

Al-Hol Situation Report

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

Update Number 4, 01 April 2019





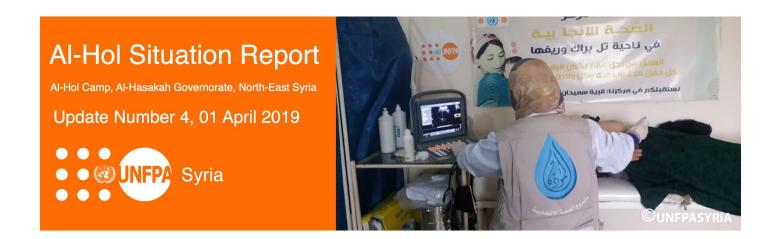
Situation:

The number of daily arrivals in Al-Hol camp has reduced significantly in the past 7 days. The situation in the camp is relatively calm and the current focus is on supporting the displaced people and their needs. Since 04 December 2018, there have been 63,323 new arrivals to the camp, and the camp has now reached a total of 73,041 people as of 01 April 2019. The population in Al-Hol camp remains extremely above its capacity. The welfare, health and dignity of people in Al-Hol camp continues to be of great concern. As of 31st March, there are 217 reported death cases of whom 31 were in the past week. It is reported that the majority of the cases were trauma or malnutrition related. Within the camp. There are between 30 to 50 cases being referred to nearby hospitals daily, with 250 cases having been referred to hospitals in Hassakeh and Qamishly in the past week. Nearby hospitals, however, have limited capacity.

The continuation of the influx is unpredictable and could further worsen the already critical situation, this is further complicated by the hosting of approximately 10,000 people who are suspected foreign fighters who are currently based in "the Annex". Of this group in "the Annex", there are a recorded 100 wounded non-ambulatory trauma cases who are at risk of developing infection leading to mortality. The situation for this group is dire as cursory information from UNFPA health personnel indicates that there are high cases of trauma, diarrhea, tuberculosis, some cases of Typhoid and a high percentage of anemia in pregnant women. As a result of advocacy and continued engagement with camp management, UNFPA has been granted access to this group and now provides services to them twice weekly.

Gender Based Violence (GBV) — Situation Analysis:

- The majority of new arrivals are women and children who reached the camp fatigued, distressed and in extremely bad health condition. Many women who have been interviewed experienced a great amount of suffering during their trip to the camp as some of them walked for up to three days to reach Al-Hol camp. The overcrowding further exacerbates their distress as services are limited and they are neither feeling comfortable or dignified. The women in the camp continue to seek assistance to preserve their dignity. The UNFPA GBV team continues to provide services to those who may have been exposed to GBV while they were in the ISIS besieged areas.
- From observation, there is a high number of adolescent girls being mothers and/or pregnant, clear indication of child/early marriage - one form of GBV - they have been subjected to,
- Additionally, the 3rd country group located in "the Annex" remains a complex population as there are cultural sensitivities which create a barrier for the GBV teams when providing services such as GBV awareness-raising sessions or counselling. There is therefore tension and fragmentation among IDPS/refugees and host communities, making interventions and provision of services more sensitive. In efforts to provide services to this group, UNFPA has intensified efforts in the provision of Psychological First Aid. Furthermore, UNFPA has started the process of mobilizing volunteers amongst the camp population to act as entry point for mobilizing women and girls to attend awareness sessions.



- Many of the women are now heading their households and responsible for the care of their families as they are widows or their husbands are missing. They lack livelihood opportunities and this further increases their distress and their vulnerability to exploitation and abuse. It is evident that the women are in need of more psychosocial support. The UNFPA GBV teams continue to give priority to the newly arrived IDPs, identifying needs, referring cases and providing information on available services.
- In Al-Hol camp, UNFPA provides GBV services including: psychological first aid, referrals to public health institutions and referrals for reproductive health services, and, where possible, GBV awareness raising. Even with these efforts, the number of GBV teams and volunteers are insufficient and, in response, UNFPA has put a plan to deploy an additional GBV personnel to Al-Hol team in addition to upcoming 2 integrated GBV/RH mobile teams.

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: early pregnancies, urinary tract infections, trauma and reproductive tract infections, 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. In response to the needs in Al-Hol camp, UNFPA provides RH services including: antenatal care, family planning, normal delivery services, pediatrics, 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.

- To date, no maternal mortality cases have been reported. Nevertheless, according to WHO and UNICEF, the total number of mortalities has reached 217.
- The ages of pregnant women and girls range between 15 to 38, according to cursory information provided by UNFPA's teams.
- 10-15% of women 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.





UNFPA GBV & RH RESPONSE BETWEEN 24 March- 01 April 2019:



daily.



The number of female beneficiaries is estimated 3,045 women and girls



UNFPA currently operates 4 mobile GBV teams



UNFPA reached 1988 beneficiaries with RH services including 477 pregnant women



UNFPA currently operates 3 mobile teams 7 RH static clinic





As a new influx of people arrived in Al-Hol camp, a 26 year old pregnant woman was among them. She was travelling alone with no children or husband, in her 8th month of pregnancy, and had been injured to her waist while fleeing from the conflict in Al-Baghouz. Upon examination, she reported not feeling any movement of her baby. Dr. Yasser from UNFPA, who has been deployed from Damascus, examined the pregnant woman with a portable Ultrasound and found the baby still alive. He provided dressing to her wound and gave her intravenous antibiotic, painkiller and antispasmodic medicine. She was later referred to the hospital in Hassakeh. Mother and baby are alive.

Humanitarian Impact:

Humanitarian needs as mentioned in the previous update	UNFPA response to needs as progress from previous update	Continued humanitarian needs
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.	 UNFPA scaled-up 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. 	 There is a need to upscale dignity kits distribution within the camp post- registration. UNFPA continues to advocate for a stronger distribution strategy with camp management in order to address this need.

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 UNFPA recruited 1 emergency team with 2 surgeons, paramedics and nurses to support other UN agencies' response teams for emergency and trauma cases. UNFPA is preparing to conduct a rapid demographic and health needs survey in the camp from which the information will support UNFPA 's continuous response in Al-Hol. To improve availability and accessibility of health services in general and EmONC in particular, UNFPA procured 1 static normal delivery centre 2 UNFPA health professionals from Damascus were deployed to support the health teams, provide specialized SRH services and to monitor services provided through partners. UNFPA in partnership with MSJM shipped a 	 There is a need for a minimum of 3 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 needs.
hospitainer from Rural Damascus to Al-Hol which will be prepositioned as a 20 beds-field hospital . The hospitainer is currently enroute.	

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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.

- Due to GBV protection concerns, UNFPA procured 5000 solar lamps for provision of light to improve women and girls' protection within the camp.
- UNFPA is organizing GBV mainstreaming trainings for humanitarian actors to integrate GBV interventions in humanitarian actions.

All humanitarian actors should ensure that their humanitarian interventions integrate measures to prevent and mitigate GBV.

There is a need for adult diapers for people living with disabilities, the injured and the elderly.

- UNFPA has procured 4600 adult diapers to preserve the dignity of people living with disabilities and the elderly for distribution in the camp.
- The needs for NFIs remain the same and intervention still needed.
- There is a need to scale up interventions.

Resource Mobilization:

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. UNFPA is aiming to mobilize a further 1.5 million USD from various sources to scale up its RH an GBV responses.

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