

As of 01 August 2019



# **68,823** TOTAL POPULATION

# **HIGHLIGHTS**

As of 31 July, the population of Al Hol has reduced to 68,823 people (or 19,244 households), following the deregistration of some 2,000 individuals who failed to present for three consecutive rounds of assistance, and the departure of 196 Syrian IDPs to Sur in Deir-ez-Zour on 11 July and 126 Syrian IDPs to Menbij in Aleppo on 23 July. Overall the camp population remains roughly the same, comprising Iraqis (45 per cent), Syrians (41 per cent) and Third Country Nationals (14 per cent). Of the overall total, some 94 per cent are women and children, of which 67 per cent are under the age of 18. Following concerted efforts by all partners there has been an overall improvement in the WASH situation in the camp: a new water pump has been installed at Dabaghya Reverse Osmosis station serving around 25,600 individuals, in addition to four additional filling stations providing domestic water, two of which are located in Phase 1. A further seven water tanks have also been installed in the Annex. Regular water quality tests are being carried out as bacterial contamination affects, on average, 80 per cent of jerry cans, with plans underway to further support decontamination efforts through the distribution of 1.9 million aqua tabs (sufficient to cover families' requirements for two months) and the continuation of awareness raising campaigns promoting safe hygiene practices. Emergency SPHERE standards for latrines (1:20 people) have been met in phases 1, 2, 3, 4 and 8, with work ongoing to meet this across all remaining phases by mid-August. Overall, these efforts - combined with a change in ice vendor - have led to a reduction in the number of diarrhea cases reported over the past month-from over 1,000 a week at the end of June to 657 at the end of July. Cases of children suffering from severe acute malnutrition have also registered a decrease, particularly those with serious health complications, with external



# WOMEN AND CHILDREN



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referrals for the latter also reducing—from 7-10 children a week in mid-July to 2-3 a week by the end of the month.

In addition to the three field hospitals recently established, two static mental health points have now opened in phases 5 and 6 and a minibus made available to transport emergency medical cases to health facilities inside the camp. Cholera kits have also been distributed to health partners in all phases, and a cholera preparedness plan rolled out which includes awareness-raising sessions for health workers; a rapid test for suspected cholera cases; and the establishment of three oral rehydration corners in phases 1, 4 and 5 and one underway in phase 7 for diarrhea treatment. As reported in June, the three field hospitals are yet to function at maximum capacity, although a blood bank was activated in phase 1 in early July.

Relocation of residents from phase 7 to phases 6 and 8 is taking place gradually with half of all available plots (2,808) occupied to date. Currently, around 50 families are being relocated each day. A survey to determine residents intention to relocate to phases 6 and 8 has also been developed and is under review; protection actors will conduct the survey once finalized. Over the next few weeks it is expected that the pace of relocation will increase following the hiring of additional trucks and labourers who are facilitating the process.

Partners are also liaising with Camp Administration on the enhancement of services in both phases focusing particularly on illumination and the establishment of a market and educational facilities, the latter of which would benefit 2,000 students.

While no new return movements took place since 23 July, draft return procedures for Syrian IDPs were formulated and shared with the camp administration for review and operationalization, along with plans to establish three additional information desks across the camp to communicate related plans, including timeframes, selection criteria, transportation civil documentation arrangements and requirements. While 2,000 Iragi refugee households have so far registered for repatriation, the process remains on hold pending further details on process and timeframe from the Iragi government. In the meantime, humanitarian partners continue to advise Camp Administration that they are not in a position to directly facilitate such movements at this time, until the situation in Iraq is considered safe for returnees.



<b>5 25.3M</b> FUNDING REQUIRED	Agency	Fund Requirement	Fund Received	Fund Gap
	WHO	5.87 M	2.32 M	3.54 M
	WFP	5.35 M	3.23 M	2.11 M
	UNFPA	3.53 M	1.16 M	2.36 M
	UNICEF	18.3 M	9.22 M	9.07 M
	UNHCR	11.46 M	3.25 M	8.20 M
	Total	44.52 M	19.20 M	25.31 M

\* This mapping reflects activities and services currently being provided in Al Hol as reported by partners. Moving forward, the mapping will be updated on a regular basis as new information becomes available and/or as additional activities and services are established. \*\* Showers are not being installed in Phases 6 & 8.

## **ALL PHASES**

- Camp coordination & management activities
- 2 vaccination teams, 15 medical points, 8 ambulances, 3 field hospitals & 14 mobile medical teams, 2 specialized leishmaniosis teams, 3 normal delivery clinics and a stabilization center for the complicated malnutrition cases\*
- Food distribution (ready to eat and monthly food rations)
- Group and individual counselling, psychological first aid (PFA) & referrals; 24/7 care giving for unaccompanied & separated children (UASC); case management & referral to specialized services including family tracing; mine risk education (RE) & sensitization on civil status documentation
- Distribution of heaters, clothing, rechargeable fans & mosquito nets
- Distribution of large & family tents and site preparation
- Installation of latrines, showers\*\*, water tanks, and garbage bins; solid waste management; hygiene supplies; water quality testing & water trucking (2,250 m3/day)
- Cash for work for tent repair; livelihood toolkit & vocational trainings
- 8 information desks (1 per phase)

## Key services

15 Health facilities (only the SMP), 3 field hospitals, 8 ambulances 14 CFS 5 Protection centres: CP, SGBV. community

mobilization & PSS

#### PHASE 8

GBV integrated mobile teams, community mobilization conducting recreational activities, awareness sessions and PSS, 1 CFS (planned), 1 OTP & 1 SFP (planned), 1 learning centre, 1 ECCD centre (planned), 1 static medical point & 1 vaccination team & 1 H&N clinic (planned) Community mobilization, PSS & SGBV

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PHASE 6

1 Satellite centre: CP, SGBV, community mobilization, PSS, GIKA/MIKA & HBCA, 1 CFS, GBV integrated mobile teams, HBCP, MRE, 1 CFS (planned), 1 OTP & 1 SFP (planned), 1 static medical point, 1 static mental health points, 1 Health & Nutrition Clinic (planned), increased number of latrines to reach SPHERE standard of 1/20, 1 learning centre and 1 learning centre (planned)

#### PHASE 4

1 Satellite centre: CP, SGBV, community mobilization, MIKA/GIKA & PSS, 1 CFS, CP mobile team & 2 WGSS, with 2 integrated GBV mobile teams, HPCP, MRE, awareness raising and counselling on civil documentation and (HLP), 1 Field hospital, 1 static medical point, 1 ambulance, I leishmaniosis team & 2 community health workers and 2 teams for physical rehabilitation, 1 OTP, 1 SFP & 1 mobile team for screening & referral, Mobility Aids Maintenance Workshop and provision of dignity kits to persons with severe disabilities, 4 learning centres & 2 ECCD centre (planned)

#### PHASE 5

1 Protection centre: CP, SGBV, community mobilization, & PSS, 2 CFS, 2 GBV mobile teams, HBCP, MRE, GIKA & MIKA, awareness raising and counselling on civil documentation (HLP) & 1 information desk, 1 OTP & 1 mobile team for screening & referral, 3 learning centres (planned) & 1 ECCD centre (planned), 2 static medical points + 1 C4D team, 1 leishmaniosis team, 3 medical teams, 1 emergency team & 2 community health workers, 1 static mental health points, 1 food distribution point, (cash-for-work) with fumigation and spraying for sand flies

#### PHASE 2

1 CFS and PSS for children, mobile teams conducting awareness sessions, recreational activities and PSS, MRE activities; 1 HBCP programme, GIKA/MIKA, community mobilization and MRE, 2 Community health workers and 2 teams for physical rehabilitation, 1 Mobile team for screening & referral, solid waste management, hygiene promotion (planned)

#### PHASE 3

2

3

1 Community centre: CP, SGBV, community, mobilization, PSS & home-based care attendance (HBCA), 3 CFS, 1 interim care, centre for UASC & 1 women & girls safe space (WGSS), MIKA & GIKA, MRE, HBCP, 1 learning centre & 1 ECCD centre (planned), 2 Static medical points & 1 communication for development (C4D) team, 2 community health & 2 rehabilitation workers, 1 ambulance, 1 OTP, 1 SFP & 1 mobile team for screening referral

Annex

1,2,3

#### PHASE 7

8

6

5

4

7

4 ext.

1 Protection mobile team: CP, SGBV, community mobilization, PSS, HBCA & 1 CFS, 1 CFS (planned), MRE, HBCP, GBV integrated mobile teams, 1 learning centre (planned) & 1 ECCD centre, 1 Field hospital, 1 static medical team + 1 C4D team, 1 leishmaniosis team, 1 ambulance, 3 medical mobile teams, 1 emergency team & 16 outreach volunteers, 1 OTP, 1 SFP, 1 IYCF centre, 1 mobile team for screening & referral, solid waste management under a cash-for-work modality, with fumigation and spraying for sand flies

#### PHASE 1

1 Protection centre providing child protection (CP), sexual & gender-based violence (SGBV). community mobilization, & psychosocial support (PSS), 4 child friendly spaces (CFS) & 1 interim care centre for UASC. Medical In Kind Assistance (MIKA) & General In Kind Assistance (GIKA), 1 GBV mobile team, awareness raising and counselling on civil documentation and HLP, Home Based Care for Older Persons (HBCP) programme, 2 learning centres & 4 Early Childhood Care and Development (ECCD) centres. 1 Field hospital, 2 delivery clinics, 4 static medical points, 1 leishmaniosis team, 1 stabilization centre (23 beds), 4 ambulances, 2 teams for physical rehabilitation & 2 community health workers. 1 food distribution point. 1 outpatient therapeutic feeding programme (OTP), 1 special feeding programme (SFP), 1 infant and young child feeding (IYCF) centre, including 1 mother and baby area (MBA) and 1 mobile team for screening & referral. Market rehabilitation and support (planned)

#### ANNEX

1 Mobile distribution point, 1 CFS, community mobilization & PSS, 1 CFS (planned), 8 mobile medical teams, 1 emergency team, 1 leishmaniosis team, 1 vaccination team & 1 ambulance, 1 24/7 health services (planned), 1 mobile team for screening, treatment & referral, NFI distributions, market rehabilitation and support (planned), solid waste management, hygiene promotion, 1 learning centre (planned) & 1 ECCD centre (planned)

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Creation date: 04 August Sources: Humanitarian actors, OCHA. www.unocha.org www.reliefweb.int

7 GBV mobile teams

1 Health & Nutrition

3 learning spaces for

6 OTP and 6 SFP

6-12 year olds

Clinics

3 WGSS