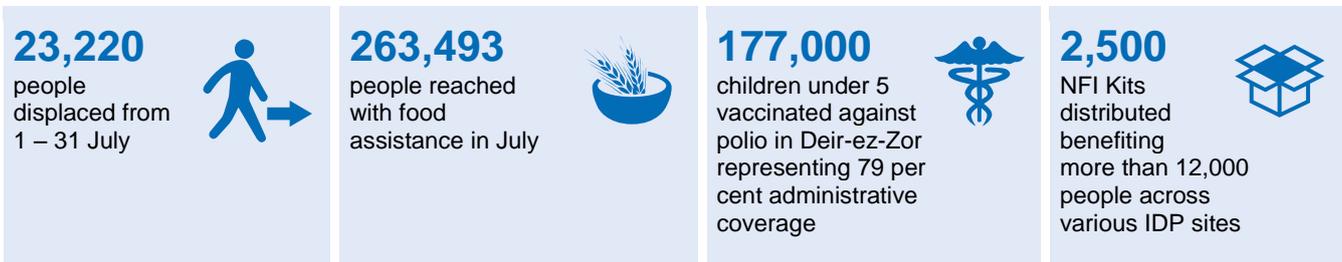




This report is produced by the OCHA Syria Crisis offices with the contribution of all sectors in the hubs and at Whole of Syria level. It covers the period from 1-31 July 2017. The next report will be issued on or around 24 August.

Highlights

- Displacements from and within Ar-Raqqa Governorate continued due to heavy fighting and airstrikes. An estimated 224,250 people have been displaced since 1 April, including 45,486 since 1 June.
- Up to 25,000 people are estimated to remain inside Raqqa city, amid heavy fighting between ISIL and the Syria Democratic Forces (SDF).
- The Government of Syria (GoS) and aligned forces continued to clash with ISIL forces in southern Ar-Raqqa Governorate resulting to the displacement of about 5,000 civilians from Maadan District.
- Protection of civilians remains of high concern. Civilians remain trapped by fighting in urban areas, with ISIL reportedly actively preventing civilians attempting to flee the area.



Situation Overview

Ar-Raqqa Governorate

The situation in Ar-Raqqa city continues to remain dire. Sustained military operations have resulted in severe shortages of foodstuffs and medicines, affecting up to 25,000 civilians still residing in the city. Residents face daily threats to their safety due to ongoing hostilities. Most residents are relying on whatever stored food they have left to survive. In terms of health services, only one wing of the National Hospital was functional as of 31 July. An airstrike on 3 August destroyed the National Hospital rendering it inoperable. The attack reportedly resulted in the death of six nurses and the injury of one doctor. Informal care points exist in other parts of the city, but they are commonly staffed by medical professionals and have only the most basic medical supplies. Access to safe water remains an urgent need, as the supply and availability of water continued to be a major gap in different locations in Ar-Raqqa Governorate, particularly Ar-Raqqa city.

On 28 July, REACH published the third rapid assessment to monitor the humanitarian situation in Ar-Raqqa city. Key findings include:

- Fourteen of Ar-Raqqa's 24 neighbourhoods are now abandoned or almost abandoned. These neighbourhoods, predominantly on the western and eastern edges of the city, have seen intense fighting, but they are also the areas from which it is the easiest to leave the city.
- Reportedly the SDF have generally facilitated movement of civilians from the city, while ISIL has reportedly sought to concentrate the civilians remaining under its control in the centre of the city.
- Remaining residents face increasing threats to their safety, including airstrikes, indirect fire, improvised explosives, mines, and sniper fire.
- Access to food and markets has reached a critical low, with residents relying heavily on food stored previously to survive. Only a bare minimum of food is sporadically available for purchase from traders and smugglers at inflated prices.

- Access to water is extremely limited, with initial reports indicating that almost no one has sufficient water for their needs. The majority of residents can no longer access water from the Euphrates River due to shifting conflict lines and leaving them reliant on recently drilled boreholes.
- Damage to shelters has reportedly increased significantly in recent weeks alongside an increase in airstrikes and indirect fire.
- No electricity is available. In areas in which residents remain, generators provide electricity for 2-6 hours per day, though supply is reportedly inconsistent.
- Access to health care is extremely limited. Informal care points exist in other parts of the city, typically clinics established in personal homes, but they are commonly not staffed by medical professionals and have only the most basic of medical supplies.
- Many of those who have fled the city reportedly hope to return when conditions allow.

The humanitarian situation is affected by the ongoing military operations, with the SDF advancing on the eastern and western neighborhoods of Ar-Raqqa city. Since the offensive began in Ar-Raqqa city on 6 June, heavy clashes, shelling, and airstrikes have resulted in significant civilian casualties and injuries. The SDF continued to capture neighborhoods in Ar-Raqqa city from ISIL-forces during the reporting period, with advances made along the western and southern sides of Ar-Raqqa city. By 31 July, the SDF had made further advances in the central and southern neighborhoods of Ar-Raqqa city. As of 31 July, unverified reports indicate that between 45 and 50 per cent of Raqqa city has been taken over by SDF forces.

Throughout the reporting period, the Government of Syria (GoS) and aligned forces continued to clash with ISIL forces in southern Ar-Raqqa Governorate. In the southern and eastern countryside of Ar-Raqqa governorate, GoS forces made significant advances in areas between Sabka and Maadan Sub-Districts, resulting in the displacement of approximately 700 families from the eastern countryside. Civilians reportedly drowned while trying to use the river from the southern and eastern to the northern bank of the Euphrates as an escape route. On 25 July, local media reported that three children drowned in the Euphrates river after the boat that was carrying them capsized.

Displacement was reported from the area northwards across the Euphrates river where about 500 families arrived to Karama area and about 200 families arrived to Mansura in the west countryside. GoS and allied forces reportedly confiscated civilian belongings and properties while the civilians were trying to reach Mansura, coming from Maadan. Also SDF forces were reported to have confiscated civilian properties in eastern and western Ar-Raqqa countryside. Furthermore, large scale displacement has been observed from the eastern countryside of Ar-Raqqa, mainly towards areas controlled by the SDF.

As military operations in Ar-Raqqa city continue, clashes, shelling, and airstrikes are likely to continue, causing further civilian casualties and outward IDP movement. On 16 July, the Office of the United Nations High Commissioner for Human Rights (OHCHR) reported that eleven civilians, including two women and nine children, were killed by airstrikes on Ar-Raqqa city. On the same day, local media sources reported the death of two civilians, one in Mansura town and one in Katuniyeh village, due to ERW/IED explosions. On 17 July, airstrikes on AlGhanem Al-Ali village reportedly struck a primary school. In addition, airstrikes allegedly hit a mosque in the area, severely damaging it. Local media reported that airstrikes on 18 July in the Al-Jwizat and Al-Shridah areas resulted in the death of 19 people, including four children and five women. On 19 July, OHCHR reported that airstrikes in a residential neighborhood in Ar-Raqqa city killed nine civilians, including two children and one woman. A total of 48 people were reportedly killed and 40 others injured in Ar-Raqqa city on 27 July due to artillery shelling and aerial bombardment in populated areas, including the Al-Hal market place. Clearance of explosive hazard contamination and rubble, as well as some initial trauma care support is being provided or contracted by the International Coalition.

Deir-ez-Zor Governorate

During the reporting period, renewed clashes took place between GoS and allied forces and ISIL in areas in Deir-Ez-Zor city and surrounding neighborhoods. An increase in airstrikes by the International Coalition was also reported, resulting in increased displacement movement. Initial reports indicate that the hundreds of families have displaced from Al-Mayadin city, Al Bokmal, and from the villages and towns located in Shamiyyah area south of the Euphrates River and west of it towards other Syrian areas. Displacement movements remain risky. Reports have emerged of IDPs being shot and killed as they attempt to flee ISIL-controlled areas, with the SDF reportedly forcibly drafting young men into their ranks.

Intermittent clashes and airstrikes, by both the GoS and allied forces, and the International Coalition against ISIL, continue to result in increasing numbers of civilian casualties. On 17 July, local media reported that airstrikes on Keshkiya town reportedly hit a secondary school. On 19 July, airstrikes on Ayyash village in the western countryside of Deir Ez-Zor reportedly killed 15 people from two families. On the same day, airstrikes on Abo

Hamam city struck the Al-Amin school. Airstrikes on Al-Sabha village in eastern rural Deir Ez-Zor reportedly damaged a mosque.

In the besieged parts of Deir-ez-Zor city, the humanitarian situation for 93,500 people remains extremely difficult. Civilians are facing high prices for basic food items, as well as a lack of access to basic services, especially medical care, due to the ISIL-imposed siege. Field reports indicate that prices in Deir-ez-Zor city are now up to three to eight times more expensive than the same commodities in areas of Deir-ez-Zor Governorate under ISIL control, if available at all. On 23 July, ISIL reportedly bridged the sub-stream of the Euphrates River resulting in blocking the water supply to the besieged eastern neighborhoods of Deir Ez-Zor city. Residents of Deir-ez-Zor city have resorted to drinking the remaining water from the stagnant stream, which is unsafe for consumption, and exposes them to the risk of water-borne diseases.

As of 2 August, WFP has completed 289 airdrops since April 2016, dispatching approximately 5,612 mt of mixed food commodities and other life-saving supplies on behalf of other humanitarian actors through high altitude airdrops.



Displacement trends

The total number of displaced people from Ar-Raqqa tracked by the CCCM cluster since 1 June has reached 45,486 individuals, many of them displaced multiple times. To date, the total number of internally displaced persons tracked since the onset of the Ar-Raqqa offensive in November 2016 is 253,207, including 215,678 since 1 April.

The humanitarian community continues to raise protection concerns and to advocate for the IDPs' departure to safe areas in close proximity to their homes with the respective local authorities. Ongoing clashes across north-east Syria continue to displace large parts of the population, and IDPs from Raqqa, Deir-ez-Zor and Maskana (south of Manbij in Aleppo governorate) are being accommodated in a number of other camps in Ar-Raqqa and Al-Hasakeh governorates. The situation remains fluid and therefore estimated numbers of IDPs fluctuate from day to day.

Below is an update of the main IDP sites:

Areesheh (Bahra) transit camp (30 km south of Al-Hasakeh city)

The Areesheh (Bahra) site now hosts an estimated 3,500-4,000 IDPs. The camp is a transit point for IDPs fleeing Deir Ez-Zor, Ar-Raqqa and southern Al-Hasakeh to Quamishli, Aleppo and other governorates. In July, a UN mission (WFP, OCHA, WHO, UNICEF, UNHCR, IOM, UNFPA) carried out an assessment to the camp: deteriorating humanitarian conditions have been reported as the ongoing response is insufficient. Construction has started on the installation of 100 emergency latrines and 48 showers. UNICEF continues to provide 60,000 liters of drinking water per day.

WHO supports two national NGOs to operate mobile medical teams and UNFPA mobile team is also covering the camp. The medical mobile team by Syria Al-Yamama consists of an internist, pediatrician, midwife, two nurses, psychotherapist, administrative assistant, and driver. The medical mobile team by Syrian Catholic church and Mar Assia consists of an internist, gynecologist, pediatrician, two nurses, supervisor, administrative assistant, psychotherapist and a driver. The average visit duration is 4 hours according to the needs and the availability of medicines. Medical teams reported about 6 mortality cases in the camp as a result of dehydration. WHO is to set up a fixed health center. Until a fixed health post is set up (UNHCR has already allocated a tent for this purpose), the medicines are being distributed only through the present mobile medical teams after consultations and necessary prescriptions. The list of medicines is constantly being updated. 16 cases were referred and supported by WHO and this activity will get continued. Mobile medical teams have submitted over 100 requests to the camp management for urgent referrals and which remained unanswered.

Al Twehne transit camp

The Al Twehne camp currently hosts approximately 350 families (2,100 Individuals) from rural Aleppo governorate, Ar-Raqqa city, rural Hama governorate, and Deir-ez-Zor governorate. Families stay in Al Twehne camp for an average of eight days, however, some families have been in the camp for over two weeks. Camp residents continue to consume unsafe drinking water from the Euphrates river. The number of families varies from day to day due to the constant and regular movement of IDPs. During the reporting period, 200 tents were installed, each hosting more than one family. However, initial reports indicate that an additional 70 families do not have access to shelter.

While access from GoS-controlled areas has significantly improved, life-saving assistance related to trauma care remains restricted by the GoS. Al-Yaroubieh crossing from Iraq remains closed preventing UN cross-border assistance from Iraq. Cross-border assistance from Turkey remains restricted.

Humanitarian Response



Protection

Situation/Needs

As the offensive continues in Ar-Raqqa city, IDPs who managed to flee continue to report significant protection concerns and increasingly constrained access to basic services in the city. Severe restrictions are reportedly imposed by ISIL which is preventing civilians from leaving the area, such as the positioning of snipers and punitive measures (e.g. burning their assets, in particular cars). IDPs tend to leave behind the most vulnerable members of their families, such as the elderly and individuals with limited mobility.

Population movements have been registered during the month of July from Ar-Raqqa city in the direction of Ain Issa site (approx. 50-100 daily arrivals) and villages located in the north of Ar-Raqqa Governorate, especially Hazeema, Tishreen Farm, Rashidyieh and Kabsh. It is reported that an important fraction of new displacements headed to those villages (between 600 and 750 IDP families in each location) as they do not require sponsorship from local authorities to relocate there. Women and children are still overrepresented in IDP movements, with an estimated of only 4 per cent of new arrivals consisting of men aged 18-40 years old in Ain Issa, while similar trends are observed in other sites such as Al Bahra and Rajim Sleby. Still in Ain Issa, a decrease of new arrivals of IDPs coming from Deir-ez-Zor Governorate has been observed over the reporting period, as the journey to Hassakeh Governorate (e.g. Al Bahra and Rajim Sleby sites) is described as shorter and less expensive. Syrian IDPs reportedly undergo longer screening procedures in Rajim Sleby than Iraqi refugees before their transfer to Al Hol.

IDPs presenting identity documents issued in Ar-Raqqa city are reportedly prevented from entering several SDF-controlled cities (e.g. Membij, Tal Abyad, Ain Al Arab and Ras al Ain) and are therefore compelled to head for locations where they do not need sponsorship. As a result of movement restrictions, above-mentioned villages located north of Ar-Raqqa Governorate are currently described as overcrowded and offering limited access to services (e.g. scarcity of safe drinking water).

Despite at least one official communication of local authorities on the subject, screening and sponsorship procedures continue to lack transparency, clarity and consistency. While efforts seem to have been made at the Ain Issa site to streamline the procedure allowing IDPs to exit, different rules persist regarding sponsorship. The implementation of this procedure increasingly raises the question of potential smuggling and corruption schemes. It is also reported that IDPs that are former residents of Hassakeh Governorate are allegedly now prevented to return to Hassakeh governorate by local authorities.

Protection actors identified several protection concerns within local and IDP communities. Child labour is described as common and several cases of child recruitment have been reported in the north of Ar-Raqqa governorate since the SDF took control of the area. Current information indicates that a recent change in the requirements had made all new IDP arrivals to Hassakeh governorate now subject to "conscription". To date, there are no known cases of recruitment taking place within IDP sites. Cases of unaccompanied children have also been identified over the reporting period, death and travel abroad being the main causes of separation. Instances of early marriages are also a concern, as a negative coping strategy to reduce risks associated with displacement.

Psycho-social needs and trauma suffered by the IDPs and for those who remain are a key concern. It is increasingly reported that the psychological trauma affecting boys, girls, men, and women is being compounded by their experience while fleeing from these areas and the difficult situation in camps – particularly as related to the screening and sponsorship processes. Protection actors responding in the area have indicated that both IDPs and local communities reportedly suffer from mental health needs related to the exposure to conflict and displacement, and noted an increase in the use of drugs among the youth (e.g. Captagon).

Response

UN protection agencies have continued to reinforce their current presence in major sites (Ain Issa, Mabrouka) and in the surrounding areas of Tal Abyad, Ras-El-Ain while working through local partners to gain access to more remote locations. UNICEF partners have established five child protection centres in Mabrouka camp, Tal Abyad Sub-district, Suluk Sub-district, Ain Issa Sub-district, Ain Issa camp (Aktan), Aljurniyeh Sub-district, and three

mobile teams are offering support in Ain Issa, Tal Abyad and Aljurniyeh rural and village. Over the reporting period, they supported approximately 2,600 children, adolescents and mothers displaced from Raqqa with psycho-social support and awareness sessions on child protection issues, mine risk education awareness, as well as parenting skills. Furthermore, 11 NGO front-line aid workers were provided with training on case management and mine risk education, covering the above mentioned locations.

In July, a protection partner conducted a total of 15 community assessments and 21 households visits, in addition to one Mental Health and Psychosocial Support (MHPSS) needs assessment with 398 women, men, boys and girls in and outside transit sites located in Ain Issa, Ar-Raqqa and Tal Abyad sub-districts (119 individuals from local communities, 237 Syrian IDP and 14 Iraqi refugees). As a result of these assessments, five protection reports were issued to identify current barriers to services and resources, inform the humanitarian response and enable a number of referrals.

A comprehensive protection mainstreaming assessment was carried out at the Ain Issa site by the same partner, involving beneficiaries and humanitarians. Findings are being compiled into a Protection mainstreaming action plan. As a follow-up, potential needs can be supported by flexible funding.

Through support from and in coordination with health actors at the Ain Issa Camp, 31 mobility devices for persons and children with disabilities and the elderly were distributed in the camp, as well as 20 wheelchairs for adults, five wheelchairs for children, and six toilet chairs for the elderly and those with disabilities.

Integrated protection teams, including GBV, child protection and protection case workers, are anticipated to be running by the end of August.

Gaps

Explosive hazard contamination remains a major concern, both for the protection of affected people and the ability of humanitarian actors to safely expand their activities. A protection partner reported that 13 civilians, including six children, had been killed by explosive hazards in Hazeema village, where IDPs are currently located. Schools were described as a priority location for decontamination, also because they are often used by IDPs as an alternative for shelter.

Cases needing referrals are identified in terms of protection case management support but there are no available services to address them. Need for alternative care options for unaccompanied children have also been highlighted. Advocacy regarding freedom of movement is still underway at different levels with relevant actors and those who may influence them. A summary of screening and sponsorship procedures in Aleppo and Ar-Raqqa, compiled by the Protection Monitoring Task Force (Protection Cluster Turkey Hub) was issued in July and is available upon request.



Food Security and Agriculture

Response

From 1 July to 31 July, the Food Security sector through its partners from Syria or cross-border hubs have distributed various types of food assistance (food baskets, ready to eat rations, bread) to an estimated 263,493 beneficiaries across the North-East Syria Region affected by the ongoing Ar-Raqqa displacements. Assistance has reached IDPs located in the governorates of Ar-Raqqa, Aleppo, Al-Hasakeh and Deir-ez-Zor. This response includes:

In Ar-Raqqa Governorate, 36,527 regular food baskets, covering food needs for a month for a family of five, were distributed to 182,635 beneficiaries. In July, 7,300 ready-to-eat-rations (RTERs), covering food needs for four days for one or two individuals, were distributed to 9,870 beneficiaries; 2,422 RTERs, covering food needs for five days for a family of five, were distributed to 11,276 beneficiaries; and 9,360 food rations, covering food needs for ten days for a family of six, were distributed to 56,160 beneficiaries. As of 29 July, a total of 18,300 kg of bread was distributed to an average of 1,915 individuals every day.

As of 31 July, the Food Security Sector, through its partners, has been able to respond to the conflict-affected people fleeing the Ar-Raqqa offensive in various parts of Ar-Raqqa Governorate and neighboring Al-Hasakeh, Deir-ez-Zor and Aleppo Governorates. Detailed assistance information has been provided below:

Syrian Arab Republic: Ar - Raqqa Resonse by Food Security Sector Partners - July 2017

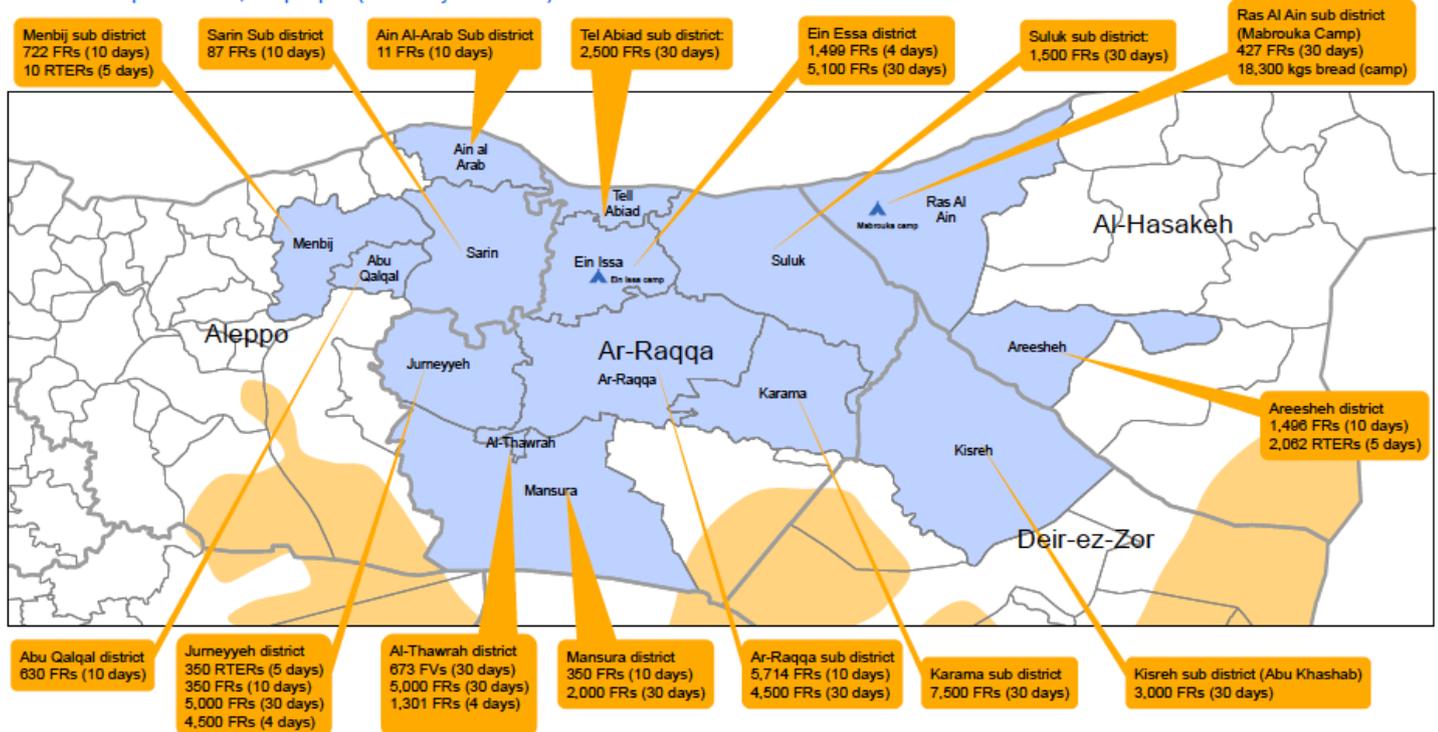


Food Sector Overall Reach by sub district: 263,493 people

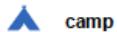
Response Type: 2,062 RTERs (5 days) | 360 RTERs (6 days) | 7,300 FRs (4 days) | 9,360 FRs (10 days) | 36,527 FRs (30 days) | 18,300 kgs bread

CCCM NE Syria IDP movement since 1st June 117,151 people (as of July 28th 2017)

CCCM Site updates: 182,614 people (as of July 21st 2017)



Legend



FRs - Food rations

sub districts reached

Disclaimers: The boundaries and names shown and the designations used on this map do not imply official endorsement.

RTERs - Ready to Eat Rations

Areas with no or limited population

August Plan

- All Food Security sector (FSS) partners have prepositioned various types of food assistance modalities across the North East Syria Region (RTERs covering food needs between four to 14 days; general food rations (GFRs) covering food needs for a month; food vouchers; and cash grants) to cover food needs for a total of 457,156 beneficiaries.
- Additionally, two “micro plans” for both Areeshah and Twehina transit camps have been established to ensure the maximum and regular coverage of IDPs arriving and residing in these camps with specific allocations, including back-up responders for new influxes of IDPs.
- Regarding Ar-Raqqa City and potential food assistance availability, this will be based on needs, security conditions and assessments. Four partners (3 cross-border + WFP) have expressed their intention to cover Ar-Raqqa City – providing security measures are in place and safe and consistent access is guaranteed. The cross-border partners reported a stock of 10,000 dry food rations to immediately cover food needs for ten days for a family of six. WFP stands ready to provide RTERs to cover food needs for five days for a household of five as an immediate response (after needs assessments conducted – e.g. to cover the estimated range of up to 25,000 people).
- Furthermore, sector partners will also explore possibilities of supporting bakeries.

Key Gaps and Challenges

- The August plan shows that the sector through its partners is able to address some of the gaps identified in July in relation to flour and geographical areas (such as inclusion of Areeshah Camp and expansion in some critical villages around Ar-Raqqa City).
- The plans for August, as submitted by partners, are sufficient to meet the projected caseload, but efforts will adjust as needs/areas unfold.

- The use of cash-based response modality, such as food vouchers and cash grants has been introduced in the August response plan by some partners. In addition, local procurement and market-based approaches - wherever feasible - are increasing in the North East Syria region and are well handled by partners.



Health

Situation

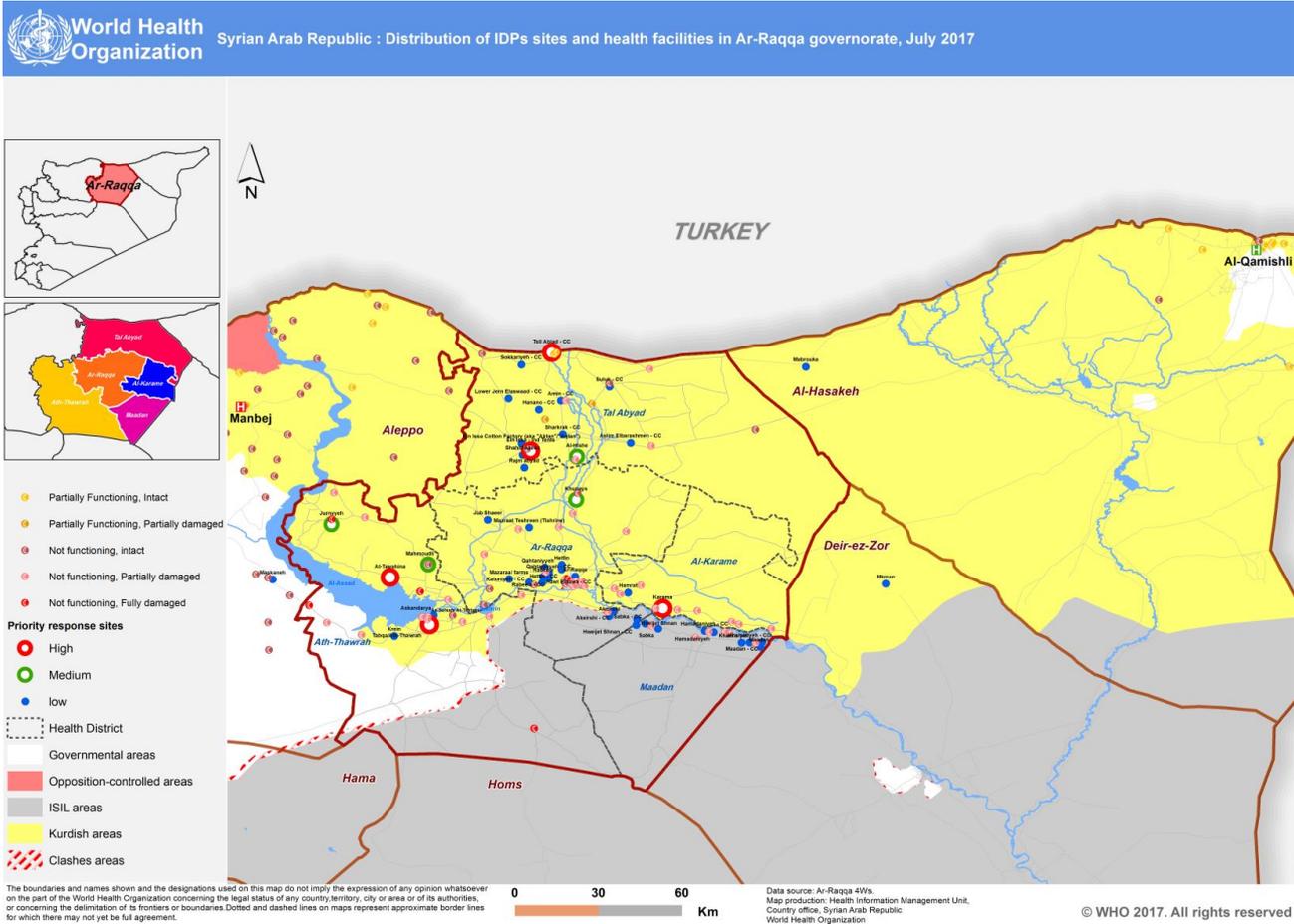
182,000 people displaced in 49 different types of IDP settlements require sustained coverage by health services. Two of four public hospitals of Ar Raqqa Governorate are in inaccessible Ar Raqqa city. Despite all existing security challenges, health sector focal points put efforts to conduct field rapid assessments of 73 reported public health centers.

Trauma and referrals, as well as WHO's recent assessment of trauma response capacity in Ar-Raqqa governorate shows an urgent need to strengthen evacuation routes and ambulance services for injured patients from the outskirts of Ar-Raqqa city to hospitals and health care facilities to the north, east and west. The establishment of trauma stabilization points close to the frontline, supported by ambulance services, is a key to improving critically wounded patients' chances of survival. Hospitals need to be strengthened to handle their increased workloads. Hospitals that previously provided good tertiary care are located in Ar-Raqqa city, and are no longer available. Other hospitals in the area lack power supplies and face critical shortages in essential medicines and supplies. Many X-ray machines – a critical requirement for trauma care – are out of order. Large numbers of civilians are fleeing to the town of Tabqa, north-west of Ar Raqqa city. The hospital in Tabqa is closed and the area has very limited ambulance services.

Eleven Early Warning, Alert and Response System (EWARS) sentinel sites for northern Raqqa report (between Epi week 18 and 26) - acute diarrhea 1,539 cases, bloody diarrhea 86 cases, acute jaundice syndrome 90 cases, influenza like syndrome 61, suspected measles 124 cases, suspected meningitis 44 cases, severe acute respiratory infection (SARI) 42 cases, typhoid 39 cases, pertussis 93 cases, leishmaniasis 162 cases, brucellosis 62 cases, scabies 98 cases, chicken-pox 26 cases. In the neighboring Al Hassakeh Governorate there 49 EWARS sentinel sites, with 30 reporting on a regular basis. In Deir-ez-Zoir, 42 out of 49 EWARS sites report on a regular basis.

As of July 31, the total number of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases remained 27 (26 cases are from Mayadeen District, Deir-ez-Zoir Governorate, and 1 case from Tell Abyad District, Raqqa Governorate). The first monovalent oral polio vaccine type 2 (mOPV2) vaccination round in Deir-ez-Zoir started on 22 July. The total number of acute flaccid paralysis (AFP) cases detected in Deir Ez-Zor Governorate since the beginning of 2017 is 89 (67 from Mayadeen, 10 from Deir Ez-Zor, and 12 from Boukamal Districts). Raqqa Governorate has reported 14 AFP cases (6 from Raqqa, 7 from Tell Abyad, and 1 from Thawra districts). Ministry of Health (MoH) in coordination with the local authority in Ar-Raqqa agreed to start the first round of the mOPV2 campaign on 30 July for 5 days. The target number of children under 5 years of age in Raqqa is approximately 120,000 for mOPV2 and 44,000 for IPV. Raqqa governorate is accessible except for Raqqa city and Ma'dan. IDPs from Raqqa city who have moved towards Thawra and Tell Abyad will be included in campaigns and production of Communication for Development (C4D) material for the Raqqa response has commenced and procurement of print and local radio broadcast spots in Tell Abyad and Ein Isa areas accessed through Hassakeh has begun.

During the polio campaign, on 24 July an air strike hit Mayadeen town in Deir-ez-Zoir Governorate. One of the supervisor's cars was damaged. Similarly on 23 July, an air strike destroyed one of the polio rented cars.



Response

Health sector strategy:

- Strengthen the institutional and response capacity of available public and private health care services.
- Pre-position health supplies for public and private health care facilities in Ar Raqqa, Al Karame, Ma'adan, Tal Abyad and Ath Thawrah districts.
- Reinforce the capacity of public and private health care facilities (including physical structures, human resources and equipment/supplies) for health service delivery, including mobile medical units for emergency response in camps and spontaneous settlements.
- Partner with available health service providers (public and private) to strengthen the emergency referral system for patients requiring treatment in secondary and tertiary health care facilities in Ar-Raqqa and/or in and around Al Hassakeh.

Health sector is scaling up its response operations at all levels of health care to meet the urgent needs of both civilians remaining in Ar-Raqqa city and displaced populations in all locations. Mapping of all available health care services (public, private and NGO or community-based health initiatives) in north-east Syria is in place. This information is used as the basis for establishing and strengthening trauma referral pathways. Locations of health partners in north-east Syria and the types of services they offer (“Who does What, Where and When”) is ongoing. The sub-national health working group in Qamishli takes place regularly. Situation in northeastern Syria is a standing agenda item of the national Syria hub health working group. Health sector coordination continues by Syria hub with a number of INGOs operational inside north-east Syria from Iraq.

Health Resources Availability Monitoring System (HeRAMS) is implemented (Facility level assessments including physical damage, supplies, and staffing for MoH and MoHE public health facilities based on field assessment). EWARS is implemented (to rapidly detect and respond to signals that might indicate outbreaks and clusters of epidemic-prone diseases). WHO prepared a report of WHO assessment mission to Al-Hassakeh and Ar-Raqqa governorates in July 2017 “Health Response to the Situation in Ar-Raqqa. Establishing trauma referral pathways to provide urgent life-saving assistance for displaced populations and civilians remaining in Ar-Raqqa.” Field assessment activities on the ground in Ar Raqqa with the latest visit to Tal Abyad city and Ein Issa: Tal Abyad Hospital, Slouk Center Az-Zarzouri, Ain Issa, Hishe Al-Qantari, Ertiwaziyet Aj-Jad'a; Al Tabqa city, Almahmoudli village and Serrin. Areesha and other camps are visited by technical teams. High-level missions led by WHO

Representative and UNFPA Representative took place to Al Hassakeh and Ar Raqqa Governorates highlighting with key advocacy messages in response to the crisis.

WHO supports nine mobile teams operated by four NGO partners that are able to work in north-east Syria. These NGOs provide outreach primary health care services in camps for internally displaced persons in Ein Issa, Karame, Tal Abyad, Menbej, Almelabiyah, Alkhamaiel, Alkaramah, Qana, Alaresha, Alhamadaniyah, Alhajjeyah, Algharab, Alatalah, Al-47, Alghazel, Taban, Alkana, Hadaja, Rashidiah, east and west Alhenna, Sarab, new Aktan camp, Al Jarnyieh, Ein Al Arab, Tal Tamer, Tal Brak, Al Hol, Tabqa/AthThawrah, At-Tawahina, Al Bahra and Shadadeh. Mental health professionals are included in seven WHO supported mobile teams. Services provided: Al-Hol camp (PHC services – 1078 people; MHPSS – 151; secondary health care – 5); Al Areesha camp (PHC – 2158 people, MHPSS – 445; SHC – 24); Al Karama (PHC – 1616; MHPSS – 233; trauma – 18); Al Twehena camp (PHC – 690; MHPSS – 240); Al Tabqa (PHC – 357; MHPSS – 122); Tal Abyad (PHC – 225; MHPSS – 60); Ein Issa (PHC – 172; MHPSS – 38); Menbij (PHC – 301; MHPSS – 123); Mabrouka (PHC – 1617; MHPSS – 41); Solouk (PHC – 145; MHPSS – 49); Al Jazrat (trauma -11); Maadan (trauma – 2). An NGO was selected to be supported to establish two family well-being community centers with mobile teams in Al Hassakeh Governorate. WHO delivered medicines, supplies and equipment to partners and health facilities covering Mabrouka, Al-Karama and Ein Issa camps in Ar-Raqqa (in coordination with UNHCR); fixed clinics in Al Hol camp; public health care facilities in Al-Hassakeh governorate. Lately WHO delivered 29 tons of health supplies by road from Damascus via Aleppo to Qamishli. WHO supports a stabilization centre in Al Qamishli Hospital. WHO has prepared chemical response guidelines that set out the requirements for health facilities in terms of infrastructure, equipment and supplies. WHO has also procured antidotes and 500 sets of personal protection equipment (PPE) kits for distribution to referral hospitals in northeast Syria. WHO provided 4 training courses on basic trauma life support and dealing with hazard materials and chemical attacks in Al Hassakeh governorate for 100 health workers.

UNFPA provides immediate support with the essential list of reproductive health medicines in cooperation with its local partners. UNFPA supports 12 mobile teams and eight static clinic operated by six NGO partners that are able to work in north-east Syria. UNFPA supports the work of daily visits of nine mobile teams with a focus on RH and GBV services (12,480 per month) reaching Areesha/Bahra, Ein Issa, Karama, Shadadah, Mabrouka, Suluk, Tal Abyad, Al Jurniyeh areas. The static clinics which are supported by UNFPA could support referral cases from other mobile teams to deliver comprehensive reproductive health (RH) services. Facilitating the process to include psychiatrists, pediatricians and nutrition specialists into the composition of its mobile medical teams. UNFPA deploys SARC/SFPA volunteers to identify women in need for emergency obstetric care (EmOC) and support referral cases for delivery to the obstetrics and gynecology doctors (GY/OB) of Department of Health (DoH) facilities. Coordinated with other UN agencies to provide complementarity services with focus on RH/GBV services, WASH and sanitation. Coordinated with MOH to support emergency obstetric and neonatal care (EmNOC) referred cases with needed supplies, medications and care support. UNFPA delivered from April to August 2017 about 81 tons of health supplies (mainly reproductive health kits, hygiene kits and sanitary napkins), out of them 60 tons of health supplies were delivered lately through land road transportation.

UNICEF provides support (Hassakeh city – a fixed clinic; east rural Hassakeh – a mobile clinic; Hol camp – a mobile clinic (1-2 days weekly); Qamishli city – a fixed clinic; southern Qamishli including Roj camp – a mobile clinic; Yarobieh city – a fixed clinic; southern Qamishli – a mobile clinic; Ras Al Ain city – a fixed clinic; Mabrouka a mobile clinic (3-5 days monthly). During January – June 2017, a total of 57,453 children U5 and women have been reached with regular health care service in Hassakeh governorate through these mobile and fixed clinics which mean 57.45% of planned target. UNICEF, in collaboration with WHO and DoHs (Hassakeh, Raqqa and Deir-ez-Zoir), continue to support the accelerated routine vaccination plan to reach all children U5 with routine vaccines. Solar refrigerators and its spare parts, cold boxes, vaccine carriers provided to DoH. In July UNICEF dispatched health supplies for DoH Hassakeh and National Qamishli Hospital and other location in the governorate, including midwifery kits, health supplies (Benzyl Benzoate and anti-lice shampoo). UNICEF plans to expand its partnerships with national NGOs to cover new locations and camps with health and nutrition services such as: Al Hol camp (three days weekly); Areesha camp (three days weekly); Mabrouka camp. UNICEF will integrate nutrition support services with WHO in four joint inter agency medical points to provide integrated package of nutrition intervention in Al Hol and Areesha camps. Rural Shaddade, Tal Brak, Tal Hamis, and north Raqqa New PCAs are under discussion now to reach to all these locations with health and nutrition services. UNICEF is establishing 2 pre-fabricated rooms for vaccination program in training health center DoH Hassakeh (Hassakeh city), other 2 pre-fabricated rooms will be available in Al Hol camp for vaccination and PHC clinic. UNICEF will continue its support to DoH Hassakeh with medical supplies.

UNFPA, WHO, UNICEF and their partners coordinate closely on the ground to provide comprehensive health services throughout currently accessible districts of Ar Raqqa.

Key Gaps and Challenges

- IDPs have taken temporary refuge in camps or spontaneous settlements in 45-50 locations. Patients requiring advanced medical treatment cannot be rapidly referred outside these locations because of SDF movement restrictions and clearance procedures.
- Evacuation pathways for injured patients need to be strengthened immediately. This is one of the main recommendations of WHO's recent assessment of trauma response capacity in Ar Raqqa and surrounding areas.
- Limited availability of health care facilities to stabilize wounded patients or provide secondary/tertiary level care. Raqqa's hospital is under ISIS control and is in any case not functioning since staff have fled and the facility is likely to be severely damaged in the fighting.
- Only KRC operates ambulances and will not allow other partners (including SARC) to operate their own. The director of the main hospital in Hassakeh estimates that more than half of injured patients die before reaching hospital. Most patients do not receive first aid and are taken to hospital by private car.
- Requesting the parties to the conflict to commit to the ceasefire/de-confliction process, to allow vaccination teams to access all targeted areas, including those controlled by ISIS, for the whole period of the following vaccination campaigns in Deir-ez-Zoir (22-27 July) and Ar Raqqa (22-27 July) and securing the safety of campaign workers for each of the above vaccination campaigns.
- Not enough NGO implementing partners are registered in Ar-Raqqa. National NGOs in neighboring Al Hassakeh and Aleppo governorates are able and willing to expand their health services to Ar Raqqa.
- The SDF's role in the recently established Raqqa councils is not clear as well as the SDF's position regarding the re-opening of 73 Directorate of Health primary healthcare centres.

Key health sector advocacy asks:

- Ask the Government of Syria (GoS) to allow a regular supply line from Damascus (or Aleppo) of medicines and supplies to health facilities in north-east Syria.
- Ask the SDF/KSA authorities to allow the safe passage of ill and injured patients and for INGOs and other health partners to operate ambulance services.
- Obtain approval for supply lines from all possible access points, including from Iraq.
- Obtain GOS and KSA authorities' permission to immediately deploy a field hospital to Tabqa.
- Ask the KSA authorities to facilitate referral of patients, following their stabilization, to specialized health care facilities in Damascus (Evacuations via plane from Qamishly airport, or via road (Menbij) from Aleppo city).



Nutrition

Key Developments

As displacement of people continues with the majority being women and children, the sector continued to carry out middle-upper-arm-circumference (MUAC) measurements among children under five. Out of 500 children screened during the reporting period, 16 malnourished cases (12 moderate and 4 severe) were identified in Alhole and Areesha camps through UNICEF-supported partners. Acute malnutrition continued to be identified among children under five, while other underlying problems such as poor infant feeding practices also exist.

Response

The sector, through its partners supported by UNICEF and WFP, provided life-saving nutrition services to 12,861 children and women in IDP camps, such as Ain Issa, Journayeh, Karama, Al-Thawra/ Tabqa, Mansoura in Ar Raqqa governorate and Mabrouka, Alhole, Suluk and Tell Abiad in Hassakeh governorate.

During the month, the partners provided nutrition assistance to 13,000 children and pregnant and lactating mothers, with UNICEF assisting around 2,000 children women with preventive nutrition supplies, including high energy biscuits, multi-micronutrients and fortified spread and screening of acute malnutrition among children under five and pregnant lactating mother, while WFP reached 11,428 children with fortified spread through food rations. Among the children supported were the around 500 screened for malnutrition who received supplementary and therapeutic nutrition supplies.

The Qamishli nutrition sub-sector is in the process of establishing integrated nutrition services in four WHO-supported health clinics in Alhole and Areesha so to provide more regular and predictable nutrition services to IDP children and women, with UNICEF providing all nutrition supplies and technical support.

The sector is closely coordinating the response with cross-border partners through the WoS mechanism, thus ensuring complementary of support provided to the IDPs, avoiding duplication while leveraging available resources within the country, as well as cross border. Information sharing through sectoral response monitoring tools are promoted among partners to help identify areas of gap and best placed partners for response.

The sector continues to coordinate the response with all sector partners on a regular bases through weekly visits of the camps to support newly arriving IDPs in the camps while the sector coordination team in Damascus coordinates the response with WoS nutrition team for de-confliction and to complement the efforts. On the other hand, the WoS nutrition continues to advocate for the delivery of supplies to IDPs through cross-border partners.

Existing nutrition partners and capacities in rural Aleppo and Idlib have adequate capacity to support IDPs from Deir-ez-zor reaching to locations in the two governorates.

Key Gaps and Challenge

A lack of access to some of the IDP camps continues to pose some challenges, while parts of the governorate remains inaccessible, such as Raqqa city. In addition, maintaining the provision of regular and comprehensive nutrition practises, including the prevention or under-nutrition and micronutrient deficiencies, promotion of optimal feeding practices and treatment of acute malnutrition yet remains a challenge.



WASH

Key Developments

The WASH Working Group monthly meeting took place in Ras Al Ain on 26 July 2017 and was attended by most of North East Syria (NES) WASH INGOs, NES NGO Forum, and UNICEF Qamishli. The main goal of the meeting was to enhance coordination amongst all these actors.

Response

Mabroka camp

The population of Mabroka camp is currently estimated at approximately 1,700 persons. Throughout the reporting period, UNICEF continued to provide water trucking of 37.5m³ each day of drinking water for camp residents. There are 148 showers and 200 functional latrines in the camp. Improvements to WASH infrastructure in the camp are ongoing, with construction of 102 concrete latrines and 100 concrete showers completed and 50 water storage tanks of total capacity 75m³ provided during the reporting period. Regular cleaning of WASH facilities and hygiene promotion campaigns are ongoing. A sewage system network covering 8km is also under construction and estimated to be 25 per cent complete as 31 July. During the reporting period, 360 hygiene kits were distributed. Facilitators were present to monitor the distribution of these supplies in the camp.

Ain Issa camp

The population of the Ain Issa camp is currently estimated at 7,600 persons. Water tankers continue to deliver approximately 207m³ of water per day. On average, the water network provides 150 - 200m³ of water a day, or 40 to 50 liters of water per person per day. There is ongoing chlorination of water and water quality monitoring. Works are ongoing on drilling an additional borehole, the extension of the water supply network and the installation of an additional 25 x 5m³ water tanks in the extended camp area not covered by the existing water supply network. Paid cleaning of sanitation facilities continues with a team of 70 cleaners and 4 supervisors. There are 200 functional latrines and 148 showers in the camp. During reporting period 360 m³ of solid waste have been removed from the camp. Daily desludging of septic tanks by NES INGO continues with a total quantity of waste water dumped to the land fill reaching 500 m³. During the reporting period, 1400 hygiene kits were distributed. Facilitators were present to monitor the distribution of these supplies in the camp.

Karama

The population of Karama is now estimated to be approximately 20,000 people. During the reporting period, UNICEF continues to provide water trucking of 375m³ each day of drinking water for camp residents. 25 water tanks capacity of 5,000 liters each were installed in the camp. During the reporting period, 3500 hygiene kits were distributed.

Areesheh (Bahra) camp

Bahra camp currently hosts approximately up to 4,000 individuals. UNICEF continues water trucking of 60 m³/day to provide minimum 15 liters per person per day. Water storage has been provided through the installation of water bladders to give a capacity of 60,000 liters. The installation of 10 water tanks with 1,000 liter capacity I and of 45 m³ water tank is planned. UNICEF installed 100 emergency latrines and 48 emergency showers and another 40 emergency latrines are planned by another actor. During the reporting period, 1,074 hygiene kits were distributed. UNICEF advocated to consider relocation of Areesheh camp as the location is not appropriate in terms of WASH (proximity of lake, water contamination risk, no source of drinking water available, water is trucked from Hassakeh).

Al Ghera camp

During the reporting period, the desludging of septic tanks in Al Ghara camp continued. Water trucking to Al Ghera camp provides 100 m³ of water per day. Chlorination and water quality monitoring continued.

Al Twehenah camp

Water trucking to Al Twehenah camp provides 50 m³ of water per day. Chlorination and water quality monitoring continued. 100 emergency latrines have been installed in the camp.

Host communities

Water trucking supply has been provided to hosting communities between Kalta and Mushefe (Ain Issa-Raqqa East Road) (~195m³/day), Mansura (~100m³/day), Rasem Al Khdar (~20m³/day). In At-Twehenah village 3500 water purification pills have been distributed that could treat water for 35000 beneficiaries. In the host communities along Ain-Issa-Raqqa eastern road 370 water storage tanks were distributed and a sewage network rehabilitated. In Tabqa 87 hygiene promotion sessions have been delivered by NES INGO, while UNICEF supplied Tabqa water treatment station with 4 tones of liquid hypochlorine.

Gaps

The biggest gaps identified in response have been highlighted by partners to be outside of the camps.

**Shelter NFI****Response**

Throughout the reporting period, NFI/shelter partners continued to respond needs in various IDP locations:

Ain Issa camp

During the reporting period partners carried out work in the Ain Issa camp, benefiting an estimated 7,000 persons. In addition, 2,200 NFI kits were distributed benefiting approximately 11,000 persons.

Ain Issa sub-district

The distribution of 516 hygiene kits benefited 2,580 persons.

Mabroka Camp

The installation of 62 communal kitchens benefited 1,700 persons.

Areesheh (Bahra) Camp

During the reporting period, partners carried out work in the Areesheh (Bahra) camp, benefiting approximately 4,000 persons. In addition, 200 tents and 225 NFI kits were distributed, benefiting 2,225 persons.

Tell Abiad

INGO partners distributed 286 Hygiene Kits and 1,340 Mattresses in the villages of Hwejat Abdi, Sherea'an, Um Shababit and Kherbet Aroz.

Tabqa

INGO partners distributed 2,613 Infant Clothing Kits, 1379 SNFI kits, and 3,281 hygiene kits, benefiting 25,713 persons.

Al-Karamah

Partners distributed 200 tents and 590 hygiene kits, benefiting 3,950 persons.



Education

Situation

Assessment activities have taken place in Tabqa. UNICEF (through third party contractors) and education partners (NNGOs) conducted a joint rapid education assessment in Al Thawrah (Tabqa) in late July. Based on key findings and recommendations, education partners are planning education interventions for an estimated 30,000 school-age children in Tabqa to support the resumption of formal education, though the interventions are subject to approval by the relevant authorities. Also, UNICEF and its local partner NGO concluded a partnership agreement to launch second phase of education support to school-aged children through the distribution of Back to Learning supplies.

Response

In Ain Issa IDP camp of Raqqa Governorate, Early Childhood Care and Education (ECCE) activities benefited some 72 children. In Ras Al-Ain, the rehabilitation of classrooms benefited some 1,084 school-aged children. In Al-Derbasiyeh, rehabilitation of classrooms also benefitted approximately 200 school age children. In Menbij City, an estimated 90 children were provided with recreational materials and participated in recreational activities. In the southern countryside of Menbij, one partner conducted the graduation ceremony for the third preparatory grade and distributed gifts for the first three students in the secondary schools being targeted.



Logistics

Response

Land transport to Qamishli proceeded smoothly during the month of July. Between 1 and 31 July, WFP, UNHCR, UNICEF and other humanitarian partners successfully sent a total of 110 trucks to Qamishli, and preparations are underway for more land deliveries. The Logistics Cluster continues to provide logistics coordination and information management to identify gaps and bottlenecks and avoid a duplication of efforts and facilitates no cost to user land transport for UN food and non-food humanitarian supplies.

The Logistics Cluster will continue to facilitate, through WFP, the provision of land transport to Qamishli for humanitarian supplies. The service is provided to UN partners on a no-cost-to-user basis, (access, security and funding permitting). Between 27 July and 3 August, a total of 19 trucks carrying UN food and non-food assistance have successfully reached Qamishli. At Tal Tamer checkpoint, WHO was asked by the Kurdish Self Administration to issue a letter and address it to the Kurdish Health authority detailing the shipment.

Gaps and constraints

Minor delays have been experienced at Menbij on the way to Qamishli.