



This report is produced by the OCHA Syria Crisis offices with the contribution of all sectors in the hubs and at the Whole of Syria (WoS) level. It covers the period from 1 December – 31 December 2017. The next report will be issued on or around 10 February 2018.

Highlights

- The overall humanitarian and protection situation for civilians displaced from Ar-Raqqa city remains of high concern, particularly with regard to the impact of explosive hazards contamination on safe returns and safe access for humanitarian actors. According to the US-led Coalition, between 20 October 2017 and 3 January 2018, explosive hazards have reportedly killed 220 civilians and injured hundreds of others in Ar-Raqqa city.
- In Deir-ez-Zor city, military operations and associated heavy aerial attacks have reportedly resulted in explosive hazards contamination. While the scope and scale remains unknown, this contamination is a major protection concern for IDPs who may return to their homes, while also impeding safe and timely delivery of humanitarian assistance.
- The number of IDPs in main IDP camps in northeast Syria continues to decline, but remains significantly above existing camp capacities. In addition to concerns with regards to the camp overcrowding, serious protection concerns prevail in relation to recruitment, including child recruitment as well as gender-based violence (GBV)-related challenges for women and girls.



Situation Overview

Ar-Raqqa Governorate

Explosive hazards contamination continues to hamper humanitarian access and poses a serious threat to the returning population. Clearance operations have started in certain areas of the city, focusing on key infrastructures. The scale and scope of the contamination is not fully known given the absence of systematic survey. The UN and humanitarian partners continue to emphasize that, due to the high prevalence of explosive hazards, Ar-Raqqa city and surrounding areas are not safe for civilian returns. According to the US-led Coalition, between 20 October 2017 and 3 January 2018, 220 civilians were killed and hundreds of others injured due to presence of explosive hazards in Ar-Raqqa city. Blast victims remain overwhelmingly male.

In addition to the threat posed by explosive hazards, up to 80 per cent of all buildings in Ar-Raqqa city are severely damaged, and at risk of collapse. An unconfirmed number of corpses reportedly remain trapped under the rubble, posing a public health risk. Rubble removal campaigns continue in many neighborhoods, however, many residents reported to have paid for the cleaning of their streets by themselves.

The main water station serving Ar-Raqqa city and surrounding areas is reportedly functioning at limited capacity due to damage to the water network. Water trucking services are reportedly available in some neighborhoods; however, a severe shortage of drinking water continues to be a major problem in most neighborhoods. One health clinic is operating in the Al Ma'amoun neighborhood and some private pharmacies have opened in Ar-Raqqa city. Three medical practices have been re-opened by the first three doctors to return to the city. However, access to medicines and medical equipment remains limited.

Economic activity is slowly returning to the city with both small shops and larger workshops in the industrial zone of Ar-Raqqa city resuming their activities. The local sheep market, known locally as Al Makaf, has been re-opened again

for selling and purchasing livestock. Additionally, 37 bakeries have reportedly been re-opened across Ar-Raqqa governorate.

Deir-ez-Zor Governorate

Ongoing clashes between the Islamic State of Iraq and the Levant (ISIL) and Government of Syria (GoS) forces in southern rural Deir-ez-Zor governorate continued along the western bank of the Euphrates River. At the same time, Syria Democratic Forces (SDF) reportedly advanced along the eastern bank of the Euphrates River, establishing control over Hajin town, in Hajin sub-district. During the reporting period, 148 civilians were reportedly killed and hundreds more injured across Deir-ez-Zor governorate.

Military operations and heavy aerial attacks have reportedly resulted in explosive hazards contamination. While the scope and scale remains unknown, contamination is a major protection concern for IDPs who may return to their homes, including to areas where IDP sites' administration have announced return as feasible. Explosive hazards risk education is currently provided to IDPs originally from Deir-ez-Zor in IDP sites to promote safe behaviours and ensure that people who decide to return are aware of the risks they may face.

Humanitarian needs remain high throughout the governorate. Access to the main water network remains challenging for most communities in the governorate. Disrupted supply routes continue to limit the quantity of food available. On 12 December, a Syrian Arab Red Crescent (SARC) convoy delivered assistance for some 15,000 people (food, health and other relief items) to Abu Kamal city. The relief aid was provided by ICRC, IFRC and the UN. On 28 December, 26 IFRC trucks carrying 10,000 food baskets, 10,000 hygiene kits and 10,000 canned food reached Deir-ez-Zor city.

Access to healthcare is limited. The Assad Hospital is reportedly partially functioning, while the military hospital and a medical facility in the Al-Qasour neighborhood sometimes accept patients. However, all three facilities remain unable to satisfy the demand for medical support in Deir-ez-Zor city. Four new cases of Circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) were reported in Deir-ez-Zor governorate during the reporting period, bringing the total number of confirmed cVDPV2 cases to 74. On 8 December, the Deir-ez-Zor Directorate of Health (DoH) launched a routine vaccination campaign in Abu Kamal sub-district targeting 1,116 children aged ten months to ten years old, and a polio vaccination campaign targeting 900 children aged one day to five years old. On 2 January, 60 cases of leishmaniasis were reported by the Deir-ez-Zor DoH and NGO staff members in the western and eastern countryside of Deir-ez-Zor governorate.

Protection

While protection presence and interventions continued to be consolidated in the main IDP sites and hosting communities of Ar-Raqqa and Hassakeh governorates, several protection concerns continue to affect IDPs and returnees in northeast Syria, in the wake of military operations in Ar-Raqqa and Deir-ez-Zor governorates. Advocacy continues, including at high level.

Return movements to Ar-Raqqa city and SDF-controlled areas in Deir-ez-Zor governorate increased during the month of December, as the site camp administrations continued to advertise to the population several areas and locations that were allegedly suitable to return. While the voluntariness of returns is not disputed, intention to return remains influenced by the restriction of freedom of movements for IDPs that are still in place in various IDP sites. Freedom of movement remains a cross-cutting issue, deriving from the persisting practice of sponsorship by local entities for IDPs to be able to exit the sites and settle in nearby hosting communities of Hassakeh and Ar-Raqqa governorates. Fear of conscription and lack / loss of civil documentation were also contributing factors to movement restrictions for IDPs and may have been a push factor for return movements in less than favourable conditions.

The safe character of the IDP returns, which remains a core protection and humanitarian standard, has been challenged by the widespread contamination from explosive hazards, both in Ar-Raqqa city and in Deir-ez-Zor governorate. There is evidence that the contamination in Ar-Raqqa city, coupled with a still insufficient capacity in mine action response, led to an alarming number of trauma cases and continued to hamper safe returns and safe delivery humanitarian assistance. Until returns are physically safe and meet a number of minimum recognised humanitarian standards, it is imperative for the humanitarian community, as well as for the forces in control on the ground and their collaborating partners, to avoid the creation of pull and push factors leading to premature returns to Ar-Raqqa city. In line with do no harm considerations, the Guiding Principles on Internal Displacement and the "Core Principles Guiding the UN Position vis-à-vis Voluntary Return as a Durable Solution for IDPs in Syria" the humanitarian community is required to provide humanitarian assistance and services in a manner that neither supports involuntary return nor encourages return in unsafe situations.

While clearance operations have started in certain areas of Ar-Raqqa city, the scale and scope of explosive hazards contamination is not fully known and current clearance operations focus only on key infrastructures. Systematic technical explosive hazard survey is required to assess and understand the threats throughout the city and to enable clearance priorities to be determined. Marking and removal of explosive hazards is then required in areas of potential returns and humanitarian intervention.

According to regular monitoring led by protection partners, sponsorship was still described as a barrier to freedom of movement and remains mandatory for all IDPs in order to leave the sites and settle in hosting communities of Hassakeh and Ar-Raqqa governorates and possibly in other areas under the control of local entities. Unless IDPs moved forward to different destinations outside Hassakeh and Ar-Raqqa governorates, families continued to wait in IDP sites and screening points before being able to exit (e.g. reportedly some families waited at Abu Kashab for over a month until they could secure sponsorship). Reportedly, the temporary exit from IDP sites for administrative or other procedures (e.g. for civil servants or to obtain necessary civil documentation) remained conditional to leaving behind in the site some family members under the control of the local police/ site security. The enforcement of these measures continued to open the door to potential exploitation, with recurrent reports of sponsorships being secured after substantial financial transactions as well as reports of organised smuggling schemes in place, with IDPs paying smugglers to leave check-points unofficially. Special permissions remained in force for IDPs wishing to travel between villages of Ar-Raqqa governorate (north) while access to certain locations (e.g. Tal Abyad) remained denied without sponsorship. This in turn affected the ability of IDPs of accessing certain services (e.g. national hospital in Tal Abyad).

Recruitment affecting civilians, especially young men (aged 18-33 years) – but also cases of underage recruitment - remained a serious concern in IDPs sites and surrounding areas. Recruitment was also allegedly motivated by economic considerations, given the dire situations of IDPs and the impact of restricted movements on their resilience, as well as by societal pressure. However, it appears that the fear of being forcibly recruited, especially at checkpoints, further limited freedom of movement of the mentioned population group, affecting their ability to earn a living or access services (roles that are reportedly taken over by women and girls).

The expansion of mobile activities and static facilities by the main UN protection agencies and northeast Syria (NES) partners in main IDP sites and in several surrounding locations (e.g. Ras al Ain, Tal Abyad, Suluk) continued, as well as efforts to strengthen referral systems on child protection (between UNHCR and UNICEF) and GBV (UNFPA and partners). However, access to specialized services remained a challenge, both in sites and out-of-sites locations, including due to sponsorship policies hindering IDPs from reaching some well-established facilities in Hassakeh and Qamishli cities. While camp community structures are being reinforced (e.g. training and sensitization for block leaders conducted by UNHCR), and winterization support is being provided by other sectors, the overall servicing of the sites, in particular WASH facilities, lighting, overcrowding continued to contribute to protection risks, including GBV, particularly amongst new arrivals. Consultations in the major IDP sites highlighted how IDPs are often feeling unsafe, mostly due to the lack of adequate shelter, lack of privacy is a recurring issue. In Areeshah site, recent reports have flagged that the absence of adequate showers lead women and girls to bathe in their tents, women in Tuwayhinah site reportedly cannot use available latrines. With services for women and girls being scaled up as well as women and girls gaining more confidence in reporting and interacting with protection actors, situations of harassment and other GBV challenges emerged and require a structured response currently being addressed by protection and GBV partners.



Displacement Trends

An estimated 229,700 people from and within Deir-ez-Zor governorate and an estimated 92,500 people from and within Ar-Raqqa governorate were displaced between July 1 and 12 December 2017, according to the Camp Coordination and Camp Management (CCCM) Cluster. Displacement data for mid- to late December is unavailable due to operational challenges.

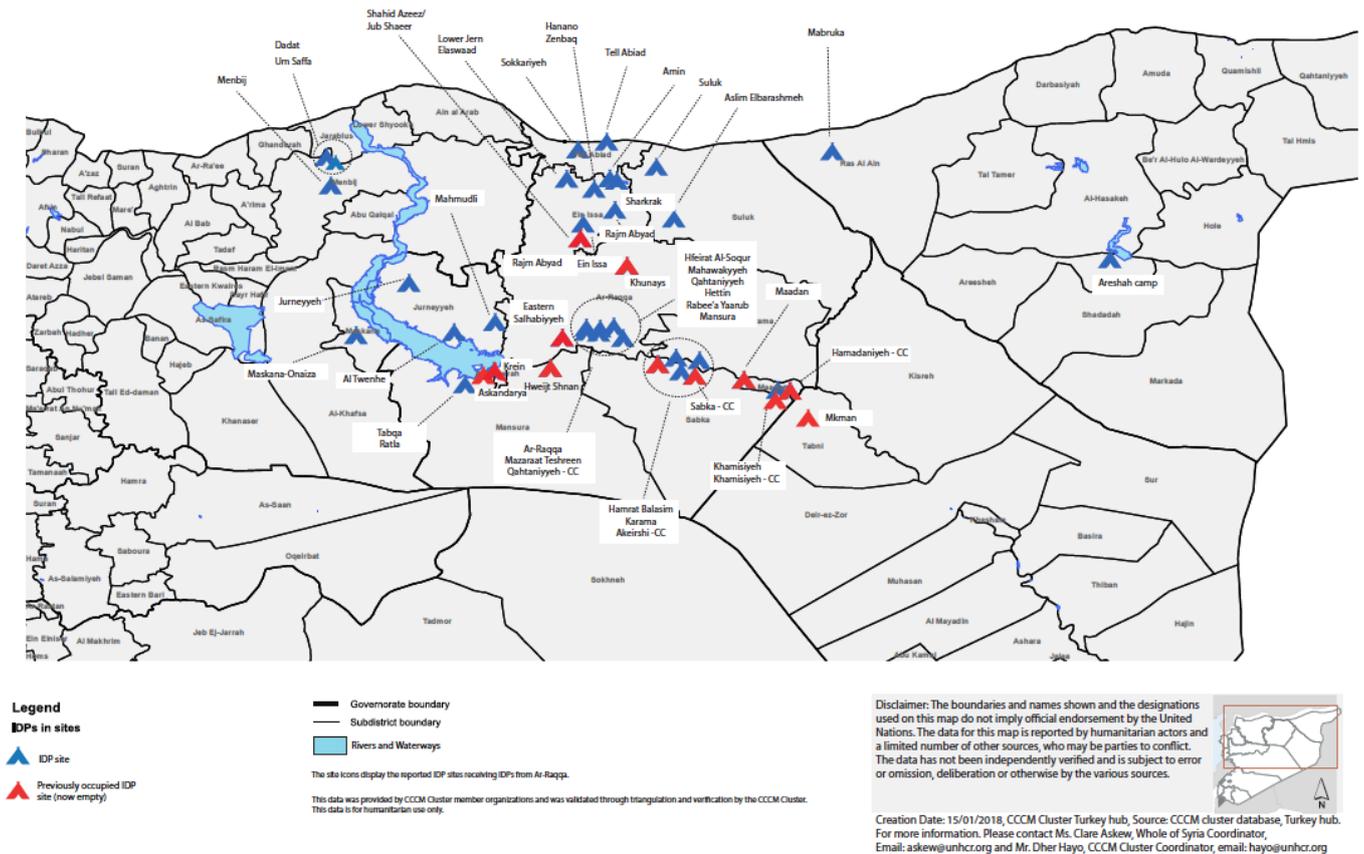
Ar-Raqqa governorate

As military operations against ISIL in Ar-Raqqa governorate have been concluded, further large scale displacements are unlikely. Conditions are not being met for a safe, dignified and sustainable return of IDPs.

Deir-ez-Zor governorate

Civilian displacement continued in Deir-ez-Zor governorate due to ongoing hostilities during the reporting period. On 5 December, more than 25,000 people were reportedly displaced from Al-Sayal town in eastern rural Deir-ez-Zor governorate due to fierce fighting and heavy airstrikes on the area. On 14 December, 70 families from Ashaa'fa in rural Abu Kamal sub-district were reportedly displaced to SDF-controlled areas as a result of severe shelling. On 23 December, approximately 150 families were displaced from Hajin town due to airstrikes.

Syrian Arab Republic: IDP sites, displacements from Ar-Raqqa + Deir-ez-Zor governorates as of 15 Jan. 2018



Returns

During the reporting period, thousands of IDPs returned to their homes in Deir-ez-Zor governorate including an estimated 700 families who reportedly returned to their homes western countryside, 600 families who returned to their homes in the eastern countryside, and 200 families who returned to Deir-ez-Zor city. Increased rental prices in Deir-ez-Zor city were reported following the return of many IDPs to the city.

An estimated 48,000 individuals reportedly returned to Ar-Raqqa city since the end of hostilities in October 2017. However, the number of returnees remains difficult to verify, as many people simply return to the city to check on their houses and leave soon after, while others choose to stay. Humanitarian partners continue to emphasize that the provision of broad humanitarian assistance may create a pull factor for IDPs. While survey and clearance operations are a high priority, the humanitarian mine action response remains constrained by security considerations and contamination continues to hamper safe returns.

The humanitarian community continues to assess opportunities for intervention in line with the policy paper on “Conditions for voluntary, informed, safe and dignified returns of IDPs to Ar-Raqqa city” endorsed by the humanitarian leadership, based on which key communication messages have been elaborated at the local level for humanitarian actors to interact with the local population. At the same time, conflicting messaging and initiatives have been taken by local civil and military entities, including site administration, regarding IDP return movements. While return trends are picking up, there were allegations that local entities have sometimes actively discouraged return movements but also allowed returns to certain areas, including by declaring them ‘free of explosive hazards’ and enabling IDPs to register for returns. Humanitarian mine action organizations continue to warn that areas declared as ‘cleared’ in Ar-Raqqa city remain unsafe for civilians, particularly as the survey and clearance efforts that are taking place are limited to roads and critical infrastructure and do not include residential areas, which are expected to remain highly contaminated. Allegations of explosive incidents in areas declared “cleared” have also been reported during the reporting period.

In the absence of surveys conducted by humanitarian mine action organizations, no detailed information is currently available on actual levels of contamination in areas of return and on the standard followed in the clearance process in Deir-ez-Zor governorate, which may not be in line with humanitarian demining standards. Meanwhile, avoiding the

creation of push and pull factors will be key to uphold the freedom of movement of IDPs as well as the voluntary and informed nature of returns. According to protection monitoring done by one partner, in November, 46 per cent of interviewed IDPs in Ain Issa indicated that they wanted to stay on site until their homes were safe, referring to the presence of explosive hazards as their key concern. These dynamics remain highly fluid and require constant follow-up.



Access

During the month of December, UN agencies transported humanitarian supplies by road to Qamishli via 47 trucks (5 UNICEF and 42 WFP) from Damascus, Tartous, Latakia and Homs. During the same period, WFP transported humanitarian supplies by road to Deir-ez-Zor via Tartous. The Logistics Cluster coordinates humanitarian land transport to Deir-ez-Zor for humanitarian supplies, in close coordination with SARC, OCHA and humanitarian agencies.

The Logistics Cluster continues to provide logistics coordination and information management to identify gaps and bottlenecks and avoid duplication of efforts. Furthermore, no-cost-to-user land transport for humanitarian supplies to both Qamishli and Deir-ez-Zor is available for requesting organization. Delays in delivery occurred after 10 trucks were held at Al Tayeh checkpoint in Aleppo governorate on 27 November on their way to Qamishli. An additional 17 trucks were also delayed in mid-December. On 21 December, 28 trucks were finally released from the checkpoint through the collaborative effort of SARC and UNDDSS.

Humanitarian actors continue to have limited access to Ar-Raqqa city and Deir-ez-Zor governorate due to the presence of explosive hazards. Despite improved access by humanitarian actors in SDF-controlled western sub-districts of Ar-Raqqa governorate, ongoing clashes and restrictions imposed by local entities on humanitarian access and movement of civilians and goods continue to obstruct humanitarian programming in northeast Syria. As such, southeastern Ar-Raqqa governorate, southern Al-Hassakeh governorate and the entirety of Deir-ez-Zor governorate continue to be considered hard-to-reach areas by the UN.

The humanitarian community continues to advocate for the use of Al Yarubiyah border crossing, as authorized under UNSC resolution 2393, to allow for the delivery of humanitarian assistance to northeast Syria. The full use of different modalities – from within Syria and cross-border – is necessary to reach people in need.

Humanitarian Response

AR-RAQQA GOVERNORATE

Ar-Raqqa city and surrounding villages	
Population	Approximately 48,000 returnees to Ar-Raqqa city
Response	<p>Explosive hazards contamination remains a major protection concern, which continues to hamper humanitarian access, the ability to conduct assessments and challenges the principle of safe return. The reported increase of blast wounds in Ar-Raqqa city (from 16 to 29 December, 112 people were victim of explosive incidents - 27 killed and 112 injured¹) highlighted the risks of physical safety around return movements of the civilian population. Based on the adopted policy on the return to Ar-Raqqa city, protection actors supported the elaboration of key messages for the humanitarian community when interacting with the population in the sites, related to safety and the challenges in providing available assistance.</p> <p>The delivery of a humanitarian mine action response in Ar-Raqqa governorate continued, through the deployment of an integrated mine action response (see previous sit rep for more details). 1) Risk education delivered to vulnerable population; 2) Technical teams have started conducting emergency survey, marking and clearance of hazardous areas identified by humanitarian partners, local communities and local authorities across accessible areas. Clearance and survey activities is highly prioritized by the humanitarian community as a precondition for the safe return of the population; 3) NGO staff members are receiving explosive hazards risk education training. However, explosive hazards contamination remains a major main protection concern, which continues to hamper humanitarian access, the ability to conduct assessments and challenges the principle of safe return of IDPs to Ar-Raqqa city, to which the humanitarian community is committed.</p>

¹ Compiled numbers of cases respectively treated by UPP, MSF and Coalition health teams over the reporting period.

	<p>The Food Security sector (FSS) conducted a visit in Al-Yarmouk (Al-Tayyar), Al-Ma'moun (Al-Mashlab), and Al Qadessyieh (Mafraq Al-Jazara) on 9 December. As per the Key Informants (KI), electricity, water, gas cylinder and livelihoods opportunities are mostly unavailable. In all three areas, bread was available for around 200 SYP/kg; and diesel is reportedly available for 200-300 SYP/liter. Overall the food security situation is fast deteriorating due to lack of physical and financial access to food. Despite the needs reflected in assessments, the FSS maintains its position in deeming Ar-Raqqa city unsafe for civilian returns due to the explosive hazard contamination. As a result, and to limit services that might create a pull factor, it was agreed that no food assistance will be provided in so far.</p> <p>Life-saving nutrition services are currently available in Ar-Raqqa city and surrounding areas. One health and nutrition actor is screening for children under five for acute malnutrition and providing treatment with ready-to-use therapeutic food for those identified with severe acute malnutrition. During the reporting period, health partners delivered 55 hospital beds to Tal Abyad hospital.</p> <p>WASH partners distributed 1,000 packs of washing powder, 10,000 bars of soap, 1,000 female sanitary napkins, and 1,000 ten-liter water containers benefiting over 5,000 IDPs living in villages outside of Ar-Raqqa city. In Ar-Raqqa city, WASH partners started providing water through water trucking services in some neighbourhoods. WASH partners also began work to rehabilitate water stations in Ar-Raqqa sub-district (Abu Wahel), including Sok Al Hal station in eastern Ar-Raqqa city.</p> <p>In December FSS planned to reach 7,644 households or approximately 38,500 people in the area. The sector reached 7,663 households, or approximately 39,000 people, in the villages around the city with short term and monthly food baskets covering food needs from ten days to one month respectively. Out of this, FSS provided monthly food baskets to 4,500 households and three FSS partners provided food baskets for ten days to 2,400 households and food baskets for 30 days to 736 households.</p> <p>Health partners requested additional supplemental blood supplies to respond to the increase in trauma incidents and coordination is ongoing with relevant counterparts.</p>
Gaps	<p>There is currently a limited humanitarian clearance capacity, focusing on the outskirts of Ar-Raqqa city. Clearance activities conducted by humanitarian mine action actors are expected to scale up in the near future, starting with the conduct of a security assessment to potentially move humanitarian clearance teams inside Ar-Raqqa city. Given lack of access, anticipated protection needs (see Ar-Raqqa city response plan) have not been addressed or assessed further.</p> <p>There continues to be a need for ambulances to support medical referrals from the city and the need to increase medical staff in order to ensure the availability of doctors during all shifts. WASH gaps include potable water and sanitation.</p>

Tabqa city and surrounding villages

Response	<p>The rehabilitation of Al-Tabqa National Hospital is ongoing. Health partners are supporting the hospital with staff and running costs, including a mobile delivery unit and reproductive health unit. Health supplies delivered to the hospital include support internal, gynecological, pediatric clinics and emergency unit, as well as therapeutic milk for malnutrition. In addition, one health clinic is operating in Tabqa providing general out-patient consultations, pediatrics and mental health activities.</p> <p>Nutrition partners are providing preventive nutrition support including provision of fortified spread (Plumpy Doz), high energy biscuits and micronutrients to 7,164 children under five and pregnant and lactating women in Tabqa city. One health and nutrition actor is screening for children under five for acute malnutrition and providing treatment with ready-to-use therapeutic food for those identified with severe acute malnutrition.</p> <p>WASH partners distributed 1,250 family hygiene kits and 625 baby diapers inside city. Furthermore, 300,000 Aqua tabs were provided to Tabqa water station. One Aqua tab can treat up to 200 liters of water. During the reporting period, WASH distributions benefitted over 6,250 IDPs in Tabqa city and surrounding areas. WASH partners are also providing regular solid waste management services in Al Safsafa benefiting 8,500 people.</p>
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	<p>In December, the FSS planned to reach 20,562 households, or approximately 102,810 people, through in-kind, cash and voucher support for food assistance. The sector reached around 19,180 households with short term and monthly food baskets, food vouchers and unconditional cash grants. Out of this, monthly food baskets were provided to 14,500 households (including 2,400 in Tweineh IDP camp) and three partners provided food assistance either through short term food baskets or through cash/voucher to 4,698 households. One partner provided food baskets for ten days to 189 households in Tweineh IDP camp.</p>
Gaps	<p>Key health gaps include the need for patient referrals and reinforcement of surgical care. Children under the age of five and pregnant and lactating women (PLW) continue to face shortage of adequate comprehensive nutrition and other social services, including the lack of treatment for moderate acute malnutrition (MAM).</p> <p>The FSS reported a gap of around 1,400 households against December plan. Close field coordination needs to be maintained for Tabqa city in order to prevent overlapping coverage where FSS partners are operating with assistance through the various modalities including general food rations, unconditional cash grants and food vouchers.</p>

Ar-Raqqa governorate host communities (including Tel Abyad and Suluk)	
Response	<p>WASH partners are providing water trucking services in at least 56 host communities/informal settlements in Ar-Raqqa governorate reaching more than 70,000 beneficiaries on a daily basis, including the daily monitoring of water quality. During the reporting period, WASH partners distributed 1,985 full monthly hygiene kits for IDPs in Ar-Raqqa neighborhood (Rafqa, Ya'rub, Suqurah, Bir al-Hashim, Maysalun, Jala'a) and approximately 1,000 hygiene kits in Al Jazra.</p> <p>During the reporting period, FSS partners reached 1,750 households (8,750 beneficiaries) in Tal Abyad sub-district with food rations. An estimated 1,250 households (6,250 beneficiaries) in Suluk sub-district were reach with food rations 442 households (2,652 beneficiaries) were reached with ten-day food baskets.</p> <p>Protection partners in Tel Abyad sub-district manage one assistance hub to support IDPs in hosting communities and outreach to Ain Issa with psychosocial support (PSS) interventions, awareness raising and recreational activities. The child friendly space (CFS) run by UNICEF and partner and one mobile team based in Suluk conducted PSS, awareness, explosive hazard risk education, case management and referrals. 150 women, men and children reached in Suluk through group and individual PSS activities, case management and community mobilisation. Furthermore, 11 child protection frontline workers were trained on Child Protection in Emergencies (CPIE) and case management practices.</p>
Gaps	<p>WASH partners are planning water stations rehabilitations in Karama sub-district as well as construction of emergency water treatment plant to provide safe water for water trucking.</p>

Ain Issa Site	
Population	<p>Approximately 18,333 individuals, from Ar-Raqqa and Aleppo governorates. 25 per cent are female-headed households.</p>
Key Developments	<p>While the camp population continues to decrease in the camp, the current population is still nearly three times the size of the intended camp capacity. Due to the overcrowding, the camp administration instructed the security check points to prevent IDPs from approaching the camp and to redirect them to one of the other camps in northeast Syria.</p> <p>The full capacity of the IDP site is a concern for the quality of services provided. Reportedly, the site authorities agreed to limit population access to this site to avoid overcrowding, although sometimes against the preference of the displaced population. On 11 December, Ain Issa camp management released a statement indicating that the site will not accept additional IDP arrivals due to lack of capacity; arriving IDPs will be redirected to Al Hol and Mabrouka IDP sites.</p>
Response	<p>There are three functioning health facilities and two pharmacies. Camp residents can also reportedly access external health facilities in the nearby town of Ain Issa. During the reporting period, health partners provided Leishmaniosis treatment in the camp with plans to expand treatment to other affected areas in the governorate by establishing mobile teams. Blanket supplementary feeding and screening and treatment for severe acute malnutrition for boys and girls under five are ongoing. Nutrition partners also provided preventive nutrition support including provision of micronutrients to 608 pregnant and lactating women (PLW) in Ain Issa</p>

	<p>camp. The nutrition sector is planning to provide the complete package of community management of acute malnutrition (CMAM) and infant and youth child feeding (IYCF).</p> <p>Two learning centres are available, providing primary education. Children are also able to leave the camp to attend schools in Ain Issa town with transportation provided by a local partner. One Protection partner delivered a GBV response, through psychosocial intervention, community-awareness mobilization and case management. A rapid protection assessment was conducted in the site to better understand risks and messaging received by IDPs on returns. A CFS is on site and supported by another Protection partner, providing psychosocial activities to children (aged 6-17). A roving team provides child protection (CP) case management.</p> <p>Protection partners provide monitoring and interaction with IDPs, identification of needs and vulnerability, preservation and retrieval of confiscated civil documentation (support to the camp administration), referral of cases, PSS and awareness raising. Two CFSS, including one CFS and one CP unit supported PSS, awareness, explosive hazards risk education, as well as case management and referrals. Reproductive health, distribution of dignity kits, GBV awareness raising by protection partners. During the reporting period, 644 women, men and children were reached in Ain Issa Camp and villages through group and individual PSS activities, case management and community mobilisation. 18 referrals were conducted to health services. Case management and local actors are being supported to build alternative care systems for unaccompanied children within the camp.</p> <p>Following an identified latrine and shower shortage in the site's expansion area, a WASH partner installed 80 additional latrines as of 27 December. Another WASH partner installed an additional 130 latrines and showers at the site as of late December, according to the camp management. During the reporting period, daily water supply was provided through a combination of water network and water trucking. WASH facilities cleaning, camp cleaning, hygiene promotion sessions, garbage disposal and desludging services by WASH partners continued. WASH partners distributed 3,450 packs of washing powder, 34,500 bars of soap, 10,222 jerry cans and 5,100 female sanitary napkins. These supplies benefitted over 17,250 IDPs in December. Out of 210 latrines, 170 latrines are clean and in regular use. Minor repairs are on-going for the remaining 40 latrines. Similarly, out of 148 showers units available, 132 showers units are functional and door repair is ongoing for 16 showers units.</p> <p>In December, FSS reached 7,089 households out of a 11,319 planned in Ain Issa camp and surroundings with various types of food assistance. FSS partners provided monthly food baskets to 5,100 households and ready-to-eat rations to 300 households. One partner provided food vouchers for 30 days to 1,163 households and another partner provided ready-to-eat rations to 500 households.</p> <p>Winterisation activities are ongoing to address some of the most pressing needs. On 23 December, 12 truckloads of assistance were distributed, including winter clothes, shoes and household items.</p>
Gaps	<p>According to protection monitoring, the majority of IDPs (new arrivals in November) in Ain Issa indicated challenges in living conditions, and mentioned concerns around overcrowding and related risks, especially for young children and the elderly. IDPs in Ain Issa reportedly called for increased support to the camp given that the camp is reportedly poorly equipped for winter. During the reporting period, severe protection concerns and delays to refer patients for medical treatment outside these camps were reported by health partners. There is a gap for treatment for MAM and IYCF interventions but plans are in place to begin services in the first quarter of 2018. The FSS sector notes a gap of around 4,230 households against its December plans.</p>

Tuwayhinah IDP site	
Population	Approximately 1,280 families from Hama, Homs, Aleppo and Deir-ez-Zor governorates.
Key Developments	The future of Tuwayhinah as a site is still under discussion. Following advocacy efforts, local authorities have identified a new location, Mahmoudli, which is not at risk of floods. While there are differing reports and surveys on the willingness of IDPs to move from Tuwayhinah site to Mahmoudli, preliminary work on preparing the new site is underway. The humanitarian community has expressed concern that IDPs may be rushed to relocate to Mahmoudli when services are not ready, and in the middle of winter.
Response	During the reporting period, nutrition partners provided preventive nutrition support including provision of fortified spread (Plumpy Doz), high energy biscuits and micronutrients to 3,485

	<p>children under five and pregnant and lactating women. The sector through partners will reach Tuwayhinah with a mobile clinic to provide nutrition services once a week in the first quarter of 2018. WASH partners distributed 1,500 water containers, 1,500 family hygiene kits, 1,000 washing powder, and 1,400 baby diapers benefiting over 7,500 IDPs. Daily water trucking continued.</p> <p>A rapid protection assessment was conducted by one protection partner in December, indicating that approximately 25 per cent of households are headed by females with report of at least three children-headed households. Approximately 80 persons with disability have been identified and at least ten are in need of artificial limbs and mobility devices. Challenges in obtaining assistance in the absence of civil documentation have been reported. Concerns were also raised around the intention of local entities to shift IDPs to a new location, despite IDPs expressing they would rather stay in Tuwayhinah. Referrals have been made for mobility devices and specialized services for children at risk.</p>
Gaps	<p>There are reportedly no health services in the site and there is no access to health services outside the site. Treatment of acute malnutrition as well promotion of IYCF remain a gap but will be addressed through the weekly mobile clinic. There are reportedly no education services in the site. Moreover, reported protection concerns over overcrowding, poorly maintained latrines with lack of privacy, need for a gynecologist for women and girls was expressed. The lack of private and gender-segregated latrines leads some women and girls to wait for nighttime to find a private space outside the camp.</p>

ALEPPO GOVERNORATE

Menbij and Ain al-Arab sub-districts (IDP sites and host communities)	
Response	<p>WASH partners continue to support the rehabilitation of municipal garbage trucks. Two FSS partners reached 3,029 households (19,099 beneficiaries) with short term dry food baskets and food vouchers sufficient for 30 days in both Menbij and Ain al-Arab sub-districts. Additionally, another partner reached 9,811 people with supplementary assistance of daily bread distributions.</p>
Gaps	<p>Forced conscription campaigns remain an issue especially for partners operating in and around Menbij area as some of their staff might be targeted affecting at times their ongoing activities. UN inter-agency convoy for 37,500 people in Menbij is pending approval.</p>

AL- HASAKEH GOVERNORATE

Al-Hassakeh governorate host communities (including Ras Al Ain)	
Response	<p>WASH partners are working in several locations on rehabilitations of boreholes, water stations and water networks (Shafaniyeh, Tal Hmaid, Darbasiyah, Um Elkeif, Nesheran and others). Rehabilitation of sanitation facilities in schools is ongoing in Shafaniyeh, Tal Elahmar, Saideh Darbasiyah. One WASH partner installed 70 m3 water tanks in Mghloja area (West of Hassakeh city) which are benefiting 12,000 individuals and distributed 55 family hygiene kits, 370 packs of washing powder, 3,700 bars of soap, and 740 women sanitary napkins for IDPs in Markada and Hassakeh city benefiting over 2,125 IDPs.</p> <p>In Ras Al Ain sub-district, one FSS partner reached 107 households or 572 beneficiaries with cash for food covering needs for up to 30 days. Another partner reached 107 households, or 507 beneficiaries with complementary cash assistance covering needs for up to 30 days. In Qamishli sub-district, one FSS partner reached 212 households or 1,188 beneficiaries with cash for food and complementary cash assistance.</p> <p>In Al-Malikeyyeh sub-district, one FSS partner reached 288 households, or 1,728 beneficiaries with 30 days food baskets. Two partners delivered ready-to-eat rations covering food needs for five and ten days for 162 households, or 917 beneficiaries. One partner reached 1,291 beneficiaries with unconditional cash grants covering food needs for 30 days. Another partner reached 786 households, or 4,432 beneficiaries, with food vouchers covering food needs for 30 days. One partner reached 116 households, or 603 beneficiaries with complementary cash assistance covering food needs for 30 days.</p> <p>One assistance hub in Tal Abyad supports protection partners in Ras al Ain with needs assessments, referrals, PSS, awareness raising, explosive hazards risk education, and case management. Ongoing women and girls empowering sessions have been provided by</p>

	protection partners in Ras Al Ain city. Around 231 women and girls have completed different vocational trainings in computer, sewing, hairdressing and weaving. In villages Dwerah, Al Azizieh, Kharbit Al Banat, Safh, Ras Al Ain and Rawya villages, protection partners coordinated several mobilization and awareness and activities in the context of the 16 Days of Activism campaign targeted to women and youth. Mobile interventions through teams and services protection services provided from an operational assistance hub in Ras al Ain. Explosive hazards risk education continues to be delivered to communities at-risk.
Gaps	No gaps reported.

Areeshah IDP Site	
Population	Approximately 21,599 individuals, the majority of whom are from Deir-ez-Zor governorate. An estimated 16 per cent of households are headed by females.
Key Developments	<p>Areeshah's camp population reduced by 50 per cent from end of October to December. Yet the current population number remains nearly twice the camp's capacity. Areeshah continues to receive IDPs about once every ten days. In addition to concerns related to overcrowding and gaps in services. Serious protection concerns continue to be reported by the camp population to protection actors. Recruitment, including cases of child recruitment have been reported. With services for women and girls being scaled up as well as women and girls gaining more confidence in reporting and interacting with protection actors, situations of harassment and other GBV challenges emerged and require a structured response currently being addressed by protection and GBV partners (e.g. increased training on GBV/protection mainstreaming across sectors at field level, strengthening referral pathways in sites, increased sensitization, expansion of integrated GBV and reproductive health services). The lack and loss of civil documentation due to confiscation, including by ISIL, and displacement remained a concern.</p> <p>The site authorities continued to publicize lists of areas under SDF control in Deir-ez-Zor where return is encouraged. Consulted IDPs by various protection partners in Areeshah expressed their intention to return to Deir-ez-Zor as soon as possible to avoid losing their properties and livelihoods, but expressed also concern for the security situation and the level of services in areas of return, reportedly after information from local sources.</p>
Response	<p>WASH partners provided daily water trucking, desludging of septic tanks, daily garbage collection services and latrine cleaning. Out of 200 latrines constructed by UNICEF, 180 latrines are clean and are in regular use. Minor repairs of doors and locks for 20 latrines are ongoing. Similarly, out of 96 showers units, 88 showers units are functional and door repairs are underway for 8 showers units. WASH partners distributed 4,026 family hygiene kits, 4,026 water containers, and 4,283 women sanitary napkins benefitting over 20,000 IDPs. The installation of 70m3 water tank for non-drinking water is ongoing.</p> <p>Health partners are reported to be meeting needs, including emergency referral services to Hassakeh Hospital via three to four ambulances stationed within the camp. Bread continues to be delivered on a daily basis, with two loaves per person. Currently, eight kitchens are being prepared, placed between blocks of 20 tents. The camp also includes a shopping centre with some 230 shops, of which half are operated by IDPs and half by external vendors. Two learning centres run by education partners are available in the camp providing primary education for 6-11 year-olds. Nutrition partners provided preventive nutrition support including provision of micronutrients to 1,106 PLW in Areeshah camp. PLW and children were screened for acute malnutrition and all identified with severe acute malnutrition (SAM) and MAM were treated.</p> <p>In December, 10,186 households were reached with ready-to-eat food rations distributed by five FSS partners. Additionally, one partner reached 20,287 people with daily bread distributions.</p> <p>In response to protection concerns and GBV incidents that occurred during the October influx of IDP arrivals, humanitarian partners established a women's shelter-tent and ensured lighting are installed at latrines and showers and that they are located in the center of each section of the camp. Additionally, women's empowerment sessions are conducted at the site. WASH facilities for individuals with special needs will be established.</p> <p>Protection partners provide monitoring and interaction with IDPs, identification of needs and vulnerability, preservation and retrieval of confiscated civil documentation (support to the camp administration), referral of cases, PSS and awareness raising. Selection and sensitization of block leaders on protection concerns was carried out during the month in review, as well as training for partner protection staff operating in the site. PSS, awareness, referrals, case</p>

	<p>management and identification are provided through one CFS and one CP unit; recreational activities, PSS, identification of child protection risks were carried out through four CP mobile teams.</p> <p>One Mobile Team provided reproductive health and PSS, with expansion planned with a static facility linked to other protection services also through the second 2017 Syria Humanitarian Fund (SHF) allocation. A static facility supported by a protection partner provided psychosocial support and recreational activities to children, with a target of 40 beneficiaries in December. This is supplemented by a child protection mobile team (supported by another partner) providing case management including supporting alternative care arrangements for four children. Protection monitoring was conducted in Areesheh, as part of the regular monitoring conducted in Hassakeh and Ar-Raqqa governorates led by one partner. GBV community-awareness raising activities also took place. 271 women, men and children were reached by one partner through community mobilization activities on early marriage and positive parenting skills. Ten children identified and provided with case management services.</p>
Gaps	Lack of communal kitchens remains a gap. As camp population is stabilizing, needs are becoming of a longer-term nature which call for a more sustainable solution, including the distribution of general food rations. Protection concerns over overcrowding and shortage of tents, absence of showers and insufficient numbers of latrines were raised. Winterisation activities are ongoing to address some of the most pressing needs.

Al Hol IDP Transit Site	
Population	Approximately 3,813 IDPs. The camp is divided into six phases, with IDPs living in phase five.
Key Developments	Al Hol site has received additional IDPs in recent weeks due to the 11 December announcement that Ain Issa site will not accept additional IDP arrivals due to lack of capacity; arriving IDPs will be redirected to Al Hol and Mabrouka IDP sites.
Response	<p>Six health clinics are reportedly present in the camp, with two additional psychosocial service centres and CMAM services also available. Learning and recreation spaces such as CFSs are present across the camp. IDPs received winterization support during the reporting period.</p> <p>1,480 individuals attended PSS sessions, including group recreational activities, group structured PSS sessions, individual counselling and community mobilization activities led by a protection partner. 23 individuals (IDPs) received case management services. Mobility devices and dignity kits were provided to 23 IDPs. Furthermore, child protection actors are supporting two CFSs to deliver PSS and case management services.</p> <p>In December, 9,811 IDP beneficiaries were targeted with supplementary assistance of daily bread distributions. This daily assistance is provided for IDPs transiting both to and from the camp. Additionally, monthly food baskets were provided to 877 households and one partner provided food vouchers sufficient for 30 days to 717 households.</p> <p>In the reporting period, WASH partners provided 1,284,000 liters of potable water, and water trucking services are ongoing at the rate of 60,000 liters/day. Latrines cleaning is provided on daily basis and hygiene promotion sessions are regularly conducted. WASH partners distributed 1,148 family hygiene kits, 296 baby diapers, 6,113 bars of soap, and 893 washing powder packs benefitting over 3,056 IDPs.</p>
Gaps	No gaps reported.

Mabrouka Site	
Population	Approximately 8,328 individuals predominantly from Deir-ez-Zor. An estimated 12 per cent of households are headed by women.
Key Developments	<p>Mabrouka Camp has a capacity of 7,200. There are roughly 1,500 tents housing 8,400 people; thus an average of about six people per tent. Camp officials estimate that during the reporting period the camp received an estimated two to three households per day. The camp population has steadily decreased through December. Currently, the rate of departures has significantly decreased due to the winter season, but camp management anticipate departures will resume in the spring and summer.</p> <p>During the reporting period, two newborn infants and one child died in Mabrouka Camp due to respiratory issues linked to the use of heaters inside shelters. Camp management noted that in all three cases the respiratory issues went untreated due to lack of emergency medical transport</p>

	services and oxygen supply. These incidents show the urgent need for an ambulance to support case referrals in the camp.
Response	<p>Four health facilities are reportedly present in the camp. Nutrition partners provided preventive nutrition support including provision of fortified spread (Plumpy Doz), high energy biscuits and micronutrients to 24,586 children under five and PLW. PLW and children were screened for acute malnutrition and all identified with SAM and MAM were treated. IYCF awareness sessions were delivered to 1,745 women of child bearing age (CBA) in Mabrouka camp. The IYCF sessions included the importance of exclusive breastfeeding, appropriate and timely introduction of complementary feeding and maternal nutrition.</p> <p>According to camp administration, winter needs are covered in Mabrouka camp. Humanitarian partners delivered winter clothing kits, plastic sheeting, blankets, and portable kerosene heaters. FSS partners provided monthly food baskets to 1,725 households and one partner reached 9,811 beneficiaries with supplementary assistance of daily bread distributions.</p> <p>Protection monitoring and other activities continued to be conducted in Mabrouka, as part of the regular activities of both UN protection agencies and their partners. Protection partners coordinated several mobilization and awareness and activities in the context of the 16 Days of Activism campaign targeted to women and youth. Monitoring and interaction with IDPs, identification of needs and vulnerability, preservation and retrieval of confiscated civil documentation (support to the camp administration), referral of cases, PSS and awareness raising provided protection partners. One CFS and one CPU conducted PSS, awareness, explosive hazards risk education, case management/referrals. Due to an identified gap in the monthly distribution planned in December, one partner conducted a distribution of 2,387 dignity kits for women and girls. A number of individuals were received for GBV case management services, which started in the camp in December through a partner's health clinic.</p> <p>No formal learning centres are available inside of the camp, however basic education, PSS classes, and child-focused activities are being provided to children in the camp. Three CFSs are operated by protection partners in the camp. Children are not able to exit to access education outside of the camp. Protection monitoring was conducted in Mabrouka, as part of the regular monitoring conducted in Hassakeh and Ar-Raqqa governorates led by one partner.</p> <p>WASH partners provided 2,430,000 liters of potable water in December, and water trucking is ongoing at the rate 240,000 liters/day. Daily garbage collection, latrine cleaning services and hygiene promotion sessions are provided. Out of 200 latrines, 179 latrines are clean and in regular use. Minor repair is ongoing for 21 latrines. While solar lights have been placed near the latrines, only 40 per cent of the camp is lighted. Similarly, out of 148 showers units 128 showers units are functional and door repair is ongoing for 20 showers units. WASH partners distributed 1,600 water containers, 2,500 family hygiene kits and 1,100 baby diapers benefitting over 10,000 IDPs. Protection partners distributed 3,000 dignity kits for women and girls.</p>
Gaps	The need for an ambulance to support case referrals was identified as a priority. Concerns were expressed about the inability of IDPs to meet their basic needs, including a shortage of tents. Winterisation activities are ongoing to address some of the most pressing needs.

DEIR-EZ-ZOR GOVERNORATE

Deir-ez-Zor governorate host communities (including Deir-ez-Zor city and surrounding villages)	
Key Developments	In Deir-ez-Zor city, the majority of streets of several neighborhoods remain closed and largely inaccessible due to the accumulated rubble, and only the main roads have been cleared of rubble and were reopened to the public. Also, the drinking water networks, sewage systems and electricity lines have sustained severe damage and remain out of service. GoS officials have reportedly increased their visits to Deir-ez-Zor city to activate basic services and plan for further infrastructure repairs.
Response	One FSS partner conducted a visit to Deir-ez-Zor city on the 15 and 16 December to assess areas spanning from Al Busayrah to Markadah (border with Hassakeh governorate). Accordingly, it was reported that the market in Al Suwar was reopened where a dozen of shops with limited capacity of basic food needs. The assessment of the area spanning from Jazaret Elbuhmeid (border with Ar-Raqqa governorate) to Al Busayra (GoS controlled area in the East Bank) was completed on 17 December. It indicated that there is a large and well supplied market in Jezrah and the villages to the East of Kasrah have their markets open. However, most interviewed households mentioned that their saving will soon run out and they will face challenges to support their needs in the medium run.

	<p>In mid-December, WASH partners conducted two assessments near Al Jezrah and Al Suwar towns. In Al Suwar, the destruction of most communal infrastructure has resulted in non-functional water systems, poor hygiene conditions and a complete lack of functional health structures. In Al Jezrah, there are no functional health facilities and water supply and provision remain limited due to damaged infrastructure and lack of sufficient electrical supply. WASH programming in western Deir-ez-Zor governorate and health activities in unspecified areas of the governorate are anticipated to commence in coming weeks.</p> <p>WHO prepared a shipment of medical equipment following the official request of the Ministry of Health (MoH) to provide support to health facilities in Deir-ez-Zor governorate. A request for approval has been submitted to the Ministry of Foreign Affairs (MoFA). Health partners plan to open a health center in Deir-ez-Zor city and additional mobile clinics in Maadan and Al Mayadin. Health partners conducted a rapid needs assessment of health facilities in Abu Kamal and western rural of Deir-ez-Zor governorate.</p> <p>FSS partners provided 2,000 bags of wheat flour to 2,000 households benefitting 10,000 people. Another humanitarian actor provided 2,500 canned food goods in Abu Kamal, rural Deir-ez-Zor. Furthermore, another partner provided 5,000 family hot meals for 22,600 individuals, five days a week which included salad and chicken once per week. Additionally, there were 4,250 beneficiaries targeted in Kisreh, 2,625 in Al Mayadin and another 2,625 in Deir-ez-Zor respective sub-districts with food baskets covering the needs for up to one month</p>
Gaps	The humanitarian community is unable to access thousands of IDPs in Sabkht Al-Rawda, A'awaj and Mustariha areas in Deir-ez-Zor governorate under ISIL control. Planned health deliveries to Qamishli for further distribution in Ar-Raqqa and Al Hassakeh governorates were not dispatched due to the absence of approvals for road transportation. The scale and scope of explosive hazard contamination remains unknown.

Abu Khashab Checkpoint	
Population	Approximately 2,352 individuals
Key Developments	In December, Abu Khashab became the main screening point for IDPs originating from Deir-ez-Zor governorate. IDPs wishing to remain in Deir-ez-Zor are directed to Abu Khashab informal site or allowed to move on to other locations.
Response	Nutrition partners are in the final stages of establishing outreach mobile clinics to complement the nutrition treatment provided at fixed health centres with specialized treatment of acute malnutrition. WASH partners provide daily water trucking at the rate 10 liters/person/day and regular solid waste management (7m3). In early January, a two-day cleaning campaign was initiated in response to trash and waste management concerns at the site. In December FSS reached 3,000 households with food assistance.
Gaps	Limited access due to the prevailing security situation is affecting delivery of services to IDPs. Local partners are facing difficulties to obtain approval from the local authorities for the full implementation of nutrition activities, for instance preventive and curative services to women and children.

Al-Malha Checkpoint	
Population	Approximately 100 individuals
Response	Health partners recently stopped activities at the site due to limited numbers of IDPs. WASH partners provided in total 1,350,000 liters of clean water. Water trucking is ongoing at the rate of 25,000 liters/day and 177 family hygiene kits were distributed.
Gaps	No gaps reported.



Cross-Cutting Operational Challenges

Humanitarian actors face significant challenges in responding to needs in northeast Syria. Key challenges include:

- **Access and insecurity:** Access to vulnerable communities, particularly in and around Ar-Raqqa city, remain challenging due to insecurity.

- **High levels of explosive hazards contamination:** The contamination levels in newly accessible areas is considered very high, particularly in Ar-Raqqa city and in Deir-ez-Zor roads, towns and large population centres as well as in rural areas. Information on contamination remains very limited. This poses a threat both to civilian populations as well as to humanitarian actors aiming to assist them, particularly in the context of increased return movements encouraged by different stakeholders. A mechanism to demarcate and declare areas cleared and safe for humanitarian actors and the population continues to be necessary.
- **Policy environment:** Humanitarian actors also face challenges related to the policies being implemented by local authorities with regards to the treatment of the displaced population, particularly those affecting the IDPs' freedom of movement. These policies are contributing to a deteriorating humanitarian situation and are hampering the ability of humanitarian actors to engage beyond life-saving support in certain settings.
- **Scalability:** The scalability of the supply line and of the local capacity remain limited and unpredictable. Increasing humanitarian needs will further strain current capacities and require a scale-up of supplies, humanitarian partners and reach. The availability of certain supplies – such as life-saving trauma kits - has been particularly hard hit because of access issues. The delivery of specialized services, particularly for protection partners, also remains a challenge due to the resourced and capacity of local actors.
- **Funding limitations:** While humanitarian pooled funding (HPF) has been mobilized in late 2017, additional funding is still required to increase reception capacities in key sites and the number of people that can be assisted monthly with basic goods and services.

For further information, please contact:

Kristele Younes, Head of OCHA Syria, younes4@un.org

Trond Jensen, Head of OCHA Turkey, jensen8@un.org

Aidan O'Leary, Head of OCHA Regional Office for the Syria Crisis, oleary@un.org

For more information, please visit www.unocha.org/syria www.reliefweb.int