Polio outbreak in Syria confirmed

On 29 October, WHO announced that 10 cases of polio (Wild Polio Virus Type 1) were in Deir-ez-Zor confirmed out of the 22 cases of acute flaccid paralysis (AFP) reported on 17 October. This marks the first polio cases reported in Syria since 1999. Health-sector partners, including WHO, UNICEF, UNHCR and the Syrian Arab Red Crescent (SARC), have raised the alarm regarding the high risk of the spread of polio and other vaccine-preventable diseases in Syria and surrounding areas. This risk is due to the overcrowded and unhygienic living conditions of millions of displaced Syrians, and the poor availability and access to basic social services. Polio enters the body through the mouth. It is highly infectious and can cause total paralysis in just hours. All 22 AFP cases were reported in children, primarily toddlers less than two years old, who have been preliminarily categorized as under-immunized or unimmunized.

From 28 to 29 October, UNICEF Executive Director Anthony Lake visited the Syrian Arab Republic to discuss with senior Government of Syria officials, including Prime Minister Wael Al Halqi, the urgent humanitarian need to vaccinate children against polio and other diseases, especially in conflict-affected areas.

Health risks continue to rise but public capacity declines

According to a Ministry of Health (MoH) update of October 2013, damage to health facilities continues to undermine the capacity for trauma, emergency, health and chronic care in Syria. Out of 91 public hospitals nationwide, 22 (24 per cent) have been damaged and 36 (40 per cent) are out of service. Out of 1,724 public health centres across the country, 518 (34 per cent) are out of service and 75 (4 per cent) have been damaged. Some 407 vehicles out of the public ambulance fleet nationwide (78 per cent) have been completely or partially damaged, stolen or burned, while almost all of the vaccination/supply/service vehicles are damaged or out of service.

The MoH reports that 72 public health workers have been killed due to the conflict—109 were injured and 24 were kidnapped.

Humanitarian access remains constrained
The UN estimates that 2.5 million people are living in hard-to-reach areas. Some areas in Dar’a, Homs, Aleppo and Rural Damascus remain sealed off, but others have not been accessed or received humanitarian assistance for between three and 12 months, leading to dire humanitarian situations.

**Some civilians evacuated from sealed-off Madamiyet**

On 13 October, an estimated 3,000 civilians, mainly women and young children, were evacuated from Madamiyet el Sham, a town in Rural Damascus that has been sealed off for more than one year. Local community leaders negotiated with the parties to the conflict the evacuation and accompanying ceasefire in order to address concerns raised by local communities and humanitarian actors of reports of extreme hunger and lack of water and medical treatment. However, humanitarian actors did not access Madamiyet itself. An additional estimated 2,000 civilians were evacuated on 14 and 29 October, but thousands of civilians are estimated to remain inside Madamiyet.

On 29 October, SARC, with support from the International Federation of the Red Cross (IFRC), transported civilians via buses to collective shelters in Qudsayya Dahit, in Rural Damascus. Many people quickly relocated themselves to other locations, but reportedly some people faced challenges doing so due to documentation issues, lack of financial or other support outside the shelter, and fear of travelling through checkpoints manned by various parties to the conflict.

**Inter-agency missions uncover dire needs in hard-to-reach areas**

Recent joint humanitarian missions to six hard-to-reach locations in Homs and Idleb City carried out rapid assessments and delivered a one-off dispatch of humanitarian assistance. The missions enabled humanitarian actors to assess the amount and type of relief supplies required, and to advocate regular access to ensure that life-saving assistance reaches the most vulnerable people throughout Syria.

The missions to Al Ghanto and Tir-mallah, on 14 and 25 October, both opposition-controlled areas in Homs Governorate, found that the deterioration of the local agriculture-based economies, social services and local markets have rendered displaced people and host communities in need of regular food, medical, safe water and hygiene assistance. Many of the displaced in these locations live in unfinished buildings and will soon urgently require thermal blankets and plastic sheets to protect them during the winter.

On 9 and 10 October, the UN Hub–Tartous team led a joint humanitarian mission to Idleb City, marking the first time in 2013 that UN international staff had direct access to the city. During the mission, the UN team secured important agreements regarding access to enable the delivery of future humanitarian assistance with the Governor of Idleb; conducted rapid assessments and site visits; and strengthened networks with local counterparts. The mission observed that more than 30 per cent of the schools in Idleb have either been converted to shelters or were damaged due to the ongoing conflict. Existing water, sanitation and hygiene (WASH) services were overstretched due to an increase in the number of displaced people. The availability of health services was insufficient and specialized care services did not exist. The mission concluded that displaced people in rural and urban areas urgently need food, winter-specific accommodation support, non-food items (NFIs), and medical and hygiene assistance.

**Overview of the coordinated humanitarian response**

**Health partners mobilize rapid response with the Government to address polio**

Health authorities in Syria and surrounding countries initiated the planning and implementation of a comprehensive response to the polio outbreak following initial reports of suspected cases on 17 October. The MoH requested local health authorities to
undertake containment measures immediately, and to quickly mobilize capacity to launch the national immunization campaign on 24 October, more than two weeks earlier than planned.

The immunization campaign aims to administer vaccination doses to 1.6 million children under age 5 for polio, measles, mumps and rubella (MMR), as well as vitamin A supplements for children under age 5. Deir-ez-Zor is initially the priority area for the campaign, with the aim to contain the outbreak. Through SARC and private clinics, approximately 27,000 children under age 5 in Al-Ma’adin district had received polio vaccines as of 2 November. Targeted media campaigns and messages are ongoing to build people’s confidence and in compliance with the vaccination campaign. UNHCR has facilitated sensitization sessions regarding polio and available health services for more than 450 people, including women, children and displaced people, at its distribution centre for cash assistance in Damascus.

According to health officials, it will take a minimum of six to eight national oral trivalent polio vaccine (OPV) campaigns targeting children under age 5 to combat the polio outbreak. The initial round is under way, with a second round planned for December 2013. Six additional rounds will be conducted nationwide in 2014. Door-to-door campaigns will be conducted in the areas of confirmed cases and immediate surrounding areas. A “birth dose” of OPV will be added to the routine vaccination schedule for children.

On 4 November, the Syrian Deputy Foreign Minister, Faisal Muqdad, affirmed the Government’s commitment to “make the vaccine available to every child in Syria, whether in a ‘hot’ zone or a region controlled by the army.” To optimize coverage, particularly in hard-to-reach areas, the planned response aims to engage SARC, international and national NGOs and community workers. Health authorities, UNHCR, UNICEF and WHO are also planning to airlift polio and measles vaccines to hard-to-reach areas in north-east and eastern regions of Syria.

In parallel, efforts are being made to increase the sensitivity of the AFP surveillance system to enable rapid detection and response.

**Humanitarian actors support Syrians evacuated from Madamiyet**

Immediately following the report that the Government of Syria and SARC were evacuating civilians from Madamiyet, a number of UN agencies visited Qudsaya Dahit, the location to which civilians were transported, to assess their conditions and needs. On 17 October, an inter-agency technical mission, including IOM, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO and OCHA, determined that while food and water were urgently needed upon arrival, many evacuees were leaving collective shelter to move to other areas. There will be an immediate distribution of food, water, medical supplies and NFIs, including mattresses, blankets, jerry cans, clothes and hygiene kits, for approximately 3,900 people.

UN agencies and partners are reviewing the potential long-term support needed. For example, UNHCR is reviewing options such as mobilizing peer-to-peer training on livelihoods skills, as well as providing psychosocial support. The possibility of registering children in school is being examined.

**Joint humanitarian convoys deliver assistance to hard-to-reach areas**
Throughout the past month, UN agencies and partners have successfully negotiated and delivered several joint humanitarian convoys across conflict lines to reach communities in need in the following conflict zones: Al Ghanto, Al Qaryatayn, Sadad Talbiseh and Tir-Maallah, in Homs governorate, and Aleppo City. OCHA coordinated the convoys with the support of the Logistics Cluster and SARC.

On 10 and 13 October, the UN Hub–Homs team led joint humanitarian missions with SARC to Tir-Mallah and Al Ghanto, Homs. In Al Ghanto, the convoy transported 125m³ of relief items on behalf of UNICEF, UNHCR, UNFPA and WFP to deliver food for 5,000 people; NFIs for 5,000 people; and WASH items and medicines for 12,000 people. In Tir-Mallah, 11 trucks carried 484m³ of relief cargo on behalf of IOM, UNICEF, UNHCR, UNFPA, WFP and WHO, including food, NFIs and WASH items for 7,500 people and medical supplies for 16,000 people.

On 24 October, the UN Hub–Homs team dispatched a joint humanitarian convoy of 10 trucks carrying 465m³ of relief cargo on behalf of IOM, UNFPA, UNICEF, WFP and WHO to Talbiseh, which hosts an estimated 150,000 displaced people, and which last received assistance via a joint humanitarian convoy in May 2013. Accompanying SARC Homs until the last Government checkpoint, the UN/SARC team ensured dispatch of the following life-saving supplies: food for 20,000 people; NFIs for 20,000 people; WASH items for 20,000 people; and medicines for 36,800 people.

On 29 October, the UN Hub–Homs team conducted a joint humanitarian convoy with 734m³ of relief cargo transported on behalf of IOM, UNICEF, WHO and WFP to Al Qaryatayn. This was in order to meet the needs of families recently displaced (approximately 40,000 people) due to increased fighting in Mahin. The convoy delivered medicines for 7,500 people; food for 24,000 people; WASH items for 25,000 people; and NFIs for 10,000 people. On 3 November, the UN Hub-Homs team mobilized a joint humanitarian convoy to Sadad to dispatch comprehensive (i.e. all sectors) supplies for 1,500 families (approximately, 7,500 people). It also conducted a field visit to Fairouzeh and Zidal communities, which host displaced people from Sadad.

On 21 to 24 October, successive convoys transported food for 42,500 people and NFIs for 4,000 people to Aleppo City, to be distributed by SARC Aleppo.
Inter-sector winterization framework enables preparedness and planning

Temperatures in Syria are expected to drop to between 2 to 10°C during the winter, and possibly reach the sub-zero temperatures previously recorded in the far northern interior. Essential goods and services, such as shelter and fuel, typically become more costly during winter. People are more exposed to health threats and income-generating opportunities become scarce. The resultant decline in the purchasing power of vulnerable people will put food and nutrition security and health at increased risk. As temperatures drop, a rising number of school staff and students will find it difficult to remain warm at school, as not all classrooms will be heated and winter clothes are not sufficiently available. According to the reports from previous years, as well as the results of the Early Warning Alert and Response System, the risk of some diseases associated with overcrowding and indoor air pollution will significantly increase during the upcoming winter season. These diseases include influenza; acute lower respiratory infections; chronic respiratory diseases, such as asthma, meningitis and TB; and skin diseases, such as scabies and lice. Such conditions—extended over multiple months during the winter—will exacerbate the already dire living conditions of millions of Syrians and refugees. The situation requires an immediate response to meet vulnerable people’s needs.

In October, UN agencies and partners endorsed the Inter-sector Winterization Framework. It highlights core strategic and operational response activities identified by respective sectors and identify funding gaps in line with priorities set under the 2013 Revised SHARP. A lessons-learned exercise on the winterization response during 2012 and 2013, along with broad sectoral consultations during August and September, underpin priority actions and standardized response activities. UN agencies, international and national NGOs and SARC have scaled up their preparedness and operational response to effectively address increasing and specific humanitarian needs during the onset of the cold weather.

NFI sector partners aim to target 2 million affected people with standardized winterization relief—more people than were set as a target in the 2013 Revised SHARP due to a rise in needs. A shelter sector Technical Working Group, convened in August 2013, agreed to shift its focus to official collective shelters (which host approximately 3 per cent of the displaced population) to private shelters during the winter (known as the Private Shelter Upgrade strategy). The health sector has identified strategic actions to detect, prevent and
promptly respond to any rise in public health threats in the winter with a target of 3.1 million people during the winter months. The food and agriculture sector aims to reach 4 million people (800,000 families) with a balanced food basket that is sufficient to meet up to 80 per cent of the minimum requirement for daily calories. The sector partners will pre-position emergency fuel rations and provide Wonderbags® (heat-retention devices that reduce fuel and water consumption for cooking purposes) for families without sufficient resources to meet their heating needs. Vulnerable households will receive agricultural inputs to increase access to food while enhancing their income-generating capacity. Nutrition sector partners aim to focus on the detection and prevention of, and the response to, the increased risk of malnutrition in winter, including by providing nutritional supplements for effective treatment and supercereal+ for prevention. Income-generating opportunities and local procurement plans are at the centre of the early recovery and livelihoods sector winterization strategy. It includes UNDP’s initiatives for emergency employment for solid waste collection in shelters for 1,000 people and producing winterization items for at least 2,000 people.

**Distribution of winter-specific non-food items under way**

Since September, shelter sector actors have prioritized the procurement and stockpiling of standardized winterization items to enable urgent distribution to the most affected people. At the end of October, Syrian customs cleared 22 shipping containers loaded with UNHCR relief items that arrived in the coastal port of Tartous. They include more than 29,000 tarpaulins, 150,000 sleeping mats, 100,000 blankets, 75,000 jerry cans and 30,000 kitchen sets. All items will be distributed to tens of thousands of vulnerable displaced people across Syria.

IOM has initiated delivery of thermal blankets. Despite access challenges in hard-to-reach areas, UNHCR dispatched core relief items for 2,000 families (10,000 people) in Idleb; 10,000 people in Central Aleppo; 20,000 displaced people in Ar-Raqqa; 3,680 people in Al Rihayat and Massahadah rural areas through the Syria Trust; and 2,000 people in Jasem, Dar’a after several previous failed attempts.

International Medical Corps (IMC) distributed 5,000 hygiene kits to families in Aleppo, Hama, Homs and Rural Damascus. It also distributed winter clothes to 1,200 children and 200 elderly people. Danish Refugee Council provided basic NFIs, including mattresses, blankets, kitchen sets, hygiene kits and clothes, to 4,000 households (20,000 people) in Dar’a and 2,920 households (14,600 people) in Rural Damascus. Première Urgence distributed 3,320 hygiene kits to 16,600 displaced people in Aleppo, Hama, Homs, Rural Damascus and Tartous. SOS Children’s Village delivered 250 hygiene kits in Damascus and 1,000 hygiene kits in Rural Aleppo. IOM distributed 23,690 relief items, including hygiene kits, house-cleaning kits, diapers, jerry cans, mattresses, underwear and wheelchairs to 88,494 vulnerable displaced and affected people in Ar-Raqqa, Damascus, Hama, Homs, Idleb, Rural Damascus and Tartous.

Following a temporary halt in assistance due to the disruption of network and bank capacity, UNHCR resumed cash-assistance distribution, in lieu of non-food items, to 47,328 people in Qamishli. It initiated a fourth round of distribution in Damascus.
In October, IOM co-conducted a Training of Trainers (ToT) for shelter sealing-off kits with IFRC and SARC for 22 participants from IOM, UNHCR, SSSD, UNRWA, DRC, SARC, IFRC and ICRC.

UNHCR, the Ministry of Local Administration and SSSD signed a tri-partite agreement to construct 200 housing units in Rural Damascus to improve the living conditions of displaced families. The new housing capacity aims to enable Government establishments to re-open. This includes schools, which have been used as collective shelters.

**Logistics Cluster meets needs of UN agencies and partners**

The Logistics Cluster is leading the construction of the UN Hub in Tartous (for a capacity of 120 to 150 staff), as per the decision of the UN Country Team in Syria. The plot for construction has been identified, and construction is expected to begin in November 2013.

The Logistics Cluster has established a new warehouse in Sahnaya (Rural Damascus) with a storage capacity of 6,300 m², replacing the previous cluster storage in Kisweh (Rural Damascus). The cluster purchased 20 trucks for SARC. They are at Beirut Port and will be transported by road from Beirut to Damascus once customs clearance and transport arrangements are completed. The trucks are expected to arrive in Damascus during November 2013.

**WFP dispatches food to assist 3.4 million people, but challenges remain**

WFP concluded its October dispatch cycle on 31 October, achieving 86 per cent of the dispatch plan and moving 684,318 family food rations sufficient to assist 3.4 million people within Syria. Distribution is ongoing. The distribution for September concluded on 22 October, with 498,509 family rations distributed to 2,492,545 beneficiaries, representing 83 per cent of the target of 3 million. Out of this, 199,992 family rations were distributed by partners.

To maximize its delivery capacities and increase the efficiency of the overall emergency response, WFP augmented the number of transporter companies contracted and will reinforce the established networks and connections for each one.

Despite these improvements, additional challenges continue to affect the capacity to deliver much-needed food assistance in many areas. Ongoing and intensified fighting, security risks along transport routes and bureaucratic restrictions continue to preclude access to many locations, reducing the ability to deliver assistance at planned scales most notably in Aleppo, Idlib, Homs and Rural Damascus governorates.

Slight improvements in road conditions enabled the delivery of food rations to 100,000 people in Aleppo City through joint humanitarian convoy and regular deliveries. Following approval from line ministries, a joint WFP/FAO Rapid Food and Agriculture Assessment was launched on 21 October to update the food-security analysis across the country. Nineteen teams covering all 14 governorates in Syria commenced fieldwork on 27 October.

**UNHCR, UNFPA and actors provide targeted protection assistance**

The degradation of families’ economic power imposes financial burdens on female-headed households and puts women at further risk of gender-based violence (GBV). UNFPA continued to provide vital hygiene products to 12,000 families in Talbiseh and Al Qaryatayn neighbourhoods in Rural Homs to preserve families’ dignity in the conflict zones. Seven health professionals from IMC, DRC and SARC were trained on screening, clinical management and counseling for GBV survivors. In Damascus and Rural Damascus, 150 GBV survivors received medical and psychosocial support counseling, community services and legal advice through UNFPA-supported mobile teams.

On behalf of the Protection and Community Services Working Group (PCSWG), UNHCR organized two workshops for HCT members in collaboration with the Global Protection Cluster and UNHCR’s Global Learning Centre. This works towards operationalizing the SHARP 2013 strategic objective to enhance the protection of civilians in Syria through
protection mainstreaming. From 27 to 28 October, a Protection in Emergencies workshop brought together 34 participants from staff of PCSWG members (UN agencies, international and national NGOs). It covered issues including the meaning of protection, the normative framework, protection analysis tools, information management and access, and advocacy. From 29 to 30 October, a Protection Mainstreaming workshop was held with 24 participants from the PCSWG and sectors including food, WASH, health, child protection, GBV and early recovery/livelihoods. They discussed the importance of protection mainstreaming, as well as practical strategies and sectoral checklists for doing so. UNFPA and protection actors addressed rising psychosocial needs

UNFPA, through the Syrian Family Planning Association (SFPA) and SARC volunteers, provided psychological first aid, psychosocial support and counseling for 2,000 women residents in the conflict-affected areas of Damascus, Deir-ez-Zor, Homs, Idleb and Rural Damascus. Many displaced people participated in recreational activities conducted in shelters across Damascus, reaching 1,114 affected people, including children, adolescents and mothers. A total of 695 displaced people accessed psychosocial support from four clinics in Damascus and Rural Damascus, of whom 496 also received access to specialized services from psychiatrists and psychologists.

UNHCR provided mental health and psychosocial support (MHPSS) case-management training for 20 new case managers at SARC clinics in Zahera, Mezzeh, Qudsayya, Masaken Berzeh and An-Nabk in Damascus and Rural Damascus. IOM identified a gap in the capacity of frontline workers who will mainstream mental health and psychosocial support in delivering humanitarian assistance in Aleppo, Lattakia, Homs and Tartous. IMC, in coordination with SARC, continued to provide psychosocial support in Damascus in the form of recreational activities, counseling and early childhood training programmes to 2,567 people in eight communal shelters, various centres and primary health clinics. This brings the total number of displaced people assisted since the beginning of 2013 to 15,123.

To scale up MHPSS, WHO conducted a two-day workshop for 20 psychiatrists and sociologists, representing MoH, Ministry of Higher Education, SARC, local NGOs and UN agencies from Damascus, Deir-ez-Zor, Homs and Lattakia on mental-health activities in crisis and post-crisis situations.

During the reporting period, UNICEF and partners provided psychosocial support to over 6,200 children in Dar’a, Homs, Rural Damascus and Tartous, and to 27,075 youths, including 2,819 adolescents in Homs.

Child-protection response addresses increasing needs

Protracted conflict, displacement and deteriorating crisis often result in children losing their first line of protection: their parents. Therefore, the National Committee on Alternative Care, established by the Ministry of Social Affairs in collaboration with UNICEF, held three sessions to revise and update the last draft of the alternative care law. The outcomes aim to ensure the protection and well-being of children deprived of parental care, and to achieve an agreement on key principles.

Through its implementing partner SARC, UNHCR expanded an existing child-protection centre in Damascus by adding a child-friendly space to the cash-distribution point. In Aleppo, SSSD expanded to three new shelters and now provides recreational activities in six shelters in Aleppo. A total of 1,139 women and children participated in activities such as games, songs and discussions. UNICEF completed the second phase of its nine-day Training of Trainers (ToT) workshop for 38 social workers from MoSA on humanitarian relief, child rights and the protection of women and children. IOM maintained its technical supervision of 38 caregivers from the SOS Children’s Village, who manage the cases for 180 children from Aleppo and Damascus.

UNICEF and education actors deliver education assistance
The Back to Learning campaign, launched on 15 September 2013, continues to promote access to education, with a focus on hard-to-reach areas. It has reached more than 500,000 conflict-affected children. School bags and education supplies, including 1,583 teaching-learning kits, 1,204 recreation kits and 265 early childhood education kits, have been delivered in Ar-Raqqa, Damascus, Deir-ez-Zor, Homs, Idleb, Quneitra, Rural Damascus and Tartous.

The following number of adolescents received life skills and vocational-awareness training: 700 in al Hamra and al Wa’er regions in Homs, in cooperation with al Birr; 200 in Tartous shelters through a local NGO; more than 2,000 Palestinians in camps, including in Aleppo, Damascus, Dar’a, Hama, Homs and Lattakia, and in IDP shelters in Mazzeh area, Jaramana camp, Al-zahera area and in Rural Damascus (Al-Ramadan camp, Seada Zeinab camp, Qudsia area) through UNWRA; 300 in the adolescent-friendly spaces in Aleppo; 150 in Damascus, in cooperation with the Ministry of Religious Affairs; and 150 in cooperation with the Ministry of Environment and the Ministry of Education. Also, 640 children and adolescents received art and recreational activities in Damascus shelters, in coordination with the Ministry of Culture.

WHO and health partners ramp up vaccination campaigns and support for chronic health conditions

On 20 October, the MoH, UNICEF and WHO launched the MMR part of the national immunization campaign, targeting 800,000 school children in the second cycle of elementary schools across all 14 governorates.

During September and October, WHO reached more than 1,264,771 people across conflict lines in Al Hassakeh, Ar-Raqqa, Damascus, Homs, Idleb and Lattakia with medicine and medical supplies. They provided a portable ventilator, three portable autoclaves and four nebulizers.

UNHCR supported 20 health volunteers to participate in a vaccination campaign. This enabled 451 women and girls between the ages of 15 and 45 living in 29 shelters in Al-Hassakeh to receive a tetanus vaccination.

UNICEF, through its local NGO partners and SARC, has set up 12 additional mobile teams in rural Homs, providing paediatric and other primary health-care services. Some 41,910 children were reached in October across 63 mobile medical teams in 14 governorates and fixed centres in Damascus, Rural Damascus, Hama and Qunyitra.

Since the agreement was signed with UNHCR’s partner Taalouf in September, two health centres and one public hospital, covering eastern and western parts of Aleppo City, have received financial support, equipment and medicines to maximize the availability of free health care for the most vulnerable. They have treated 9,250 patients, including emergency cases. UNHCR supported the Ministry of Health with the provision of Tacrolimus medicines for approximately 3,000 patients with kidney transplants.

Thirty-seven medical workers from As-Sweida, Damascus, Dar’a, Hama, Homs, Quneitra and Rural Damascus participated in training on the Health Resources and Services Availability Mapping System to strengthen emergency response. WHO provided training for 63 doctors from As-Sweida, Damascus, Dar’a, Homs, Quneitra and Rural Damascus on leishmaniasis case management and the leishmaniasis surveillance system to reinforce prevention and response. UNHCR outreach volunteers conducted a session on
diabetes awareness for 85 diabetic patients in the Barzeh area of Damascus. Partners conducted five courses on health awareness for 1,025 displaced people in As-Sweida, Dar’a and Tartous.

**Prevention and treatment of malnutrition is mobilized**

Malnutrition among children continues to be reported by some NGOs in hard-to-reach areas, such as Aleppo and Hama governorates. Similar reports from Deir-ez-Zor, Idlib and Rural Damascus indicate that children at risk of malnutrition are being admitted for treatment to Al-Mujtahid and the children's university hospitals in Damascus, where they will benefit from the recently opened UNICEF-supported Outpatient Therapeutic Programme. Over the past month, UNICEF has provided nutrition supplies sufficient to benefit 900 children under age 5, including 100 boxes of Plumpy Doz; 10 boxes of F75 therapeutic milk; 15 boxes of F100 and 5,000 cap vitamin A. In addition, 1,800 boxes of High Energy Biscuits were provided to benefit 9,000 children under age 5 for four weeks. These supplies include those earmarked for children recently evacuated from the sealed-off town of Madamiyet.

**More than 2.1 million Syrian refugees**

<table>
<thead>
<tr>
<th>Country</th>
<th>Refugees registered and/or assisted awaiting registration as of 5 November 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egypt</td>
<td>126,081</td>
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<tr>
<td>Iraq</td>
<td>199,297</td>
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<tr>
<td>Jordan</td>
<td>544,374</td>
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<td>Lebanon</td>
<td>812,268</td>
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<td>Turkey</td>
<td>510,826</td>
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<td>North Africa</td>
<td>14,959</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>2,207,805</strong></td>
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Source: UNHCR as of 5 November 2013. For updated figures and more information: [http://data.unhcr.org/syrianrefugees/regional.php](http://data.unhcr.org/syrianrefugees/regional.php). The above figures are based on numbers registered in each country and/or those who are assisted while waiting for registration.

**Urgent funding needed for winterization response**

The coordinated response from within Syria, the Revised SHARP 2013, is less than 60 per cent funded. The UN and its partners estimate that $179 million is urgently needed to implement all components of the winterization strategy and sustain response, including food, water and medicines, until the end of 2013.

<table>
<thead>
<tr>
<th>Response plan</th>
<th>Original Requirements (USD)</th>
<th>Revised Requirements (USD)</th>
<th>Funding Received (USD)</th>
<th>% funded</th>
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</thead>
<tbody>
<tr>
<td>Revised Syria Humanitarian Assistance Response Plan (SHARP) 2013</td>
<td>519,627,047</td>
<td>1,409,812,466</td>
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<td>Syria Regional Response Plan (RRP) 5</td>
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<td>2,981,640,112</td>
<td>1,876,724,093</td>
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<tr>
<td>Total funding to appeals (SHARP + RRP)</td>
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<td>4,391,542,578</td>
<td>2,683,299,249</td>
<td>61</td>
</tr>
</tbody>
</table>

Source: FTS tracking as of 5 November 2013

**Emergency Response Fund (ERF) expected to fall below $7 million**

Recent funding from Ireland (1.25 million EUR/$1.7 million) and Colombia ($100,000) has brought the total funding received since March 2012 to $51.8 million, of which the ERF will have expeditiously allocated 86 per cent by mid-November.
Following the expected allocation of $3.1 million over the next two weeks, the ERF will be drawn down to a mere $7 million, putting at risk a key mechanism that enables rapid life-saving interventions in the Syria crisis.

During October 2013, the ERF has allocated funding for three projects inside Syria. To meet increasing needs for health assistance, two separate WHO projects were funded to enable a response for hemodialysis treatment and to fill the gap related to an intravenous fluid shortage in Syrian hospitals. One IOM project was funded to provide NFIs to affected people.