



Update # 3 on the situation in Al-Hol Camp: protection concerns and challenges – 12.03.2019

1. Overall protection situation

- Amidst challenges and gaps in resources, the Protection Sector and its sub-Sectors (Child Protection and GBV) and other protection partners operating cross-border continue their response to the humanitarian and protection emergency unfolding in Al Hol. The unpredictability of the population flow put any capacity to coordinate the protection response to the test. A longer temporal horizon is likely to be envisaged before this complex situation can come to an end. Such circumstances require a more structured and accountable approach in the delivery of protection services and all protection actors on the ground need to plan beyond the current emergency phase.
- With the sudden new arrivals during the past week, the population in the camp has increased to almost 66,250 individuals / more than 19,200 HH as of 11 March 2019. The influx since the inception of the crisis at the beginning of December 2018 is estimated at some 56,600/ 16,820 HH. Given the new arrivals and the pace of registration, population figures are changing on a daily basis. There is a general bewilderment, from the humanitarian actors and beyond, about the number of civilians exiting and being transferred from Hajjin and Baghouz areas, which by now far exceeds any initial projections.
- The protection situation in the screening/reception/waiting areas has been put again under strain by the new arrivals, increasing overcrowding and humanitarian challenges, with many women and children in conditions of evident fatigue, distress and sometimes medical conditions waiting in the open for screening, identification and receipt of NFIs. Similar to previous weeks, the majority of the arrivals are women and children, including unaccompanied and separated children, injured persons in need of urgent medical care and other persons with specific needs. The physical and psychological vulnerability of the new arrivals require an increase in human resources and capacity in more specialized aspects of protection activities.
- While the demographic composition has not changed, it was noticed that most of the children are not older than 12-13 years, with the notable absence of adolescent boys. During consultations in the camp, women approached the protection team reporting about the separation of their husbands and adolescent boys at mustering points, including in Al Omar Oil Field, asking staff for any information on their whereabouts. In the past week, the distress and desperation of women following this involuntary separation and the lack of information on the fate of their beloved triggered a demonstration by affected IDP women against the security forces in the camp. Such events continue to generate concerns as of the treatment of children possibly associated with armed groups. Through the Protection Cluster in Iraq, indications were received that some 330 Iraqi individuals were reportedly transferred from Syria to a military base in Al Qaim, in Anbar. While the Cluster lead agency in Iraq was informed by the parties in control that all those individuals were fighters, other actors have indicated that other population profiles could have been among the transferred population.
- Due to the dynamics of the flight, restoration of family links remains one of the main challenges, and dedicated mechanisms need to be strengthened for families to be able to report and get feedback on missing or detained family members.
- Reports continue to emerge about the confiscation of personal items and assets during the security screening. Irrespective of nationality, several women again complained with the protection teams about the subtraction of their valuables that would have been of support to make their leaving in the camp if returned to them.

- The presence of unaccompanied and separated children (UASC) remains a concern and the capacity of the responding Child Protection (CP) partners remains overstretched, particularly in the event of new arrivals. Protection team identified new cases of unaccompanied children, especially amongst foreigners. Two interim care centers have reached their full capacity and on some occasions protection teams fast-tracked children for screening and NFI support and negotiated with the camp authorities to temporarily associate these children to women in the transit areas until more sustainable solutions are available.
- The predominant presence of women and children, older persons and several persons with war injuries creates a context where even the mere distribution of NFI items becomes problematic if undertaken far from the area where they are located. Children may be left unattended; persons with mobility impediment may be neglected; there may be objective difficulties for women in transporting the items to their accommodation areas, with no resources to compensate any support. While protection teams on the ground are reaching out to the various areas to identify needs and support referrals, actors in charge for the distribution need to increase distribution points and complete the construction of the second distribution site as soon as possible. In the current situation, women and girls may be vulnerable to situations of exploitation and abuse. This needs to be carefully monitored by all humanitarian actors. Sensitization for all actors operating in the site on PSEA and the activation of complaint mechanisms should be pursued.
- The continuous expansion of the camp may not be immediately followed by an equally fast construction of WASH facilities, presence of services, adequate lightening and privacy. This generates a temporary challenging environment for women and girls. It is critical that efforts are pursued by all sectors to reach the minimum humanitarian standards everywhere in the site, including in newly established areas to ensure dignified conditions for all population.
- According to protection actors on the ground, foreign families remain particularly underserved. Aside having less access to information about services and procedures in the camp, also due to the language barriers of many third country nationals, many of those already residing in the dedicated “annex” have less opportunities to access life-saving services, in particular health services. The situation is reportedly serious for war-injured women and children. Health and camp management actors have discussed the necessity to visit the foreign families living in Annex Sector in Al-Hol camp to provide critical medical services at part with the rest of the population in the camp. The discussion reportedly concluded with new regulations for access. Reportedly, those entail the submission of official requests with details on the purposes of the visit, the authorization given solely to female staff, and a security screening process for the humanitarian workers before any permission to provide assistance is granted. There is a serious concern that such procedure may not ensure the required prompt life-saving interventions.

2. The protection response

- The Syria-based UN protection agencies and partners and on the INGO active in NE Syria continue to coordinate the response, with improvement in communication and division of responsibilities, according to presence and access. Coordination meetings are periodically organized and discussions are taking place to consolidate the response in the various field of expertise and to improve a protection environment that will likely remain challenging for the next foreseeable months. All partners continue their efforts to expand presence and support to the newly established accommodation areas in the camp. Yet, the unpredictable new arrivals sometimes defeat the plans, with resources redirected again to the waiting, reception and screening areas until the situation stabilizes.
- Protection teams staff continue to be engaged in the reception and screening areas providing 24/7 coverage, including during weekends, identifying cases of highest priority to be fast tracked for registration, assistance and referral to medical and other service providers. Their capacity remains overstretched.
- 3 GBV mobile teams, comprised largely of female staff, have attempted to expand their continuous presence in phase 1, 5 and 7, in waiting and reception areas, but the challenge remains the night coverage and case management. Presently, there are only four GBV case managers as most services are provided through

mobile services where case management cannot be offered. GBV teams are conducting awareness sessions, group and individual counseling, PFA and referrals to other services (health, distribution, registration, vaccination, interim care, and other services). GBV leading partners have also distributed some 8,200 dignity kits, 1,500 adolescent kit, 30,000 sanitary napkins, while 500 pregnant and lactating kit, 1,000 adolescent kit, 5,720 male dignity kit, 7,450 basic dignity kit and additional 50,000 sanitary napkins are expected in the short term.

- The recently allocated SHF contribution has been directed to the expansion of mobile GBV services as well as the establishment of static posts to facilitate the aggregation and the social interaction of women, particularly in newly activated phases. With more cases identified, concern remains for the neglect and the inadequate support to unaccompanied elderlies, including alternative interim arrangements.
- Child protection partners continue to address the issue of UASC, whose number continue to raise amongst the new arrivals. The interim care capacity continues to be under strain despite the engagement of several partners. According to CP partners, some 250 children have been identified as unaccompanied or separated, of which 53 have been reunited with their families or caregivers. A total of 46 unaccompanied/separated children are in interim care centers in the camp.
- In light of the identified challenges, efforts have been ongoing between CP partners and the health actors to mitigate the risk of involuntary family separation in cases of child hospitalization. A system of referral has been put in place to better manage referrals from the camp to external hospitals. This entails the assignment of protection focal points from partners operating in the camp to assist the Kurdish Red Crescent (KRC) staff who transport the case to the designated hospitals and follows on the hospitalization. Focal points are equipped with information on the child and maintain the contacts with the KRC clinic, the hospital and the parents/relatives/caregivers in the camp. In this way, parents are kept abreast on their children's conditions and will receive information on the expected time of discharge with at least one day notice. Coordination and timing of the discharge is agreed in order to ensure presence and reception by the parents and avoid separation. Through this mechanism the case of some 66 children have been followed up, maintaining links with their families or being traced during hospitalization. An increased involvement and cooperation with focal points from health partners specifically assigned to this task is being pursued.
- The information desks continue to be operational at the reception area, in phase 5 and phase 7, but more staff may be required for a proper and continuous management. Language barriers are also emerging in the communication with the foreign women and children. Population continues to address the desks with critical questions related to protection and assistance. Most of the requests of the population concern the situation and whereabouts of detained relatives; the restitution of subtracted assets and documentation; the existing movement regime out of the camp, including the modalities and timeframe of return; and assistance related queries. The information desks are also instrumental in the referral of hospitalized cases, as the protection focal points can provide the necessary information to the caregivers of hospitalized children, inside or outside the camp.
- The confiscation of personal documentation continues as a measure to control the movement of population from the camps. As such, last resort measures continue to be reinforced to ensure at least the proper sorting and preservation of the documents to avoid loss and repercussions on legal safety. Some additional staff has been redirected from other IDP sites to accelerate the sorting and classification 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. In parallel, given the profile of the population, a system of complaint mechanism needs to be put in place, and capacity on PSEA needs to be further promoted across partners through inter-agency mechanisms.

3. Key Asks / Advocacy messages

- Continuous and unhindered access remains critical to provide humanitarian life-saving assistance to all population in Al Hol. Humanitarian 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 actual or imputed political affiliation. This applies particularly to access to foreigners and families, including when placed in separated areas/ “annexes” of the camp. Measures to provide life-saving assistance, particularly health, cannot be penalized by excessively demanding access procedures. The Camp administration should allow to establish a stationary health point inside the foreigners’ “Annex” for life-saving health assistance to be provided equitably and without delay also to this population. Female translators, if available, should be considered.
- Basic guarantees and standards of treatment enshrined in IHL in situations of detention needs to be upheld. Detainees should be treated humanely and with respect for their dignity, regardless of the reasons for their detention. In particular, there is a need to allow family of detainees to be informed about the whereabouts of their family members, while the latter should be allowed to remain in contact with the outside world, particularly with their families.
- In the context of arrest and detention, children (under 18 years of age) should 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.
- 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.
- 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 during transit and avoid any possible procedural delay for humanitarian actors to provide assistance upon arrival.
- 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 support in decontamination and restoration of key infrastructure in the areas affected by hostilities.
- Additional financial resources are urgently required to meet the needs of all new-arrivals to Al-Hol but also – an increasingly - to ensure a sustained response inside the camp for a population with defined needs for specialized protection services and possibly in a longer term perspective. 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. It is necessary that all partners step up their presence and activities, based on an accountable and coordinated division of responsibility within the camp but also taking into consideration the engagement in other existing sites and areas of return in Raqqa and Deir Ez Zor. While it is recognized that capacity remains a challenge in North East Syria, surge and support should be considered, especially within those humanitarian organizations that have a wider presence, at country level and beyond.

Al Hol Protection Actors Mapping During Hajin Emergency - 12.03.2019

	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- cap awareness- PSS- RE awareness 8 am -3 pm		2 static CFS Case management- cap awareness- PSS- RE awareness Emergency shelter (interim care center for UASC) 8 am - 3 pm	2 mobile teams Case management- cap awareness- PSS- RE awareness 8 am -3 pm		1 static CFS Case management- cap awareness- PSS- RE awareness 8 am -3 pm (planned)	6 Mobile Team CP workers to follow up on UASC	
Yamama (UNFPA)	1 GBV mobile team focal point 1 PSS counsellor 1 health educator 1 facilitator 2 volunteers								1 GBV mobile team focal point 1 PSS counsellor 1 health educator 1 facilitator 2 volunteers		1 GBV mobile team focal point 1 PSS counsellor 1 health educator 1 facilitator 2 volunteers	
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 4 women 2 GBV community mobilizers working from 8:00AM to	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 +starting to use the emergency pilot tools in this phase		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			Outreach info sessions on available services and referrals	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 SCI 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 SCI CP staff provide Case management and Monitoring Activities from 8AM to 2PM