



# AI-Hol Situation Report

Update Number 5, 2-20 April 2019

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Al-Hol Camp, Al-Hasakah Governorate, North-East Syria

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## Situation Overview

The welfare, health and dignity of people in Al-Hol camp continues to be of great concern. As of 21st April 2019, there are 73480 displaced people in Al-Hol camp. This population has doubled between February and March. While there has been a reduction of new arrivals which has relieved pressure on emergency services, multiple specific protection needs remain. These include the notable absence of adolescent boys and men between the ages of 15 and 65 years old (reportedly been detained and unable to communicate with their families) as well as significant challenges related to civil documentation. Site preparation remains a priority with more than 63,500 IDPs having arrived in the last 4 months, with a notable challenge in space to accommodate the population reported. The vast majority of the population remain to be women and children who suffer notable symptoms of distress, fatigue and anaemia. As of 15th April 2019, 262 deaths have been registered.

Approximately 70% of the population in the camp is under the age of 18 and 65% is under the age of 12. The total population of women aged 14 to 50 years old is 21647. Of the camp total population, there is a total of 143 pregnant women.

## Gender Based Violence (GBV) — Situation Analysis

- The majority of the population within the camp are women and children, including unaccompanied and separated children, injured individuals who are in need of urgent medical care, and people with disabilities or special needs. The physical and psychological vulnerability of new arrivals requires an increase in human resources and capacity in more specialized protection services.
- The physical and psychological trauma suffered by the camp population, including new arrivals, and their subsequent vulnerabilities require increased capacity to quickly respond, both in terms of human resources and capacity in more specialized protection services. Considering the overcrowding and increased number of total populations within the camp, there is a risk of increasing vulnerabilities, violence, exploitation and abuse.
- In response to the needs in Al-Hol camp, UNFPA provides GBV services including; psychological first aid, referrals to public health institutions and referrals for reproductive health services, GBV awareness raising. For protection as well as to restore dignity to IDPs within Al-Hol camp, UNFPA continues to distribute female dignity kits, sanitary napkins, adolescent girls' dignity kits, pregnant and lactating women kits, and male dignity kits.



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- There are delivery challenges in the “Annex” stemming from cultural sensitivities which create a barrier for the GBV teams when providing services such as GBV awareness-raising sessions or counselling. The cultural sensitivities and communication barriers are a result of extreme ideological indoctrination and language problems, stocking up tension and fragmentation among IDPS/refugees and host communities, making provision of services more complicated. In response to this, UNFPA has developed a new service delivery approach by engaging a national NGO and volunteers who are from within the population group to carry out awareness-raising activities under the supervision of specialized UNFPA staff in order to break the barriers.
- Two (2) GBV Mobile Teams continued service provision from the month of March to date.

## GBV Sub-Sector:

- The GBV sub-sector through UNFPA, facilitated GBV risk mitigation sessions to different sector partners to incorporate GBV mainstreaming into their sectoral work. GBV mainstreaming focuses on risk mitigation measures during humanitarian response operations as well as for Protection from Sexual exploitation and abuse, explaining to beneficiaries.
- Some of the key protection concerns were WASH and sanitary facilities where women and girls were at an increased risk of physical and sexual violence, especially at night as the facilities did not have sufficient lighting and locks from inside. Sectors and partners are responsible for ensuring that activities and interventions within their respective sectors are carried out through a “GBV lense”. As a result of recommendations by the GBV sector, actions were taken to ensure that the risk of GBV is mitigated throughout the camp. The actions taken were ensuring there was sufficient light within the facilities, placement of locks, furthermore, the distribution of NFI now takes place following the distribution recommendation paper developed by the GBV sub sector on January 2018.
- GBV is a cross-cutting issue and should be integrated into all aspects of the humanitarian response. All humanitarian actors share a responsibility to ensure that their activities do not lead to abuse, violence or exploitation. Therefore, Protection from Sexual Exploitation and Abuse (PSEA) aims to prevent and end sexual exploitation and abuse by humanitarian workers. All UN organizations, have a duty of care to beneficiaries, which includes the responsibility to ensure that they are treated with dignity and respect and that proper standards of behaviour are observed and adhered to. Trainees of PSEA were UNFPA IPs and some NGOs working in Al-Hol camp.

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- All beneficiaries of UNFPA services are routinely informed of their rights and entitlements as well as made aware that humanitarian aid is free in order to prevent exploitation, UNFPA's zero tolerance policy on SEA and are also informed of how they can make confidential complaints in such cases.
- A GBV mainstreaming session was facilitated on 3rd April and attended by 23 sector partners (Protection, WASH, Health).
- A GBV mainstreaming session was facilitated on 4<sup>th</sup> April and attended by 24 sector partners (Food , NFI, shelter).
- A GBV mainstreaming session was facilitated on 18th April inside Al-Hol camp, while the previous two were held in Qamishly, the session was attended by 16 sector partners/Organizations working within the camp (WASH, NFI, Health, Protection).
- A PSEA awareness session was facilitated on 10th April in Phase 5 of the Camp.

## Reproductive Health (RH)- Situation Analysis

- UNFPA continues provision of services to people in need with Sexual and Reproductive Health (SRH) and GBV integrated services with a focus on the needs of women and girls. UNFPA reproductive health teams report that a number of women are suffering various forms of reproductive inflammation, bleeding and early pregnancy cases.
- In response to the needs in Al-Hol camp, UNFPA provides RH services including; antenatal care, family planning, normal delivery services, paediatrics, postnatal care, referrals, treatment of reproductive tract / urinary tract infection treatment and trauma and others. Each RH team consist of gynaecologist, midwife, nurse, psychosocial support worker/counsellor and a coordinator.
- The laborious process of security screening and resettlement takes a considerable amount of time, which has a negative physical impact on pregnant women especially.
- The ages of pregnant women and girls range between 14 to 50, according to cursory information provided by UNFPA teams. Early pregnancy is common among the habitants in the camp and it is notable that the majority are between 14 and 15 years old.



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- UNFPA provides daily SRH/GBV integrated services through two (2) medical mobile teams which are working inside the camp in Phase 5 and 7 (1 work shift in phase 5 and 2 work shifts in phase 7).
- One (1) emergency mobile team offers trauma services and emergency minor surgery for people in need, especially women, children and young people.
- UNFPA trained implementing partners, consisting of a total of 42 people on resuscitation of new-borns reproductive health concepts.

## UNFPA GBV & RH RESPONSE BETWEEN 02 -20th April 2019:

UNFPA reached **2876** people  **2472** of them are females   
UNFPA distributed **1365** Female Dignity Kits  **8198** Sanitary Napkin   
UNFPA provided **6057** SRH services to **4093** beneficiaries  including  
**1186** pregnant women  **33** deliveries were assisted 

## UNFPA upscaled services to respond to the needs:

- During this period, UNFPA provided 2 large communal tents in the “Annex” for provision of shelter to the population in the “Annex.”
- UNFPA handed-over 2 mobile units to be used as a temporary field hospital by implementing partner, MSJM in Al-Hol. The mobile units will serve as field hospitals.
- UNFPA opened a normal delivery maternity clinic in Phase 1 and new a SRH team was oriented to provide reproductive health services for Basic EmONC, providing normal delivery, ANC, PNC, FP and RTIs services. The new RH clinic will offer services 24 hours, 7 days a week. Services commenced as intervention for the limited capacity in the referral hospitals in the 1<sup>st</sup> week of April.

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- UNFPA recruited 3 specialists (2 gynaecologists and 1 paediatrician) from Damascus to provide high quality and skilled support for services provided in the camp. The specialists will also support the preparation phase of the hospitainer for which preparations are underway and will serve as a field hospital of 20 beds.
- Reproductive Health services now include 1 static clinic in Phase 1, 2 mobile teams in Phase 5, 1 mobile team in Phase 7, an emergency team for trauma, surgery and and one 1 normal delivery centre was established in April due to the growing and vast needs Through these, UNFPA provides SRH services 24 hours, 7 days a week.
- UNFPA deployed a GBV coordinator from Tartous and Latakia to Al-Hol camp to provide additional support in efforts to meet the dire GBV needs.

"I needed a moment to re-collect myself, to deal with my shock and let my sadness settle. I had lost hope and was in pain," 18-year old \*Dina said. She had arrived at Al-Hol Camp suffering from extreme fatigue and pain and was referred to the UNFPA Reproductive Health clinic by the social worker from the UNFPA GBV team. Upon medical examination by the gynaecologist, Dina was told she was pregnant. The pregnancy was a result of a rape incident from before she arrived at the camp, she had walked for days before arrival, fatigued, traumatized and in pain. The GBV team identified her trauma and hysteria and provided psycho-social support over several individual sessions.

Gender based violence undermines the health, dignity, security and autonomy of its survivors. It is a life-threatening, global health and human rights phenomenon that violates international human rights law and principles of gender equality. In emergencies, the risk of violence, exploitation and abuse is heightened, particularly for women and girls. UNFPA promotes the safety and wellbeing of women and girls in emergencies and provides services which mitigate and prevent GBV in emergencies and facilitates access to multi-sector services for survivors.



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## Humanitarian Impact:

Humanitarian needs as mentioned in the previous update	UNFPA response to needs as progress from previous update	Continued humanitarian needs
<ul style="list-style-type: none"> <li>There is limited capacity in the private hospitals, Dar-Al-shifa and Al-Hayat for referral services, especially for high risk pregnancy and trauma cases.</li> </ul>	<ul style="list-style-type: none"> <li>UNFPA is in the process of opening a field hospital to provide 24/7 services and engaging partners on the need for an ambulance to support referral services from the camp.</li> </ul>	<ul style="list-style-type: none"> <li>There is a need for an upscale of integrated Reproductive Health and GBV services.</li> </ul>
<ul style="list-style-type: none"> <li>Prevention of mother to child transmission (PMTCT) services is required as there is a high-risk group.</li> </ul>	<ul style="list-style-type: none"> <li>UNFPA has deployed 2 OB/GYNs and paediatricians from Damascus who are currently working in the camp to support NGOs teams and provide on-job training if needed for new community health workers staff.</li> </ul>	<ul style="list-style-type: none"> <li>Prevention of mother to child transmission (PMTCT) services and routine HIV Testing services needed for all pregnant women.</li> </ul>
<ul style="list-style-type: none"> <li>There is a general lack of knowledge and acceptance from IDPs regarding SRH services, Family planning and GBV services which is affecting the provision of services.</li> </ul>	<ul style="list-style-type: none"> <li>UNFPA has developed a new approach by engaging a national NGO and volunteers who are from within the population group to carry out awareness-raising activities under the supervision of specialized UNFPA staff in order to break the barriers.</li> </ul>	<ul style="list-style-type: none"> <li>There is a need for an upscale of integrated Reproductive Health and GBV services.</li> </ul>

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## Funding:

- UNFPA received funding through the Syrian Humanitarian Fund (SHF) amounting to \$784,174 to support humanitarian response services effective 1<sup>st</sup> April for a period of 6 months. The fund supports the establishment of an emergency Women and Girls Safe Space (WGSS) to provide GBV services in the camp. The GBV Services include; Case Management, Psycho-Social Support, GBV awareness raising sessions and vocational training to support the livelihoods of women and girls.
- The fund also includes support of operating 2 additional GBV/RH integrated mobile teams which will provide services around the camp. This new expansion in services will increase the number of GBV Mobile Teams to a total of 4, with 2 of them being GBV/RH integrated teams. Thanks to support by OCHA, UNFPA will also be able to respond to complicated obstetric cases through referral for emergency cases to advanced services in secondary and tertiary hospital.
- UNFPA received with thanks from the Australian Government, funding amounting to A\$ 1 million for humanitarian and emergency interventions for women and girls in Syria, including for the Al-Hol response through life-saving reproductive health and GBV services.





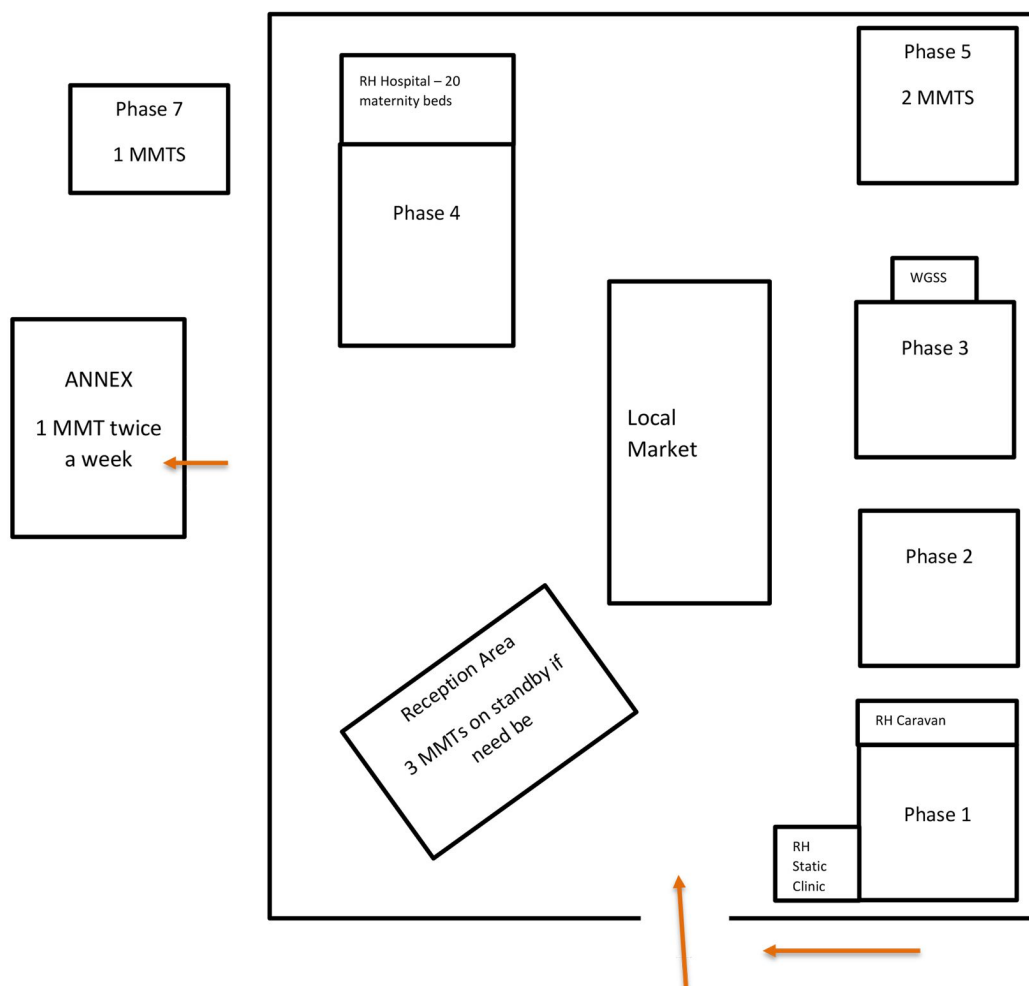
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## UNFPA Service Delivery Map:



- MMT: Medical Mobile Team
- 2 GBV Mobile Teams are distributed upon need.
- Market: Local market managed by IDPs to sell food, clothes etc
- RH Caravan: A caravan managed by medical teams. Mainly for normal delivery.
- UNFPA has supported the provision of 15 large-sized tents for shelter and 2 big tents in the Annex