since the beginning of the displacement, the vast majority were referred to Al Qtaifeh hospital.
- WHO provided 30 wheelchairs and distribution to IDPs in need has started.
- Ten teams of trained community psychosocial support workers continue to provide basic psychological interventions, educational and recreational activities. Medical care and medicines are provided to people in need.

- A total of 36 EWARS (early warning and response system) sentinel sites continue to receive support to enhance the surveillance in the IDP sites. The top 3 reported diseases are acute diarrhea, Influenza-like diseases and lice.

Gaps and Constraints:

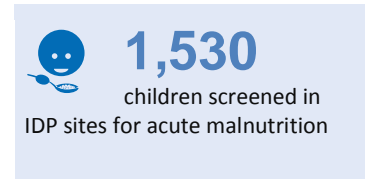
- Interagency monitoring and support visits to the East Ghouta IDP sites could not be realized in the period between 10 and 25 April as no permission was granted by authorities. Visits were resumed on 26 of April.
- Coordination between the different teams providing health services in the IDP sites remains a challenge as staff rotate frequently. Assigning a medical focal point in each site could be a solution.
- Medical registration books and patient cards are not consistently used by all healthcare providers and across shelters. A recent initiative to provide families with health cards in Dweir shelter could be copied in the other locations.
- Registration and handling of mortality cases in the IDP sites remains unclear.



Nutrition

Needs:

- The nutritional needs of IDPs in sites as well as locations inside East Ghouta continue to exist such as acute and chronic malnutrition and micronutrient (deficiencies).
- Screening of acute malnutrition among children under five continue in locations inside East Ghouta such as Duma, Saqba, Arbin and Harasta was carried out. Of the 1,530 children under five years of age screened, 38 (2.5%) with Moderate Acute Malnutrition and 10 (0.7%) with Severe Acute Malnutrition (SAM) were identified and supported.



Response:

- With the support of UN agencies and sector partners, preventive and curative nutrition services are regularly provided to IDPs in sites as well inside East Ghouta in Duma, Saqba, Harasta, Zamalka, Arbin, Ein Tarma and Hazzeh through mobile medical teams run by DoH and SFPA.
- Through UN support, nutrition teams are providing nutrition services to 345 acutely malnourished children including treatment follow up; and following up on 230 pregnant and lactating mothers to complete their nutrition treatment.
- Through UNICEF support, DoH and SFPA carried out promotion sessions on exclusive breastfeeding and complementary feeding while providing counseling on optimal child feeding practices.
- Through WHO support, the three referral hospitals with stabilization centers (one in Quteyfeh and two in Damascus) continue to provide therapeutic inpatient nutrition services to severely malnourished children with medical conditions.

Gaps and Constraints:

- Tracing cases of acute malnutrition in IDP sites that were receiving treatment continue to be a challenge making follow up for a significant number of cases difficult.
- More capacity building and support is required to provide adequate counseling and promotion of infant and young child feeding practices.



Education

Needs:

- Displaced ninth and twelfth grade students are in need of accelerated support classes to catch up and be ready to sit for national exams in May.
- Resumption of accelerated formal learning in the form of curriculum B needs to take place to allow school-aged children who received initial education in emergencies intervention the opportunity to enrol in a structured and certified education.
- Light rehabilitation, furniture and equipment for available schools and learning spaces in or around the IDP sites are needed to better cater to the educational needs of IDP school-aged children.



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

Response:

- 2,990 sets of self-learning materials and 2,990 school bags and stationary were delivered to the shelters as follows: 120 to Nashabiyya, 1,210 to Adra Electricity institute, 80 to Adra Abo Al Naser, 200 to Adra Schools, 580 to Adra Fayhaa, 800 to Najha.
- The Rural Damascus Directorate rehabilitated Harzameh school next to the Nashabiyeh IDP site and started providing remedial classes to 9th grade students preparing them for official exams.
- In Dweir IDP site, the school that was supported with 100 desks and 14 teachers' desk and chairs is providing for 1,750 school-aged children who are learning in three shifts.
- Adra Electricity Institute and eight classrooms in Al Fayhaa shelter are being lightly rehabilitated to accommodate 9th grade students to prepare for official exams.
- The 16 prefabricated classrooms installed in Herjallah site are providing for 2,348 students in three shifts. 8,000 school bags, 150 school in a box kits and 50 recreational kits were distributed.
- 12 classrooms have been made available in one of the Adra IDP sites (Adra 3rd school) to provide a morning shift to Adra host community students and ninth and twelves grade students; and in a second shift to IDP students. 40 desks, stationary (15 school-in-a-box) and recreational kits (7) were distributed to facilitate the learning resumption.
- More than 16,500 children in the Adra, Najha, Herjalleh, Dweir and Nashabiyeh sites are still receiving education in emergencies interventions in addition to early childhood care activities.

Gaps and Constraints:


- There was a delay in starting support to 9th and 12th grade exams by sector partners and provision of textbooks, in addition to pending Ministry of Education bureaucratic and administrative processes.
- There are limitations in reaching and supporting IDP school-aged children who moved out of the sites who need to re-enrol and catch up on their education.
- The provision of support to 12th grade students needs be considered by the DoE-MOE and no services are planned in the short term.



Early Recovery

Response:

- 683 people (96% are IDPs), are employed under a cash for work modality, for solid waste collection works, over 711 tons of solid waste have been collected and removed from IDP sites (17 ton have been collected and removed from Al Dweir IDPs site prior to ICRC taking over the SWM works there).
- 32,000 IDPs in 6 IDP sites have more hygienic living conditions.
- 87 emergency jobs were created to carry out management, supervision and monitoring activities.



150 tons
of solid waste
collected by IDPs employed
under a cash-for-work scheme

- **Adra Schools Compound:** 70 IDPs, including 7 females and 4 PWDs, benefited from the cash-for-work jobs. Through which, 16 tons of solid waste have been collected and removed.
- **Adra Electricity Institute:** 160 workers, including 137 IDPs, 4 females and 2 PWDs, benefited from the cash-for-work employment opportunities in solid waste management intervention in the site, through which 45 tons of solid waste were collected and removed from the site.
- **Akram Abu Al-Nasser Center:** 50 IDPs including 10 females and 2 PWDs benefited from the cash-for-work opportunities. 8.2 tons of solid waste were collected and removed from the site.
- **Al-Fayhaa/Baghdad Bridge Center:** 60 workers including 53 IDPs, 24 females and 8 PWDs benefited from the cash-for-work opportunities. 5.4 tons of solid waste were collected and removed from the site.
- **Al-Harjalleh:** 287 IDPs including 58 females and 5 PWDs, benefited from the cash-for-work opportunities, 532 ton of solid waste were collected and removed from the site.
- **Najha:** 52 IDPs, including 11 females and 7 PWDs, benefited from the cash-for-work opportunities through the solid waste collection and removal works, 88 ton of solid waste were collected and removed from the site.



Logistics

Response:

- Free-to-user transport is made available to requesting humanitarian organisations to deliver assistance to the IDP sites. Between 16 March and 30 April, a total of 1,061m³ of multi-sectoral assistance has been delivered to IDP sites. A 320 m² mobile storage unit has been installed in Herjalleh to provide storage space for humanitarian commodities. The Logistics Cluster is providing seven trucks dedicated to SARC operations for the delivery of assistance from the SARC central warehouse in Adra and between the IDP sites. In addition, 700 wooden pallets have been provided to the SARC central warehouse to facilitate loading and offloading operations.



1,061m³

of multi-sectoral assistance, have been delivered to the Adra, Dweir and Herjalleh IDP sites

For further information, please contact:

Kristele Younes, Head of OCHA Syria, younes4@un.org

Trond Jensen, Head of OCHA Turkey, jensen8@un.org

Linda Tom, Public Information Officer, toml@un.org

For more information, please visit www.unocha.org and www.reliefweb.int.