



## **UNFPA Syria CO Situation Report for the East Ghouta and Afrin Humanitarian Emergencies**

**SITREP No. 9, 1 April 2018**

**Syrian Arab Republic**

### **East Ghouta Update:**

The evacuations of civilians are still ongoing through the Al Wafddien humanitarian corridor of East Ghouta. The number of evacuated civilians from East Ghouta reached 143,194 people as of 30 March 2018. On 30 March, 49 buses with 2377 people left East Ghouta for the Idlib governorate in the northern part of Syria. The current situation is calm regarding the military operations.

More evacuees from East Ghouta are expected in the villages of Kafr Hamra, Anadan, Hreitan, Hayyan and Ma'aret Al-Artiq, and the local councils there have announced their readiness to host up to 700 families in empty houses.

### **UNFPA Field Monitoring/Assessments:**

UNFPA Syria is on the ground to meet the dire needs and to respond to the rapidly changing situation in the Afrin and East Ghouta area. Throughout the ongoing humanitarian emergencies in Syria, UNFPA and its partners continue to provide integrated Reproductive Health (RH) and Gender-Based Violence (GBV) services including family planning supplies and counselling, gynecological consultations, ultrasound diagnostics, antenatal care including supplements, post-natal care, psychosocial support and referral for deliveries and comprehensive emergency obstetric and neonatal care.

### **Shelters:**

Many of the buildings currently being used as shelters are still unsuitable for the purpose as they are structurally unsound or lack sufficient water or sanitation facilities. As flagged in previous UNFPA Sit Reps, WASH remains an ongoing concern with fears that the current sanitation and hygiene conditions could lead to water-borne diseases. There is continuous need for multi-sectoral response including WASH, shelter, protection/GBV, food and education.

### **Response for the evacuees and IDPs from East Ghouta:**

During the reporting period 28 – 31 March 2018, UNFPA provided services in East Ghouta including general consultations, integrated reproductive health services (RH), psychosocial support (PSS), psychological first aid (PFA), GBV services, GBV awareness, referral to specialized services and distribution of sanitary napkins.

5,574 services were provided in the **Harjelleh** shelter through UNFPA's partners SFPA and SARC during the reporting period 28 – 31 March 2018. As of 31 March in the morning, the total population in Harjelleh

is 16,497. On 31 March, a UNFPA mission went to the Harjelleh shelter as a follow up mission. The mission team highlighted the following:

- Need for improved management in the shelter
- Need for integrated response including WASH, shelter, and protection.
- There has been an improvement in access to reproductive health and GBV services for girls and women, but there is a need to improve awareness-raising, provision of other methods of contraception, and a need to continue the support of protection kits for all.

In the **Adra Electricity shelter** and **Adra School shelter**, 9,251 services were provided through mobile teams from SARC, SFPA, Tamayouz and MSJM. As of 31 March in the morning, 5,402 people live in the Adra shelters.

In **Dwaer**, mobile teams from MSJM, SFPA and SARC provided 7,551 services during the reporting period. As of 31 March in the morning, 8,989 people live in Dwaer.

In the **Al Fayhaa al Sham**, 1,363 services were provided by teams from SARC, MSJM and SFPA. As of 31 March in the morning, 2,125 people live in Al Fayhaa.

MSJM provided 661 services in **Saqba** during the reporting period, while SARC provided 1,221 services in **Nashabieh**. The total population was 2,584 in Nashabieh as of 31 March in the morning. In Kafr Batna, MSJM provided 111 services.

In **Akram Abu Al Naser**, where the population is 1,594 as of 31 March, MSJM and SARC provided 1,710 services during the reporting period. On 28 March, UNFPA took part in an inter-agency mission to Akram Abu Naser to assess the situation and conditions for the East Ghouta evacuees. The findings from the inter-agency mission will be shared as soon as the mission report is finished by all agencies.

During the reporting period, UNFPA conducted two internal field visits to the Adra Electricity shelter on 28 March. UNFPA teams also participated in inter-agency field missions to Abu Al Naser and to the Adra Electricity shelter in addition to two separate UNFPA missions to Adra Electricity shelter. Similar to the highlights from the Harjelleh mission above, the missions reported the following:

- Need for improved management at the site
- Need to integrated GBV/RH response and awareness raising activities
- Risk mitigation measures in the WASH areas
- Need for a Women Girls Safe Space (WGSS)

#### **Afrin Displacements and UNFPA Actions:**

The United Nations remains deeply concerned for tens of thousands of civilians impacted by fighting in northwestern Syria. Since the military offensive began in January, an estimated 183,570 men, women and children have been displaced to Tal Rifaat and surrounding villages, Nabul and Zahraa, Manbij and Al Hassakeh, while between 50,000 - 70,000 are estimated to remain in Afrin town.

In **Afrin**, mobile teams from MSJM and SFPA provided a total of 1,967 consultations; services were additionally supported by SARC and Syrian Al Yamamah. The mobile teams reached Tel Rifaat, Al Shabaa, Tal Qurah, Fafin, Kafar Naya, Deir Jamal, and Al Zahara. In Tal Rifaat, 123 services were provided during the reporting period, while Al Yamamah distributed 5 dignity kits and solar lamps in Tolko village.

Through UNFPA's team based in Qamishli, 661 services were provided to Manbij and the surrounding villages. Since the beginning of the crisis, a cumulative of 3,707 services have been provided.

On 30 March, the UNFPA team met with the monitoring and evaluation team from SFPA and MSJM to discuss how to improve data collection and data management.

### Gaps:

The following gaps are reported:

- Coordination in the shelters
- Inadequate WASH facilities
- Food scarcity
- Inadequate integrated GBV/RH services
- Lack of confidential space for PSS activities and inadequate PSS services
- Inadequate medicines (quantity and variety)
- Sanitary napkins
- Dignity kits (male and female)

### Challenges:

- UNFPA notes the need for special permit for medical referrals as still being a challenge. The need for additional support for health care - especially reproductive health – should also be stressed. The psychosocial support services are currently inadequate in terms of capacity and availability. Ensuring the needed confidentiality is challenging given the lack of acceptable and dedicated space in the shelters.
- Lack of clarity on the “sponsorship” system to for evacuees to leave the shelters.
- Lack of clarity on work areas and responsibilities in shelters.
- Lack of coordination.
- The GBV risk mitigation within the shelters in collaboration with sectors is currently a challenge. The GBV Sub sector Coordinator is working on a solution for this.
- Currently no consideration for people with disabilities in the shelters.
- No freedom of movement for the evacuees. This means that unless people are referred to leave the shelters due to medical reasons, they cannot use services outside the shelters.
- SARC has not yet shared the list of needs for each shelter.
- The security situation in Afrin has caused disruption of services.
- Need for additional support for MHPSS services
- The Ministry of Social Affairs and Labour's (MOSAL) Note Verbale (NV) asking all organizations to report to them before taking any action on unaccompanied children (UAC) and victims of violence including children and women. This can paralyze all the activities, which can cause further harm.
- This NV is against the principle of confidentiality, client survivor approach and respect for survivor's wishes.

**Prioritized needs:**

The need for dignity kits for women, hygiene kits for men, kits for pregnant and lactating women, medical supplies and equipment, including support for disabled, and shelters is high and growing as the number of evacuees continue to increase in both the East Ghouta and Afrin areas.

**Recommendations:**

The Protection sector is working to improve coordination in the sub sector – namely among GBV and Child Protection. As soon as a protection unit will be established, General Protection, Child Protection and the GBV sub sector will ensure a holistic approach in all shelters.

- Additionally, the GBV Sub sector recommends to appoint a WASH focal point in each shelter in order to follow up on GBV/Protection cases and to create a checklist.
- The protection sector (including GBV and CP) should develop an internal referral pathway and share the existing external one once freedom of movement of civilians becomes a reality.

UNFPA has additionally noted the following recommendations:

- Immediate provision and distribution of dignity/hygiene kits and sanitary napkins.
- Create a UNFPA Field Monitoring Team to visit all shelters and improve the shelter coordination with SARC.
- An upscaling of integrated GBV/RH services through a static clinic, mobile team including PSS services, is highly recommended.
- GBV awareness sessions in shelters.
- UNFPA advocates for a shelter leadership/focal point to whom all main protection concerns can be addressed.
- UNFPA's partners are considering expanding their teams to upscale the existing response.
- Continue the close inter-agency and inter-sectoral coordination.