

Flygtningenævnets baggrundsmateriale

Bilagsnr.:	723
Land:	Syrien
Kilde:	United Nations Office for the Coordination of Humanitarian Affairs
Titel:	Syria Crisis. Northeast Syria. Situation Report No. 17 (1 October – 20 October 2017).
Udgivet:	15. november 2017
Optaget på baggrundsmaterialet:	8. december 2017



This report is produced by the OCHA Syria Crisis offices with the contribution of all sectors in the hubs and at the Whole of Syria (WoS) level. It covers the period from 1-20 October 2017. The next report will be issued on or around 15 November.

Highlights

- The overall humanitarian and protection situation for civilians remains of high concern in Ar-Raqqa city, particularly explosive remnants of war (ERW) contamination. ERW mapping and clearance is required to ensure access for humanitarian partners and create a safe environment that is conducive for voluntary returns.
- While no civilians remain in the central neighborhoods of Ar-Raqqa city, some 2,000-3,000 individuals have returned to the eastern and western periphery of the city. The SDF have announced that no civilian returns will be permitted to the city for a period of three months. Those that attempt to return will be refused entry to facilitate ERW clearance.
- On 12 October, the Al-Malha screening point was subject to an ISIL suicide attack, highlighting the prevailing security risks and protection gaps at IDP screening sites. The humanitarian community continues to advocate with local authorities for the relocation of screening points to secure areas.
- Displacements from and within Deir-ez-Zor Governorate continued due to heavy fighting and airstrikes. Large influxes of IDPs from Deir-ez-Zor Governorate are straining existing capacities and services in IDP sites across north-eastern Syria resulting in increased humanitarian and protection needs.
- The overall protection situation for civilians remains of high concern across north-eastern Syria, with ISIL reportedly actively preventing civilians attempting to flee areas under its control in Deir-ez-Zor governorate.

55,129

people displaced from Ar-Raqqa and Deir-ez-Zor governorates between 1 – 15 October (Source: CCCM Cluster)



221,726

people reached with food assistance from 1 – 16 October in Ar-Raqqa, Aleppo, Al-Hasakeh and Deir-ez-Zor governorates



540,000

families reached with Aqua tabs in rural Ar-Raqqa Governorate providing access to safe drinking water



144,414

children aged 0-59 months were vaccinated against polio in Ar-Raqqa and Deir-ez-Zor governorates



Situation Overview

Ar-Raqqa Governorate

On 15 October, the Syrian Democratic Forces (SDF) announced that an agreement was reached that resulted in the evacuation or arrest of 575 ISIL fighters, while some ISIL fighters are rumored to remain inside the city. The agreement included the evacuation of about 4,400 civilians to several locations in rural Ar-Raqqa governorate and Ain Issa camp. Additional civilians reportedly left the city on 18 and 19 October, however, their number or destination is not known. As of 15 October, the UN was aware of reports that the Syria Democratic Forces (SDF) have reportedly taken control of Raqqa city.

In early October, and preceding the SDF reported control over Ar-Raqqa city, intensified airstrikes and heavy shelling continued to result in civilian deaths, widespread destruction, and deteriorating humanitarian conditions for civilians remaining in Ar-Raqqa city. More than 400 airstrikes over a two-day period during the first week of October were reported, with airstrikes reportedly killing more than 70 people in Al Bado and Suhada'a neighborhoods. On 2 October, an airstrike hit a water well located in the outskirts of the Al-Tawassoiya area in the north of Ar-Raqqa city, reportedly killing 45 civilians. On 3 October, airstrikes in Al-Shuhadaa neighborhood in northern Ar-Raqqa city also hit water wells where a group of civilians were gathering, reportedly killing at least 21 people, including three children, and injuring many others. As a result, the last two wells in the city reportedly became inoperable. On 4 October, heavy shelling reportedly affected the national hospital during intense clashes in the area.

On 9 October, local authorities and tribal leaders reached an agreement with ISIL, whereby the remaining civilians in the city would be evacuated and ISIL fighters would either surrender or be evacuated to an unknown location. All

military operations, including airstrikes, ceased on the evening of 9 October. Reportedly, around 4,400 people were evacuated out of Ar-Raqqa city to Hawi Elhawa village (western countryside), for screening. Screened civilians will proceed to Ain Issa camp. It is unclear what the screening process entails or for how long people may be detained at the camp. Furthermore, an unknown number of people were taken to a prison in Al-Thawrah (Tabqa) town due to alleged links to ISIL.

As of 15 October, humanitarian actors do not have access to Ar-Raqqa city due to ongoing military operations and presence of explosive remnants of war (ERW). According to a remote humanitarian assessment of the city conducted in early October, there are no functioning bakeries or markets; lack of health care services; insufficient safe drinking water due to the limited number of functioning boreholes, and no electricity. In addition, more than half of shelters in 16 of 24 neighborhoods were reportedly unsafe to use due to damage. The destruction of the remaining water wells further decreased the already very limited supply of potable water sources in the city, and forced people to increasingly rely on unsafe water sources, exposing them to water-borne diseases.

The overall humanitarian and protection situation for civilians remains of high concern in Ar-Raqqa city, particularly ERW contamination. Since the beginning of June, at least 146 civilians were reportedly killed by landmines while attempting to flee the city. Those returning to Ar-Raqqa city are also at high risk of ERW contamination. On 14 October, two people were reportedly killed due to mine explosion in Al-Yarmouk neighborhood, where approximately 600 families recently returned. Between October 20 and 21, a further nine people were reportedly killed due to mine explosion when they tried to enter Ar-Raqqa city to check up their houses in different neighborhoods.

ERW mapping and clearance is required to ensure access for humanitarian partners and create a safe environment that is conducive for voluntary returns of IDPs. Local authorities confirmed plans to advocate against civilian returns until the city is deemed safe. Furthermore, local authorities reaffirmed the need to ensure that humanitarian assistance distribution plans do not create a pull factor for civilians to or through unsafe areas. Despite the directive issued by local authorities, the UN anticipates that civilians will return to the city to secure personal assets and to avoid the poor humanitarian situation in IDP camps. Up to 2,000 individuals have reportedly already returned to the eastern and western periphery of Ar-Raqqa city.

Deir-ez-Zor Governorate

With the latest developments in Ar-Raqqa city, the geographical stronghold of ISIL has now shifted to eastern Deir-ez-Zor governorate. More than 200,000 people remain trapped inside ISIL-controlled areas of Deir-ez-Zor that are subject to active fighting and a deteriorating humanitarian condition. As operations against ISIL continue, significant access challenges for humanitarian actors persist due to insecurity and ERW contamination. Civilians living in ISIL-controlled areas continue to face severe restrictions on freedom of movement. Significant protection concerns remain for civilians attempting to flee the frontlines and seek assistance.

Despite resumed commercial activity following the end of the siege on Deir-ez-Zor city, humanitarian conditions remain dire due to severely damaged water and sewage systems and lack of access basic services, including essential health care services. The siege and current military operations have damaged health care facilities and caused significant population displacement, severely disrupting health care services. Al Assad Hospital is the only functional government-managed hospital in Deir-ez-Zor city, while none of the government hospitals in surrounding communities are operational. Consumable medical supplies, medicines, ambulances, and food are among the most urgent needs within Deir-ez-Zor city, according to recent remote humanitarian assessments.

While Government of Syria (GoS) forces have advanced on the ground in northern Deir-ez-Zor governorate, SDF forces have advanced from the southern areas of the governorate. Throughout the reporting period, the SDF reportedly advanced within the vicinity of ISIL-held Markada town in southern Al-Hasakeh governorate. Concurrently, GoS and aligned forces continued their advance south of Deir-ez-Zor city into Al-Mayadeen city. On 10 October, GoS forces managed to establish control over the parts of the Palmyra – Deir-ez-Zor city highway, previously taken over by ISIL in its counter-offensive. The security situation along the road remains volatile.

In southern Deir-ez-Zor governorate, residents of Al-Mayadeen city and surrounding areas are reportedly without access to health services following airstrikes which rendered all hospitals and medical points in the city inoperable. On October 13, the World Health Organization (WHO) announced that the only cold-temperature vaccine storage room in Al-Mayadeen city, jointly operated with UNICEF, was attacked. According to UNICEF, the destruction of the medical facility resulted in the loss of 140,000 vaccinations, some of which were to be used in an ongoing vaccination drive. Al-Mayadeen city is the center of a “vaccine-derived polio outbreak” which has paralyzed 52 children since March 2017.

An alarming increase in airstrikes and fighting has reportedly caused dozens of civilian deaths and injuries, and displaced hundreds of families within the governorate during the reporting period. On 1 October, airstrikes on Al Mayadeen city (eastern rural Deir-ez-Zor) reportedly hit the vicinity of Al-Hammad Hospital and Abdul-Jabbar School causing destruction to homes in the area and injured several people. On 3 October, mortar shelling in Deir ez-Zor city

reportedly killed three people and injured 11 others, including three children. On 4 October, airstrikes hit water crossings used by civilians in ISIL-held Al-Ashara town in Al Mayadeen area in the eastern part of the governorate, and reportedly killed dozens of civilians including women and children. On 11 October, airstrikes on the Euphrates River water crossing in Al-Qouriyeh city in eastern rural Deir-ez-Zor reportedly killed at least 20 people and injured many others. On 12 October, airstrikes and artillery shelling on eastern rural Deir-ez-Zor Governorate reportedly killed nine people in Sbeikhan city and two people in Thubiyah city, while injuring many others. On 15 October, airstrikes on the Sa'alu area in rural Deir-ez-Zor governorate reportedly hit a school used as an IDP collective shelter killing five people (including a woman and a child) and injuring 10 others.



Displacement Trends

Ar-Raqqa Governorate

Between 1 November 2016 and 8 October 2017, the CCCM Cluster registered approximately 436,300 displacements from or within Ar-Raqqa Governorate. The cumulative figure includes approximately 331,700 people displaced within Ar-Raqqa; more than 74,100 people displaced to Aleppo Governorate; more than 22,600 people displaced to Idlib Governorate; nearly 7,500 people displaced to Deir-ez-Zor Governorate; and nearly 320 people displaced to Hama Governorate.

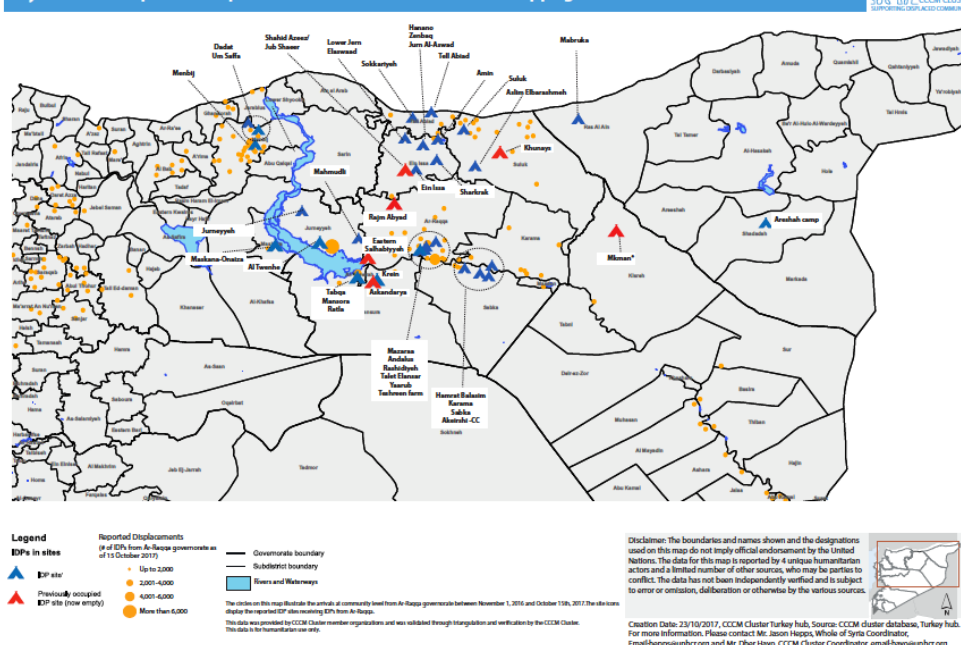
As military operations wind down, the Ar-Raqqa local authorities issued a statement that they will not allow people of Ar-Raqqa city to return until the city is clear of mines and unexploded ordinances (UXOs). However, IDPs expressed their concerns that SDF will seize their properties and assets. At the same time, a health sector partner reported an outbreak of Hepatitis A of roughly 200 confirmed cases in and around Salhabia village, west of Ar-Raqqa city. Only 200 cases are registered in laboratory; hence, actual number may exceed this amount.

Deir-ez-Zor Governorate

Military offensives to retake remaining ISIL-held areas continue to prompt significant population displacement, with nearly 64,000 displacements registered from or within the governorate between 1 September and 8 October, according to the CCCM cluster. However, as hostilities reach heavily-populated locations like Al Mayadeen and Abu Kamal cities, unconfirmed reports indicate that as many as 100,000 people may have been displaced from or within Deir-ez-Zor governorate in mid-October alone. According to Needs and Population Monitoring (NPM) reports, approximately 115,577 individuals fled from 9-16 October to 71 locations within Deir-ez-Zor as well as to the neighboring governorates of Al-Hasakeh, Ar-Raqqa and Aleppo¹.

Protection concerns, including movement restrictions for displaced populations due to screening and sponsorship requirements, are critical challenges preventing displaced populations from accessing locations where humanitarian assistance is available.

Syrian Arab Republic: Displacement and IDP sites from Ar-Raqqa governorate as of 22 October 2017



¹Inconsistent displacement estimations are largely attributed to delays in data verification and triangulation.

On 4 October, fighting around Sawa village and surrounding areas led to hundreds of families reportedly fleeing to northern Deir ez-Zor (with some heading further into Hasakeh governorate) or to the eastern Deir ez-Zor countryside. As a result an estimated 50,000 people were displaced from several villages and the towns of Hatla, Al-Salihiyah, and Al-Sabha, in the eastern banks of the Euphrates River to areas further away from the clashes, such as Mhemidah and Al Kasrah arrived to Al-Malha area to be screened transferred the established camps. On 5 October, approximately 10,000 IDPs from Deir-ez-Zor governorate reached the Al-Malha screening check-point and had to wait two or three days before being permitted to move onwards to the Al- Hol and Areesheh camps. The conditions in which IDPs have to hold out in the screening check points prior to being permitted to move towards the camps, continue to be dire, and the provision of additional humanitarian assistance is urgently required.

On 9 October, more than 200 families were displaced from Quriyeh and Ashara due to heavy airstrikes on these areas to Al-Badiyah, the other bank of the river and SDF areas. On 11 October, about 60 families from Sbeikhan were displaced to Al-Badiyah, the eastern countryside due to airstrikes on the area. On 12 October, more than 700 families were displaced from Al Mayadin and Abu Kamal countryside to Al-Hasakeh governorate (SDF areas). On 13 October, about 100 families from Jiah, Al-Heseniyyeh and Al-Salhiyyeh in the western countryside were displaced to SDF areas due to the GoS advancement and the continuous airstrike activities.

At the Al-Malha checkpoint in Abu Fas village in Hassakeh Governorate, located close to the front lines, three civilians were seriously injured by a mine explosion at the checkpoint on 9 October. On 12 October, explosions at the checkpoint killed around 40 IDPs when two vehicle-borne explosions occurred where a large group of IDPs were gathered. The explosions reportedly took place while around 7,000 IDPs were awaiting permission at an SDF inspection checkpoint to proceed to Al-Malha reception area. About 3,000 of these IDPs were transferred to Areesheh and Mabrouka camps. The attack highlighted the prevailing security risks and protection gaps at IDP screening sites. Following the incident, local authorities moved some 5,000 IDPs to Al Hole camp. This incident may lead to changes in the management of large crowds of IDPs at checkpoints for security screening. However, despite continued advocacy of humanitarian actors to move the checkpoint to a safer location, local authorities have communicated their intention to maintain Al-Malha site as a receiving point. The humanitarian community continues to share its reluctance on the matter, and strongly recommends the use of alternative locations. However, if gatherings of IDPs occurs, UN and NGOs will provide lifesaving support.

During the reporting period, local authorities announced the establishment of a new IDP camp in Al-Sur area of Deir-ez-Zor Governorate. The new camp will accommodate the growing number of IDPs originating from Deir-ez-Zor governorate. It is located 110 km away to the south of Hasakeh city, too close to the front lines and inaccessible to humanitarian actors. An informal settlement comprised of 100 households was formed in Abu Khashab, where IDPs were provided with tents. The site has capacity for approximately 1,000 households.

IDPs from Raqqa and Deir-ez-Zor governorates continue to be accommodated in a number of camps across north-eastern Syria. The situation remains fluid as the number of IDPs and locations of IDP sites fluctuate from day to day.

Main IDP sites

Al Hol Camp	
Population	25,861 people, including 20,593 Iraqi refugees and approximately 5,268 IDPs.
Response	Partners continue to provide multi-sectoral assistance, including ready-to-eat rations, general food rations, water trucking, and construction of latrines.
Gaps	Emergency latrines, additional water tanks, and communal kitchens are required.
Key Concerns	Camp management has agreed to a phased decongestion plan for Al Hol, Areesheh, and Mabrouka camps. New arrivals will be directed to Al Hol for five days to decongest Areesheh and Mabrouka, after which they will be sent to Areesha to decongest Al Hol and Mabrouka, then onward to Mabrouka after ten days to decongest Al Hol and Areesheh.

Ain Issa Site	
Population	22,326 IDPs, far exceeding the site's 8,700-person capacity. Movements into and out of the camp continue to be fluid.
Response	Partners continue to provide multi-sectoral humanitarian assistance including provision of ready-to-eat rations, distribution of general food rations and nutritional supplies, installation of water tanks, water trucking, distribution of hygiene and NFI kits, and health care.
Gaps	An additional 220 emergency latrines are required.
Key Concerns	Camp administration signed a contract for the expansion of the site. Approximately 800 emergency shelters were set up outside the camp to accommodate a large influx of IDPs from Deir-ez-Zor governorate. The expansion area can accommodate approximately 2,500–3,000 additional tents.

Mabrouka Site	
Population	26,044 IDPs
Response	Partners continue to provide multi-sectoral humanitarian assistance including providing ready-to-eat food rations, constructing latrines, and conducting solid waste management campaigns
Gaps	Major gaps include latrines maintenance, installation of additional emergency latrines, water tanks, inclusion of hygiene items and ready-to-eat rations in new arrival kits, as well as provision of standardized health screening of new arrivals
Key Concerns	Fluid population movements challenge the effective delivery of humanitarian aid. Camp management continues proactive efforts to decongest the site with the goal of facilitating increased departures from the site.

Areesh (Bahra) Transit Site	
Population	39,433 IDPs, mainly from Deir-ez-Zor governorate. Maximum capacity of site is 14,400 people. Camp population is likely to continue to increase significantly unless departure processes are expedited.
Response	Humanitarian partners continue to provide multi-sectoral assistance, including water trucking, health care, nutrition screening and reproductive health care.
Gaps	Major gaps include emergency latrines, water tanks, and health screening for IDPs upon arrival.
Key Concerns	Increased assistance will likely be needed as additional IDP influxes from Deir-ez-Zor exacerbate humanitarian needs at the site.

Al-Malha Checkpoint	
Population	7,000 IDPs
Response	Humanitarian partners continue to provide minimal, life-saving assistance at the site to support the existing IDP population until the site is relocated to a more secure location.
Gaps	The humanitarian situation is dire at the Al-Malha reception area, where IDP arrivals to Areesh camp await security screening and registration. Main needs include health services, ready-to-eat rations and baby formula.
Key Concerns	The 12 October attack on the checkpoint has raised grave concerns regarding the security of the location, which prevents safe access for humanitarian actors and places conflict-affected populations at greater risks. Humanitarian partners continue to advocate for screening points to be moved away from front lines and to areas safe for IDP movements, as well as for transparent and efficient screening processes.

Tuwayhinah IDP site	
Population	4,150 IDPs, majority of whom are from Hama and Aleppo governorates.
Response	Partners continue to provide minimal, life-saving assistance at the site to support the existing IDP population until the population is relocated.
Gaps	Significant food, health, protection, shelter, and WASH needs identified. Many IDPs remaining at the site lack identification documentation due to loss or ISIL confiscation prior to arrival.
Key Concerns	As of mid-September, humanitarian partners agreed to maintain only minimal, life-saving assistance to minimize the risk of creating a pull factor to the site, which is unsuitable for IDPs due to its exposure to environmental factors, lack of facilities and camp administration, and flood-prone location. Local authorities plan to relocate IDPs from Tuwayhinah IDP site and IDPs sheltering in Tabqa schools to the Safsafah site, located approximately 6 km from Tabqa city.

Al-Safsafa IDP Site	
Key Concerns	An assessment conducted on 19 October reported that the site is located 33 km from Tuwayhinah IDP site and 48 km from Ar-Raqqa city. The area is free of mines. There are operational sewage, electricity and communication networks available. The Safsafah water station is located 2 km from the site location. The nearest markets are in Tabqa city and Safsafah village, with both food and non-food items available. The nearest health center is located in Tabqa city, where health services and supplies are available.

Humanitarian Response

Sector response chapters cover the humanitarian response in northeastern Syria from 1-15 October.



Protection

Key developments and needs

On 20 October, SDF officially announced having taken complete control of Ar-Raqqa city. During the days preceding this development, decreased conflict activity had reportedly let IDPs to attempt returning to some areas of the city. SDF allegedly prevented them from doing so, given high contamination of explosive hazards. Military operations in Deir-ez-Zor governorate are still underway, with SDF elements having achieved ground advances in the Western part of Markada town, with aerial support from the International Coalition. Meanwhile, ground and aerial activity of Syrian forces was registered in different neighbourhoods of Deir-ez-Zor City. Civilians trapped in areas exposed to active hostilities continue to face serious protection concerns.

IDPs going through checkpoints established by SDF close to active frontlines are also exposed to major risks, along with humanitarian workers attempting to assist them. A security incident (attributed to ISIL) was reported in the vicinity of Al Malha village checkpoint on 12 October and was reportedly caused by the explosion of two vehicle-borne suicide bombs. The detonation led IDPs to flee in a nearby minefield. Over 40 civilians were reportedly killed and more than 80 wounded as a result.

The current location of Al Malha check-point, where IDPs fleeing different sub-districts of Deir-ez-Zor, al Mayadin and Abu Kamal are initially screened before being transferred to different IDP sites (including Mabrouka, Areesha, Al Hole and Ein Issa) has been advocated against by humanitarian actors for security reasons, so far to no avail. In the meantime, arrivals to Al Malha continue to outpace departures, with an average of 3,000 daily arrivals vs. an average of 500 persons being transferred to surrounding camps every two days. Approximately 20,000 IDPs were present on this site on 8th October while routes to other checkpoints (e.g. Abu Khashab and Rejim Sleby) are currently inaccessible given ongoing conflict. The personnel appointed for the conduct of screening processes is described as insufficient in numbers, which creates substantial delays. Waiting lines are reportedly 2 to 3km long at the checkpoint entry. As a result, IDPs are compelled to muster for prolonged periods of time in an unsafe area, located close to active frontlines and very limited access to humanitarian assistance. Current reports indicate that the average stay at Al Malha can range from one to six days, with some families reporting having stayed in Al Malha for a total of 2 weeks.

Despite advocacy conducted by protection actors at different levels, restrictions of freedom of movement and related protection issues persist. In addition to delays in screening procedures and insufficient means being deployed to cope with the scale of movements, personal documentation continues to be confiscated at checkpoints. It is subsequently transferred to transit sites, increasing risk of possible loss. Cases of smuggling are still reported, with indications that an amount of 125,000 SYP is required to IDPs travelling from Deir-ez-Zor governorate to Al Malha. This situation leads families to prioritize which members should travel first with family separation as a consequence. IDPs indicate being generally unaware of security procedures implemented in SDF-controlled areas, including different steps required, possible length of their stay and future destinations. This lack of information makes them more vulnerable to potential exploitation and unable to make informed decisions. The inability to obtain information on onward movement and to control it has been described as a major factor of stress among the IDP population. Cases of unaccompanied and separated children were identified as a major concern during consultations conducted in Al Malha checkpoint. Those cases either occur on site, as a result of chaos or overcrowding, or *en route*, as children as sent ahead by their parents who cannot afford smuggling fees to travel with them. Total number of unaccompanied children hasn't been confirmed so far given the size of the IDP crowd and the overall fluidity of movements. According to current reports, there are neither safe methods for parents to identify their children, nor established care arrangements for identified unaccompanied and separated children.

The scale and scope of the explosive hazard threat continues to be cited as a major impediment to access and will continue to pose a direct threat to civilians in Raqqa, or those planning to return, and will further impede safe access for humanitarian workers.

Ongoing and planned response

Protection partners active on the ground (both from UN protection-mandated agencies and NES INGOs) maintain their presence in main IDP sites, particularly Ein Issa, Areesha and Mabrouka. The fluidity of the situation continues to put a strain on current response capacities and triggers additional challenges. Despite active advocacy on freedom of movement being conducted by the protection sector and its partners, at different levels, limited results have been

achieved on the ground. As mentioned above, delays in the conduct of screening procedures are still registered, exposing IDPs to prolonged stays in unsafe locations without proper access to humanitarian access.

While SOPs developed by the protection sector explicitly advocated against the confiscation of identity documents, this practice continues. To limit loss and potential destruction of documents, some protection actors identified measures for instance through the provision of envelopes (including by UNHCR) to ensure documentation of different family members confiscated at different checkpoints are kept together. These measures do not rescind the responsibility of local administrative and security authorities to uphold standards outlined by the protection sector in the conduct of screening processes, which include not confiscating identity documents.

Protection actors continue to regularly consult with the population to better understand their needs, including through protection monitoring visits which included Al Malha village under the reporting period, where general and child protection needs and gender-based violence risks were assessed.

As mentioned in the last update (September 2017), the humanitarian mine action response in Ar-Raqqa governorate continues to increase, through the deployment of an Integrated mine action response. This will include: 1) Risk Education delivered to vulnerable populations, including IDPs in the surrounding area to improve knowledge of the local population of the local threats. Furthermore, a risk education capacity will also be focused towards south Hasakeh with the large number of IDP movements; 2) response by clearance teams to hazardous areas identified by humanitarian partners, local communities and local authorities across accessible areas of Raqqa Governorate, where active hostilities have ceased. Clearance will be prioritised in coordination with the wider humanitarian community to improve safe access to critical infrastructure and improve safety for civilians and humanitarian workers; 3) Contamination surveys will be deployed to map contamination and to mark dangerous areas for future clearance.

Key gaps and challenges

Potential spontaneous returns to Raqqa city and surroundings, while preconditions are not met, especially regarding physical safety, should be anticipated. Decreased level of hostilities combined with the Raqqa Civil Council (RCC) outlining some of the key priorities for Raqqa city (rubble removal, explosive hazards, road openings and emergency response, followed by a second phase aiming at the rehabilitation of basic services) might create a pull factor. The protection sector will support the identification of red lines for returns in this specific context. To be efficient, this approach will however require the active involvement of all relevant stakeholders, in particular local authorities.

Limited presence and reach of humanitarian actors in the North-East has been repeatedly identified as a major challenge for the protection response in the area. Given a likely increase of arrests and detentions, in the wake of potential defections, surrenders and ISIL combatants fleeing Deir-ez-Zor, the absence of actors operating in SDF-controlled with a relevant mandate and expertise will be all the more problematic.



Food Security and Agriculture

Response

As of 15 October, the Food Security Sector, through WFP and 7 cross-border NGOs, has been able to respond to the conflict-affected people fleeing the Ar-Raqqa and Deir-ez-Zor offensives in various parts of Ar-Raqqa, Deir-ez-Zor governorates and neighboring Al-Hasakeh and Aleppo governorates. The overall response from 1- 16 October reached around 221,726 beneficiaries.

In Ar-Raqqa Governorate (Ar-Raqqa, Jurniyeh, Ein Issa, Karama, Mansoura, and Ath-Thawrah sub-districts) approximately 25,127 ready-to-eat rations (RTERs), dry food rations, food baskets and unconditional cash grants, covering food needs ranging from five or ten days to a month for a household of five or six persons reaching 130,745 beneficiaries, were distributed by WFP and 3 cross-border NGOs.

In Aleppo Governorate (Menbij district and sub-district) approximately 311 dry food rations and food baskets covering food needs between tens days and one month for a household of six persons reaching 1,578 beneficiaries, were distributed by two cross-border NGOs.

In Al-Hasakeh Governorate (Ras al-Ayn, Beir Al-Helo and Areeshah sub-districts) approximately 11,824 ready-to-eat rations (RTERs) and food baskets covering food needs from five days to one month for a household of five or six persons reaching 64,403 beneficiaries, were distributed by WFP and 5 cross-border NGOs.

In Deir-ez-Zor Governorate (Kisreh Sub-district) approximately 2,000 ready-to-eat rations (RTERs) covering food needs for five days in Malha checkpoint and 3,000 food baskets covering food needs for one month for a household of five in Abu Khashab, reaching a total of 25,000 beneficiaries were distributed by WFP.

Gaps

As such, as of 15 October, the Sector will still be able to cover food needs across the area from five days to one month for a household of five or six persons with various food-related assistance modalities (RTERs, food baskets, general food rations, vouchers, cash grants) to a total of 212,630 beneficiaries until the end of the month.

However, given the highly volatile situation in the NES area, it is expected that FSS partners will be overly stretched in terms of capacity to cover ongoing and increasing needs arising, especially in Areesh Camp where the number of arrivals exceeds largely number of departures, while the population in the camp currently exceeds camp capacity by nearly three times.



Health

Response

Ar-Raqqa Governorate

During the reporting period, health sector partners, collaborating with the Kurdish Red Crescent (KRC), continued to provide trauma and emergency services in Ar-Raqqa City.

A health sector partner reported an outbreak of Hepatitis A of roughly 200 confirmed cases in and around Salhabia village, west of Ar-Raqqa city. Only 200 cases are registered in laboratory; hence, actual number may exceed this amount. All doctors in the area assumed that drinking water is likely the main cause of hepatitis cases. As a result, the key intervention focused on the distribution of chlorine tablets in this area. There was also one unconfirmed case of polio in Kderan village in the west Ar-Raqqa countryside. Laboratory tests have yet to confirm this case.

The second immunization round for Raqqa was completed on 13 October. Monovalent oral polio vaccine type 2 (mOPV2) was administered to children 0-59 months of age, and inactivated polio vaccine (IPV) to children aged between 2-23 months in Raqqa and Thawra districts. A total of 144,414 children aged 0-59m were vaccinated with mOPV2 in the second round compared with 103,720 vaccinated in the first round. An additional 540,000 Aqua tabs were provided to families together with vaccination in rural Ar-Raqqa Governorate. The numbers of children reported vaccinated represented 96 per cent of a revised estimated target calculated according to updated micro-plans. New areas were reached in the Thawra desert, where 4,550 children under five years of age were vaccinated after a gap of 18 months, representing 65 per cent of the target. However, 25 villages in Maadan sub-district in Ar-Raqqa governorate remained inaccessible during the second round.

In Ain Issa camp, health partners are planning to handover the primary health care center (PHCC) at the end of the year to KRC, with support according to their capacity and needs, but continue to search for an INGO partner to assist the transition. Health partners will continue to focus on nutrition, referrals to serious health conditions, physiotherapy, mental health, vaccination and health promotion. WHO shared plans to open one static primary health center (PHC) but partners highlighted that one center is not enough to cover the needs for all the camp, the population of which is growing daily.

In Mabrouka camp, health partners are in the process of transitioning management of camp health operations from one NGO partner to another. Presently, at Mabrouka camp there are no identified cases of reportable communicable diseases, but cases malnutrition are reported and pending confirmation. Health services have expanded and now include two counselors for mental health and two health hygiene promoters in the camp. Emergency health services are available in the camp in the evening.

In Tabqa city, additional medical supplies are urgently needed to begin operations in Tabqa hospital. Health partners have signed agreement with local authorities to hire national medical/clinical staff in preparation of initiation of services at the hospital. Meanwhile, the rehabilitation of Tabqa hospital continues. WHO delivered another shipment of health supplies to Tabqa national hospital in Ar Raqqa, including 38,000 medical treatments and 400 trauma cases.

Hassakeh Governorate

On 1 October, WHO delivered another 26 tons of health supplies to Qamishli hub to cover for 87,749 medical treatments and 1,250 trauma cases.

In Hassakeh Governorate, the Hiqma private hospital began receiving patients and is now full to capacity along with two more private hospitals of Hassakeh. Hospitals were already filled to capacity before the 12 October attack at the Malha checkpoint, but now hospitals are stretched beyond capacity. Health partners are advising patients to seek care in Tal Abyad city.

At the Al Areesha site, WHO supports two static medical points in the camp providing primary health care, mental health and psycho-social support (MHPSS), serious health conditions (SHC) and trauma cases with referral system to private hospitals. Ambulance services are available at all times. UNFPA operates one reproductive health clinic supported by medical mobile team providing daily care. Health partners report that demand for access to health clinics remains low despite needs remaining high. This signified a lack of social mobilization and knowledge of clinics by IDPs. In response, health partners will share the schedule of the clinic hours and locations in Areesha camp with camp management. Health partners will also provide relevant information to community organization to strengthen community knowledge and visibility of clinics locations, schedules, and services.

Numerous INGOs as well as Health Working Group Coordinator have noted WHO has not initiated health screening of new IDPs. WHO has indicated that new IDP health screening is in process, however, no signs of new IDP health screening are evident.

In Al Hol Camp, health services are provided by partners in phase 5 of the newly expanded location. On 5 October, one case of tuberculosis (TB) was detected, confirmed and isolated. A subsequent survey was conducted, confirming 6 TB cases, which were referred to the tuberculosis center in Al- Hassakah city. Health partners to support with community mobilization surrounding tuberculosis.

At Al Malha checkpoint, health partners and a security team conducted an exploratory visit to assess the health conditions of IDPs stranded at the location. The mission noted two ambulances from a local NGO were seen to be operating at the site with two nurses who distributed medicines daily. These ambulances referred urgent medical cases to clinics in Areesha camp. Local NGO staff on the ground reported cases of scorpion stings and snake bites, as well as people wounded from their escape. Support for improved health services with pediatricians at the site is urgently needed. Health partners maintain that the Al Malha site is not a suitable site to conduct screening. As a result, the health sector response to this location is likely to remain limited.

WHO, UNICEF and UNFPA coordinated a joint integrated response to makeshift camps and settlements in north-eastern Syria, including Abu Khashab, Al Malha, Kherbet Tamer and Rayan. Following displacement from Deir-ez-Zor governorate the integrated response package will include primary health care (PHC) services, secondary health care, evacuation of the complicated acute malnutrition cases, trauma services and referrals for the critical cases, mental health services, and provision of reproductive health medicines.

Deir-ez-Zor Governorate

Five new cases of Circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) were reported from Mayadeen and Boukamal districts in Deir Ez-Zor governorate. The total number of confirmed cVDPV2 cases is 52. WHO and UNICEF received reports that ongoing violence in Deir Ez-Zor has destroyed a UNICEF-supported vaccine cold room in Mayadeen district, storing more than 140,000 doses of vaccines. While the reports are being verified, plans for urgent provision of essential cold chain equipment have been developed to allow any urgent vaccination activities to continue. A polio control room is functional in Tell Abyad, with direct communication with staff in the field.

Key Gaps and Challenge

All health facilities in Al-Tabqa area in Ar-Raqqa Governorate continue to face serious challenges, including shortage of medical staff in the area. Tabqa hospital received sporadic support from local authorities, lately supported by WHO shipments. WHO provides fuel to the facility for maintaining cold-chain system. Local authorities continue to not recognize Syrian Ministry of Health (MoH) staff.



Nutrition

Key Developments

Nutrition partners with support of UNICEF conducted mid-upper arm circumference (MUAC) screenings for children under five years old in the Areasha², Mabruka and Al Hol camps as well as at the Malha checkpoint. Of the 17,978 children screened during the reporting period, 457 (2.54 per cent) were identified with acute malnutrition and receiving treatment, 84 (0.4 per cent) children presented with severe acute malnutrition (SAM) and 373 (2.1 per cent) children and pregnant and lactating women (PLW) presented with moderate acute malnutrition (MAM).

Infant and young child feeding support has started in Mabruka, Areesha and Al Hol camps.

Response

Nutrition partners provided preventive nutrition support including provision of fortified spread (Plumpy Doz), high energy biscuits (HEB) and micronutrients as well as treatment of acute malnutrition to 36,500 children under five and pregnant and lactating women in Mabrouka, Shaddadah, Ain Issa, Jalaa, Thawra, Mansoura, Twihin, Al Hol camps, Al Malha checkpoint, Tabni (Deir-ez-Zor) and the host communities around Al Malha checkpoint and Tell Abyad. 34 per cent of the nutrition response for the first half of October was provided to the targeted population arriving and living around the Al Malha checkpoint. Key nutrition and hygiene messages were also delivered with the nutrition services.

Following the establishment of Community-based Management of Acute Malnutrition (CMAM) centres in Al Hol, Mabruka and Areesha camps by UNICEF supported partners, many women and children received treatment for acute malnutrition with the regular support of nutrition outreach volunteers.

In addition, UNICEF through partners is planning to establish outreach mobile clinics to complement the nutrition treatment at fixed centres to provide nutrition support particularly for the management of acute malnutrition at IDPs collection sites inside Deir-ez-Zor Governorate.

There are two additional organizations that are preparing to implement and/or support ongoing nutritional services in north-eastern Syria.

Key Gaps and Challenge

Untargeted distributions of breast milk substitute (BMS) continue to be a problem in Ain Issa camp. A group of women from the camp will be hired to promote optimal infant and young child feeding practices with plans to have enough women trained in the coming month to ensure coverage of the entire camp.



WASH

Key Developments

During reporting the period, massive influxes of IDPs from Deir Ez-Zoir governorates overstretched the capacity of WASH sector partners to deliver WASH services in IDP sites and host communities across north-eastern Syria.

Immediate needs in camp and host community locations include:

Location	Camp Type	Immediate Response Needs
Tuwayhinah	Informal settlement (Near Tabqa)	- Water storage - WASH supplies - Water trucking - Latrines
Mabrouka Camp	IDP Camp/Transit Camp	- Sanitation facilities - Water trucking - Hygiene supplies - Hygiene awareness sessions
Ain Issa Camp	IDP Camp/Transit Camp	- Solid waste collection - Hygiene supplies
Areeshah (Bahra) Camp	IDP Camp/Transit Camp	- Sanitation facilities - Hygiene supplies - Water supply system - Hygiene awareness sessions

² UNICEF and WHO supported a screening campaign during this reporting period in Areesha.

Abu Khashab Malha	Checkpoints	- Water storage - Water trucking - Hygiene supplies - Sanitation facilities
----------------------	-------------	--

The capacity of many host communities to host IDPs is seriously overstretched. There is an immediate need to restore functionality of water stations and water networks, however in many cases the response is impossible due to ERW contamination. There is also a need to support host communities and IDPs with provision of safe water via water trucking services. Furthermore, several sewerage networks and solid waste management (SWM) systems require support. There are plans to increase response efforts in host communities to reduce tensions between hosting communities and IDPs.

Access to camps and sites in Deir-ez-Zor continues to be challenging. WASH partners are southernmost reaching Al Malha and Abu Khashab check points, however the number of active actors is often limited to UNICEF Qamishli and its partners.

Response

Mabrouka camp

In Mabrouka camp, UNICEF water trucking is ongoing at the rate of 150,000 liters/day, complemented by 90,000 liters/day by NES INGO. Another NES INGO is providing 70,000 liters/day of non-potable water via camp water network. Cleaning for latrines is ongoing on daily basis. Garbage collection and camp cleaning services as well as garbage bins are provided jointly by NES INGO and UNICEF. The construction of 100 concrete toilets and 100 concrete showers is 84 per cent completed. The construction of the eight km sewage system is completed. Finally, UNICEF and NES WASH partners distributed hygiene kits and NES INGO conducted hygiene promotion sessions.

Ain Issa camp

In Ain Issa camp, NES INGOs continued to provide potable water via water network and emergency water trucking. The construction of 100 concrete toilets and 100 concrete showers is completed. The construction of the eight km sewage network is completed. The distribution of hygiene kits by UNICEF and NES INGOs continued. WASH facilities cleaning, camp cleaning, garbage disposal and desludging services by NES WASH partner continued.

Areeshah (Bahra) camp

In Areesha camp, water trucking quantity provided by UNICEF (450,000l/day) and NES WASH actor (200,000 l/day) have varied depends on camp population (20 l/p/d). The lake water (near Areesha camp) has been chemically tested in Hassakeh water authority lab. The lab report recommended that the water is not drinkable and moreover the total dissolved solids (TDS) value is very high at 5,590 particles per million (ppm), while standard is 200 – 300 ppm for drinking. High TDS levels may cause skin diseases after bathing. Furthermore, the soil has been tested, and the location is clean from harmful radiation.

In the camp, cleaning of latrines is ongoing. The installation of 100 emergency latrines and 48 emergency showers is completed. In total, 200 emergency latrines and 96 emergency showers are functioning. Garbage collection activities in the camp have been ongoing since September. 12 water tanks 1,000 liters and 25 water tanks 2,000 liters were installed. And additional 20 water tanks 5,000 liters were relocated from Karama camp and installed in Areesha camp. Finally, monthly hygiene supplies distribution is ongoing.

Al-Hole camp

In Al Hol camp, water trucking continues. Construction of 3.3 km of sewage network in southern sections of the camp part is ongoing. Installation of 264 concrete toilets and 264 concrete showers in Phase 3 is complete. Construction of 7.8 km of sewerage network in Phase 4 is ongoing. Installation of 148 emergency latrines and 68 emergency showers in Phase 5 is also ongoing.

Al Malha and Abu Khashab checkpoints

Installation of 10 water tank bases in Al Malha and Abu Khashab checkpoints. Three water bladder tanks (6m³ each) were installed in Abu Khashab. Water trucking provided 75,000 liters of water each day to Al Malha check point. Family hygiene kits, jerry cans, and baby diapers have been distributed in Al Malha.

Host Communities

In host communities, WASH partners are providing water trucking services in several host communities/informal settlements in Ar-Raqqa governorate, including At Twahineh, Al Gherra camp, Rasem Al Akhdar camp, Abbara, Hilo Abed, Mushefe, Rohayat, Kalta, Abd Algoma, Fatsa Alshrkrak, Kharba beda, Almoshirfa, Almokhalt, Ghazli/Salama/Dham, Ber Saran, Sheikh Hasan, Kheniez Foqany, Kheniez Wastany, Kheniez Gheder, Kheniez Kanm, Kheniez Kasha, Rjm Abyad, Alhadreat, Nhod Albnat, Nakta, Al Salmean, Westa Sheikh Hasan, Alasylm, Almaradia Deeban, El Faraj and others.

In addition, several water stations have been under rehabilitation by WASH partners during reporting period including in Al Mahmoudali, Al Tabqah main water station, Al Dilawia, Abu Qalqal, Dadi - Dada Li, Um Edam, Beer Kafri, Al Sharaiaa, Al Kharabat, Al Kornesh, Al Shamali, Upper Shyookh, and Sarin. Furthermore, assessments and rehabilitation are planned in several other locations including Ber Issa, Flehea, Salheea, Sharkrak, Tell Othman water station in Al Jarneah, Al Mughrabteen in Kobani, Al Hamrat, Al Bweteah, and Abu Wahel water station.

Some sewerage networks have been under rehabilitation by WASH partners during reporting period in Tal Tamer, Al Hol city, and in the Al Sharaiaa neighbourhood in Menbij.



Education

Response

As a part of Back to Learning (BTL) campaign, a total of 4,077 school-age IDP children (2,454 boys and 1,623 girls) in Ar-Raqqa (Al Twehinyeh) and Al Hasakeh (Mabrouka camp) have benefited from school bags and stationery distributed by UNICEF and its partner NGO during the period of 1 to 15 October.

An estimated 2,150 children enrolled in schools which are reopened in Debsi Afnan of Al Mansoura sub-district of Ar-Raqqa have benefitted from school bags and stationery distributed by UNICEF and the Ar-Raqqa Department of Education. More education supplies have been prepositioned by UNICEF in the area in the light of the expected return of displaced children and their families to the areas.

UNICEF and its NGO partner conducted training for youth outreach volunteers to launch BTL community mobilization campaign to encourage an estimated 30,000 IDP/returnee school age children in Ar-Raqqa and Al Hasakeh governorates to resume formal education. Outreach volunteers were also trained on creating awareness on risks associated with unexploded ordinances (UXO) and landmines through child-friendly tools in coordination with the Protection and Child Protection sectors.



Logistics

Response

Over the first half of October, UN agencies transported humanitarian supplies by road to Qamishli via 40 trucks (UNHCR 9, UNICEF 7, WFP 24) in 16 batches from Aleppo, Damascus, Tartous, Lattakia and Homs.

No new UN deliveries were made to Deir-ez-Zor during the first half of October.

Gaps and Constraints

The Logistics Cluster continues to provide logistics coordination and information management to identify gaps and bottlenecks and avoid duplication of efforts. Furthermore, no-cost-to-user land transport for humanitarian supplies to both Qamishli and Deir-ez-Zor is available for requesting organisation.



Cross-Cutting Operational Challenges

Humanitarian actors face significant challenges in responding to needs in North-East Syria. Key challenges include:

- **Access and insecurity:** Access to vulnerable communities, particularly in and around Ar-Raqqa city, remain challenging due to insecurity and active hostilities.
- **High levels of explosive hazards contamination:** The contamination level in newly-seized areas is considered very high, particularly in Ar-Raqqa City and in Deir-ez-Zor roads, towns and large population centers. This poses

a threat both to civilian populations as well as to humanitarian actors aiming to assist them. A mechanism to demarcate and declare areas cleared and safe for humanitarian actors and the population continues to be necessary.

- **Policy environment:** Humanitarian actors also face challenges related to the policies being implemented by local authorities with regards to IDP management particularly those affecting freedom of movement. These policies are contributing to the deteriorating humanitarian situation and hampering humanitarian actors' ability to engage beyond life -saving support in certain settings.
- **Scalability:** The scalability of the supply line remains limited and unpredictable. Increasing population displacements and humanitarian needs will further strain current capacities and require a scale up of supplies, humanitarian partners and reach. The availability of certain supplies – such as life-saving trauma kits - has been particularly hard hit because of access issues.
- **Funding limitations:** Additional funding is still required to increase reception capacities in key sites and the number of people that can be assisted monthly with basic goods and services.

For further information, please contact:

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

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

Aidan O'Leary, Head of OCHA Regional Office for the Syria Crisis, oleary@un.org

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