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OCHA/Halldorsson

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FIGURES

People in need of humanitarian assistance	11.7 M
People in acute need of humanitarian assistance	5 M
Internally displaced people (as of August)	6.2 M
Population Movements 2018	1.6 M
Returnees (January – December 2018)	1.4 M

Source 2019 HNO

Women and children on the frontline in north-west Syria

Women and children are disproportionately affected by the violence in north-west Syria, where hundreds of thousands of civilians have been displaced since the end of April, many of them multiple times.

Of the 3 million civilians in north-west Syria, an estimated 76 per cent are women and children - 51 per cent children and 25 per cent women.



Photo Credit: Syria Relief

While the UN has documented over 550 civilian deaths since the violence began, including 450 women and children confirmed by the Office of the High Commissioner for Human Rights (OHCHR), unconfirmed sources suggest the figure could be significantly more.

Since the collapse of the conditional ceasefire on 5 August, thousands of civilians have been fleeing northwards further within Idlib Governorate, local sources report. More than 600,000 individual displacement movements have been recorded in north-west Syria since the beginning of May. The Camp Coordination/ Camp Management Cluster reported how there are 358 active sites where displaced people are housed in northwest Syria. Many of these people have been displaced up to five times, while others have been displaced as many as 10 times. Entire towns and villages have reportedly emptied as residents fled their communities in search of safety and basic services. The majority of those fleeing have displaced within Idlib Governorate, with a smaller number moving into northern Aleppo Governorate.

Of those displaced, women and children have specific basic needs, including access to clean water, food, shelter, sanitation services, and healthcare. These are the layers of support that provide dignity and respect for each individual to ensure that accessing all services are done in safety. In humanitarian terms, these protection elements are critical to best serve people and to reduce levels of vulnerability.

HRP 2019 FUNDING

3.32 billion
requested (US\$)

913.7 million
received (US\$)

27.5% funded
OCHA FTS as of 29 August 2019

Immediate concerns for those recently displaced include a lack of latrines, privacy, sufficient hygiene and dignity kits, as well as access to sufficient quantities of safe drinking water. The humanitarian community is working around the clock to provide services for affected communities, while ensuring that existing services for the population who lived in the areas previously continue and are enhanced. To date, for example, some 263,000 displaced people have been reached through 32 WASH cluster members.

In July, humanitarian partners undertook interviews with displaced families in Idleb. According to their findings, every third family included a pregnant woman, while 51 per cent of all displaced families surveyed, included a breastfeeding woman and young child. Ongoing nutritional support, safeguarding, and parental care for children remain critical. With the war now in its ninth year, resilience and resources for these two groups have been greatly depleted. Households that are female- or child-headed are exposed to higher levels of risk, and exposure to different forms of exploitation, including forced/early marriage or child labour. In an assessment carried out by REACH in [July](#), child labour was reported by key informants in 51 per cent of assessed communities.

While the humanitarian community is working hard to respond, more work is urgently needed, along with further understanding of the specific needs of women and children. Rather than having to travel distances to access water, food, healthcare, nutrition, for example, humanitarian teams are adapting and moving services, for example, through the provision of mobile clinics.

Meanwhile, access to education remains a key concern for many displaced families. At least 58 schools have been damaged or otherwise impacted by airstrikes and shelling since the end of April in the area, while approximately 100 schools have been used as IDP shelters.

Approximately 250,000 school-aged children are affected by ongoing hostilities in Idleb, mainly due to the suspension of education activities. An estimated 150,000 school-aged children are in need of immediate education services, including access to non-formal education services such as remedial education, catch-up classes, self learning programmes, recreational activities, and provision of learning services. Access to education for their children was the top ranked priority need for resident communities. Returning to school in the new school term will prove a critical challenge in helping children to adapt to their new reality.

Working to address Leishmaniasis

The World Health Organization (WHO) and its partners are working to address [leishmaniasis](#), an often painful, debilitating skin disease in high-risk areas of Syria.

Endemic to the Middle East, leishmaniasis is transmitted through the bites of infected female sand flies, which bite people and feed on their blood to produce their eggs. Over 40,000 new cases of leishmaniasis are reported each year in Idleb, northern Hama and rural Aleppo alone.

With the recent upsurge in violence in north-west Syria since the end of April, the need to enhance prevention interventions could not be stronger. This includes the distribution of protective long lasting insecticide treated bed nets and indoor residual spraying, a proven and highly effective control measure, involving the spraying of residual insecticide on the interior walls of homes, shelters, and animal houses.

“Historically, the northwest has always been particularly problematic. With more rubble due to bombing, coupled with hygienic conditions on the ground, we now have the perfect breeding ground for more sand flies,” Colin Tucker, Country

Director of the Mentor Initiative, in Gaziantep, Turkey, said. The UK-based health charity has been supporting the control of leishmaniasis inside Syria since 2013.

Cutaneous leishmaniasis, the most common form of the disease, is often associated with malnutrition, population displacement, poor housing and a weakened immune system. All these conditions are widespread across parts of Syria, resulting in



Photo Credit: Mentor Initiative

people suffering from skin lesions, mainly ulcers, on exposed parts of the body, leaving life-long scars and serious disability or stigma. Visceral leishmaniasis, a debilitating form of the disease, is historically more common in the north-west. This type is treatable and curable, however, when left untreated the mortality rate can be as high as 98 per cent.

Today, leishmaniasis remains a major public health concern across northern Syria, particularly amongst children. It is endemic in many areas and in some is the most prevalent communicable disease today, with the sand flies needing human, animal or bird blood to mature their eggs.

According to WHO, the disease, locally known as “Aleppo boil” disproportionately impacts communities already burdened by conflict due to a lack of infrastructure and poor health systems. More than 400,000 people have been displaced in north-west Syria since the end of April; exacerbating low hygiene standards conducive to high transmission, experts say.

To keep the sand flies – which are only 2 to 4 millimeters in length or one third the size of a regular mosquito – from biting people, prevention activities are key. In addition to distributing small-mesh pyrethroid-impregnated bed nets to camps where displaced Syrians arrive, as well as host communities, teams were employed on the ground to spray insecticide inside buildings where the sand flies hide in the cracks of walls.

Since May, WHO has distributed 81,500 bed nets through its inter-sectoral rapid response teams and health partners to protect people living in makeshift camps. An additional stock of 18,500 bed nets are now in place in the event of an outbreak in the coming months. Additionally, WHO and its implementing partner Mentor Initiative are spraying the homes of 250,000 families with sand fly-preventing insecticides.

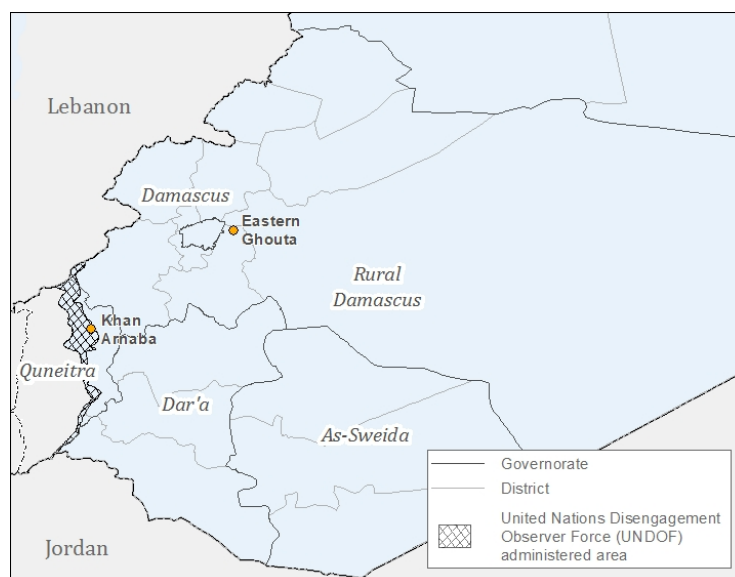
Once infected one of the main barriers for treatment is the lack of specialized staff. WHO is supporting local health partners with trainings to improve diagnosis and treatment of the disease. Over 400 health staff in 19 locations in north-west Syria now are equipped with the knowledge to treat leishmaniasis patients. From 2014 to date, WHO has also supported health partners’ work in Syria by providing rapid diagnostic tests and medicines like Glucantime, which is the first line of treatment of this otherwise curable disease.

Humanitarian situation in south fragile as tensions rise

The humanitarian situation remains complex and fluid in southern Syria where tensions continue to mount following an increase in armed attacks, assassinations

and killings in recent months. Overall, some 970,275 people are in need of humanitarian assistance across As Sweida, Dar'a and Quneitra governorates .

In the first few months of 2019, armed attacks have been on the rise, particularly in Dar'a Governorate, while high-levels of population movement, particularly spontaneous IDP returns, continue to be recorded. All this in an area suffering from high levels of explosive hazard contamination, large-scale destruction of



civilian infrastructure, a fragmented and disrupted health system, major gaps in basic services (e.g. electricity and water and sanitation), and devastated education and agricultural sectors. Out of the almost 1 million people in need in the south, more than half or 537,000 people are in areas of high severity.

In Dar'a Governorate, between January and April 2019, some 50,935 people have returned – more than a third of the overall population returning in 2019. Needs in Dar'a are particularly acute with five out of six health facilities partially damaged. Needs in the region remain critical largely due to a lack of services, shops, bakeries, medical services and schools, as well as missing civil documentation, shortages in drinking water, and limited livelihood support.

Due to depleted socio-economic resources, combined with high prices, the average cost of the food basket in Dar'a is the second highest in Syria; approximately 1,000 SYP (US\$4.65) higher than the national average. This in turn forces residents to resort to negative coping mechanisms, including the selling off of household possessions and livestock or borrowing money. In the town of Khan Arnabeh, Quneitra Governorate, most families report having no savings at all having spent it all on food or rebuilding their homes. At the same time, children are increasingly being removed from school to work in agriculture and become breadwinners.

As of April 2019, southern Syria hosts 149,000 IDPs. High density of displacement and return overburdens communities and local services in poor condition. Southern Syria continues to experience population movement, receiving almost 123,000 spontaneous IDP returns since the beginning of 2018 – 11 per cent of the overall total – placing additional strain on what are already limited and partially functioning basic services.

In response, the [Syria Humanitarian Fund \(SHF\)](#) has allocated US\$25 million as a standard allocation to support critical, continued activities in underserved areas of Dar'a, Quneitra and Rural Damascus, where there is a high concentration of IDPs and returnees. In the past five months, and despite a further deterioration of the area's stability, some 720,000 people in need have been reached at least once with some form of humanitarian assistance in southern Syria.

Underserved areas – A case study from Aleppo

With the Syria crisis now in its ninth year and an estimated 6.2 million people internally displaced, a number of areas across the country remain significantly underserved. Despite improving humanitarian access, too many people in need are falling through the cracks.

Between January to May 2019, an average of 2.9 million people in need were reached on a monthly basis with some form of humanitarian assistance by actors within Syria, representing approximately 33 per cent of people in need in these areas.

Aleppo is among those governorates that is expected to receive the highest number of returnees in 2019. However, large parts of the Governorate remain poorly prepared for accommodating that influx. According to the 2019 Humanitarian Needs Overview ([HNO](#)), Aleppo hosts some 2.5 million people in need, of which 1 million are in acute need.



Photo Credit: UNHCR/Antwan Chnkjji

Tal Al-Daman, a sub-district in southern Aleppo, is a case in point. Overall, people in southern Aleppo, struggle with unmet needs for basic goods, poor physical and social infrastructure, remote access and high levels of destruction.

Before the crisis, the population of southern rural Aleppo was 255,000 people, compared to today's population of 88,000. The area has been under Government-control since early 2018.

Today's low return rate is attributed to the lack of services and infrastructure. Although humanitarian actors reach the area with humanitarian assistance from inside Syria, needs remain staggering. Tal Al-Daman's infrastructure suffered heavily during the conflict; notable today is the lack of water and electricity, as well as empty and neglected housing. Of the 44 villages in Tal-Al-Daman, eight are deserted. The percentage of destroyed houses is estimated between 2 to 3 per cent, while 5 per cent are structurally damaged.

Public infrastructure is fragmented, including schools and medical facilities. There is a general lack of livelihood opportunities and services across southern rural Aleppo, which has a potential of triggering a second displacement for returnees. When asked, people's main concerns include food, water, and access to health and basic services.

In terms of food and agriculture, the majority in Tal Al-Daman rely on food commodities from villages closer to Aleppo city, due to scarcity of opportunities to purchase food. Food rations are distributed to a number of households that are reducing portions and the number of daily meals and prioritizing children over adults. The main livelihood in the area is agriculture and manual labour, with most households reporting having lost or depleted their assets while displaced. As for health, the reasons for limited services are lack of staff and midwives, health facilities needing rehabilitation, the remote location, as well as lack of prerequisites for running and reaching public health facilities, including stable power supply and

transport. Although explosive hazards are relatively few, they remain a risk to civilians, partly due to the relative absence of ambulances and referral services. Children and mothers have limited access to nutrition services and the area is burdened by lack of teachers. The absence of schools inevitably impacts many families' decision whether to return to their areas of origin. A number of protection concerns were also reported, including school dropouts, female-headed households, lack of documentation and forced/early marriage.

The above preliminary findings on Tal Al-Daman and its surrounding areas are based on an inter-sectorial rapid needs assessment, carried out by OCHA and sub-national sector coordinators in Aleppo in late July 2019.

Focus on PSEA efforts

The UN is stepping up its efforts to implement Protection from Sexual Exploitation and Sexual Abuse ([PSEA](#)) in the Syria crisis response effort, referring specifically to acts committed against members of the affected population by humanitarian actors, including international and national staff of the UN, and of non-governmental organizations (NGOs) and all related personnel.

“PSEA is a moral duty, ensuring dignity and respect towards the people we are there to protect and assist,” Panos Moumtzis, the Regional Humanitarian Coordinator for the Syria Crisis, said. “Any abuse is unacceptable and this is why we set up a robust prevention and response system in the Syria operation.”

In 2017, the humanitarian leadership for the Syrian crisis adopted a common regional approach. The regional PSEA programme aims to ensure PSEA is prioritized across the humanitarian operation and provide support to various actors in translating institutional commitments to practical actions. In doing so, it has supported the establishment of PSEA networks in all operational hubs bringing together UN agencies, national, and international organizations.

To increase PSEA knowledge and presence in the Syria response, the PSEA programme has envisioned different approaches targeting members of affected communities and humanitarian personnel. Contextualized awareness materials have been developed and disseminated in some hubs and capacity building efforts for humanitarian actors, including frontline humanitarian workers from the various hubs have been fostered. The programme also provides technical support to humanitarian organizations to mainstream PSEA in their programming.

To instil a commitment of PSEA in humanitarian organizations, a unified PSEA code of conduct, aligned to the 2003 UN Secretary General's Bulletin on PSEA and 2006 UN and NGO statement of commitment on eliminating Sexual Exploitation and Abuse (SEA) has been developed and rolled out in the entire response. This tool has been made available to address the gaps and needs of organizations that do not yet have a dedicated PSEA code of conduct in place.

In order to facilitate safe reporting including that of Sexual Exploitation and Abuse (SEA) in the response, an inter-agency Community Based Complaints Mechanism (CBCM), which is both culturally and gender-sensitive, has been established with community input. The inter-agency aspect entails that the mechanism can receive complaints against actors from multiple organizations and to refer such complaints to appropriate units of the concerned organizations for follow-up and action. The central tool that governs how SEA complaints will be referred is the Standard Operating Procedure on Joint SEA referrals which was consultatively developed and endorsed by actors in one operational hub and is to be replicated in the others.

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