



Update on the situation in Al Hole Camp: protection concerns and challenges – 25.02.2018

1. Overall protection situation

- Since the start of the sustained influx of displaced population from the Hajiin and Baghouz pockets in Deir Ez Zor to Al-Hol camp, the Protection Sector and its sub-Sector (Child protection and GBV) are mobilized to respond to the humanitarian and protection emergency. The arrivals of the recent days have put additional strain on the already overstretched resources.
- It is estimated that over the last 72 hours more than 6,000 individuals have reached the camp. The overwhelming majority of the newly arrived population is reportedly constituted by women and children (some 90 percent). Amongst this population, it is estimated that the population of children is around 64 per cent (50 percent under 12 years old and 25 percent 5 years of age).
- The population continues to arrive in despairing conditions. They are discharged in the waiting areas, where an initial basic identification is carried to direct the most serious case to emergency medical services; the population is then hosted in a reception area where security screening are carried out; subsequently families are assigned to a camp area or “phase”. However, the sustained arrivals in the last week have saturated most of the waiting and reception areas. Since 25 February, arrivals have been immediately accommodated to new zones of the camp (Phase 6 and Phase 7), which are still underserved and lacking all basic services. In the last two days, only a minority has been allowed to reach some relatives and acquaintances in other “phases”.
- The reported lack of freedom of movement for the population once they reach their designated plot and across the various zones, increases the challenges in providing adequate services.
- Joint protection partners have underscored the scale of mental distress/trauma experienced by the population, particularly children and women, arriving in Al Hol after weeks of exposure to hostilities and dire conditions in transit. Women often are refusing GBV services for fear of stigma and seems not comfortable on attending GBV services, however they are very keen to accept to be escorted to the services as they feel safer. Psychological First Aid and Psychosocial Support services are urgently needed.
- A presence of unaccompanied and separated children has also been noticed, with family tracing in high demand. Seemingly, pregnant girls are visible. It is often difficult to determine their exact age, although it appears clearly that they are minors.
- The new arrivals are largely undocumented, either due to lack/ loss or due to policies of confiscation of personal documentation. Since mid-2017, with the displacement from Raqqa city, the protection Sector has strongly advocated with SDF and the Camp Administration against the confiscation of civil documentation and solicited practical measures for orderly preservation. Such recommendations and practices seem to have been largely disregarded in the current context. Neglect in preserving personal documents of the displaced population triggers risks of loss, with subsequent lack of legal safety, restrictions in freedom of movement, obstacles for future return.
- While the emergency protection response is scaling up to immediately help identify vulnerable caseloads in the waiting and reception areas, the over stretched capacity implies that a more comprehensive response through structured and specialized services is not possible, particularly in the areas where new arrivals are accommodated,.

2. The protection response

- Given the increment of the population, the protection response can only partially count on resources in the areas of the camp pre-existing the last crisis, also due to the restricted movements across the site. Most of the response capacity has been mobilized in the recent weeks/ days.

- The response continues to rely on the joint contribution of the Syria-based UN protection agencies and partners and on the INGO active in NE Syria. Coordination continues at operational level.
- At the transit area in Sur eight volunteers ensure coverage in shifts for identification of critical cases and prioritization of assistance *en route*.
- Mobile Protection teams and Child Protection teams are already ensuring a 24/7 presence at waiting, reception and screening areas. They are mainly involved in early identification of persons with specific needs and fast-tracking of urgent cases (pregnant women, women with infants, persons with critical medical conditions) through screening procedure, emergency assistance and access to specialized services.
- Child Protection Teams in particular are identifying unaccompanied minors/ separated children to be referred to care centers for family tracing or to be supported in finding alternative care. Cases of foreign children are being referred to the Camp administration for further liaison with other specialized humanitarian actors.
- Child protection teams have identified young children who have been exposed to extreme violence for the greatest part of their formative years as being particularly vulnerable and showing signs of distress and trauma. There is an urgent need for programming to target this particular caseload. This has implications for the technical support to Qamishli in helping to roll out such programming.
- All teams are severely over stretched to cover all expanding areas. GBV teams, for instance, are not able to stay for 24 hours on site as they comprise mostly of female staff, who support women and girls to reach to the various services in the reception areas. An expansion of GBV staffing and services is planned.
- Protection services exist in other phases of the camp, but they are already serving population more protracted groups of refugees and IDPs in those areas. In addition, movements seems to be limited from one areas to another. In particular, new arrivals in Phase 7 do not seem to have access to services available outside of their phase/ area and there is an urgent necessity to expand all types of services to support this newly arrived population based on the principle of humanity.
- Given the extremely vulnerable profile of new arrivals, 25 per cent of whom are children under the age of five, the full-range of protection services must be urgently scaled-up – particularly, family identification and reunification, psychosocial support, and establishment of confidential and safe spaces for protection services (e.g. safe spaces for children, Women and Girls Safe Spaces).
- As the expansion of the camp takes shape, and new facilities are being erected, there is a need to monitor and sensitize humanitarian partners on adopting protection/ gender/ GBV sensitive measures in shelter, WASH, and other technical aspects of the response. A GBV mainstreaming training has been scheduled, however access has so far not been granted for the Damascus-based trainers.
- Any decongestion of the camp through an accelerated return of IDPs and refugees needs to consider the voluntary character and the safety and dignity of the return process. There is particular concern for the policy of confiscation of personal documentation, which may deprive people from legal safety once they may be ready to return to their areas of origin. Seemingly, the level of contamination in areas of origin poses a critical threat to the returning population and efforts needs to be scaled up to expand Mine Action interventions. This includes humanitarian actors in Al Hol but also parties to the conflict in the areas of South East Deir Ez Zor most affected by ground hostilities and aerial bombardment.
- Additional financial resources are immediately required to meet the needs of all new-arrivals to Al Hole as well as to ensure a sustained response inside the camp for the entire population. Many organizations need funding to scale up the operation. The SHF reserve allocation can only partially meet the needs, while support to key actors already operating in al Hol is critical.
- Humanitarian actors operating in Al-Hol camp, as elsewhere across Syria, remain bound by the principle of humanity and to provide emergency assistance to all people who require it regardless of their status, ethnic or religious background, and political affiliation.
- Sustained and unhindered access remains critical to provide humanitarian life-saving assistance to all population, based on the principle of humanity, solely guided by needs, and with no distinction.

