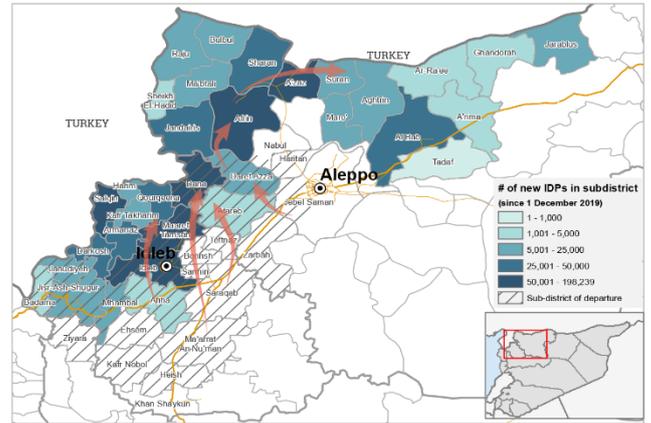


HIGHLIGHTS

- The humanitarian situation remains dire across northwest Syria. Further scale up is required for preparedness for COVID-19 and to meet the needs of the current displacement crisis, which is the most severe situation in northwest Syria since the beginning of the conflict.
- Humanitarian response remains high, with March on pace to be the month with the most UN shipments since the beginning of the cross-border operation. While the most severe emergency needs of recently displaced people continue to be shelter, water, sanitation and hygiene, food and protection, other needs such as health, education and nutrition are becoming more apparent.
- There are no known cases of COVID-19 in northwest Syria. Preparedness and response planning is underway to ensure effective prevention and response to the virus, reduce transmission risk, and ensure the continued provision of humanitarian assistance amid COVID-19 countermeasures.



Source: CCCM Cluster
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

4 M

People in northwest Syria comprising Idlib area and northern Aleppo governorate

approximately
940,000

People of those displaced since 1 December remain in displacement

US\$ 500 M

Emergency funding required to provide humanitarian assistance to 1.1 million people in NWS until July 2020

51%

CHILDREN (est)

60%

Of them are CHILDREN

approximately
US\$ 35 M

Emergency funding estimated to be needed for the COVID-19 Readiness and Response Plan in northwest Syria

25%

WOMEN (est)

21%

Of them are WOMEN

SITUATION OVERVIEW

The humanitarian situation remains dire across northwest Syria. Nine years of crisis compounded by multiple displacements and economic hardship eroded the resilience of people and communities in Idlib and northern Aleppo governorates, rendering them more vulnerable in the latest wave of hostilities and displacement. Since 1 December, nearly 1 million people fled from their homes in northwest Syria to escape from hostilities. Those who are displaced are extremely vulnerable with 89% of communities in northern Aleppo and 99% in Idlib reporting vulnerable groups among the newly displaced, including female and elderly headed households, according to an assessment by an NGO partner. While displacement has reportedly stopped, the humanitarian needs of those who have been displaced as well as the pre-existing needs of the wider community remain as high or higher than at any other point in the conflict. Moreover, thousands of families are returning to areas such as Atareb and Ariha where their humanitarian needs will persist upon return as many services in these areas have been suspended or moved. The high level of needs is evidenced by the fact that March is on pace to be the month in which the highest number of shipments by the UN cross the border since the UN cross-border operation began in 2014.

The most urgent needs of the recently displaced individuals continue to be shelter, water, sanitation and hygiene, food and protection. At the same time, needs with longer term impacts are becoming more apparent such as health, nutrition and education. Three in every ten children under the age of five who are among the displaced population are stunted. Almost 400,000 school-age children have been recently displaced and need support to access education. Access to food is becoming a concern due to the diminishing availability in markets and rising prices, leading to more reliance on humanitarian assistance as reported by an NGO partner. Loss of access to 150,000 hectares of arable land by the newly displaced IDPs is likely to further limit the availability of food in the area.

The timely provision of humanitarian assistance remains essential in light of the potential impact of the COVID-19 pandemic in northwest Syria. The crowded living conditions, physical and mental stress and deprivation due to insufficient housing, food and clean water make people vulnerable to respiratory infections. Given the vulnerability of people in northwest Syria, avoiding the spread of the virus in northwest Syria is crucial. It is vital that humanitarian support to northwest Syria continues to scale up, not down, including emergency support from donors for both the COVID-19 preparedness and response and the previously existing emergency needs. A COVID-19 preparedness and response plan for northwest Syria has been developed by the Health Cluster, requiring an estimated funding of approximately USD 35 million. A task force has been established to ensure that preventative measures are taken and suspected and confirmed cases can be adequately followed up. The Early Warning and Alert Response Network (EWARN) system in northwest Syria has been revised for alert verification, investigation and sample collection, rapid response teams have been activated, and a triage system will be established at all health facilities in northwest Syria to limit transmissions in healthcare settings.

As part of the preparedness effort, laboratory technicians have been trained in COVID-19 testing to establish testing capability in Idlib governorate while laboratories in Turkey have been prepared and stocked to provide testing support. Systematic testing for COVID-19 in northwest Syria started the evening of 24 March after a shipment of 300 tests arrived. The first eight tests from suspected cases came back negative. Some 600 additional tests will reach the laboratory in Idlib shortly, and a shipment of 5,000 tests is scheduled to arrive in Idlib next week. In addition, a shipment containing 10,000 examination gloves, 1,200 gowns, 10,000 surgical masks, 500 respirator masks, 900 face shields and 200 protective goggles is expected to arrive in the coming days. The first COVID-19 case in Syria was confirmed on 22 March in Government of Syria areas, and four other cases were detected as of 25 March. There are no confirmed cases in northwest Syria as to date.

Facility-based and community-based isolation approaches will be used, given the dense population and overcrowded living conditions in northwest Syria. For hospital-based isolation in more severe cases, three hospitals in Idlib, Salqin and Daret Azza with intensive care units have been identified for potential use as COVID-19 isolation case management centres following modifications to their intensive care units (ICU). An additional 15 ICUs are also to be upgraded. In northern Aleppo governorate, two additional hospitals have been identified by the authorities, one is being upgraded to 40-bed capacity, with another still planned. Currently, WHO and its partners are training 540 health workers from 180 health facilities in the northwest on staff and patient safety and infection prevention and control. WHO is procuring additional personal protective equipment and 60 ventilators in addition to the 153 ventilators that are in use already. NGOs within the referral network will allocate ambulances, paramedics and nurses to contribute to the referral of COVID-19 cases.

Mitigating measures against the spread of COVID-19 have also been taken locally, including suspension of education services and of religious and social gatherings. Information about the symptoms and preventative measures are communicated to the wider public in northwest Syria as well as community-based health workers and responders. As part of the cluster response plan, a total of 1,000 community health workers have been mobilized.

Measures have also been taken to address the non-health impact of the pandemic to ensure the continued provision of humanitarian assistance to the estimated 2.8 million people who depend on it. While the full impact of COVID-19 on the cross-border humanitarian operation is difficult to predict, clusters are working with their members to identify how the measures against the virus will affect their operations, including regarding staffing, logistics, the import of supplies, etc. As the current health emergency is pushing humanitarian actors to identify new modalities to respond to the need on the ground, continued engagement from the international community and donors is of paramount importance to ensure that assistance reaches all those who are in need. Both the Bab Al-Hawa and Bab Al-Salama border crossings are now closed for individual crossings other than critical health cases, with permission required for humanitarian staff to cross. This has an impact on programmes that require NGO workers to cross into Syria regularly, monitoring and evaluation, and trainings. Humanitarian and commercial transshipments have thus far not been impacted by COVID-19 countermeasures.

In addition to the health cluster plan on the health response to COVID-19 and the separate planning on the non-health impacts, efforts are being consolidated with Syria-wide, regional, and global planning, including a global appeal to be launched shortly in relation to COVID-19.

FUNDING

To meet current humanitarian needs in northwest Syria, over US\$300 million has been secured against the inter-cluster readiness and response plan for northwest Syria, which identifies a need of US\$ 500 million to provide basic humanitarian support to some 1.1 million people who are displaced or at risk of displacement through July. In addition, the Health Cluster developed a COVID-19 preparedness and response plan for northwest Syria for which the preliminary funding requirement is approximately USD 35 million. Ensuring continuation of operations and the provision of life-saving activities is paramount and must continue in the context of the expansion of the COVID-19 pandemic. All stakeholders have remained committed and have increasingly adapted their operational modalities. Partners are encouraged, if not already done so, to inform their respective donors of any change in their way of working and if the current situation is impacting the efficiency and timeliness of delivery or if adaptations are required. Donors are also encouraged to support partners through exceptional measures to facilitate the work of partners.

The Syria Cross-border Humanitarian Fund (SCHF), among other donors, has launched a consultation among its partners to identify key trends and devise remote working arrangements and mitigation measures to ensure continuity of operations and adequate support. Mobilization of additional resources to fund COVID-19 related activities are ongoing to avoid detracting from existing resources dedicated to respond to humanitarian needs.

HUMANITARIAN RESPONSE



Camp Coordination and Camp Management

Needs:

- The existing reception centers and IDP sites are currently running over their capacity. There is a need to address the shelter needs of the most vulnerable displaced population by expanding/establishing new IDP sites and reception centers, as part of the response plan for the current influx.
- Some IDP families are using public buildings as collective centers, including some schools that need to be evacuated to resume educational activities.
- Most of the IDP families hosted in three reception centers have been there for three months already, with no possibility of relocation to permanent locations due to lack of other shelter options.

Response:

- The new expansion of the Maaret Al Ekhwan Reception Center (RC) has opened and is currently hosting 101 IDP families.
- So far, three functioning RCs have responded by hosting 6,959 IDPs or 1,517 families, including the provision of food, shelter and WASH services.
- The CCCM Cluster is providing technical support to the review board for the provision of Housing, Land and Property (HLP) documents concerning the 12 SCHF project proposals.
- The CCCM Cluster and Taskforce (TF) continue to focus on the land identification and verification process, as well as systematically facilitating the TF meeting. Until now, 171 locations have been identified, 25 locations verified, whereas 31 locations are ready to start and are waiting for funds. Since December 2019, 134 IDP sites have been established, the vast majority of which are self-settled.
- Ongoing provision of technical guidance to cluster members on international standards in site selection, site planning, HLP, and due diligence, as well as other camp management related activities.
- The CCCM Cluster held a Strategic Advisory Group meeting, which began by outlining the focus on how to navigate and brainstorm the impact of COVID-19 on activities, what are the required adjustments, as well as the constraints. A key point emphasized was CCCM's role in coordination and ensuring a consistent approach.
- The CCCM Cluster continued the production of IDP figures, infographics and dashboards based on the data received from various cluster members and partners.
- The CCCM Cluster is closely monitoring 706 IDP sites hosting 1,148,228 IDPs, and incident reports affecting IDP sites are produced in a timely manner, with the response coordinated.
- As a member of the Rapid Response Mechanism, CCCM provides its technical expertise and recommendations in the response's contingency stocks prepositioned in Syria, in Turkey and those in the pipelines.

Gaps & Constraints:

- The continuous displacement led to a decrease in areas available to accommodate the newly displaced population.

- Due to delays and/or contradictions in the information provided by multiple members across borders, a massive data cleaning process and verification is required.
- Reportedly, there are 2,396 IDPs in open areas in urgent need of shelter.
- As a part of COVID-19 mitigation measures, A'zaz RC stopped receiving new arrivals.

Education

Needs:

- An estimated 398,000 school-age children (5 to 17 years old) are amongst the displaced people in northwest Syria since 1 December 2019. Due to the large influx of displaced family, many schools were converted to temporary shelters. There are 23,419 people residing in 277 schools in the districts of Afrin, Al Bab and A'zaz (Aleppo) and Ariha, Harim, Idleb and Jisr-Ash-Shugur (Idleb).
- Education activities have also been continuously suspended due to insecurity on the ground as well as schools have been used as shelter. The education process has been suspended in Ariha sub-district with few schools still functional. For the time being, only 5 schools are still functioning with overcrowded classrooms due to displacement from nearby locations.
- More than 300 schools are out of operation, impacting 117,000 children and more than 5,000 teachers:
 - 135 schools in Ma'arrat An Nu'man and neighboring communities, impacting 48,649 children and 2,704 teachers;
 - 23 schools in the communities of Ariha, impacting 5,681 children and 384 teachers;
 - 41 schools in the communities of Saraqab, impacting 4,901 children and 615 teachers.
- In addition to this, the schools in northwest Syria are closed due to COVID-19. The schools have been closed since 14 March 2020 in the Idleb area and 16 March 2020 in northern Aleppo governorate. Schools are expected to remain closed till end of March.
- To address the needs, the objectives of the Education sector are:
 - Providing education personnel and teacher incentives and training.
 - Providing learning materials for children and teachers.
- COVID-19 prevention (health and WASH related) needs:
 - Cleaning of education facilities (should children and people still access them)
 - Clean WASH facilities in schools (in coordination with WASH cluster)
 - Hygiene and basic health sensitization at home, printed and/or through social media, in coordination with UNICEF Risk Communication and Community Engagement
 - Physical re-planning of school infrastructures, esp. in camps, taking into consideration adequate social distancing and to prevent large gathering of children when they reopen.
 - Modalities of education services (classes etc.) need to be planned in light of these measures to prevent large gatherings.
- Continuation of learning:
 - Childcare arrangements for children whose parents are healthcare workers (in coordination with the Child Protection sub-cluster)
 - Adaptation of existing curricula and implementation through printed materials and/or social media and self-learning programmes
 - Assess if students, parents, teachers have access to affordable connectivity and devices. If not, consider paper based individual home learning assignments based on the current curricula
 - In either case, hold meetings virtually with and consult school governance bodies (PTAs, SMCs) on the proposed approach.

398,000

school aged children whose Education is impacted by the ongoing displacement

Response:

- The Education Cluster was able to reach 56,093 school aged children with education assistance. Children are being reached with diverse packages of education services including Psychosocial Support (PSS), PFA, formal and non-formal education activities, home schooling, student bags, textbooks and distribution of winter clothes to ensure minimum disruption to children's learning.
 - 11,682 children supported with PSS and PFA in Idleb, Maaret Tamsrin, Harim, Dana and Atareb, Qourqeena, Daret Azza and Bennsh.
 - 18,080 children supported with formal and non-formal education in Idleb, Harim, Dana, Atareb, Salqin, Maaret Tamsrin, Qourqeena; including children with disabilities.
 - 825 children supported with winter clothes in Maaret Tamsrin and Atareb; 4,174 children benefitted from fuel for heating in schools in Jisr Ash Shugur, Idlib and Harem.

- 4,159 children supported with recreational kits, school bags, student kits and textbooks in Ariha, Idleb, Harim, Dana, Armanaz, Salqin, Kafr Takharim, Idleb City, Marat Tamsrin and Qourqeena.
- 4,150 children supported for their mid-year exams.
- 173 children provided with medicine against headlice in coordination with the Health Cluster.
- 1,106 children supported with home-based education based on a self-learning programme, in Marat Tamsrin, Daret Azza, Ariha and Haritan sub-districts.
- 4,000 out of school children provided with life skills, recreation and PSS education activities.
- 51 teachers and education personnel are trained on literacy and numeracy and on psycho-social support and referral mechanisms
- 227 families have also been supported with tent provision by Education partners to support the relocation of IDPs sheltering in schools to allow the resumption of learning activities in the affected areas.

Gaps & Constraints:

- Lack of funds makes it challenging for the Cluster members to provide quality education support, particularly in conjunction with the unfolding security situation in which children are constantly on the move.
- Education services need to be relocated to follow displaced populations and established in locations where displaced people settle. Lost or destroyed educational materials need to be replaced.
- The education system in areas receiving newly displaced families was already overstretched prior to the arrival of newly displaced people. The needs to receive the newly displaced people in the existing education services risk inflaming inter/intra-community tensions.
- Students and teachers lack basic education supplies, and school furniture and WASH facilities are insufficient.
- Many learning facilities remain cold and overexposed to the elements despite ongoing winterization efforts.
- Many learning facilities have no basic safety equipment/systems in place despite ongoing safety and security concerns.
- Students and education personnel are not receiving the psychosocial support, knowledge and skills needed for a safe and productive learning environment.
- Suspension of schools due to COVID-19 can interrupt education.

Food Security

- Many of the 940,000 newly displaced people have moved with livestock, particularly those moving to Afrin district in northern Aleppo governorate where 30% of the sheep and goats and 18% cows belong to IDPs. Livestock is the only productive asset that the newly displaced people possess.
- Emergency food assistance for recently displaced people is needed during the first 2 to 4 weeks of displacement, through cooked meals and Ready-To-Eat rations (RTEs). Following the frontline emergency assistance, the people should be integrated in the monthly regular food assistance.
- After the initial displacement, lifesaving livelihood initiatives are also needed to support the affected communities and households in increasing agricultural production, sustaining small-scale food production, protecting productive assets, and restoring or creating income-generating activities to prevent negative or irreversible coping mechanisms.
- Provision of animal feed is needed to limit sales of livestock by displaced and impoverished households. Due to the transport cost, feed distributions are expensive and hence extremely limited in scope. Voucher schemes for provision of animal feed involving local suppliers are cost-efficient and much more sustainable. To enable improved planning and targeting of activities, there is a need to obtain updated estimates of livestock numbers owned by displaced people. The main needs for the livestock now are dry storage fodder warehouses, water for the animals and three main vaccinations: Pastortilla, Entrotoxiemia, PPR vaccine.

246,000

People for whom additional food assistance support is needed

Response:

- The frontline response includes the distribution of ready to eat rations (RTEs) (tailored for a household of 5 people) and the provision of cooked meals and emergency multi-purpose cash grants (MPCG) of US\$ 120-130 for each household to cover the immediate food needs.
- From 24 February to 24 March, 15 Food Security and Livelihoods Cluster members provided the following assistance to 690,000 newly displaced people:
 - 12 FSL members distributed food baskets to reach 560,800 people.
 - 1 FSL member distributed RTEs to assist 21,000 people.
 - 3 FSL members distributed MPCGs to assist 56,000 people.

- 3 FSL members distributed cooked meals to assist 52,500 people.
- The cluster co-lead agency has prepositioned more than 100,000 RTEs for emergency response in northwest Syria to meet the food needs of some 500,000 people, in addition to the stock of food rations for regular assistance. Emergency guidelines are activated, according to which normal food rations will also be used to sustain people in need for more than five days.
- Under the 2020 first allocation from the Syria Cross-border Humanitarian Fund, FSL Cluster members are scaling up the response to assist the newly displaced people with cooked meals, RTEs, and food baskets until September 2020.

Gaps & Constraints:

- The latest estimation points out to a gap for 246,000 individuals who have not yet received food assistance. The Food Security Cluster calls for additional support to meet the food assistance needs of IDPs in Salqin sub-district of Idleb governorate as well as A'zaz sub-district and other areas in northern Aleppo governorate.
- The main identified constraints regard security, transportation, access to safe locations, and the risks associated with the COVID-19 pandemic.
- Further, according to the Agriculture Technical Working group, about 150,000 hectares of arable lands are no longer accessible for farmers due to the displacement. Therefore, it is highly recommended to support the host communities and IDPs through livelihood activities.



Health

Needs:

- As per the Preparedness Response Plan, a working document drafted by the COVID-19 Taskforce, there is need for rapidly scaling-up capacities planned for prevention, early detection and rapid response as well as protection of health care workers.
- Currently, there are no isolation centres in northwest Syria and limited ventilators available in case of severe COVID-19 cases. Intensive Care Unit (ICU) capabilities need to scale-up.
- Measures need to be taken to address the non-health implications of COVID-19 to support the health response to an outbreak if it happens. This will be done through inter-cluster mechanisms to assure proper planning to support the response.
- As per the Sexual and Reproductive Health Technical Working Group (SRH TWG), around 900,000 women and girls are in reproductive age. Out of this number, around 65,000 pregnant women are in need for antenatal care, emergency obstetric and newborn care services, postnatal care, family planning and some other services.

Response:

- On 24 March 2020, Idleb National Laboratory received COVID-19 diagnostic testing kits and started testing.
- A COVID-19 medical triage system will be established in all health facilities in the northwest Syria to prevent or limit transmission within health facilities and health workers. This will be through a triage station with trained staff at the entrance of a facility, equipped with temperature devices, infection prevention supplies and screening questionnaires.
- Already 1,300 chemical Personal Protection Equipment (PPE) kits are available in northwest Syria in addition to the latest prepositioned 740 chemical Personal Protection Equipment (PPE) kits and 180 biological PPE kits from warehouses. All chemical PPE kits (body gowns) may be used in case of emergency until PPEs intended for COVID-19 will arrive in Turkey this week. This week, 10,000 examination gloves, 1,200 gowns, 10,000 surgical masks, 500 Respirator Masks (N 95), 900 face shields and 200 protective goggles to be shipped.
- The EWARN system has been revised for alert verification, investigation and sample collection. Last week, training for officers started in 26 districts in northwest Syria.
- During the second week of March, three laboratory technicians were trained on "COVID-19 laboratory testing" at the Ankara national laboratory to conduct testing in Idleb governorate laboratory.
- Risk communications team identified communities that are most at risk in seven districts and 28 sub-districts, to implement household visits, distribute key messages in Arabic and English, flyers, posters and collaborate with community leaders. Guidance is being provided to all functioning health centres and responders in northwest Syria and local radio, TV and social media will also be used to amplify the message. To some extent, existing channels and methods that have been used to fight polio will be used. Also, health cluster members are already running TV messages on essential preventive educational measures such as hand washing.
- Partners started adjusting their operational plans as per tentative response to COVID-19. Some shipped enough medication, lab consumables, and infection prevention and control (IPC) kits to health facilities to serve for at least three months and some others provided training for its staff on usage of PPEs and on best practices to protect

themselves and other people. One partner deployed two of its mobile teams to two checkpoints in Afrin district to support health authorities at the entry points in checking the temperature of the people crossing the checkpoints.

- As part of the health preparedness against COVID-19, the SRH TWG shared a statement on the last updated information and recommendations for Pregnancy & Breastfeeding both in English and Arabic. 45 Reproductive Health kits were distributed in Idleb, A'zaz, Salqin and Dana to health partners to respond to Sexual Transmitted Infection cases. SRH TWG coordinated with partners to emphasize the role of outreach and mobile clinic teams to conduct home visits and to refer the most needed cases only. Triage areas will be established in six basic emergency obstetric and newborn care and six comprehensive emergency obstetric and newborn care facilities in addition to limiting the face to face consultations and using other alternatives like phone communicating, WhatsApp and home visits. Also, 55 "clean delivery" kits were distributed to cover the need of 11,000 pregnant women in case they cannot go to the hospital for any reason. On another hand, there is enough "family planning supplies" distributed to cover the needs of 52,000 women and 4,900 men for three months.
- After suspension of their activities, 3 Expanded Programme on Immunization (EPI) centres resumed their services (two in Aleppo and one in Idleb) and teams from 10 centres were relocated to new areas to serve the displaced population. Around 13,262 children under 1 year old benefited from the services of 72 EPI centres.
- Until the week of 8 March, 68 suspected measles cases were reported. Samples were collected from 27 cases out of which 14 cases were positive, 2 clinically measles, 7 discarded and 4 still pending results. Syria Immunization Group (SIG) strengthened social mobilization activities to improve coverage against measles and to reduce drop-out rates between measles 1 and measles 2 doses.
- At the end of February, a shipment of TB medication was sent to TB centers in northwest for 3 months. Another shipment is in the pipeline to ensure the availability of the drugs until the end of 2020 in order to avoid shortages in case the border crossings are closed. Also, IPC kits, a group of specific medical consumables and supplies to support the IPC activities have been shipped to cover all the dialysis and TB centers in northwest Syria for at least 3 months.
- Responding to the latest IDP movement in February, 9 mobile teams (seven in Afrin district in Aleppo governorate and two in Idleb and Harim districts of Idleb governorate), 13 fixed Primary Health Centres (10 in Afrin district in Aleppo governorate and 3 in Harim district of Idleb governorate) and 11 ambulances in northern Aleppo governorate in the A'zaz-Al Bab-Jarablus corridor are operational.
- 900 trainers (ToT), senior nurses, paramedics and community health workers will be trained on infection prevention and control. Electronic thermometers will be provided at entry points from Turkey where ambulances will also be located to refer suspected cases.
- Three hospitals with intensive care units have been identified in Idleb, Salqin and Daret Azza districts to be modified as isolation centres, equipped with ventilators. An additional 15 ICUs are also to be upgraded. Due to overcrowded living conditions and insufficient space for self-isolation in camps and host communities, community and camp-based isolation will restrict movement of suspected/confirmed COVID-19 cases with mild symptoms. One additional hospital in northwest Syria has been identified by the health authorities as a referral facility for the affected cases in need of further critical care in Afrin and A'zaz-Al Bab-Jarablus area.

Gaps & Constraints:

- Currently, there are no isolation centres in northwest Syria and limited ventilators available in case of severe COVID-19 cases.
- Repurposing tents for the COVID-19 response for medical use.
- Medical care for Sexually Transmitted Infections and Urinary Tract Infections will be challenging due to the announcement of Al Bab crossing closure as well the measures taken to avoid COVID-19 in northwest Syria by closing some out-patient clinics and postponement of the non-emergency medical cases.
- Due to latest escalation in northwest, 11 EPI centres that reach 1,445 children under 1 year old each month were suspended. Two EPI centres were completely closed and 12 EPI centres, with 16 teams, were recently relocated to cope with the current population movement (9 in Idleb and 3 in Aleppo governorates). Lately and due to COVID-19 risk, Syria Immunization Group (SIG) suspended vaccination activities in EPI centres but maintained them in hospitals.
- Some partners reported deficiency in funding for some of the health facilities while others continue providing only life-saving services. Response to COVID-19 will absorb some funds that were meant for other activities, not during outbreaks.
- The level of awareness about COVID-19 is very low among the community in northwest Syria where some 4 million people live in a very critical situation and overcrowded sites. This is a huge challenge and serious efforts are needed to raise the level of awareness in northwest Syria.
- The "universal market fatigue" can cause shortages in local markets for IEC materials, personal hygiene, and other basic items required to stay safe during the outbreak.



Nutrition

Needs:

- The nutrition situation in northwest Syria is projected to deteriorate as the COVID-19 outbreak threatens to disrupt the nutrition response and aggravate an already poor nutrition situation where three in every 10 children under the age of 5 years are stunted and acute malnutrition among women is reportedly increasing.
- The proxy prevalence of acute and chronic (stunting) malnutrition among children aged 6-59 months are estimated to be 3 percent and 28 percent according to the most recent surveillance data.
- An estimated 13,500 acutely malnourished children aged 6-59 months and 22,600 pregnant and lactating women (PLWs) among IDPs across northwest Syria who are in need of urgent treatments services for acute malnutrition will have an elevated risk of mortality as Nutrition Cluster partners suspend active case finding in order to reduce exposure for the staff and those being screened to COVID-19.
- Need to scale up nutrition response to reach all displaced mothers and children within the accessible geographic areas.
- Multi-sectoral responses to address Acute Malnutrition among displaced Pregnant and lactating mothers and Chronic Malnutrition among displaced children 6-59 months

145,591

Children below the age of 5 and pregnant and lactating mothers reached with life-saving nutrition services

Response:

- Since the start of the last escalations in Idlib and Western Aleppo, 145,591 pregnant and lactating women (PLW) and children under the age of five years were reached with life-saving nutrition services covering 210 communities in 33 sub-districts.
- The number of PLW and children under the age of five years reached to date represents nearly 50 percent of the population in need of life-saving nutrition services with 6 percent increase in the coverage compared to the last situation update on 12 March.
- The life-saving nutrition services have covered the following categories of people:
 - 38,708 PLW reached which represents nearly 50 percent of those in need;
 - 95,708 children under the age of five years reached which represents 50 percent of those in need.
- Life-saving nutrition services are provided through 78 Rapid Response Teams (RRTs) and mobile teams by 18 Nutrition Cluster partners.
- Nutrition Cluster partners provided the following services;
 - 16,626 displaced children under the age of 5 years, pregnant and lactating mothers received high-energy biscuits for prevention of acute malnutrition;
 - 32,348 pregnant and lactating mothers and Children aged 6-59 months age received micro-nutrient supplementation;
 - 29,461 children 6-59 months of age received high calories lipid-based nutrition supplements for prevention of acute malnutrition;
 - 46,751 mothers and care givers were reached with infant feeding and caring practices messages and counselling.
- Out of the 145,591 screened PLW and children under the age of 5 years for Acute Malnutrition:
 - 485 cases of severe acute malnutrition and 1,702 cases of moderate acute malnutrition were identified among displaced children 6-59 months and referred for appropriate treatment, with the highest number of cases found in Afrin and camps in Northern Idlib;
 - 3,179 acutely malnourished mothers identified and referred to appropriate treatment;
- Recent nutrition surveillance data conducted in March 2020 among IDPs indicates a proxy prevalence of acute malnutrition among children 6-59 months and PLW of 3 percent and 17 percent respectively.
- Nutrition surveillance data also indicates a high proxy prevalence of chronic malnutrition among displaced children under the age of 5 years at 28 percent.
- Global guidance on maintaining services for treatment of acute malnutrition and recommendations from WHO for appropriate infant and young child feeding during COVID-19 outbreak has been shared with partners.
- An interim operational guidance on service provision and integration with other clusters based on global recommendations is being developed by the Nutrition Cluster and will be shared with the partners.

Gaps & Constraints:

- The availability and access to health and nutrition services particularly for those displaced in northwest Syria will most likely deteriorate due to fear of COVID-19 and a disruption of the health system. Those at risk of missing services include an estimated 123,382 children under five years and PLW currently receiving various nutrition services such as treatment of severe and moderate acute malnutrition, IYCF-E counselling, micronutrient supplementation, etc.
- Nutrition Cluster partners have temporarily suspended group IYCF-E counselling sessions and community MUAC screening to minimize exposure of staff and participants to COVID-19. In absence of a clear global guidance for CMAM service adaptation to COVID-19, frequency of follow ups, early detection and treatment of acute malnutrition and dissemination of information on key recommendations for appropriate infant and young child feeding in emergencies will be affected.
- Management of chronic malnutrition among under the age of five years and acute malnutrition among PLW requires a comprehensive maternal health and nutrition response in close coordination with Food Security, Health, WASH and Shelter cluster. The disruption caused by COVID-19 outbreak across all sectors will likely present medium to long-term impact on the nutrition situation.

Protection

Needs:

- Protection concerns have persisted in northwest Syria, aggravated by the COVID-19 pandemic and its global crisis. Protection risks have increased due to the ongoing displacement, the lack of shelter options, and sub-standard living conditions in areas of displacement. Many IDPs are living in houses, basements, shops, and tents without appropriate ventilation. Access to water and sanitation and soap will be key to preventing the spread of illness.
- The Protection Monitoring Task Force (PMTF) conducted a rapid assessment of newly displaced households on movement intentions and protection concerns, prior to the latest ceasefire agreement. From 17 to 23 February, six PMTF partners conducted 193 key informant interviews (41% male, 59% female), (88% IDP, 12% host community). Interviews were mostly conducted across districts in Idlib governorate (Al Mara, Ariha, Harim, Idleb, Jisr-Ash-Shugur). Key findings show that:
 - Displaced civilians in western districts of Idlib face desperation and a grim reality: the fear of aerial bombardments and shelling pervades all aspects of life, while households feel like they have run out of options to seek safety and security. Some children are reported to show behavioural changes due to severe distress.
 - Despite concerns related to security, most households intend to remain in their current location of displacement. Some of these households express hope that, if the situation reverses, they can return to their previous / original location of residence.
 - A smaller group of households intends to move to areas in northern Aleppo. Some that would otherwise want to move there are indicated to be unable to do so due to a lack of resources (to cover both actual transport and the expected cost of living in Afrin or A'zaz).
 - Many households reportedly consider trying to reach Turkey a last-resort option, stating it was on the minds of people constantly; however, for many the journey was perceived as too costly and dangerous.
 - According to humanitarian staff, moving to Government of Syria-controlled areas was deemed to be an option for a small group of households.
 - For most households, however, key informants stated that due to the shift in frontlines it is unclear where to go to next, while fearing arrest, detention, and violence should there be further changes in territorial control.
- Due to conflict and loss of family members, Gender-based violence (GBV) partners are reporting an increased number of identified cases of unaccompanied girls under 18 and single women who are in need of shelter, health services and family reunification, among other services.
- The Protection Monitoring Task Force, in addition to its regular monitoring, is now collecting information on two topics: 1) the impact of COVID-19 and restrictions, including freedom of movement, physical safety, access to services/assistance, and psychological well-being of the affected population; and 2) the protection situation for IDPs who have returned to areas close to the frontlines.

Response:

- The Protection Cluster has developed “Recommendations on the Criticality of Protection Activities in Relation to the COVID-19 Situation on NW Syria” through consultation with partners, including a prioritization of activities and guidance for communication with communities, in harmony with health cluster guidance.
- From 9 March to 22 March 2020, 11 Protection Cluster members provided emergency response services for civilians displaced from Idleb and Aleppo due to the ongoing hostilities. Cluster members provided 38,981 protection interventions to IDPs and affected host community members in 70 communities within 18 sub-districts in Idleb and

Aleppo reaching 7,499 individuals (2,995 girls, 3,432 boys, 934 women, 138 men). The main services protection actors provided are as follows:

- Psychological First Aid and Psychosocial Support
 - Information sharing about other services
 - Child Protection case management including family tracing
 - Dignity kits distribution
 - Risk education
- Cluster members also referred individuals to other basic services, notably to health and shelter, and provided Individual Protection Assistance (cash grants for protection purposes). It should be noted that the above emergency response activities are in addition to activities included in the HRP and monthly reported through the 4Ws.
 - Many protection partners have provided awareness sessions to communities on prevention of Covid-19 infection; due to the cautions surrounding large gatherings, most of these are conducted at the individual level in hospitals, door-to-door home visits, and IDP sites. Populations at particular risk are identified, especially vulnerable groups (e.g. older persons, persons with existing medical conditions, etc.) Other lifesaving interventions such as case management and psychosocial support continue.
 - Partners have implemented remote working modalities wherever possible, but some programming continuity will be temporarily disrupted. Covid-19-related movement restrictions have so far not interrupted their work.
 - GBV Sub-Cluster (SC) partners distributed 38,881 dignity kits since the beginning of December 2019.
 - Despite limitations in an increasingly restrictive operational environment and suspension of child-friendly spaces, child protection partners have strived to deliver while incorporating where possible COVID prevention messages and messages on childcare in times of isolation and unpredictability.
 - During the reporting period, 23,162 individuals (11,088 girls, 11,980 boys, 44 women and 50 men) have been reached with various child protection emergency interventions. 4,242 children (2,113 girls, and 2,132 boys) have been provided psychosocial support (structured and sustained) and psychosocial first aid in Harim, Idleb, Afrin, Jarabulus, Jebel Saman, Al-Bab, A'zaz, Ariha, and Jisr-Ash-Shugur districts of Idleb and Aleppo governorates. Additionally, 2,330 children (1,119 girls, and 1,211 boys) have benefitted from distribution of psychosocial support kit. Separation prevention material have been distributed for 15,027 children (7,160 girls and 7,867 boys) in Jebel Saman, Afrin, Al-Bab, Harim, Jarabulus, A'zaz, Jisr-Ash-Shugur and Ariha districts of Aleppo and Idleb. Additionally, case management including referral for 69 children (26 girls and 43 boys) have also been done for unaccompanied, separated and children with other risks.
 - Also during the reporting period, awareness raising on child protection including prevention from separation and other protection concerns have reached 1,055 children (503 girls and 552 boys). In addition to above awareness raising, 378 children and their parents (184 female and 194 male) have been sensitized on awareness about COVID-19 in child friendly spaces.

Gaps & Constraints:

- Preparedness and response measures related to COVID-19 highly affected GBV services. Most of the services that require group gatherings were postponed, including empowerment and life skills activities. Other activities, like Child Protection Case Management and Individual Protection Assistance, continued despite some limitation on the referral systems. Structured activities in child friendly spaces (CFSs) were suspended or minimized as a precautionary measure against COVID-19 and only focusing on individual psychosocial support services and sharing of information in limited groups. Awareness raising session were also held in small groups, with more focus on COVID-19 and following WHO recommendations.
- For dignity kit distribution activities, mitigation measures were put in place and the number of distributions were minimized.
- Protection cluster members continue to report suspensions, include activities in outreach units as well as static service points, for example community centers and women and girls' safe spaces. All suspension notifications cited because of COVID 19 prevention measures as the main reason.

Shelter and Non-Food Items

Needs:

- One of the key concerns is that available shelter is extremely limited, with around 100 communities that had previously hosted IDPs now being abandoned. IDPs are left with very few shelter options in areas where there are three times more IDPs than residents, and even humanitarian workers have faced displacement and struggled to secure shelter.
- Overcrowded shelters increase the risk of transmission of COVID-19 in northwest Syria.

Response:

- Shelter/NFI continues to actively respond to the needs of newly displaced and protracted IDPs, with approximately 400,000 individuals, including both IDPs and host community members, assisted with NFI and/or shelter in February. More specifically, almost 230,000 individuals in February received NFI kits, which contain a kitchen set, mattresses and blankets, as well as winter items. Whereas the shelter needs of around 170,400 people were addressed over the course of the month with activities including emergency/seasonal shelter assistance and shelter rehabilitation; of those, more than 140,000 individuals were assisted with the provision of emergency shelter, which includes family tents or shelter kits.
- In collaboration with the CCCM Cluster, Shelter/NFI Cluster and its members are focused on identifying more land suitable to extend camps. The Shelter/NFI Cluster has also created a site planning group to improve the capacity of the cluster members setting up new camps. Moreover, thanks to the additional funding received through SCHF and CERF, the shelter response is set to increase in March.
- As part of the Shelter/NFI Cluster response to the COVID-19 outbreak, a focal point has been assigned to coordinate the response with the Health and WASH Clusters. Coordination with other clusters on the response has commenced, including with WASH, CCCM and Health; in parallel with the Strategic Advisory Group (SAG) members. In this regard, a SAG meeting focused on COVID-19 was held on 19 March, where constructive discussions and inputs were shared on risk mitigation and the required hygiene practices when delivering services in northwest Syria. Key priorities highlighted from the meeting include:
 - Reducing risk factors during NFI distribution.
 - Mitigating the transmission of the virus in overcrowded collective centers, camps and camp-like sites.
- In order to raise awareness and mitigate the risk to the extent possible, guidance information has been contextualized and developed to limit human-to-human transmission through the following measures:
 - Provide assistance to the affected population through specific mitigation measures.
 - Mitigate the risk in overcrowded shelters, collective centers, tents, or any other shelters at risk.
 - Reduce secondary infections among close contacts.
 - Ensure protection remains central to the response.
- The cluster recommendations for Shelter/NFI activities in the context of the COVID-19 outbreak were published on 24 March on the Shelter/NFI Cluster website in English, with the Arabic version currently being drafted. The target audience includes members, staff, IDPs and host communities; as well as addressing recommendations for donors. Furthermore, the Shelter/NFI Cluster shared information and awareness materials from WHO and UNICEF, noting that the Cluster will not create new materials in order to avoid confusion.
- The Shelter/NFI Cluster is encouraging strong coordination with the WASH Cluster, in particular on hygiene promotion carried out by WASH actors during NFI distribution, the provision of hygiene kits when distributing NFI kits, as well as the improvement of water and sanitation facilities in collective centers. The Cluster is also participating in coordination mechanisms with the Health Cluster and Shelter/NFI members to provide family tents for triage stations at 190 health facilities in Idlib and Aleppo. Technical details are being discussed with the Health Cluster and WHO to explore whether the Shelter/NFI Cluster can support in establishing community-based isolation centers, which would also involve the WASH Cluster to provide support in the related facilities.
- In coordination with HNAP, the Shelter/NFI Cluster is designing an assessment to be conducted in collective centers with the objective to:
 - Develop the understanding of the present situation and basic needs.
 - Identify overcrowded collective centers and follow up with partners to facilitate solutions.

Gaps & Constraints:

- Thousands of families are seeking safe places to shelter across a wide geographical area that has suffered from inclement winter weather in the last few months.
- The Shelter/NFI Cluster estimates that 385,000 new IDPs are in need of emergency shelter (of which 33,000 were assisted in January).
- Finding land and obtaining authorization to extend or establish new camps is one of the main challenges that humanitarian actors face in the current situation.


Water, Sanitation and Hygiene
Needs:

- WASH cluster members reported continued high needs with regards to life-saving WASH supplies and services for people in Aleppo and Idlib governorates. Comprehensive WASH services are needed to cope with the increased demand across all WASH services and supplies.
- In both formal and informal camps, there is a huge need to increase water supply and manage drinking water safety, to mitigate against diarrheal and other communicable diseases, including COVID-19. In most of these locations, the number of IDPs has increased, sharing the same level of services and supplies. With reference to COVID 19 - mitigation is not confined to formal and Informal camps – all communities will be included.
- Land fill rehabilitation is becoming increasingly important especially in northern Idlib and the Azaz-Jarablus corridor, resulting in the creation of new non-properly managed dumpsites/landfills.
- There is a need to increase the operational support to existing piped water systems to handle additional population in communities and in surrounding informal/formal settlements and camps.
- It is unlikely that new IDPs will return to their areas of origin soon. Therefore, there is a need to include them in the ongoing sustained emergency programs to ensure their continued access to all WASH services.

Response:

- The ongoing WASH response has reached to 756,386 recently displaced people in 736 locations through 29 Cluster members (75% of the locations responded to are camps, 19% in communities, 3% in collective centers and 3 % in other locations).
 - 287,539 people received water trucking and continue to receive
 - 287,539 people received solid waste management service and continue to receive for 2 to 3 months
 - 99,962 people received new latrines (most of the existing public/community latrines are overcrowded due to an inadequate number of latrines)
 - 202,118 people benefited from hygiene kits (40,423 actual family hygiene kits)
 - 127,998 people benefited from water purifying agents (Aqua tablets)
 - 456,740 people benefited with the distribution of jerry cans (91,348 cans distributed, 2 x 10 litre Jerry cans per household).
- As half of the influx of IDPs is towards communities, the pressure is increasing on existing water and sewerage infrastructure. This increase is reducing the adequate access of host communities to safe water which is causing conflict between host and IDPs. Increasing operational support and rehabilitation of systems supporting communities with a high number of IDPs will reduce the risk of conflict. In addition, there will be a reduction on the reliance on alternative unsafe, untreated water sources and ensure a wider coverage for the needs of IDPs in communities who are not considered as a first step of response, as they are less vulnerable in comparison with IDPs in camps who rely heavily on aid from NGOs.
- Cluster members have and are preparing to scale up the response to meet at least the need of newly displaced people in their areas of operation in anticipation of availability of additional funding and supplies. Approximately USD \$14.3 million has now been secured and are in the pipeline to deliver supplies and services such as water distribution via water trucking, provision of hygiene kits, construction and maintenance of latrines, and solid waste management. These activities have already commenced partially, or should be all commencing by the end of March.
 - 166,080 people are expected to receive water trucking – as planned by cluster member organizations for IDPs
 - 187,033 people are expected to receive solid waste management services – especially in locations with high number of IDPs and will also benefit host communities (50% host community and 50% IDPs)
 - 153,196 people are going to be benefit through new latrines under construction
 - 240,097 people are going to be benefit with the available hygiene kits (48,019 actual family hygiene kits)
 - 125,784 people are going to be benefit with available jerry cans (25,156 jerry cans available, each household usually receives 2 x 10 litre jerry cans)

COVID 19 Response:

- The cluster lead agency has produced 35,000 IEC materials as well as an animated video translated in English and Arabic. This material has been transferred to Syria and is currently dispatched between the different partners for distribution.
- Printed IEC materials will be included in hygiene kits – 20,000 will go over the week of March 27.
- Guidance note and link to a repository for specific relevant documents for WASH partners in northwest Syria has been set up.
- A video link meeting was carried out on Tuesday 14th with the Cluster partners- agreeing on the guidance note and approach
- The cluster co-lead worked with SCHF to nuance the projects against the reserve allocation to up water provision by 5 litres per person per day and double the quantity of soap.

- The cluster co-lead follows the same approach for CERF proposals – amending Program Documents where possible (see below on funding)
- The Cluster is taking the opportunity to use existing or ongoing responses, projects and funding including the key components of water provision and hygiene, to nuance these interventions following the key recommendations of increased handwashing with subsequent increases in water provision and soap.
- The Cluster has coordinated with Health/WHO to provide inputs for Pillar 2 Risk Communication and Pillar 7 IPC in the health preparedness and response plan for COVID-19.

Gaps & Constraints:

- Lack of adequate space in existing shelters continues to complicate the response, as recently displaced people continually move from one location to another. Recently displaced people are looking for potential shelters with existing services or where it is promising to receive services from the humanitarian agencies. The WASH cluster is working with CCCM and Shelter Clusters to ensure joint planning and installation of new camps with requisite WASH services. The immediate gaps in nine sub-districts for some 97,000 IDPs are as below:
 - 64,241 IDPs lack water trucking (many more IDPs sharing existing water supply of host communities and other IDPs)
 - 32,200 people need public latrines rehab/construction.
 - 64,486 people need recurrent solid waste management
 - 108,600 people need hygiene kits
- Challenges with regards to transshipments due to the advent of COVID-19 have not materialized yet but will be continually monitored inside, plus the situation inside Syria from warehouses to final destination.
- This is also constrained by the unequipped private sector that find it difficult to increase the supplies and services overnight in sporadic locations.
- To ensure a timely and effective WASH response to the increasing needs and to mitigate against the potential outbreak of communicable diseases, additional financial resources are urgently required for the aforementioned activities.
- The projects against the secured funds from CERF/Rapid and CERF/underfunded to support some 535,000 people, plus SCHF funds against the recent 'reserve allocation' to support another 250,000 people have commenced partially.

Logistics

Needs:

- Organizations responding to the needs of the affected population in northwest Syria require a reliable and consistent transshipment service that facilitates the delivery of life-saving cargo from Turkey into the region.
- With the recent outbreak of COVID-19, coordination and timely information sharing with partners will be critical to assist with partner operational decision-making and to ensure the duplication of effort is avoided.
- Ensuring the safety and health of the staff working at the transshipment points by following WHO guidelines on mitigating COVID-19 risks.
- Visibility on storage capacity and transport routes inside the northwest is vital for organizations' planning and prepositioning.
- Monitoring the status of UNSCR border crossings between Turkey and Syria on a daily basis to ensure timely reporting of any changes due to COVID-19.
- Now more than ever, moving transshipment operations from the customs yard at Bab al-Salam to the dedicated transshipment hub in Kilis is required to increase the safety and security of humanitarian actors, and to expand overall transshipment capacity.

Response:

- Written confirmation from the Turkish Ministry of Foreign Affairs that operations may be undertaken at the dedicated transshipment hub in Kilis has been received, however final endorsement from the Governor is still awaited.
- The daily capacity of the transshipment hubs at Bab al-Hawa and at Bab al-Salam is 100 trucks and 24 trucks respectively.
- In March to date, the Logistics Cluster has coordinated the transshipment of 1,157 Syrian trucks: 1,007 through Bab al-Hawa; and 150 through Bab al-Salam. This is the most since UN cross-border shipments began.
- Information on partner storage capacity inside northwest Syria is continually being updated to help coordinate any gaps in storage in the area.

COVID-19 Response

- In accordance with WHO guidelines and local health authorities, the Logistics Cluster has put in place measures at the transshipment hubs to mitigate the risks of COVID-19 to the teams on the ground, including new handwashing facilities for drivers and workers, promoting social distance, raising awareness through visibility items and a staff rotation system.
- The Logistics Cluster is working in close coordination with WHO to ensure that the measures are kept up to date.
- As countries are restricting the movement of people to respond to the recent COVID-19 pandemic, the Logistics Cluster has started to monitor daily the status of the UNSCR border crossings.
- To promote social distancing, the Logistics Cluster is developing procedures for coordination meetings to continue to be held online. In addition, regular communication of logistics information and updates through a dedicated mailing list continues to be provided.

Constraints:

- Due to the volatility of the situation inside northwest Syria, visibility on partner future transshipment pipelines continues to pose a challenge to planning.
- Kilis transshipment operations are at capacity. Operations should move to the dedicated transshipment hub to increase daily truck figures.
- Need to strengthen and streamline messaging on COVID-19 in accordance with all information shared by WHO to avoid misinformation and raise the awareness of all those working at the transshipment hubs.

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