



Update # 2 on the situation in Al-Hol Camp: protection concerns and challenges – 04.03.2019

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-Sectors (Child Protection and GBV) and other protection partners operating from cross-border are mobilized to respond to this humanitarian and protection emergency. The continuous arrivals put additional strain on the already overstretched protection resources, while gaps in other aspects of the response aggravate the protection risks for persons with specific needs.
- According to humanitarian actors coordinating the camp response, the new arrivals in the last week have been 4,138 HH/13,573 individuals, with a last arrival on 400 individuals on 2nd March. It is estimated that between 22 February and 1 March almost 5,000 families or around 15,000 individuals arrived in Al-Hol from Baghouz. Since the start of this sustained influx on 04 December 2018, the new arrivals are estimated to be around 13,600 HH, almost 46,300 individuals. Overall, the total camp residents amount to 15,716 HH, or 54,800 individuals. Another 1,500 individuals are expected to arrive in the night of 4 March. Further influxes arrivals cannot yet be excluded, since the conflict in Baghouz continues and security screening procedures are still ongoing in the Al Omar Oil field and other locations between Baghouz and Al-Hol.
- The demographic composition remains predominantly constituted by women and children, representing some 90 percent of the population of the camp and with a population of children estimated at around 64 per cent (50 percent under 12 years old and 25 percent 5 years of age).
- New areas (“phases”) are planned in the camp to provide immediate accommodation to the newly arrived population, as well as to decongest the waiting and reception areas or other communal areas. However, the situation remains critical. The opening of new areas, notably a new “phase 7”, have increased the demand for protection services, and protection partners are doing the utmost to respond (see annexed table). It is critical that the minimum humanitarian standards in all sectors are achieved as soon as possible in newly established areas to ensure the dignified conditions for the population and avoid differential treatments that can create resentment amongst the population.
- The saturation in the waiting and reception areas, now temporarily emptied, affected particularly the situation of the most vulnerable population, with particular concern for older persons and persons with disabilities. The situation is exacerbated by the lack family or community support. They are often neglected, restricted in their movements, have difficulties in accessing distribution, lack specialized assistance (e.g. diapers, mobility devices, hygiene items) and continue to be often invisible to humanitarian actors.
- A number of unaccompanied and separated children (UASC) continues to be noticed, as well as a high number of children left unattended while the mother or other adults are trying to get the assistance. Several of these children appear to be foreigners. While child protection partners have activated a response with identification, tracing and first care support, the numbers of cases overwhelms the capacity to respond, particularly in the newly opened “phase 7”. In addition, child protection partners face the challenge of finding parents/relatives of children referred to Hassakeh hospitals upon their return to the camp, and coordination with health actors is needed to discuss mechanism follow-up cases of hospitalized children in the interest of preventing family separation. The challenge is even more acute when death of children occurs in the hospital and the identification of the parents is complex and time consuming.
- The new arrivals continue to show the signs of exhaustion as well as mental distress/trauma after weeks of exposure to hostilities and dire conditions in transit. Family separation *en route* continues to be reported,

including as a consequence of the security screening. There are multiple reports of adolescent boys –as young as 15 years old – who have been separated from their families upon exit from Baghouz, with no information provided to the families on their whereabouts. While these reports remain directly unverified by humanitarian actors, they are supported by the demographic data of the population, which shows clear disparity between genders for ages 15 and above. Such reports generate concerns as of the treatment of children possibly associated with armed groups.

- Direct reports have also been received on the subtraction of personal items and assets during the security screening. Protection actors in Al-Hol have been approached by a non negligible number of women who reported to have had phones, other valuable personal items and some currency subtracted during the process of security screening while in transit towards the camp. While the personnel in charge of the screening reportedly committed to reconstitute those assets once in Al-Hol, this commitment has not yet materialized. Fewer unverified reports have also indicated cases of subtraction of currency during the security screening in Al-Hol.
- The situation of adolescent girls, often pregnant or with children, remains of concern, in the absence of adequate family support. Most of those girls appear to conceal their age, to avoid stigma or harassment.
- Confiscation of personal documentation and their preservation remains a challenge. The capacity of the Camp Administration to deal with the thousands of confiscated and unsorted documents is insufficient and support by protection actors remains a last resort to guarantee safeguarding and avoid permanent loss of documents, which in turn affect the future legal safety of the holders.
- The congestion and the concentration of population has generated challenges with the disposal and burying of dead family members, including in hospitals, which needs to be confirmed and addressed by the camp administration and camp management.
- According to protection actors on the ground, amongst all new arrivals, foreign families remain particularly underserved, having less access to information about services and procedures in the camp, and no clarity on their future prospects. Many families approach the protection staff asking how they can contact their family members abroad and the presence of humanitarian actors with dedicated intervention to restore family links in the transit and reception areas is a priority. Many foreigners seem to have not yet been able to address their services.
- A specific situation concerns the Yazidi children and women. They are proactively identified by the camp administration and the security personnel and referred to the so-called “Yazidi House”, representing the Yazidi community in the region. Their return to Iraq is then organized with the purpose of family reunification. However, the voluntary character of the return needs to be ascertained. In addition, challenges have emerged in the preservation of family unity, as some women are reportedly finding resistance from their communities of origin when returning with their children born during the ISIS captivity. Societal and communal pressures persuade some women to leave their children behind, which are reportedly placed in orphanages where humanitarian actors have not been able to access.

2. The protection response

- The protection 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. Aside weekly coordination meeting, daily meetings of protection partners working in the waiting and reception areas take place to discuss the daily mobilisation of teams and distribution tasks and agree on the information to be communicated to the population.
- 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 continues to be challenging, particularly in the areas where new arrivals are accommodated.

- Some 40 protection staff – including 7 case managers - and volunteers, especially from UN partners based in Qamishly, are working in reception and screening areas providing 24/7 coverage, identifying cases of highest priority to be fast tracked for registration, assistance and referral to medical and other service providers. However, challenges remain in the capacity to work uninterruptedly during the arrivals at the reception areas, particularly at night and specifically for female personnel. Staff had been working in emergency mode for more than a month now and there is a need to increase the sharing of tasks across protection actors active in the North East to ensure proper coverage.
- An increase in protection resources is being discussed for the newly opened “Phase 7”. One Cross-border partner is mobilizing 10 community workers and protection volunteers from other phases to be able to ensure daily coverage (8:00 to 16:30 hrs), while another cross-order partner is deploying 2 Child Protection (CP) workers for an evening shift. An additional GBV mobile team from UNFPA-supported partner has been mobilised for Phase 7.
- The response to the growing number of UASC continues. Aside 5 Child Friendly Spaces in the various “phases”, two CP mobile teams (phase 4) and one CP mobile teams (phase 7) from UNICEF-supported partners are working on identification and follow up. According to the Child protection sub-sector, CP partners have identified 237 UASC from 4th December up to date, including cases of separation due to the hospitalisation of the children’s mothers. Reportedly, 45 were reunified with their families. In order to mitigate the major factors that may lead to child separation while in Al-Hol, CP partners have agreed on common response mechanism for tracking the families of hospitalized children upon discharge from the hospital.
- UNICEF-supported CP partner opened two new tents for the interim care, currently hosting some 24 children. A cross-border partner is registering families willing to accept children in foster care. Reportedly some 40 families have applied, and the process may start in the upcoming week. Child protection actors are working at their maximum capacity and have expressed concern for immediate accommodation and care solutions if any new groups of unaccompanied children reach the camp, as they may not be in a position to receive new cases or find caregivers. Interim care and case management capacity may be further expanded but this will require some time and adequate resources.
- Additional GBV resources are being deployed by Qamishly and Al-Hassakeh-based partners supported by UNFPA. 3 GBV mobile teams are on the ground to join other teams, primarily engaged in providing psychological first aid, group counselling and identify cases in need for referrals. Certain specialized GBV services cannot yet been offered in this critical emergency condition, particularly case management.
- After the activation of an information desk at the reception area, other information desks are already operating in phase 5 and phase 7. These additional desks are being staffed with volunteers from different protection agencies working on a rotational basis to provide necessary information on accommodation, assistance, delivery, services available and their locations in the camp.
- As in past occasions, protection partners are trying to support the sorting and preservation of the civil status documentation confiscated to the displaced population and stored in an “archive room” in the camp. More personnel is being mobilized and in kind-support is being provided to properly store the documents. While advocacy continues with SDF on the detrimental effects of the confiscation, this form of support is seen as a “last resort” measure to avoid further loss and repercussions on the mobility and legal safety of the population, including during any future return process.
- 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 as soon as access is granted to the Damascus-based resources.

3. Key Asks / Advocacy messages

- Additional financial resources are immediately required to meet the needs of all new-arrivals to Al-Hol as well as to ensure a sustained response inside the camp for the entire population. Many organizations need funding to scale up the operation, including the INGOs operating from cross-border whose contribution is necessary to complement the efforts of the Syria-based partners working under the main UN protection agencies.
- A recent Syria Humanitarian Fund (SHF) reserve allocation has been partially allocated to protection activities. It has been directed to the procurement of dignity kits particularly for women, adolescent girls, persons with specific needs, and to the expansion of GBV services, but can only partially meet the needs. Additional support to key actors already operating in Al-Hol is urgently needed.
- Sustained and unhindered access remains critical to provide humanitarian life-saving assistance to all population. Assistance should be solely guided by needs, provided on the basis of the principle of humanity, and with no distinction based on status, ethnic or religious background, and factual or imputed political affiliation. This applies particularly to access to foreigners and families, including when placed in separated areas/ “annexes” of the camp.
- It is imperative that all relevant parties operating in the areas and involved in the evacuation/transfer commit to guarantee the security, safety and dignity of the civilian population. This includes due process being applied in the security screening phase, including in accordance to the Standard Operating Procedures disseminated in 2017 by the Protection Sector to parties on the ground.
- Parties controlling the evacuation/transfer should keep at minimum the distress and suffering of the population, minimizing delays and time spent in transit. They should guarantee access to food, water, clothing, and basic medical assistance. The appalling number of deaths upon arrival to the camp (around 90 (WHO) of whom 2/3 are reportedly children), largely due to the strain of the journey, hypothermia and malnutrition, may trigger grounds to invoke one of the six grave violations against children during times of armed conflict, namely the “denial of humanitarian access to children”.
- Families should be allowed to retain their personal belonging and objects indispensable for their survival, including valuables, civil documentation and property titles. Such personal effects must not be confiscated or subtracted during the evacuation or upon arrival at destination, especially if they represent a source of support for the families.
- All efforts should be made for family unity to be safeguarded during travel. Prior to departure, at transit sites and security screening points, efforts should be made by parties in charge for the transfer to ensure that communities are assisted to keep family members united, particularly children. Upon arrival, families should be directed to the same areas of the Al-Hol camp.
- Protection actors continue to advocate for children (under 18 years of age) to be afforded special protection. Guarantees must be in place to ensure that children associated with armed groups are accorded protection and assurance of safety in accordance with basic principles of IHL and IHRL and other commitments undertaken by the parties on the ground.
- Finally, the displacement of the population for security imperatives should not last more than necessary. Civilians have the right to voluntary return to their areas of origin/ last residence in safety and with dignity. They should receive information on the prospect and modalities for return as soon as they are available and the return is feasible. Parties to the conflict should contribute to re-establishing the conditions for a safe and sustainable return, particularly supporting in decontamination and restoration of key infrastructure in the areas affected by hostilities.

END

Note Prepared by the protection Sector within Syria in cooperation with the protection partners of the NES Forum

Al Hol Protection Actors Mapping During Hajin Emergency

	Waiting area	Security point tent	Post security area	Reception area	Phase 1	Phase 2	Phase3	Phase 4	Phase5	Phase 6	Phase 7	"Foreign" Annex
GOPA (UNHCR)	24/7 5 ORVs (increased to 10 during high influx) 24/7		24/7 5 ORVs (increased to 10 during high influx)		1 Full Fledged Community Center working from 8:00 to 15:00 1 PSS Case Manager, 2 PSS Staff, 1 CP Case Manager, 1 CFS Worker, 1 SGBV Case Manager, 1 ORV Coordinator	24/7 5 ORVs	24/7 5 ORVs	12/7 5 ORVs	12/7 5 ORVs			
Mawada (Unicef)	24/7 In case of huge influx team of 8 volunteers In case of small patches 3 volunteers each shifts 3-pm- 7 am			2 teams and 5 case managers during day time 8-3 pm 3 pm -7 am 3 volunteers each 6 hours. In total 24/7	2 static CFS Case management- cp awareness- PSS- RE awareness 8 am -3 pm		2 static CFS Case management- cp awareness- PSS- RE awareness Emergency shelter (interim care center for UASC) 8 am -3 pm	2 mobile teams Case management- cp awareness- PSS- RE awareness 8 am -3 pm		1 static CFS Case management- cp awareness- PSS- RE awareness 8 am -3 pm (planned)	6 Mobile Team CP workers to follow up on UASC	
Yamama (UNFPA)	Al Birr, 1 mobile team focal point 1 PSS counselled 1 health educator 2 facilitators 3 volunteers Awareness sessions(PSS/GBV/Health Education) / Referrals/ PSS first aid.								1 GBV coordinator (partly, not on daily bases)1 PSS counselor 1 GBV case worker 3 volunteers Team moves to reception during influx			
XB Actor	2 Prt Staff from 9:00 to 1630	2 Prt Staff from 9:00 to 1630	2 Prt Staff from 9:00 to 1630	6 Prt Staff from 9:00 to 16:30	4 Community Mobilizers and Protection Volunteers	4 Community Mobilizers and Protection Volunteers	4 Community Mobilizers and Protection Volunteers	4 Community Mobilizers and Protection Volunteers	4 Community Mobilizers and Protection Volunteers	4 Community Mobilizers and Protection Volunteers	10 Community Mobilizers and Protection Volunteers 8:00 to 16:30	
XB Actor	2 Prt Monitoring Staff all Reception 8:00 to 16:00 CP Worker 5 8 to 16:00 Night Shift 2 CP	2 Protection Community Assessors are working on Referrals to service providers	2 Protection Community Assessors are working on Referrals to service providers	2 GBV community mobilizers working from 8:00AM to 4:00PM and 4 PM to 14 CP Worker 5 8 to 16:00 Night Shift 2 CP			2 General Protection Case Manager PWDs 8 to 16:00, 2 CP Case Manager, Women Protection 5 8 to 16:00 and night		2 Protection Community Assessors are doing regular Protection Monitoring		2 CP workers from 16:00 to 00:00	
XB Actor	In general 4 Assistants and three incentives (camp residents) from 7:30 to 15:30 working on providing information about services and on referrals			Assistants checking the reception area daily and conducting referrals	Static Tent for Information and referrals - focus on new arrivals			doing outreach info sessions on available services and referrals	doing outreach info sessions on available services and referrals			
XB Actor	24/7 In case of influx team of 4 CP emergency Volunteers deployed 2 CP staff (Case management and Monitoring)from 9 AM -2PM from Saturday to Thursday			4 CP Emergency Volunteers to provide Mobile CFS activities from 8 AM -4PM 2 CP staff (Case management and Monitoring)from 9 AM -2PM from Saturday to Thursday	2 static CFS PSS- RE awareness -Case management from 8AM -2PM (interim care center for UASC) 24/7	2 CP staff provide Case management and Monitoring Activities from 8AM to 2PM	2 CP staff provide Case management and Monitoring Activities from 8AM to 2PM	2 CP staff provide Case management and Monitoring Activities from 8AM to 2PM	4 CP emergency Volunteers Provide Mobile CFS Activities from 8AM -3 PM 2 CP staff provide Case management and Monitoring Activities from 8AM to 2PM	2 CP staff provide Case management and Monitoring Activities from 8AM to 2PM (planned)		5 CP Emergency Volunteers Provide CFS activities From 8AM to 12PM 2 CP staff provide Case management and Monitoring Activities from 8AM to 2PM