

This report is produced by OCHA Syria on behalf of the HUMANITARIAN COUNTRY TEAM (HCT). It covers the period from 27 August-14 September 2023.

HIGHLIGHTS

- **Approximately 6,500 families have been displaced to Government areas**
- **According to local sources, the clashes resulted in 96 deaths and 106 injuries, though the number of civilian casualties is still being confirmed.**
- **Essential services were impacted due to the hostilities**
- **A recent inter-sectoral assessment reported an urgent need for approximately 8,000 core non-food items (NFI) kits**
- **Water trucking is needed in areas with limited access to piped water services, including collective shelters**
- **Contingency planning is ongoing**
- **Following the conduct of an inter-sectoral assessment by the sub-national sectors on 11 September, there is a need for immediate response planning to address the needs of the affected population.**

KEY FIGURES

 **200,000** Affected people

 **50,000** Displaced people

SITUATION OVERVIEW

A curfew in Shahil town was imposed from 9 p.m. on 7 September to 7 a.m. on 8 September. In Al-Busayira, following twelve days of lockdown, small markets temporarily reopened while water and electricity services resumed. A similar calm and gradual return to normalcy were reported in other areas, including Shahil.

On 8 September, the fighting reportedly stopped and the situation calmed down on the eastern banks of the Euphrates River.

As of 10 September, armed clashes have stopped in Deir-ez-Zor Governorate, but arrest operations were reportedly ongoing in Abu Hamam, Keshkyah, Gharaneej, Bahra, Hajin, Sha'fa and Shahil. One child was reportedly killed and three others were injured in the exchanges of fire as they attempted to cross the river to the Thiban area. This incident raised concerns amongst the displaced people on the western bank who were reportedly willing to return.

Approximately 6,500 families have been displaced to Government areas based on the Syrian Arab Red Crescent (SARC) reports (Dwir 11, Tishreen 38, Sbekhan 48, Dablan 17, Ghraibeh 15, Ashara 375, Qureih 940, Mehkan 1344, Tayba 859, Mayadin 2117, Upper Baqras 347, lower Baqras 92, Saalu 160, Zabari 24, Tob 35, Bulil 104). The internally displaced people's (IDP) registration is ongoing. Most are hosted by local communities, while some were accommodated in schools and vandalized shops.

Shortages of medicines, mobile teams and a need for referrals were reported. Additionally, severe shortages in water, food and shelter/non-food items (SNFI) have been observed. Some women who arrived at the displacement sites had severe injuries. Most displaced women and girls have no identification cards or other personal documents which may limit their mobility and freedom of movement. The growing number of IDPs is putting a strain on the capacity of service facilities in host communities.

According to local sources, the clashes resulted in a total of 96 deaths and 106 injuries. The number of civilian casualties is still being confirmed.

HUMANITARIAN RESPONSE

Education

Needs

- Access to education for school-aged children through temporary learning spaces and rehabilitation of school infrastructure in areas with high IDP numbers.
- Water, Sanitation and Hygiene (WASH) facilities and water trucking in schools in areas hosting the displaced. While many existing schools have the necessary facilities, access to water is lacking due to non-functioning pumping stations.
- Psycho-social support (PSS) training for teachers to support the identification and referral of conflict-affected children to specialized services.
- Relocation of IDPs from three schools in Mehkan village. The use of these schools as collective shelters is preventing access to education for 1,045 students. The Sector partners advocate avoiding the use of schools as shelters.

Response

- Assessments have been carried out, both at the inter-agency and non-governmental organizations levels, to establish needs and to identify locations for non-formal education (NFE) services.
- Mapping is ongoing for the existing education services and the partners' capacity.
- UNICEF is preparing to provide NFE and early childhood education (ECE) in the affected areas for up to 15,000 school-aged children, through existing schools or learning centres requiring rehabilitation and supplies.
- Planning is ongoing to establish safe learning spaces, distribute teaching and learning materials, deliver NFE including PSS training for teachers, and provide school supplies and recreational kits.

Gaps & Constraints

- Shortage of qualified teachers in rural areas mainly due to high transportation costs to rural schools.
- Limited available supplies and spaces for NFE.

Food Security and Agriculture

Needs

- As of 11 September, the Food Security and Agriculture (FSA) Sector has identified over 6,500 displaced families in Deir-ez-Zor in 16 locations, including Dweir 11, Tishreen 38, Sbeikhan 48, Dablan 17, Gharibeh 15, Al Ashara 375, Qouriyeh 940, Mihgan 1,344, Taibah 859, Al-Mayadeen 2,117, Buqrous Foqani 106, Buqrous Tahtani 411, Zabari 35, Saalo 21, Al Toub 55, and Bouleil 132.

Response

- Read-to-eat (RTE) meals, a package of 2,100 kcal, and hot meals are distributed daily to IDPs lacking access to a kitchen. In addition, food baskets will be distributed for three months.
- The World Food Programme (WFP) had prepositioned 6,000 RTEs.
- The FSA sub-national sector is meeting with relevant partners to map and coordinate response, and assess preparedness and gaps.

Gaps & Constraints

- The initial funding gap is US\$2,904,000 to respond to 35,000 IDPs. The FSA will revise the target for displaced people according to an updated needs assessment.



Needs

- Conflict areas witnessed a complete disruption of essential services as 13 health facilities stopped functioning with the area inaccessible to local health workers and patients; 63 health facilities reported an absence of fuel for backup generators; 40 health facilities were affected by the curfews and movement restrictions.
- Local midwifery clinics are lacking power and solar lamps to facilitate service provision at night. A high number of pregnant women, mostly in their third trimester, require Cesarean-sections. Referrals to advanced services are essential.
- Routine public health activities, including the expanded programme on immunization (EPI) and surveillance operations, remain suspended in most villages. This includes the Abu Kamal, Hajin, Al-Mayadeen, and Al-Sur areas, and part of the villages in the Al-Husseiniyah area extending from Al-Shuhail to Al-Kubar. One of the three vaccine warehouses was damaged, but vaccine stocks were safely transferred to other warehouses.
- Closure of entrances to Al-Hasakeh and Deir-ez-Zor City is hindering immediate medical care for the injured.
- Both public and private sectors suffer from low human resources capacities and shortages of personnel and equipment.
- Although WHO pre-positioned trauma and surgical kits, interagency emergency health kits and non-communicable diseases (NCD) kits in early July, ongoing access/insecurity challenges are creating difficulties in shipping medicines/supplies to Deir-ez-Zor Governorate, risking a depletion of stocks. Hospitals in Deir-ez-Zor eastern rural areas are experiencing severe shortages of fuel, medications and medical supplies.
- Loss of documentation poses clearance and approval challenges for vital health services, including surgical support.
- Up to five per cent of the displaced children have disabilities and many assistive devices were lost during the displacement, necessitating immediate support and distribution of assisted devices.
- Significant water shortages in the affected areas are leading to a very high risk of waterborne diseases and hygiene issues among IDPs. A winterization plan should be considered if the crisis persists.
- Malnutrition rates were already rising in the area particularly affecting children under 5 years old (U5), pregnant and lactating women (PLW) and the elderly (the majority of IDPs). Soaring prices exacerbate food insecurity.

Response

- **Priority activities include:**
 - Direct service delivery for primary health care (PHC), secondary health care (SHC) and tertiary health care (THC) services.
 - Supporting the emergency referral system.
 - Strengthening trauma services and patient management.
 - Provision of essential medicines and restoring supply chains.
 - Resuming routine/EPI, conducting outreach/supplementary activities for IDPs.
 - Strengthening disease Surveillance and Health Information Systems to monitor and respond effectively to health threats.
 - Delivering Mental Health and Psychosocial Support (MHPSS) services.
- The sub-national Health sector and the Health Taskforce Coordination Group are coordinating closely with all stakeholders including the Whole-of-Syria (WoS) framework.
- An interactive dashboard on the impact on health has been launched.
- The health contingency plan for Deir-ez-Zor has been developed.
- Four Health sector operational updates have been produced.
- An inter-sectoral plan is being developed.
- Ten medical mobile teams have been deployed in areas hosting the IDPs providing integrated PHC, SHC, referral support and MHPSS services, including areas between Deir-ez-Zor and Al-Mayadeen as well as between Al-Mayadeen and Abu Kamal.
- Evacuation pathways for injured patients from conflict areas to referral facilities strengthened.
- Channels to link health partners to increase the integration in delivering services established.
- Deir-ez-Zor national hospitals and the Directorate of Health (DoH) hospitals have been provided with trauma kits for 900 critical cases and assorted emergency consumables. In addition, reproductive health kits and inter-agency emergency health kits (IEHK) have been delivered to local service providers including midwifery kits, resuscitation kit, and pediatric kits.

- The needs of people with disabilities are being addressed with two community centres currently providing integrated services.
- Operational costs for vaccine mobile teams have been supported, especially in displacement hosting areas.
- Operational costs for rapid surveillance teams run by the DoH have been supported. Three teams are functioning in the displacement areas.
- Diagnostic capacity supported by providing consumables, radiotherapy datasets (RTDs) and laboratory devices to Deir-ez-Zor laboratories.

Gaps and constraints

Key challenges:

- Overstretched local communities, basic services and health system.
- Lack of information and access to the eastern banks of the Euphrates.
- Currently, the funding requirement is estimated at \$7-10 million to restore the disrupted services and provide an emergency response.

Key advocacy asks:

- Free and unimpeded movement and evacuation of injured patients and ambulances through conflict lines, both to the western and eastern sides of the river.
- Prevention and stop of attacks on health facilities, detention of health workers. Stop militarization of health facilities.
- Continued delivery of life-saving supplies to functioning health facilities.
- Allowing humanitarian health organizations to return to areas of their work.
- Exempting health teams from the curfews.
- Timely approvals and clearance to enable the Health sector partners to relocate the currently deployed mobile medical teams in the areas of conflict.



Nutrition

Needs

- Infant and young child feeding (IYCF) and counselling services to support and promote breastfeeding among the displaced PLW.
- Establishing additional nutrition clinics (both fixed and mobile teams) in the Al-Mayadeen district to support the early detection and treatment of malnutrition cases.
- Blanket distribution of preventive supplies especially high-energy biscuits (HEB) and Plumpy DoZ.

Response

- UNICEF distributed preventive nutrition supplies (HEB, ready-to-use therapeutic food (RUTF), Micronutrients and Plumpy DoZ) in the Al-Mayadeen and Abu Kamal districts.
- Provided integrated package of nutrition interventions for children U-5 and PLW.
- The Syrian Family Planning Association (SFPA) non-governmental organization (NGO) is operating one fixed clinic and one mobile team in the Al-Mayadeen district as well as one fixed clinic in Deir-ez-Zor City.
- Al-Sham Association NGO received approval to implement its agreement with UNICEF in Deir-ez-Zor Governorate (Deir-ez-Zor City, Al-Mayadeen and Abu Kamal districts) through three Health and Nutrition (H&N) fixed centres and two H&N mobile teams.
- UNICEF plans to dispatch additional nutrition supplies to Deir-ez-Zor.

Gaps & Constraints

- Only two active nutrition partners (DoH and SFPA) are currently available in the Al-Mayadeen district.
- Lack of IYCF, counselling and awareness services to support breastfeeding.

Protection

Response

- Plans to distribute 115 general in-kind assistance (GIKA) items and 57 medical in-kind assistance (MIKA) items, through SARC, to IDPs as part of the emergency response.
- Mobilized all lawyers of the legal clinic, based in Deir-ez-Zor City, to commence legal interventions, awareness and counselling in the displacement villages in coordination with the SARC headquarters legal unit.
- The GBV Sub sector conducted a rapid GBV service mapping and updated GBV referral pathways in all IDP hosting areas.
- Before to the recent hostilities, UNFPA supported one Women and Girls Safe space, one Integrated Mobile Team and one Community Wellbeing Centre. These remain operational and provide PSS, Case management and case management referral (CMR) services to both host communities and IDPs.
- As part of the rapid response in affected areas UNFPA re-deployed 2 IMTs from Deir-Ez-Zour to Mayadeen in order to respond to the increasing PSS and GBV response needs.
- UNFPA dispatched 6,100 previously prepositioned female dignity Kits from Damascus to Deir-Ez-Zour. The kits are being distributed to IDPs based on needs through the redeployed IMTs and static facilities.
- UNHCR allocated an existing community center in Ashara to provide IDPs with GBV response and psychosocial support services.
- UNICEF is providing GBV services through two mobile teams in Mayadeen.

Gaps & Constraints

- Focus group discussions and key informant interviews revealed that many people fear continued violence. An additional reason preventing IDPs' return is the lack of assistance in their places of origin. Response will prioritize the most vulnerable and those in collective centres.
- GBV service coverage is limited, as the existing mobile teams and static facilities are unable to reach those in remote villages, while transport access is hampered by lockdowns and lack of economic means.
- The increasing IDP influx and scattered nature of displacement generates limitations in ensuring effective information sharing regarding life-saving services.

Shelter and NFIs

Needs

- The displaced families are accommodated in different types of emergency shelters: most IDP families are sheltering in abandoned, unfinished or damaged houses/shops or are hosted by friends/relatives; 80 families are hosted in a collective centre. A small number of displaced people have reportedly rented accommodations; some of the displaced are hosted in camps/informal settlements.
- The IDPs in unfinished, abandoned or damaged houses require protection and privacy and need shelter assistance, including installation of doors, windows and electrical and WASH facilities.
- The authorities will assign six collective centres, for 250 families, that require rehabilitation.
- The IDPs reported that their houses (in points of origin) were damaged and will require repair when it is safe to return.
- A recent inter-sectoral assessment reported an urgent need for approximately 8,000 core NFI kits.

Response

- UNHCR prepositioned 1,000 core NFI kits in SARC warehouse in Deir-ez-Zor, with a further 2,000 kits in the pipeline.
- ICRC plans to distribute available NFI items.

Gaps & Constraints

- A detailed needs assessment is needed for a better understanding of shelter needs.

Water, Sanitation and Hygiene (WASH)

Needs

- Water trucking in areas with limited access to piped water services, including collective shelters.
- Increased water storage capacities at household and community levels.
- Distribution of family hygiene kits and basic WASH supplies.
- Distribution of cholera kits.
- Hygiene awareness campaigns.
- Rehabilitation/maintenance of existing WASH facilities in collective shelters, and/or installation of latrines and showers with proper connections.
- Spot repairs and maintenance of water and sanitation networks in affected areas.
- Solid waste management in shelters.

Response

- OXFAM distributed hygiene kits, jerry cans, and two sanitary pad packs/family to 388 IDP families in Al-Mayadeen, and additional quantities will be distributed in the coming days.
- UNICEF is carrying out a technical assessment for the vandalized and looted five water facilities in eastern Deir-ez-Zor.
- UNICEF is reallocating emergency WASH NFIs from the FAO warehouse to Deir-ez-Zor, including 200 WASH and dignity kits, 4,000 baby diapers, and 4,000 jerrycans (10 litres (L) each)
- UNICEF pre-positioned 10,000 cholera kits (10,000 rigid jerrycans (20 L) and 100,000 soap bars) in SARC Deir-ez-Zor warehouse to be distributed in IDP areas and shelters.
- UNICEF prepositioned 714,000 chlorine tablets in the Deir-ez-Zor warehouse for 23,800 families which will ensure the safety of drinking water for one month.

Gaps & Constraints

- Weak capabilities and resources of Deir-ez-Zor General Establishment of Water and Sanitation services to respond to WASH needs.
- Lack of human resources, technical equipment and machinery of Government WASH institutions and local municipalities.
- Challenges in securing sufficient water sources for water trucking.
- As 70 per cent of IDPs are accommodated in abandoned houses and/or with relatives, there will be a need to respond to both the IDPs and the host community.
- An extreme overload of water and sanitation infrastructure services was observed, especially in IDPs crowded areas in the Al-Mayadeen district. This led to the blockage of sanitation networks and a shortage of access to safe drinking water.
- Prevention, mitigation and response actions should be increased in IDP areas regarding Cholera, as they are considered high risk areas.

GENERAL COORDINATION

OCHA established an Emergency Room which comprises the Sector Coordinators and their counterparts from the Government entities to ensure smooth coordination and follow up on the emergency response.

On 11 September, OCHA led an inter-sectoral mission to Al-Mayadeen and Mahkan areas, (where the majority of IDPs are located). The assessment showed high needs for food, WASH, health and SNFI assistance.

The humanitarian sectors continue to mobilize resources to respond to urgent needs. Dispatching of assistance items started already from the central warehouses towards Deir-ez-Zor City.

Contingency planning is ongoing. The HCT component of the plan will be finalized this week. The consolidated plan including the cross-border INGO partners will be compiled at the Whole of Syria level.

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