



Al-Hol Situation Report

Update Number 3, 20 March 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 19th March 2019, there are 70,582 displaced people in Al-Hol camp, with some 1,500 people reportedly on the way. The vast majority of new arrivals remain to be women and children who suffer notable symptoms of distress, fatigue and anaemia. On 18th March, 13 new families with approximately 4 people in a family arrived to Al-Hol camp, 5 of whom fled Al-Tayana town and the other 8 came from Al-Baghouz due to hostilities in those areas. Between 17th and 18th March, 150 new patients in need of emergency care were identified. Of these, 40 patients were hospitalized in Al-Hikma hospital, 13 in Al-Hayat hospital and 34 in Ras Al-Ain hospitals. On 18th March, there was a total of 90 patients, including malnourished ones, in Al-Hikma hospital and 45 in Al-Hayat hospital who were referred from Al-Hol camp. From the time of the unfolding of the crisis in December 2018, to date, WHO has reported 124 death cases, the majority of whom are children. There continues to be a notable number of women and children who were separated from their husbands and sons. Due to compounded distress, despair, loss, grief, restriction of movement and trauma, on 18th March, some of the women within the camp demonstrated against camp security in efforts to get more information on the whereabouts of their husbands and sons. Overcrowding and disruptions in their safety nets have put women at risk of GBV, in addition to them and their children in conditions of evident fatigue and distress as they wait for screening, identification and receipt of Non-Food Items (NFIs). This can sometimes lead to various medical conditions, particularly during extreme weather conditions.

General figures:

In the past three days, a new wave of people reached the camp. The bad health conditions of the new arrivals is said to be comparatively worse than those who arrived in earlier days. Cases of trauma related injuries, such as burns, shrapnel, wounds, etc are notable among the new population. It is estimated that around 7,000 people are still inside Al-Baghouz area.

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Gender Based Violence (GBV) — Situation Analysis:

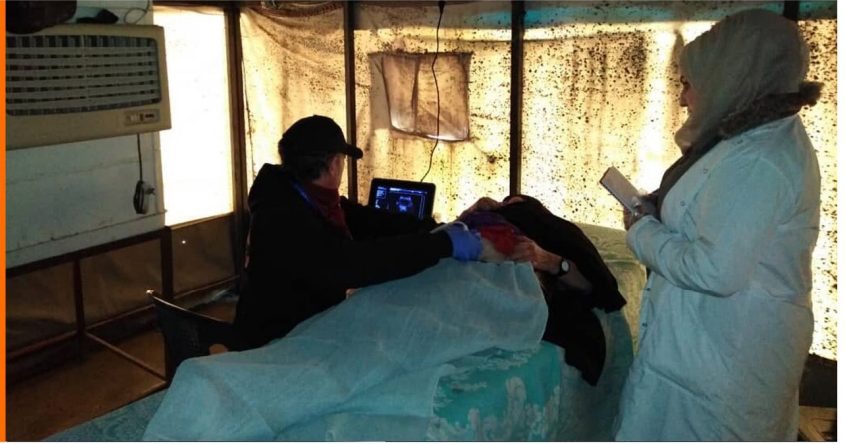
Gender based violence undermines the health, dignity, security and autonomy of its survivors. It is a life-threatening, global health and human rights phenomenon that violates international human rights law and principles of gender equality.

- As in previous weeks, the majority of arrivals 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*.
- Considering the overcrowding and increased number of total population within the camp, there is a risk of increasing vulnerabilities, violence, exploitation and abuse.
- Although camp protection teams on the ground are dispersed to various areas of the camp to identify needs and support referrals, the human capacity is lacking and women and girls remain vulnerable to all forms of gender based violence, including sexual violence.
- As a general observation, there is a large number of adolescent pregnancies as well as a concern over *child/early marriage cases*.
- Women and girls continue to allude to feeling insecure and unsafe. The GBV teams are often requested to escort them during movement in the camp.
- There are cultural sensitivities which create a barrier for the GBV teams when providing services such as GBV awareness-raising sessions or counselling.
- Due to the nature of the crisis and the constant relocations of IDPs there are challenges in managing GBV cases.
- 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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Reproductive Health (RH)- Situation Analysis:

Considering the vast number of women and girls in the camp and the poor general health conditions, reproductive health problems are substantive and include: urinary tract infections, trauma and reproductive tract infections as well as early pregnancies amongst others. UNFPA continues to stress the necessity to ensure zero maternal mortality in Al-Hol camp. Provision of reproductive health services remains life-saving to women and girls.

- The laborious process of security screening and resettlement takes a considerable amount of time, which has a negative physical impact on pregnant women especially.
- To date, no maternal mortality cases have been reported. Nevertheless, according to WHO and UNICEF, the total number of mortalities has reached 124, the majority of whom are children.
- The ages of pregnant women and girls range between 15 to 38, according to cursory information provided by UNFPA's teams.
- The total number of registered pregnant women in the camp is 1248. 10-15% of those who are pregnant are below 18 and the majority are between 14 and 15 years old.
- 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.

UNFPA GBV & RH RESPONSE BETWEEN 17th-19th March 2019:

UNFPA provided GBV services to a total **1,319** people  the number of Female Dignity Kits distributed **327**  UNFPA operates **4** mobile GBV teams 

UNFPA reached **789** beneficiaries with **RH** services including **201** pregnant women 
UNFPA currently operates **3** mobile teams  **1** RH static clinic 

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UNFPA upscaled services to respond to the needs:

There are 879 disabled persons, an urgent need to distribute adult diapers was identified. In response, procurement of adult diapers is currently ongoing. This solution is in effort to preserve the dignity of people living with disabilities and the elderly and there is currently a huge gap that urgently needs to be filled.

During one of the regular monitoring visits by the UNFPA GBV mobile teams, a young woman in her early twenties and mother of two was found in her tent in labour, alone and bleeding excessively. The GBV team rushed to assist in order to stabilize her. The team referred her to the UNFPA static clinic where the woman received safe delivery. "I thought I was not going to live to see my child. I'm grateful to be able to hold and smell my new born." The woman received all required services, including check ups, ultrasound scanning, medicine as well as follow up after giving birth.



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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
<p>There is an urgent need for Reproductive Health and GBV services delivered through mobile teams. There is a high need for dignity kits for women, including lactating women, adolescent girls and boys.</p>	<ul style="list-style-type: none"> • UNFPA upscaled services and provides 3 mobile teams, 1 static clinic. GBV mobile teams increased to 4. • As of 15th March 2019, the RH and GBV teams are working 7/7 days. 	<ul style="list-style-type: none"> • There is a need to upscale dignity kits distribution within the camp post-registration. • There is a need for a minimum of 2 Women and Girls Safe Spaces in order to better respond to the needs. • There is a need to scale up psychological first aid. • Only 4 case managers operate in the camp which is not enough to fulfill the need.
<p>There is a need for WASH facilities in line with the GBV risk mitigation 2015 guidelines ensuring adequate lighting; facilities disaggregated by gender as well as locks adapted for children; and distribution of solar lamps for the provision of light to improve women and girls' protection within the camp.</p>	<ul style="list-style-type: none"> • UNFPA is actively seeking rapid procurement of solar lamps. • UNFPA is organizing GBV mainstreaming trainings for humanitarian actors to integrate GBV interventions in humanitarian actions. 	<ul style="list-style-type: none"> • All humanitarian actors should ensure that their humanitarian interventions integrate measures to prevent and mitigate GBV.
<p>There is a need for heaters to provide warmth during the cold nights, adult diapers for IDPs living with disabilities, the injured and the elderly.</p>	<ul style="list-style-type: none"> • The procurement of adult diapers is currently ongoing from UNFPA side. • The needs for NFIs remain the same and intervention still needed. 	<ul style="list-style-type: none"> • The needs remain the same and intervention still needed.

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Through the Syria Humanitarian Fund (SHF), UNFPA has received 784,000 USD in March to provide integrated GBV services in Al-Hol camp. Still, there is an urgent need for funding to support the expansion of GBV and RH services and respond to the critical and increasing needs of the population.

Sources:

WHO
UNICEF
UNHCR



UNFPASyria



UnfpaSyria



UNFPA Syria



Syria.UNFPA.org