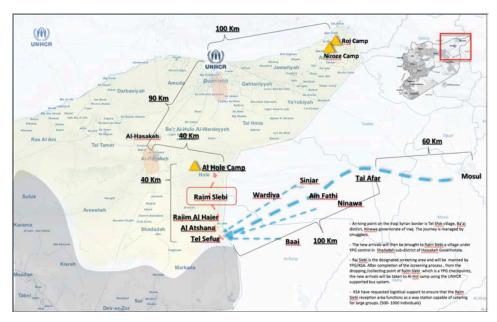
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Latest Developments



New Arrivals

Since 17 October (the beginning of the Mosul offensive) a total of 1,950 Iraqis arrived at Al Hol. There are presently 6,885 inhabitants in the camp, including 6,719 Iraqi refugees and 166 Syrian IDPs¹.

As of yet, no large cross border movements or sizeable concentrations of displaced populations have been observed at the Syrian border with Iraq.

Rajm Slebi

At Rajm Slebi, new arrivals are screened by security agencies to ensure that no ISIS elements are hiding amongst them. Once cleared, the refugees and/or IDPs are transferred to Al Hol camp through UNHCR-organized transport.

Being located in a high security risk area in close proximity (1.5-3 km) to ISIS positions, Rajm Slebi does not constitute a location that is conducive to the provision of adequate services and protection. However, to ease the hardship faced by new arrivals waiting for security screening, while avoiding to turn that location into a camp, UNHCR has delivered to Rajm Slebi five large tents, 20 family tents, 50 large plastic sheets, 500 blankets, 200 sleeping mats and 9 water tanks with a total capacity of 11,000 litres, with daily water trucking carried out by the Al Hol camp management. In addition primary healthcare services are provided through daily mobile clinic visits, while food distribution is carried by IRD. UNHCR and its partner IRD have conducted several protection monitoring visits to the area and a Rapid Need Assessment was conducted by IRD, and this shall continue to be conducted as long as new arrivals continue to show up at Rajm Slebi.

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¹ In addition to the refugee influx, 3,500 IDPs from Deir Es Zour recently arrived in Al Hol, most of whom have travelled onwards to various destinations.

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Summary of the Protection Situation at Rajm Slebi

The checkpoint of Rajm Slebi, located ca. 18km away from Al Hol camp, has, over the past weeks, witnessed the first groups of arrivals (totalling ca. 2.000 individuals). In view of their dire needs, ensuing from exposure to ISIS occupation for about two years, the recent hostilities and the harsh conditions during their flight, their needs are plentiful, ranging from basic survival needs (water, food, shelter, health) to more protection-specific needs. The latter include (but aren't limited to) psychosocial and trauma counselling, counselling and follow-up for survivors of sexual and gender-based violence (SGBV). In view of the high number of children who are among the refugees, particular child protection issues have been reported.

Given its proximity to the border and the ongoing hostilities (ISIS positions being located only some 1.5-3 km away), access to Rajm Slebi has been a major challenge for UNHCR and its partners. As such, protection responses have focussed on life-saving support, while at the same time working closely with the local authorities to ensure that the new arrivals are transferred to the Al Hol camp.

Site Preparation at Al Hol camp



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The construction work at Al Hol camp is divided into 5 phases, each with the following capacity:

Phase I: 10,320 individuals (part of it made up of existing infrastructure)

Phase II: 2,400 individuals
 Phase III: 6,840 individuals
 Phase IV: 6,600 individuals
 Phase V: 14,400 individuals

The construction works of Phase I is well underway with the crushed stone platform finalised in both the Refugee and IDP transit centers. Fencing, to enhance the camp protection, has been purchased and will be installed shortly, while the Rub halls are being erected. The furniture for the transit center has been procured and transported to the site. An IDP transit center was built with a hosting capacity of 1,000 individuals with latrines in the process of being added.

Currently the expansion stage for Phase III, which will include the erection of 1,000 family size tents is well underway, and so is the construction of an additional 114 latrines. Phase IV and Phase V are demarcated and will only be fully built if the influx of refugees continues.

One of the main challenges being experienced in the site preparation is the fact that the soil is a type of sand that generates skin and respiratory diseases among the POC's noting that Leishmaniosis (skin disease) is acutely present in the Al Hol area. The crushed stone is therefore essential to reduce health risks both in summer and winter as well as to providing a stable weather proof platform for the households residing in tents. Crushed stone quarries are rare in the region which has drastically slowed the operation speed.

Wash

Water trucking of 15 litres per day per person is being implemented by UNICEF. Furthermore, UNICEF has committed to renovate two boreholes and the NRC five boreholes in order to provide adequate access to water to persons of concern. Challenges include the limited soil absorption



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capacity which will require investment to construct a drainage system for the evacuation of liquids from the pit latrines. Mitigation measures are being explored by engineers.

Protection

While expansion works activities are ongoing UNHCR has begun focusing on gradually launching protection activities in a camp that has not seen an international presence for years. In the current context, protection activities are being implemented directly by UNHCR's emergency team who are conducting daily missions to the camp in order to identify and tackle protection issues. The team commute daily from Qamishli to Al Hol camp and due to security constraints, can only spend four hours per day on the ground. The rental of a small base in Hassakeh is planned in order to reduce commuting time and increase working hours in the camp.

Summary protection situation at Al Hol camp:

With a view to addressing the protection needs of those transferred to Al Hol camp, upon their individual identification at the reception facility, UNHCR and its partners have been providing responses in the fields of PSS, child protection, SGBV and education.

An additional protection challenge has ensued in the context of the refugees' civil documentation needs; since, upon arrival at Rajm Slebi, their passports and national ID (where available) are kept by the authorities, thus limiting their freedom of movement. UNHCR is in discussions with the local authorities to overcome this challenge.



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Moreover, given the population mix arriving from Iraq, it cannot be ruled out that a number of non-civilian elements may avail the opportunity of mixing with the refugees to enter the camp. In this respect, and to avoid incidents of non-civilian presence among the refugees, UNHCR is closely coordinating with the local authorities and the partners alike ensure upholding, wherever possible, the principle of humanitarian and civilian nature of asylum. This is further enforced through a screening process, security measures at the camp, in addition to awareness-raising.

The remote location, a lack of capacitated local partners and ongoing security constraints continue to undermine a reliable and continued presence of UNHCR and protection partners in the camp, as would be essential for a more comprehensive response to the needs of the refugees.

Protection Coordination:

The gradual nature of bringing protection activities online is also due to the fact that not all INGO's have established a permanent presence there. For the moment NRC, IRD, KRC, UPP, GOPA, and Al Birr have a permanent presence in the camp. Save The Children, the IRC, Mercy Corps and Acted are expected shortly. Presently, mass information and SGBV activities are being conducted by IRC. In addition, UNHCR partners GOPA, Save the Children and the IRD have committed to cover child protection. Ongoing Protection activities include:

Camp management support: Capacity building activities targeting the camp management team are ongoing addressing issues of governance, documentation and adherence to international law. The IRD has been tasked to beef up the capacity of the camp management in managing the daily refugee intake and referrals to service providers to ease the backlog of refugees in need of assistance in the camps .



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RNA/Profiling: A Profiling exercise is being conducted by UNHCR and partners which will continue with both camp residents and new arrivals.

Identification:

The systematic collection of basic biodata on new arrivals and camp resident as well as the maintenance of the camp population database is ongoing and performed by UNHCR partner lhsan.

Camp mobilisation

Camps mobilisation is ongoing with IRD and is an important activity aimed a rebooting the participation of the camp population behind positive and empowering activities. After such a long period without international presence in the camps and taking into account the recent large movements of departure and arrivals experienced in Al Hol, this activity will bring much needed sense of belonging for a population that perceived itself as being permanently in transit. Community based protection approach will be crosscutting in all activities planned for Al Hol.

PSS /Psychological First Aid / GBV

Al Birr has been funded by UNFPA and is providing much needed GBV/ PSS services in the camp for a population that has seen its share of deep trauma. Mercy Corps is also deploying two trainer staff to cover Al Hol with PFA trainers. IRC will do GBV case management while GOPA will focus on GBV awareness raising .

Education: The NRC, Save the Children and IRD are finalizing the building of schools, sensitization of parents for the enrolment of children and the training of recruited teachers to ensure the enrolment of 1,500 children between the ages of 6 -12 years olds who will be be taught through the Iraqi curriculum. The schools will operate through four shifts per day.



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Child protection: Recreational activities for children, awareness raising and recruitment of refugees outreach volunteers is ongoing by GOPA. Child protection case management will start next week as save the children staff are finalising the erection of their tent premises in Al Hol

Health

Currently, primary healthcare and referral to secondary healthcare have been consolidated and unified as a 'one stop shop' for all residents in phase I. These services are offered in Al Hol camp by a coalition of health care service providers consisting of the UPP, KRC and Al Birr. This health care partnership provides UNHCR with the range and flexibility to intervene where needed, including having mobile teams at the Syria-Iraq border to assist refugees, support to vulnerable cases, such as the disabled, persons with trauma and SGBV survivors, health promotion activities in the camp as well as referrals to better equipped hospitals in Hassakeh for cases in need of more complex secondary health care.

The Primary Health center in Al Hol camp is now operating 24 hours a day seven days a week under a three shift format, a ward with six beds has been set up and two ambulances are currently operating with a third being added soon.

In addition, WHO and DOH is supporting the vaccination of new arrivals and camp residents and the IRC are supporting the medical screening process of the new arrivals in the reception center. For future planning, Caritas has expressed an interest in providing secondary and tertiary healthcare which would bring a much needed interim solution for UNHCR POC's as Hassakeh hospital is not yet fully operational. UNHCR and Caritas will endeavour to consolidate this partnership to ensure effective access to services in the coming weeks. Furthermore, MSF Suisse is on standby should UNHCR need to open phase IV to accommodate a larger number of refugees from Mosul (beyond 15,000).

NFIs

All refugees or IDPs coming from Rajm Slebi are assisted by UNHCR with full NFI kits. In addition, winterization distribution is taking place this week with both new arrivals and residents receiving mattresses, high thermal blankets, baby diapers, kitchen sets, jerry can, sleeping mats, plastic sheets, winter clothes and solar lamps. Futhermore, UNICEF is distributing some hygiene kits in the camp.

Food

WFP distributes, through partners, ready to eat food for all new arrivals (both refugees and IDPs). A blanket supplementary feeding distribution for under-fives is being planned as a preventive measure against malnutrition. The provision of a hot meal for all new arrivals is being introduced and will be implemented by ACTED which is opening a kitchen in the refugee reception center.

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