

SYRIA FLASH APPEAL

SITUATION AND NEEDS OVERVIEW IN IDLIB AND AL-HOL

\$14.6M

Total funds needed to address immediate and medium-term needs

269,627

People displaced to date from Idlib

67,500

Women and girls of reproductive age in Idlib in need of dignity kits

700,000

Projected displacements if hostilities escalate in northwestern Syria

73,654

People in Al-Hol camp, 90 percent of whom are women and children



Idlib

Situation overview

Mounting tensions in northern Syria culminated in a military campaign targeting northern Hama and southern Idlib. These events continue to exact a heavy toll on civilians and civilian infrastructure in north-western Syria. In May, around 270,000 displacements were recorded in northwest Syria, approximately 150,000 of which are movements to communities near the Turkish border in areas that are already densely populated with high numbers of existing internally displaced people (IDPs), such as Dana sub-district in Idlib governorate, which alone has received more than half of the newly displaced individuals. This has created the risk of overwhelming already-overstretched services.

While several communities are reportedly abandoned, some residents have stayed behind in areas affected by the conflict. According to a rapid needs assessment conducted by REACH, safety and security concerns severely restricted freedom of movement, while damage to civilian infrastructure prevented access to essential services. This exacerbates the vulnerability of communities, making the provision of humanitarian assistance in these areas even more critical.

The current situation has put the lives of women, men, girls and boys at risk every day, and has significantly impacted their psychosocial well-being with reportedly high levels of trauma. Recent weeks saw a significant increase in hostilities, with reports of at least 160 civilian casualties since the end of April. Reports indicate that hundreds have been injured, many of whom are children. A total of 22 health facilities have been reportedly affected due to hostilities, including three UNFPA-supported facilities in Idlib that are no longer functional.

Access to healthcare continues to be an essential need for the newly-displaced individuals and for host communities, including an estimated 10,800 pregnant women. Healthcare is reported to be among the top three priority needs by the communities in southern Idlib and northern Hama. There is a growing need for additional mobile clinic services to reach displaced populations and pre-positioning to prepare for displacement within government-controlled areas.

Meanwhile, multiple displacements and the lack of access to basic services further exacerbate the needs of individuals and communities, which also increases risks of gender-based violence (GBV). Additional displacements further strain already-stretched coping mechanisms of individuals and families, leading to desperate measures that further increase the likelihood of protection threats, such as exploitation and early marriage. As of May, a total of 15 static Women and Girls' Safe Spaces in Northern Hama and Southern Idlib are currently non-operational, including three that have sustained direct impact, damage or destruction to their facilities from indiscriminate airstrikes and shelling.

If hostilities continue, disruption in service delivery is likely to increase. Even with existing emergency response capacity and resources, the tempo of the conflict and the patterns of displacement may render response across sectors limited and insufficient. UNFPA and its partners are preparing a contingency plan outlining three possible scenarios that may evolve as a result of the current security development in Idlib.

According to the latest inter-agency Readiness and Response Plan led by OCHA, up to 700,000 people could be displaced from northern Syria, including 200,000 temporary displacements if military escalations take place in the de-escalation zone. This number is likely to increase and also extend to government-controlled areas if the offensives continue and evacuation corridors are opened.

In order to have an adequate and effective emergency response for the anticipated humanitarian needs, previous UNFPA assessments in similar situations in Syria revealed that women's health, hygiene, protection/safety, and psychosocial and material support topped the

list of needs. The lack of privacy in camps and shelters, with multiple families sharing tents or rooms and insufficient lighting heightened women and girls' vulnerability to GBV. Health, including reproductive and maternal health, and GBV services are often insufficient given the overwhelming demand for services, resulting in substantial need for health, medical, psycho-social support, GBV prevention and response. Information from previous interventions indicates that the targeted population will be in need of hygiene items to ensure their safety and dignity.

UNFPA's response

UNFPA aims to provide integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services, including family planning supplies, counselling, gynaecological consultations, ultrasound diagnostics, ante-natal care, post-natal care, psychological first aid, psychosocial counselling, referral for safe deliveries, comprehensive emergency obstetric and neonatal care, legal assistance, and case management.

Additionally, the response will deliver dignity kits customized for women, adolescents, and pregnant and lactating women. UNFPA and partners will respond to the rapidly growing needs by implementing both the Minimum Initial Service Package (MISP) for Reproductive Health in Crises and UNFPA's Minimum Standards to address GBV in emergencies. The focus will be on the following priority actions:

- Coordinating among local, national and international responders through the health and GBV coordination mechanisms.
- Preventing maternal and neonatal mortality and morbidity through the establishment of services to ensure safe deliveries with skilled birth attendants, providing emergency obstetric and neonatal care and referrals to more specialised services.
- Supporting community and primary health care services to reach pregnant women and support them in planning and carrying out safe births.
- Supporting the distribution of reproductive health kits and supplies to ensure timely and adequate delivery of services.
- Preventing gender-based violence and responding to survivor needs, including through the provision of immediate access to clinical care for survivors of sexual violence, case management and psycho-social support services, as well as referrals to more specialised services if needed.
- Liaising with staff and partners in other sectors to include safety, security, equal and safe access to basic supplies, and risk reduction strategies in their programmes to eliminate/mitigate sexual abuse and exploitation of women, children and other vulnerable individuals.
- Ensuring the provision of and access to family planning commodities.

UNFPA will work with its existing partners in Aleppo, Hama and Idlib to support the delivery of services in a flexible and coordinated manner to meet the needs of IDPs. Moreover, each location will have volunteers trained on awareness-raising activities and data collection and processing. UNFPA will also closely liaise with the Protection and Health coordination groups in partnership with other UN agencies.

Consolidated budget

Immediate needs	
Areas of operation	Aleppo, Hama, Idlib
Supporting the provision of SRH and GBV services through health facilities, medical mobile teams, and Women and Girls' Safe Spaces	\$2,000,000
Supporting the provision of GBV supplies, including dignity kits, to affected populations	\$2,100,000
Total	\$4,100,000
Medium-term needs (3 to 6 months)	
Areas of operation	Aleppo, Hama, Idlib
Supporting the provision of SRH and GBV services through health facilities, medical mobile teams, and Women and Girls' Safe Spaces	\$1,200,000
Supporting the provision of GBV supplies, including dignity kits, to affected populations	\$6,300,000
Total	\$7,500,000

Al-Hol camp

Situation overview

In March 2019, the Syrian Democratic Forces (SDF) resumed the offensive on the last ISIL-held enclave of Baghouz village (located in Deir ez-Zur governorate), resulting in additional displacements to Al Hol camp. While the offensive has since ceased, the population at the camp today stands at 73,654 people, 90 percent whom are women and children, including 23 percent under the age of five, and eight percent pregnant and nursing mothers.

While the camp's population has stabilised, specific protection issues remain. These include the notable absence of adolescent boys and men between the ages of 15 and 65 years old (reportedly having been detained and unable to communicate with their families), as well as significant challenges related to civil documentation. In terms of urgent needs, availability of and access to health and protection services remains a priority, with more than 63,500 IDPs having arrived in the last four months, making available space a primary challenge.

The welfare, health and dignity of people in Al-Hol camp continues to be of great concern. In addition to being mostly women and children, the population in Al-Hol includes unaccompanied and separated children, injured individuals who are in need of urgent medical care, and people with disabilities or special needs. The vast majority of the population show notable symptoms of distress and fatigue, while many suffer the effects of acute diarrhea and influenza, in addition to some cases of suspected measles. Additionally, third-country nationals are located in a secluded area known as "the Annex." This section of the camp remains largely in need of services. Mobile teams are one way to overcome the unavailability and unaccessibility of services for women and children.

The physical and psychological vulnerability of people requires an increase in human resources and capacity in more specialised protection services. Moreover, considering the overcrowding and increased number of total populations within the camp, there is a risk of increasing vulnerabilities, violence, exploitation and abuse.

In an effort to reduce tension within the camp and to increase knowledge and awareness about available services, UNFPA has mobilized volunteers amongst the population. Increasing the number of volunteers will also mean increasing capacity to raise awareness and ensure greater access to available services.

UNFPA's response

UNFPA continues to provide services to people in need of SRH and GBV integrated services, with a focus on the needs of women and girls. A variety of SRH services are being delivered, including antenatal care, family planning, normal delivery services, postnatal care, referrals, treatment of reproductive tract/urinary tract infection, treatment of trauma, and others.

The ages of pregnant women and girls range between 14 and 50, according to cursory information provided by UNFPA teams. Early pregnancy is common among the habitants in the camp, with cases of girls having up to three children by the time they are 15. UNFPA continues to provide GBV services that span psychological first aid, referrals to public health institutions, referrals to reproductive health services, and GBV awareness raising. UNFPA also continues to distribute female dignity kits, sanitary napkins, protection kits for adolescent girls, kits for pregnant and lactating women, and male hygiene kits. UNFPA services are being provided under the coordination of the health and protection sectors in partnership with other UN agencies. Implementing partners will support the provision of services in a flexible and coordinated manner to meet the needs of IDPs.

UNFPA has supported the establishment and the operational costs of the first 20-bed field hospital (or *Hospitainer*) in Al Hol. With the support of UNFPA, emergency obstetric and neonatal care services, treatment for malnutrition, minor surgeries and trauma care are being provided. The *Hospitainer* has the potential to increase in-patients care and types of service provision. UNFPA will continue to work with existing partners in Al Hasakah governorate and other available partners. Other available services will be maintained through one static clinic, three normal delivery clinics, three SRH mobile clinics, one medical emergency team, one emergency Women and Girls' Safe Space, and integrated SRH and GBV mobile teams.

Consolidated budget

Immediate needs	
Areas of operation	Al Hol
Supporting the provision of SRH and GBV services through health facilities, medical mobile teams, and Women and Girls' Safe Spaces	\$200,000
Supporting the provision of GBV supplies, including dignity kits, to affected populations	\$700,000
Total	\$900,000
Medium-term needs (3 to 6 months)	
Areas of operation	Al Hol
Supporting the provision of SRH and GBV services through health facilities, medical mobile teams, and Women and Girls' Safe Spaces	\$1,200,000
Supporting the provision of GBV supplies, including dignity kits, to affected populations	\$900,000
Total	\$2,100,000