



Update # 4 on the situation in Al-Hol Camp: protection concerns and challenges – 01.04.2019

This note needs to be read in sequence with the previous notes released on 25 February, 4 and 13 March 2019. It is focused on the new developments in al Hol and in the area. “Key asks” and advocacy messages from previous notes remain valid. Several protection-related messages developed through these notes have informed also other inter-sector reports and inter-agency documents (e.g. “Humanitarian Community Key Asks/Messages on Al-Hol, Deir-Ez-Zour”).

1. Overall protection situation

- Unpredicted new arrivals during the past weeks, with more than 2,200 individuals reaching al Hol in the week between 18-24 March, demanded again an intensified response from the Protection Sector and its sub-Sectors (Child Protection and GBV) and other protection partners operating cross-border. Similarly to previous weeks, the majority of the arrivals were women and children, including unaccompanied and separated children, many of them in particularly dire health conditions. During this last influx, health actors reported the death of 12 individuals *en route* or upon arrival in the reception area.
- With the last arrivals during the past week and days, including some 500 on 31 March, the population in the camp has increased to some 73,050 individuals / almost 21,250 households. It is estimated that since 4th December almost 63,250 individuals/18,880 HH have been transferred to Al Hol. The current camp population consists of some 31,500 Syrians (43%), 30,460 Iraqis (42%) and almost 11,100 third-countries nationals (15%). Reportedly, senior official of the Kurdish self-administration stated that no more arrivals to Al Hol are likely expected from Baghouz.
- The demographic composition of the population, with 66% consisting of children and an overwhelming majority of persons with specific needs, particularly with the last arrivals; the prolonged exposure to hostilities; the strain of the journey; the psychological distress and age or health conditions continue to generate urgent needs in all spectrum of protection activities.
- The protection situation in the screening/reception/waiting areas was again put under strain and resources were temporarily mobilized to meet the most urgent needs of the last wave of new arrivals, with the recurrent challenges in attending a population severely affected by fatigue, distress and serious medical conditions, particularly war-related injuries.
- The pause in arrivals of the past week have not exhausted the request for emergency activities such as identification of needs, immediate referral, and information. According to the shelter sector, 5,720 HHs have not yet been accommodated in family tents (30 March), and still live in communal spaces such as big-size tents, with concern for the overcrowding and their dignified living conditions.
- Protection actors on the ground remain concerned for the magnitude and complexity of the protection needs but also for the perspective of solutions for this crisis. While it is expected that emergency interventions in technical sectors such as shelter, WASH, will eventually stabilise the living conditions of the population, the overall context in relations to protection issues will persist and new elements of complexity may emerge.
- The situation of children continues to be at the forefront of the identified needs and the response. The number of Unaccompanied Minors/ Separated Children (UASC) has further increased with the new arrivals, with 355 UASC so far identified and with 109 children remaining in 3 interim care arrangements while tracing and reunification is being pursued. The web of family relations and nationality connections of some of the

individual cases, as a result of multiple or polygamous marriages, adds a layer of unprecedented difficulty in the tracing efforts and in the determination of the best interests of the child. Aside from family tracing and reunification procedures, interim care arrangements, including during hospitalization of war-injured mothers, and a full range of emotional and psychosocial support interventions, case management for the most complex situations needs to be reinforced.

- Women and adolescent girls continue to require various forms of assistance to preserve dignity, prevent GBV, and respond to the effects of previous situations of violence, psychological and physical abuse. Many of them are widows or de facto heading households with no other family or community support in the absence of their husbands, who may be dead or detained. Many of them are often facing obstacles in receiving assistance, due to the distance of the distribution points and the volume of certain items such as tents and NFIs. Support needs to be provided, with attention to their vulnerability to exploitation and abuse, including vis-à-vis humanitarian workers in the field. Recently consulted women and girls remarked challenges in certain areas of the camp in accessing proper sanitation facilities, either due to the absence of latrines and showers, or due to their poor safety (locks) and lighting. Urgent interventions are needed to increase the numbers of sanitation facilities and to equip them with adequate gender sensitive measures. Seemingly, solar lamps need to be urgently dispatched to provide better security conditions for women and girls at night. Protection partners are bringing these points to the attention of the technical sectors during the emergency coordination meetings periodically organized in Al Hol.
- While the above protection challenges need to be addressed in the context of the current emergency response, other aspects of the protection environment will persist and require tailored and more specialized interventions. The absence of any form of family or community support for many women and girls, who are often young and with numerous dependent children, severely undermines their resilience capacity. Their permanence in the camp and after return to areas of origin will need to be supported through increased specialized services, vocational training, literacy programs, and possibly income generating activities. Complex legal aspects related to the recording of vital events and of women/girls family relationships, particularly marriages and paternity identification that remain undocumented, will require attention and expertise at national level and beyond. The peculiar societal dynamics that characterize certain groups and the social *mores* amongst the newly arrived population need to be considered, including in designing regular interventions of GBV awareness and prevention.
- Older persons – although more limited in number (some 1,250 i.e. 1.7% of the overall camp population) - and persons with disabilities remain amongst the most neglected and unsupported categories of population. They are at risk of being excluded from assistance, deprived of their well-being and dignity. The level of protection presence, particularly for home-based care and expertise in detecting and addressing disabilities remains extremely limited, and increased synergies need to be built between health and protection actors, including those with expertise in war victims' assistance.
- 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. On situations of detention in particular, the lack of knowledge of the whereabouts of male family members, some as young as 15, is increasing the psychological distress and apprehension amongst the female population, straining relations with the camp establishment, including vis-à-vis humanitarian workers. Together with access to humanitarian assistance, request on the fate of detained relatives remains the most frequent query posed by the displaced population to the information desks managed in various phases of the camp. The Camp Administration does not seem to be in a position to provide any response to the quest of the families. Reportedly, only few adolescents have so far been transferred to the camp, with few arrivals in the last days separately from the rest of the groups. Contact with them will be pursued.
- In general, the relations amongst population and actors in the camp have occasionally become strained, not least due to the psychological distress of the families seeking for their detained relatives. In addition, the

attitudes and mindset of certain segments of the population, including women, have reportedly aggravated the situation. Episodes of resentment, ending up with physical assaults against humanitarian workers have started to emerge, complicating access dynamics. In such circumstances, it is essential that unhindered and sustained access is granted to humanitarian actors to all affected population, with no distinction based on their profile, and that resources are increased to ensure adequate coverage. This will avoid disparity in assistance and services across the various areas of camp, the emergence of any possible resentment, and negative repercussions on humanitarian action.

- According to protection actors on the ground, foreign families remain a complex population group deserving attention and access at par of the other population, particularly for life saving assistance and health, but also in a variety of protection services, including for persons with specific needs. Language barriers, attitudes and societal systems forged during the ISIL domination are additional obstacles to operate in the areas hosting third country nationals. While a child protection actor has been able to base its presence in the annex, health actors are still negotiating the establishment of a permanent health point that will ensure better assessments of conditions and prompt treatment, including medical evacuations. Despite fulfilling all the requirements put forward by CA, and the urgency triggered by the presence of many wounded individuals amongst the new arrivals, a health actor intending to operate in the “annex” was still unable to open a permanent Primary Health Care Unit.
- Beyond the humanitarian response, solutions to this specific group can only be found through a concrete assumption of responsibility by the countries of origin of the third country nationals currently interned in the Al Hol camp.

2. The protection response

- Syria-based UN protection agencies and partners as well as the INGO active in Northeast Syria from cross-border continue their efforts to expand presence, support and services to the newly established accommodation areas in the camp. As the nature of this response will go well beyond the emergency phase, the whole protection response will require a substantial increase in human resources and capacity in more specialized protection activities.
- During the last arrivals, protection team staff continued to be engaged in the 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. Coordination with medical actors has been strengthened, to further improve referrals and avoid neglect of medical cases, although challenges remain due to the saturation of all medical facilities in the areas. Reportedly, as of 30 March some 150 individual, mainly medical cases, still remain in the reception area.
- With the stabilization of the population, and the decreasing arrivals, volunteers prioritized their presence in areas in the camp where the newly arrived population has been settled, identifying needs, referring cases, providing information on available services. Information desks are now available in four phases (3, 4, 5, and 7) and improved procedures are being put in place to streamline communication with affected population, harmonize messages, and analyze the prevalent requests, to support advocacy or remedial action. The number of protection volunteers, remain insufficient to ensure full coverage and to avoid subtracting protection human resources to the other phases of the camp, where services need to continue for the population pre-existing the Hajiin/Baghouz influx.
- Based on already existing tools used in the hubs, the protection Sector at WOS level is developing a series of ethical principles for the protection volunteers, to make sure that communication and referral protocols are respected and that principles of best interest, dignity and confidentiality guide all interactions between the protection workers and the affected population. This is particularly relevant in light of the number of newly recruited staff amongst protection actors.

- At the same time, in the last weeks all major protection agencies have organized sessions on their codes of conduct and on PSEA principles for staff and partners, while the activation of complaint mechanisms needs to be pursued.
- Child protection teams continue to identify children in need, particularly UASC and to follow up on the hospitalization cases according to the established procedures (see previous protection note # 3). So far 355 UASC have been identified, 56 reunited and 109 children remain in 3 interim care arrangements while tracing and reunification is being pursued. Follow-up on hospitalization to maintain family unity remain in high demand only during and only in March around 280 children were provided with care givers during treatment period in hospitals. Six Child Friendly Space and two mobile teams are operational in Al-Hol providing support to the psychosocial well-being of the children, along with other services and activities. Based on the demography, current presence, and the assessment of CP partners, it is estimated that some eight additional child friendly spaces may be needed in all phases of the camp, to better support restoring the psychosocial well-being of the children and complementing those currently existing and the two CFS in the pipeline,.
- Four GBV teams are on the ground at the reception areas and in phases 1,3,4,5, and 7 and two Women and Girl Safe Spaces (WGSS) are operational. One additional WGSS will soon become operational in phase 4, where a big size tent has been erected to host the facility. Based on population and current presence, it is estimated that some seven additional WGSS may be needed in all phases of the camp, complementing the two currently existing. Aside safe spaces for aggregation, specialized psychosocial support services, case management for complex individual situations, reproductive health services – also to better detect cases of GBV, literacy and vocational training are required to improve resilience for women in the camp and upon return.
- Substantial progress has been made in the sorting of the documentation confiscated by the camp authorities to the new arrivals and stored in an archive room of the camp. However, hundreds of documents still remain unassociated to the records in the “identification database”, most likely as a result of data entry errors. This challenge demonstrate the negative effects of any recurrent policy of confiscation of personal documentation, which continues to be implemented notwithstanding prolonged advocacy by protection actors. Protection teams continue to support the camp administration in this task. Completing this process will contribute to remove one of the impediments to the potential voluntary return for IDPs to areas of origin in Deir Ez Zour, as well as returns to Iraq.
- Some specialized areas of interventions remain largely uncovered, notably the provision of support to older persons and persons with disabilities, through dedicated expert staff and “home-care” intervention modalities.
- Coordination arrangements are improving synergies between all protection actors (Qamishly based and cross-border), with frequent structured meetings in the camp. Sectors are backstopping the field response.
- The mobilization of resources in the last two reserve allocations of the Syria Humanitarian Fund (SHF) is encouraging, with more than 2 million USD for protection interventions out of the 16 million USD allocated in the two tranches. In a broader perspective, however, the size of the camp and the profile of the population will require a substantially increased protection presence and an expansion of protection services, with reference to more structured interventions such as psychosocial support, case management, restoration of complex family links, and specialized support for person with disabilities, including victim assistance. Aside financial resources, the scalability in terms of specialized human capacity amongst protection partners on the ground needs to be addressed, and major protection actors from amongst the UN agencies and the INGOs active from cross border needs to make efforts for a surge in support.

3. Key asks / Advocacy messages

- Additional financial resources are urgently required to ensure a sustained response in al Hol for a population with defined needs for specialized protection services likely 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 in parallel with the efforts of the Syria-based partners working with 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 Zour. 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, regional and global levels.
- 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 in “annexes” of the camp. Measures to provide life-saving assistance, particularly health, should not 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 an urgent need from the detaining authorities to inform family of detainees 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.
- Personal effects, if confiscated or subtracted, should be returned to the population, especially if they can be monetized and represent a source of support for the families. The sorting and restitution of personal documentation should be accelerated, also not to hinder legal safety during the return process.
- 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 survey and clearance from explosive hazards and restoration of key infrastructure in the areas affected by hostilities.
- Transfer of population to al Hol or to other camps where freedom of movements is deliberately limited should end, including as a result of policies of forcible evictions of IDPs from makeshift or temporary settlements. Unless relocations to camps is done with the informed consent of the displaced, and represent a voluntary choice, parties in control should not pursue policies of involuntary transfer of population from spontaneous settlements to camps where their freedom of movement may be subjected to limitations. Freedom of movement should be upheld.
- States of origin of the foreign population should fulfil their responsibility vis-à-vis their citizens in order to find solutions to the current situation. Such solutions, of repatriation, reintegration and prosecution – when and if applicable – should be fully in line with human rights standards of due process and of best interests of the child. Only those actions can avoid the protracted permanence of women and children in camps in a foreign territory with little prospect for resilience and solely depending on humanitarian aid.