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FIGURES

People in need of humanitarian assistance	11.1 M
People in acute need of humanitarian assistance	4.7M
Internally displaced people (as of July 2019)	6.1M
Population Movements (January-September 2019)	1.265M
Returnees (September 2019)	341,247

Source 2019 PMR

HRP 2019 FUNDING

3.29 billion requested (US\$)

1.9 billion received (US\$)

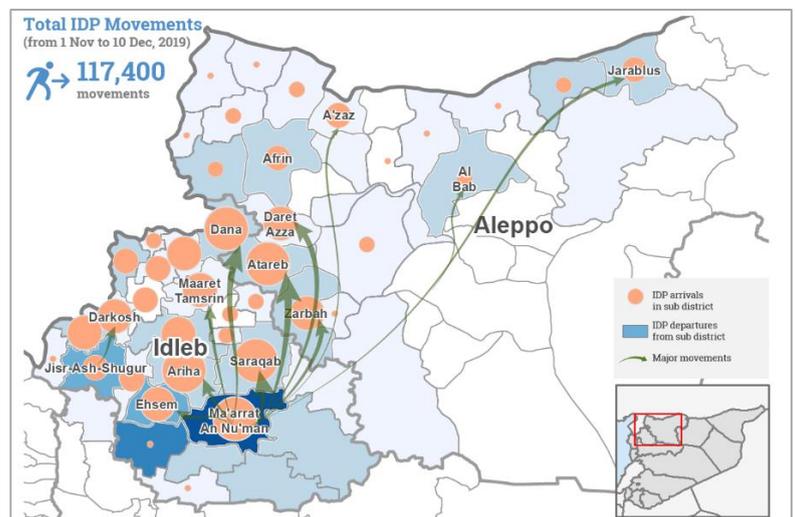
58.1% funded

Source OCHA FTS in 21 December 2019

Growing Humanitarian Concerns in North-west

Humanitarian conditions have worsened for the 4 million women, children and men in north-west Syria following an escalation of hostilities and further displacement, compounded by winter temperatures, heavy rains and economic instability.

The latest escalation in violence exacerbates an already dire humanitarian situation for people, particularly in Idleb Governorate, where in recent weeks, tens of thousands of people have been newly displaced in the hostilities. These newly displaced people add to the over 400,000 that were displaced as a result of hostilities since the end of April, many of them multiple times. According to the Office of the United Nations High Commissioner for Human Rights (OHCHR), over 1,300 deaths were reported from 29 April through 12 December.



More than seven months on, clashes, shelling and air strikes, including the use of barrel bombs, have taken a devastating toll on people and critical civilian infrastructure in the area, damaging schools, hospitals and more, while hindering humanitarian aid operations and driving up food prices. Entire towns and villages have been razed to the ground, while dozens of communities have been emptied. Residents in government-controlled areas have been affected with indiscriminate fire into their areas.

Since 16 December, aerial bombardment has again intensified in southern Idlib, affecting large population centres such as Ma'arrat An-Nu'man and Saraqab, as well as smaller towns and villages in the countryside of Ma'arrat An-Num'man. This escalation in violence resulted in a new wave of displacement from the area, to which OCHA reported on [21 December](#). On 19 December, ground fighting resumed along the frontlines in southern Idlib Governorate, amplifying this wave of displacement as civilians flee in anticipation of fighting reaching their communities next.

Initial estimates point to upwards of 80,000 people being displaced from southern Idlib since the start of November, with internally displaced persons (IDPs) moving primarily to northern parts of the governorate, increasing pressure on already over-crowded and overstretched IDP camps. Most of the recently displaced are going to urban areas such as Idlib city, Saraqab, Ariha and to IDP camps in northwestern Idlib.

Several humanitarian actors have been forced to suspend operations in southern Idleb, while others are considering this option should the insecurity persist or deteriorate further.

Many of these vulnerable people now on the move reported that they have not eaten nor slept for days due to sustained airstrikes and shelling, and are in urgent need of humanitarian support, including shelter, food, health, non-food and winterization assistance.

With temperatures dropping – some nights falling to zero and below - heavy rainfall has compounded the problem, while increasing protection, health and other risks. Since the beginning of December, heavy rains have resulted in flooding, blocking several roads and affecting dozens of IDP camps and settlements, destroying and damaging tents and directly impacting and increasing the vulnerability of thousands of families, not to mention disrupting humanitarian activities.

Meanwhile, fuel shortages have emerged as a key challenge, with the supply of oil from north-east Syria having become severely limited since early October. The consequences of these shortages are dire for transportation and agriculture, as well as for running the generators needed to power hospitals, bakeries and schools, as well as for cooking and heaters. Imported fuel is the only other option available, and the reduced supply coupled with growing demand for heating has resulted in a substantial increase in fuel prices. In January 2019, the average monthly salary of a daily worker could purchase 59 nights' worth of heating fuel, while the same worker today would only be able to afford enough for 21 nights. In some IDP camps, residents are pooling their resources to heat one tent to keep all the children warm through the night, while they keep watch in the cold should the tent catch fire. Some have resorted to burning whatever they can find or spare, such as old clothes, blankets, and tires.

The humanitarian situation is further aggravated by the rapid decline of the Syrian Pound (SYP), which has weakened against the US dollar by approximately 80 per cent over the past year, with one dollar buying 495 SYP in December 2018 and buying 900 SYP in December 2019. The erosion of people's purchasing power across the region has a devastating effect on the civilian population, as it makes essential goods and services unobtainable by increasing their real costs, leading to increased vulnerability, poverty levels, and negative coping mechanisms. The potential humanitarian impact of inflation and the collapse of the SYP also extends to the quality of health, education and other services that humanitarian actors can deliver.

Extensive Psychosocial Support Needs at Al Hol

Psycho-social needs remain a key concern at the Al Hol IDP camp, home to over 68,000 people, in Al-Hasakeh Governorate.

In recent months, thousands of residents have departed the camp, including hundreds of internally displaced Syrians who have returned to their places of origin, most of them in Al-Hasakeh, Deir-ez-Zor and Aleppo governorates.



Of the camp's population today, approximately 94 per cent are women and children, including 36,000 children under the age of 12. Many children have experienced abuse, forced recruitment and exposure to extreme violence, and now live in challenging conditions in the camp.

Some of the most vulnerable at Al Hol include over 1,200 unaccompanied/separated children (UASC). As of December, 115 UASC remain in interim care centres awaiting

family reunification and tracing. At the same time, to date, UNICEF has assisted 266 UASC to be reunified with relatives. On 21 November, the United Kingdom announced that arrangements were underway to facilitate the repatriation of several British orphaned children. In addition, two Austrian children, one Albanian child, and one Danish child were recently repatriated to their home countries.

Women and children in the camp face specific threats to their safety and wellbeing. The vast majority of families in the camp are headed by women, who - with limited means to earn an income – are often the sole caregiver responsible for their children and elderly relatives. With such a large camp population and complex humanitarian response, the security situation can be tense. Humanitarian partners often face access constraints, limiting the possibility of expanding much-needed services.

Nevertheless, UNICEF and partners continue to deliver. Support includes psychosocial support services, family tracing, case management, interim care, mine risk education, awareness raising on violence against children and women, as well as recreational activities to support children’s well-being.

Addressing gender-based violence (GBV) in the camp is challenging, including for reasons of traditional social norms. Partners have utilized reproductive health programmes to overcome barriers to reach women and girls. GBV mobile teams regularly deliver awareness sessions, counselling, psychological first aid and referrals. Women and girls’ safe spaces have also been established, providing a wide range of services, including vocational training and literacy courses. Children in Al Hol have severe and complex needs which require specialized services.

Children and their families have experienced high levels of violence and deprivation, and there remains an urgent need for children to be protected, treated as children, supported with life-saving assistance, helped to achieve a positive future, and to be cared for without discrimination. Interim care arrangements – including fostering care by properly identified and trained families, both temporary and prolonged – remain urgent.

Bridging the Health Services Gap in Dar’a

More than a year after the end of hostilities in Dar’a, southern Syria, life remains far from normal. While tens of thousands of people have gradually returned after the end of violence in 2018, returning families face a wealth of challenges. Chief among their concerns is the debilitated healthcare system: years of fighting have left limited health services in the governorate, home to more than one million inhabitants.



Before the crisis, there were 112 health facilities in Dar’a, of which 19 are completely out of service today, and most others remain only partially functional. There is limited electricity in the governorate, and hospitals must rely on solar power or generators. The lack of facilities often means families must travel long distances – in some cases more than 80 kilometers - to access even basic healthcare. A number of private clinics are operating, but with more than 80 per cent of Syria’s population living below the poverty line, few people can afford the cost of private care.

Humanitarian partners have provided support to help bridge the gap. There has been assistance to rehabilitate Dara's two functioning hospitals and other health facilities. Humanitarian NGOs also reach more people through mobile clinics, including some run by WHO and local NGO partners with the support of the Syria Humanitarian Fund.

But even with improved public facilities and humanitarian NGO-funded clinics available, there are limits. Patients face a long queues for surgeries at the public hospitals, and NGO-funded clinics often only provide primary health care, with more complex cases requiring referrals to hospitals in Damascus. Some specialized treatment – including care for disabilities or even dental care – is simply not available.

Before 2012, local Dar'a resident Ahmed said, "life was never better". He owned a house, his own business and had a young family with five children. When conflict engulfed Dar'a, he had no choice but to flee. Even as he has returned to rebuild his life, he has faced challenges accessing health services.

"At times, I have struggled to find asthma medicine for my daughter," he said. Like most other families in the area struggling to piece their lives back together, Ahmad finds it difficult to meet the costs of health care. "Most families have lost homes, belongings, lands and savings, they aren't able to afford anything else," he said.

A lack of health workers has exacerbated the problem. Khaled, 32, is a general practitioner with his own clinic in Atman village, north of the city. Even with 10,000 people living in Atman, "I serve as the only doctor," he said. Prior to the conflict, Khaled said, it was a different story. "It was the golden age for medicine here, even complex surgeries were available," he explained. Now, there are just over 50 physicians working in the governorate, against a need of at least 300.

Khaled noted that many of his former health colleagues have chosen not to return to Dar'a, often because of ongoing security concerns, or because they have already settled somewhere else. Those who have returned are working constantly to try and meet the need, he stressed. "Many doctors work seven days a week. Some work for more than 10 hours a day," he said.

However, small, but important achievements are offering a glimmer of hope. Despite the conflict, immunization campaigns, including polio vaccinations, continued uninterrupted in the governorate. Humanitarian partners work to transport chronic and critical cases, including children cancer patients, to Damascus to receive medical treatment. And even with the enormous pressure, medical staff working with Directorate of Health and humanitarian partners are reaching more people through greater outreach. "Many people in areas where conventional health services are not available are counting on mobile clinics," Ahmed said.

Routine Immunization Re-established in the North-west Syria



The World Health Organization (WHO) and its health cluster partners have successfully re-established routine immunization in north-west Syria across the border from Turkey. In 2017, only 56 per cent of those children targeted to be immunized were reached while this year, the reach has been 100 per cent.

While displaced Syrians and returnees are those that are particularly vulnerable to outbreaks of infectious diseases,

immunization efforts are likely to have averted further degradation of their humanitarian needs.

Routine immunization is a proven tool for controlling and eliminating life-threatening infectious diseases. It is a building block of primary health care, never more important than in times of emergencies. It offers every child the chance of a healthy life from the outset, meaning that children under five are immunized against vaccine-preventable diseases, e.g. tuberculosis, pertussis, diphtheria, polio, tetanus, hepatitis B, Haemophilus influenza, measles, mumps and rubella.

But the challenges in north-west Syria are immense. Reliable health infrastructure is lacking, stakeholder priorities tend to differ, communication networks are poor, fuel prices for generators and transport fluctuate, funds are scarce, and access can prove particularly difficult. At the same time, ongoing displacement and hostilities, coupled with frequent changes of control of areas, demands extremely agile response and contingency plans.

Against this backdrop, [EPI](#), the Expanded Programme on Immunization is the roadmap ensuring children benefit from vaccines. A total of 16 NGOs and INGOs implement in the EPI centres in north-west Syria, while the Syria Immunization Group coordinates with support from WHO and UNICEF.

Between March 2017 and September 2019, a total of 100 routine vaccination centres were opened in north-west Syria. At the time of writing, eight out of 100 are currently not working; either because they have been relocated and merged with other centres, reflecting people's movements, or have been permanently closed. In terms of manpower, some 124 vaccination teams are operating in Idleb and Aleppo governorates.

In total, three polio vaccination campaigns targeting children under five took place in 2019 (January, July and December). The most recent campaign will eventually have reached 815,000 children in six days, despite obstacles and ongoing insecurity.

Both 2013 and 2014 saw an outbreak of wild poliovirus while in 2017 Syria was affected by a circulating vaccine-derived poliovirus. In terms of halting the spread of measles, a considerable success has been achieved. By the end of epidemiological week 48, there were 687 suspected measles cases, of which 197 were positive. In comparison, in the same period last year, by the end of EPI week 48, suspected cases were nearly 18,000.

In the first nine months of 2019, WHO and UNICEF provided 1.2 million vaccines to health cluster partners in north-west Syria. Despite the achievements reached, Syria remains at high risk of outbreaks. Included in those concerns are an unpredictable security situation, a potential collapse of the EPI centre network due to external factors, as well as polio cases in Afghanistan and Pakistan. According to WHO, the poliovirus can easily be imported into a polio-free country and can spread rapidly amongst unimmunized populations.

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