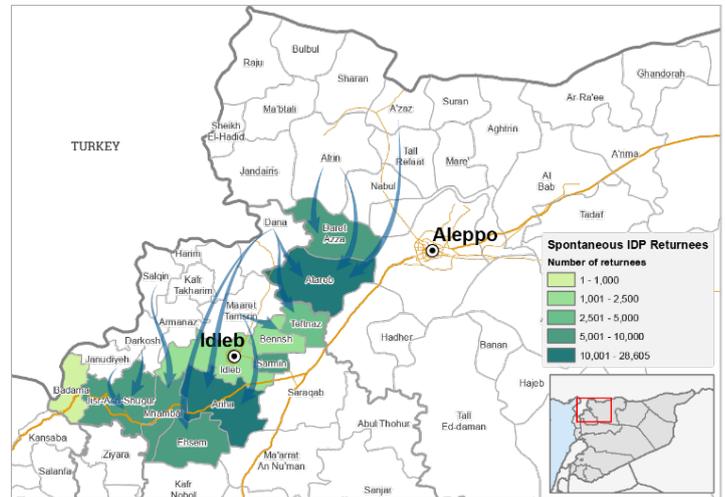


HIGHLIGHTS

- The humanitarian situation in northwest Syria remains alarming as short-term emergency needs of the people who have been displaced since December are increasingly compounded by longer-term needs across host and IDP communities, such as malnutrition and lack of education.
- While a relatively calm situation prevails in northwest Syria as most hostilities came to a halt following the ceasefire of 6 March, the security situation and economic difficulties continue to take a heavy toll on the people.
- The economic situation in northwest Syria further exacerbates humanitarian needs as the prices of basic items such as food, water and hygiene items have reached new highs every month since November 2019.
- While no cases of COVID-19 have been identified in northwest Syria, humanitarian response focuses on preparedness, mitigation measures, and response planning to minimise the potential impact of COVID-19 on communities and on humanitarian partners.



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

4 MILLION

People in northwest Syria in the Idlib area and northern Aleppo governorate

51%

CHILDREN (est)

25%

WOMEN (est)

846,000

People (displaced since 1 December) that remain in displacement

114,000

People (displaced since 1 December) that have returned to their communities

US\$ 500 M

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

US\$ 162 M

Estimated additional financial requirements for COVID-19 response in northwest Syria until December 2020

SITUATION OVERVIEW

The humanitarian situation remains alarming across northwest Syria. While active hostilities came to a halt in early March, the impact of recent military operations as well as multiple displacements, economic hardship and years of conflict continue to deeply affect the lives of civilians. The humanitarian needs of displaced people, returnees, and host communities, which are extremely high are further exacerbated by the potential impact of a COVID-19 outbreak in northwest Syria.

Of the nearly 1 million people in the area who fled their homes to escape from hostilities between December and early March, some 846,000 people reportedly remain in displacement in the northern parts of Idlib governorate and in northern

Aleppo governorate. 60 percent of those who remain in displacement are estimated to be children and another twenty one percent women. The most urgent needs of the recently displaced individuals continue to be shelter, water, sanitation and hygiene, food and protection. About one third of the IDPs who are identified as needing shelter support are accommodated in IDP settlements while another 150,000 people would benefit from similar accommodation. Another 157,000 people who are identified as needing support for shelter rehabilitation have not been reached yet. While displacement becomes more protracted, needs with longer term impacts are increasing in prominence, including health, nutrition and education. In the last week, a significant gap in food assistance for 258,500 people has been identified. Malnutrition is also becoming an increasing problem. For example, 1 in 5 pregnant or lactating women are acutely malnourished, compared to 1 in 20 in the first half of 2019. Malnourished people have a compromised immune system and are therefore at elevated risk of mortality due to COVID-19. Only 20 percent of the treatment requirement for acute malnutrition has been distributed, in stock, or in the pipeline. Large gaps in the provision of learning materials and education in camps exist as well. About 20 percent of children and teachers who have been identified as needing support have received education services or learning material.

Humanitarian needs are also increasing in some parts of western Aleppo governorate and southern Idlib governorate as thousands of families reportedly return to areas from which they fled. As of 24 April, an assessment conducted by a UN partner estimated that 114,000 people who were displaced since 1 December 2019 have voluntarily returned to their areas of origin in these areas. An additional 21,000 people returned who had been previously displaced to these areas and then displaced again in the recent violence. Atareb in western Aleppo governorate and Ariha in Idlib governorate each received around a quarter of all who returned, with most others returning to Daret Azza in western Aleppo governorate and Sarmin, Ehsem, Jisr-Ash-Shugur and Mhambal in Idlib governorate. Some 80 percent of the 135,000 people who returned are women and children, roughly corresponding with the proportion of women and children among the overall population of those recently displaced in northwest Syria.

While most hostilities came to a halt in early March, the security situation and the economic difficulties continue to take a heavy toll on the four million people living in the area. Several IED incidents have been reported in March and April, both in the Idlib area and northern Aleppo. On 29 April, a truck loaded with explosives detonated in Afrin city, resulting in the death of at least 42 people including many women and children. The blast took place close to administrative offices and a market and the ensuing fire destroyed a large commercial area. Moreover, the economic situation puts additional strain on the limited resources that people have as the prices of basic items such as food, water and hygiene items have been increasing consistently, reaching new highs every month since November 2019. The purchasing power in northwest Syria has been eroding since autumn 2019 as the Syrian Pound began to rapidly lose value against the US dollar. Humanitarian actors are warning that vulnerable households are relying on negative and emergency coping strategies merely to meet their daily food needs, including the consumption of food items that have limited nutritional value.

Additional challenges have also arisen in light of the potential impact of the COVID-19 pandemic. As of 29 April, there are no known cases of COVID-19 in northwest Syria, while 43 cases have been confirmed by the Syrian Ministry of Health in other parts of Syria, including three fatalities. Current impacts on the humanitarian situation in northwest Syria are due to countermeasures taken to mitigate the potential spread of COVID-19. Precautions introduced by local authorities include the closure of schools and some markets, banning gatherings of people including for religious services, reducing operations of businesses including restaurants and grocery stores, and imposing curfews. At the Bab Al-Hawa and Bab Al-Salam border crossings between Turkey and Syria, individuals are no longer permitted to cross except in medical emergencies, while humanitarian staff crossing is limited. Both crossings remain open for humanitarian and commercial shipments, while similar restrictions in place at crossing points between Idlib and northern Aleppo have reportedly been eased with civilians now able to cross between the two areas. At the border, infection prevention and control (IPC) measures are in place on the Turkish side and will be established on the Syrian side.

The current humanitarian response to COVID-19 in northwest Syria is focused on two areas: prevention of, and preparedness for, potential cases, and ensuring that humanitarian assistance continues while mitigating the risk posed by COVID-19 to communities and humanitarian workers. A laboratory in Idlib has been equipped to test for COVID-19 samples from the Idlib area since 24 March. The shortage of personal protective equipment such as gloves, gowns and masks are being addressed through procurement processes. The process is also ongoing to procure 90 ventilators, eight oxygen concentrators and three X-ray machines for hospitals in northwest Syria, in addition to the existing 203 ventilators. 21 ventilators have been repurposed for COVID-19 use.

To treat confirmed cases, three hospitals with ICUs supported by Health Cluster members are ready to receive patients in this coming week, and three additional health facilities are being established as COVID-19 isolation case management centres, in Idlib, Salqin and Daret Azza. One other hospital has been identified in northern Aleppo governorate as a referral hospital with 46 ICU beds and 200 bed capacity. As self-isolation is largely not feasible in the densely-populated northwest Syria, community-based isolation (CBI) centres are being planned to separate and limit the movement of people with low

risk profiles presenting mild COVID-19 symptoms. Humanitarian partners have begun installing CBI centres with a total capacity of 1527 beds across 30 locations in Idlib and Aleppo governorates.

Humanitarian partners are updating existing plans to adjust for new service and delivery modalities to accommodate COVID-19 precautions while enabling operational continuity. Wherever possible, activities have been shifted to virtual platforms or phone-based engagement, including for coordination and for awareness raising, education, and case management services, and gatherings have been further reduced through scale-ups of door-to-door distributions and consolidating distributions. An extensive communication awareness campaign on individual precautionary measures against COVID-19 has also been implemented across northwest Syria, amplified through mosques, local communities, and social and traditional media.

FUNDING

Efforts from donors to fund the humanitarian response in northwest Syria continue. It is anticipated that more funding will be needed as the humanitarian situation deteriorates in many areas, including food security and nutrition. Donor efforts to ensure rapid and early payment to support the ongoing response and the scaling-up of funding for the response to the COVID-19 pandemic are further encouraged. To date, over US\$ 300 million has been secured against a total funding requirement of US\$ 500 million set out in the inter-cluster readiness and response plan for northwest Syria issued on 22 February 2020.

Work is also underway to highlight the COVID-19 preparedness and response plan for northwest Syria in a joint annex to the 2020 HRP and extend the planning and costing until the end of the year. It is anticipated this new document will support resource mobilization efforts. Donors and partners are strongly encouraged to share with WHO all contributions secured against the plan, which will be tracked. Overall, predictable and rapid contributions are essential to allow informed planning and management of the humanitarian response.

The SCHF has launched a reserve allocation to fund COVID-19-related health activities as well as reprogram WASH interventions. The allocation paper is available [here](#). The guidance to allow for more flexibility in programming for COVID-19 has been finalized and shared with partners. At the same time the preparations for a regular standard allocation are ongoing with the objective to launch this allocation by mid-May.

HUMANITARIAN RESPONSE

Camp Coordination and Camp Management

Needs:

- One existing Reception Center (Maarat Al-Ekhwan RC) and some IDP sites are currently running at over their capacity. Thus, there is a need to address the shelter needs of the most vulnerable displaced population by expanding/establishing new IDP sites and reception centres (RC), as part of the response plan for the current influx.
- Moreover, in the context of the COVID-19 pandemic, expanding and establishing camps are essential to decongest overcrowded sites; whilst also ensuring that services are available in the new locations.
- Most of the IDP families hosted in four RCs have been there for four months already, with no resettlement possibilities due to lack of adequate shelter options. RCs are of particular concern for COVID-19 transmission due to the nature of RCs hosting many individuals in one location, with the planned capacity of 100 IDPs in each rub-hall already having been exceeded in some RCs. Facilitating the relocation of IDPs from overcrowded RCs to sites where physical distancing and hygiene practices are more feasible is therefore a main priority.
- Around 17,589 IDP families are using public buildings as collective centers, including some 3,750 in schools that need to be evacuated to resume educational activities when feasible.

Response:

- The CCCM Cluster's [guidance note](#) on the COVID-19 outbreak has been circulated with cluster members and is available on the website in English. The CCCM COVID-19 guidance note has been translated into Arabic, to promote its accessibility and utility amongst a wider audience. The guidance serves as a practical and contextualized tool to support the development of prevention and mitigation measures, as well as contingency planning in IDP sites.
- In response to the pandemic, a COVID-19 HRP annex has been developed and submitted to OCHA. As part of this, CCCM activities target 100 sites with the aim of establishing camp management and strengthening the community's role in prevention and mitigation to COVID-19 and ensure that the lifesaving activities of the camp continue in all cases.

- A site assessment tool provides a detailed overview of available services and gaps in IDP sites. Key findings from 448 out of 706 sites were outlined and following the completion of an intensive data cleaning and verification process, the final analysis is expected to be published at the end of April.
- CCCM closely monitors 884 IDP sites hosting 1,304,864 IDPs (249,941 families). Of these, 80% are women and children, and 17,153 IDPs are reported to be persons with specific needs. Updated information from the ISIMM database was circulated with members, with 194 new sites added to the CCCM database in March, and 16 sites removed due to duplicated reporting of sites, as well as the depopulation and subsequent closure of some sites.
- Incident reports affecting IDP sites are also rapidly produced and the response coordinated, such as for fires in IDP sites. In March, 10 incidents occurred in the IDP sites in north-west Syria, which caused 1 injury and the destruction of 214 shelters.
- Until now, four functioning RCs have responded by hosting 4,633 IDPs (some 728 families), including the provision of food, shelter and WASH services.
- CCCM and the Land Identification Taskforce (TF) continue to focus on the land identification and verification process, as well as systematically facilitating the TF meeting. Since the beginning of the activity, a total of 319 expandable camps/lands were identified with an approximate maximum area of 8 million sqm that targets 269,698 IDPs (44,982 households).
- CCCM continues providing technical support to the review board concerning the 12 SCHF project proposals that have been approved by the Deputy Regional Humanitarian Coordinator. Two NGOs have asked to change their projects' locations because the permission for camp establishment that had been given earlier has since been denied. CCCM is following up and supporting to identify new locations.
- Ongoing technical guidance is provided to cluster members on international standards in site selection, site planning, HLP, and due diligence, as well as other camp management related activities.

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.
- Challenges leading to the exclusion of lands by the Land Identification Taskforce include being close to the frontlines, already being used, the land being sloped or too small, or proximity to a military base.
- Since 90% of IDP sites are self-settled with a lack of a camp management system, there are challenges in ensuring the application and enforcement of COVID-19 prevention, response and mitigation guidance.

Early Recovery

Needs:

- According to the most recent Multi-Sectoral RNA (REACH, March 2020), in most assessed communities of north Aleppo and Idlib (total of 461 communities assessed), key informants (KI) reported that there are no more livelihood opportunities, leaving both host community and IDP households extremely vulnerable, adding to the several challenges to available services following the arrival of high number of IDP arrivals to assessed communities in northwest Syria.
- A significant portion of communities have reported loss of livelihood assets (51%) and insecurity preventing livelihood activities (42%) among the main effects of the conflict, as well as increase recourse to negative coping mechanisms due to lack of livelihood opportunities (24%)
- Child labour is prominent across the region and poses a high risk particularly for IDPs, due to the greater challenges in accessing sustainable livelihoods than host community households, resulting into children to be sent working in order to provide for their families.
- KIs in more than a quarter of communities assessed reported that manufacturing and trading have been gravely impacted by conflict. The IDP population has become significantly reliant on non-productive means of livelihoods such as remittances, aid, or loans.
- In 73% of assessed communities it was reported that households faced barriers to accessing markets. The biggest challenge reported in accessing markets was a lack of transportation.
- Both IDPs and host communities are reportedly struggling to access healthcare due, among others, to lack of transportation, distance to medical facilities, and lack of facilities in general.
- Among the widely reported sanitation issues was absence of sewage systems as well as sewage flowing into streets. Insufficient garbage collection and resulting presence of garbage in the streets was reported in 33% of assessed communities.
- In 56% of assessed communities KIs reported that electricity networks had been completely damaged by conflict while KIs reported that telecommunications and internet coverage networks had been completely damaged in 32% of assessed communities.

- Nearly all basic socio-economic services across assessed communities have been partially damaged due to conflict, and the most commonly reported across assessed communities are: roads (77%), schools (64%), small drains (63%), markets (61%), bridges (56%) and water supply network (55%).
- Most commonly reported rehabilitation needs (by # of communities where reported):
 1. Electricity networks
 2. Water supply networks
 3. Roads/Streets
 4. Schools
 5. Hospitals, Health Facilities
 6. Community dug well
- Vulnerable groups are reportedly present across assessed communities. The vulnerability groups considered the most at risk in general, were reported by KIs to be female-headed households as reported in 60% of communities and children and adults with disabilities as reported in 44% and 36% of communities respectively.
- Due to Covid-19 crisis:
 - Projected further job depletion/increasing demand for livelihoods opportunities, income, employment, adding to the people already in need of livelihoods support prior to the crisis
 - Possible supply chain (goods/services) disruption with severe impact on the local economy (consumption patterns, business, service provision, rehabilitation works, etc.)

Response:

- 21 ERL partners responding during March 2020. 10 ERL partners operated in 10 Aleppo sub-districts reaching 94,575 people, and 13 ERL partners operated in 8 Idlib sub-districts reaching 97,447 people.
- Rehabilitation of access to basic utilities (electricity, gas, water, sewage) interventions reached 37,250 households mostly in Aleppo/Al Bab and Jandairis and Idlib Dana and Maaret Tamsrin.
- 1,002 m³ of debris and waste removed in camps, city centres and villages.
- 241 persons employed through the creation of short-term work opportunities, in light rehabilitation works of social infrastructure, basic infrastructure and distribution of food baskets.
- 14 persons provided regular employment access in the field of sewing for skilled labor.
- 678 entrepreneurs, mostly women and youth, supported to start a business/service.
- 927 benefited from vocational/skills training mostly English, hair dressing, sewing, computer skills and solar system maintenance.
- 124 people with disabilities benefitted from activities as short-term employment opportunities, vocational training, entrepreneurship support.
- 2 bakery and 13 shops rehabilitated in A'zaz in Aleppo governorate.
- 15 km of road and 6 drainage system in Dana in Idlib governorate started to be rehabilitated
- Recommendations were provided to ERL partners for mitigating the risk of COVID-19 transmissions while implementing ERL activities.
- A specific Guidance Note, developed by a Cluster's partners, on the inclusion of Persons with Disabilities in COVID 19 Response, in general and in the ERL activities was provided to ERL partners.
- According to the latest indications from ERL partners following Covid-19-related adjustments:
 - Vocational training and skills training activities, social cohesion activities including support to civic engagement activities, and community initiatives have been affected and are expected to continue being affected. ERL partners have reported halting or suspending activities for an indefinite period. Few partners reported exploring/implementing shifting to online modalities; opportunities to address this are being explored
 - Support to entrepreneurship, short-term work opportunities and support to regular employment: ERL partners have indicated that activities are continuing as planned and were adjusted to take into account curative and preventive health measures for COVID-19, such as raising awareness on prevention measures through distributions of brochures, leaflets and posters and considering possible reduction of participants if needed.
 - Most ERL partners rehabilitating basic utilities, local economic infrastructures and health facilities reported continuing as planned before COVID-19, while adapting to take into account curative and preventive health measures.

Gaps & Constraints:

- At least 500,000 additional people among IDPs, returnees, and host communities are not reachable by ERL partners with current available funding and should be urgently reached with:
 - Support to businesses both in urban and rural environments
 - Start-up support through grants or micro-credit
 - Support micro-businesses/businesses to contain the impact of the Covid-19 on their activities
 - Creation of short-term work opportunities, particularly through Cash for Work modality, possibly, but not exclusively, linked to rehabilitation works improving access to services.
 - Rehabilitation/restoration of access to basic utilities, local economic infrastructure, and other social infrastructures, including:

- Electricity (Provision of electricity through solar panel installation, etc.)
- Access ways/roads: to markets for farmers and other shop keepers/business owners, to cultivable lands, to and from IDPs camps
- Markets
- Water systems (water pipes, pumping stations, ground water tanks to ease stress on overburdened services)
- Rehabilitation of sewage channels and drainage systems to ease stress on overburdened service
- Restoration of essential services and basic infrastructure to prioritize activities that would support the preventive and curative health response to COVID 19, including rehabilitation of health centers/facilities, retrofitting of designated quarantine facilities, equipping of isolation centers, waste management, restoration of water and sanitation services and provision of energy to these facilities, etc., in close coordination with other sectors and local governance structure.
- Collecting daily solid waste in urban areas and inside camps, providing cleaning machines or garbage collections cars to the local councils, removal of demolitions from roads and sidewalks, cleaning of main and secondary roads and social infrastructures by removing rubble and garbage.
- Market-based modalities assistance to vulnerable households including assisting vulnerable households with transportation to/from markets and health facilities.

Education

Needs:

- An estimated 398,000 school-age children (5 to 17 years old) are among 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 in Aleppo governorate and Ariha, Harim, Idleb and Jisr-Ash-Shugur in Idleb governorate.
- 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 May in northern Aleppo governorate. In Idleb and western Aleppo countryside, the schools are expected to be closed until 5 May, but this duration is expected to be extended in the coming days.
- On 29 April, the education authorities of Afrin and the A'zaz to Jarablus area reportedly issued an update on the general secondary certificate and basic education certification exams, postponing the exam date to 6 August. Moreover, in Idleb and Aleppo country side, the education authorities announced that the children in grades 9th and 12 (literary & scientific sections) will submit their exams for this academic year starting on 6 August instead of 7 June. All children in transitional grades (1 to 11) will be graduated to upper grades by using same the scores and evaluations of first semester of this academic. All these measures are taken as a result of the preventive measures related to COVID-19.
- To address the needs, the objectives of the Education sector are:
 - Providing education personnel and teacher incentives and training.
 - Providing distance learning materials for children and teachers.
- COVID-19 prevention (health and WASH related) needs:
 - Cleaning of education facilities (prior children returning to school, 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 Risk Communication and Community Engagement
 - Physical re-planning of school infrastructures, esp. in camps, taking into consideration adequate physical distancing and to prevent large gatherings of children when schools 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 on the proposed approach.
- Provision of Education materials and supplies to the affected children by COVID-19 in order them to be able to continue to distance learning.
- Provision of exercise sheets to students both who have access to online platforms and who do not have access to online platforms.

Response:

- The Education Cluster was able to reach at least 263,063 school aged children IDPs and host community with education assistance. Children are being reached with diverse packages of education services including Psychosocial Support (PSS), Psychological First Aid (PFA), formal and non-formal education activities, home schooling, student bags, distance learning, textbooks and distribution of winter clothes to ensure minimum disruption to children's learning.
 - 11,682 children supported with PSS and PFA in Idlib, Maaret Tamsrin, Harim, Dana and Atareb, Qourqeena, Daret Azza and Bennsh.
 - 18,080 children supported with formal and non-formal education in Idlib, Harim, Dana, Atareb, Salqin, Maaret Tamsrin, Qourqeena; including children with disabilities.
 - 25,852 children supported with recreational kits, school bags, student kits and textbooks in Idlib and Aleppo.
 - 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.
 - At least 42,715 children benefited from distance learning in Idlib and Aleppo as an alternative way to continue education during the COVID 19.
 - In Idlib and Dana Sub-districts; 77,795 students and 654 teachers have been provided with awareness raising on COVID-19 in Idlib and Dana Sub-districts and received IEC and sterilization materials and sensitized on prevention of COVID-19.
 - Since February 2020, 228,878 children IDPs and Host Community received textbooks in Idlib and Aleppo.
 - 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.
 - At least 36 Schools and Temporarily Learning Spaces had been sterilized against COVID-19.

Gaps & Constraints:

- Lack of funds makes it challenging to 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 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 interrupts education.



Food Security

Needs:

- The large-scale displacement of people in northwest Syria contributed to an intensive movement of livestock. Increased contact and exchange of animals between flocks from different areas has increased the risk of disease transmission and outbreaks. Extensive vaccination coverage for livestock is thus a priority in order to prevent epidemics.
- Emergency food assistance is needed for recently displaced people during the first two to four weeks of displacement, through cooked meals and ready-to-eat rations (RTER). After the frontline emergency response, displaced people need to be integrated into the monthly regular food assistance.
- After the initial wave of displacement, livelihood initiatives are key to support affected local communities and households to recover agricultural production, sustain small-scale food production, maintain productive assets, and create income-generating activities to prevent reliance on negative coping mechanisms.
- There is need for provision of animal feed to limit sales of livestock by displaced and impoverished households. Due to transport cost, feed distributions are expensive and hence extremely limited in scope. Voucher schemes for provision of animal feed by local suppliers are cost-efficient and sustainable. The main current needs for livestock are dry storage fodder warehouses, water for the animals and three main vaccinations: Pasteurella, Enterotoxaemia, PPR vaccine.
- According to the Nutrition Cluster, malnutrition is increasing. Currently 30% of pregnant and breast-feeding women are malnourished. Malnourishment compromises the human immune system and directly increases COVID-19 related mortality. The regular availability of animal source foods like dairy products, eggs and meat plays a crucial role in preventing human malnourishment. The support provided for animal production is a significant contribution towards protecting human health and reducing the COVID-19 susceptibility of IDPs and host communities in northwest Syria.

258,500

people in need of
food assistance

Response:

- Frontline response continues to be implemented to provide food assistance for recently displaced people, through distributions of RTE rations, which are tailored to a standard five-person household, provision of cooked meals and emergency multi-purpose cash grants (MPCG) in the amount of US\$ 120 to US\$ 130 per household to cover immediate food needs.
- 10 FSL Cluster members delivered food assistance to 83,630 recently displaced people between 1 and 28 April:
 - Five FSL members distributed 5,600 emergency food baskets to 28,200 people.
 - Two FSL members distributed 3,100 RTERs to 15,800 people.
 - One FSL member distributed 6,100 Cash (USD) for food to 30,700 people.
 - 3 FSL members distributed 8,600 cooked meals to 8,600 people.
- 22 Food Security Cluster members plan to provide further reaching 721,475 recently displaced people by end-May:
 - Nine FSL members planned 27,200 emergency food baskets (one-off) to reach 146,600 people.
 - Nine FSL members planned 41,900 RTERs to assist 165,600 people.
 - Three FSL members planned \$2.1 million USD MPCGs to assist 77,800 people.
 - Four FSL members planned 562,500 cooked meals to assist 275,200 people.
 - Five FSL members planned \$939,900 USD Cash for Food to assist 57,700 people.
- More than 336,045 RTERs have been prepositioned for emergency response in northwest Syria to meet the food needs of some 1,680,225 people, in addition to the stock of food rations for regular assistance. Some emergency assistance has been deactivated as of 31 March and replaced with regular food assistance.
- On 28 April, the Livestock Technical Working Group (LTWG) vaccination group met to harmonize ongoing and planned livestock vaccinations, avoid any overlap and ensure complementarity in northwest Syria. The LTWG vaccination group updated its vaccination mapping tool and shared it with the FSL Cluster to be used by all members.
- Related to Coping with COVID-19 situation: FSL members continue to apply the same mitigation measures that were reported in previous situation report issued on 17 March.
- Impact of COVID-19 on the FSL activities:
 - Increase in prices of agriculture inputs (fertilizer, pesticides) and fodder.
 - Suspension of some activities, especially training and gathering trainees (including both farmers and technician trainees).
 - Suspension of working from the field offices by some members.
 - Increased costs due to purchasing of protective equipment and increase in the number of distribution rounds.
 - Lack of COVID-19 protective equipment in the field and restrictions on importing them.
 - Increase in the flour price from 285\$ to 300\$ because of the delay in the transportation from Turkey to Syria. The delay was for three weeks, which affected around 1,500 households.

- Under the subsidized flour projects, there was a decrease in the weight of the bread bundle from 1,200 gram to 1,000 grams. The price now for one bundle (1,000 gram) is 275 SYP in Idleb.
- One member reported that there was an increase in the cost of the production of bread because of the need to provide sterilization items to the bakeries, vehicles, and distribution points.
- There is a concern from the bakery and bread coordination group related to the fuel price, which may increase in the coming days.

Gaps & Constraints:

- The latest gap in food assistance amounts to 258,500 recently displaced people not receiving assistance from partners between 14 March to 14 April. The FSL Cluster calls for additional support to meet the food needs of this population through the delivery of regular food assistance via in-kind food baskets and cash-based transfer modalities.
- According to the Agriculture Technical Working group, some 150,000 hectares of arable lands were lost by farmers due to the recent displacement. It is strongly recommended that host communities and people displaced since December 2019 are supported through quick-impact livelihood activities.
- Related to COVID-19:
 - Five FSL Cluster partners reported having postponed training activities; around 1,596 people are planned to be trained (150 people, 32 agriculture engineers, 1,014 people and local councils, 200 people and 200 people from five projects).
 - More funds are needed to cover unexpected costs for COVID-19 mitigation measures being applied by FSL Cluster partners such as door-to-door distribution, addition of soap to food baskets, etc.



Health

Needs:

- Shutting down immunization services in the COVID-19 pandemic risks triggering a resurgence of diseases that can be prevented with safe and effective vaccines. Lifesavings interventions immunizations (EPI) must be continue.
- Global shortages of infection prevention and control (IPC) supplies and personal protective equipment (PPEs) are negatively impacting plans to equip 190 health facilities with infection prevention and control measures.
- Global demand for ventilators is delaying the procurement process. However, WHO is proactively engaged with together with its donor network in looking at ways, local and international, to support this procurement.
- Compared to 2018 and 2019, a high number of cases of both cutaneous leishmaniasis (CL) and visceral leishmaniasis (VL) are being reported in northwest Syria. There is an increased need of supply of medications (e.g. Glucantime injections), treated bed nets and community awareness for control of leishmaniasis.
- As per social media news and the health partners, the community in northwest Syria is not fully informed of the physical distancing rules. There is need for a better community mobilization on COVID-19 preventive measures, particularly during the month of Ramadan during which more social events will be held.

Response:

- The health needs in northwest Syria increased lately as a result of large displacements due to the security situation. Therefore, more support for health facilities with sufficient medicines and equipment is needed to save lives. In mid-April, supplies were sent to northwest Syria to support primary and secondary care as well as trauma and surgical care in health facilities via specialized emergency health kits, providing an estimated of 111,232 treatment courses. In addition, as part of the preparedness to COVID-19, personal protection equipment (PPE) for an isolation unit, Community Based Isolation center (CBIC) and referral network was provided. The PPEs provided include 300 masks (type N95), 550 face shields, 925 protective gowns, 130 protective goggles in addition to 6,400 examination gloves and 6,500 surgical masks.
- 3 tuberculosis (TB) centers continued offering its services in Afrin city, Idleb city and A'zaz city with full capacity and without any suspension of services, especially after the security situation improved and displacement movements came to a halt. The TB center in Afrin resumed receiving support for the next 5 months. A GeneXpert laboratory was inaugurated in Antakya in Turkey and started receiving the sputum samples. As of 25 April, 77 samples were tested. 52 were not TB infected and 25 were TB cases. No resistance cases registered.
- During the first quarter of 2020, 13 Mental Health Psychosocial Support partners provided 8,300 mental health consultations showing the highest percentage for depression (24%) and stress-related disorders (17.5%) followed by epilepsy (16.2%), children and adolescents behavioral problems (9.2%) and psychoses (9.2%). On another hand, there had been 130 cases of suicide/self-harm reported in northwest Syria. Also, the partners provided 18,935 psychosocial support services and 4,731 psychological first aid, 1,505 specialized mental health services, referral for 211 children for protection services and support and referral for 815 gender-based violence cases.
- The Mental Health and Psycho-Social Services (MHPSS) are carried out at 6 MHPSS facilities and 4 mental health mobile clinics working across Idleb and Sarmada Mental Health Center serving acute in-patients with a capacity of 20 beds. The only service stopped as a preventive measure against COVID-19 is the group counselling with adults and the PSS activities with groups of children. Therefore, MHPSS Helpline was established in northwest Syria to receive calls

for 16 hours per day. The services provided through the helpline to consider PSS Counselling and referrals to access basic special services and to specialized mental health care if needed. The helpline is operated by psychologists who are based in Sarmada Mental Health Centers. Also, Mental Health Gap Action Programme Version 2 roll-out/refreshers training started mid-April to target of 154 primary health care doctors for 4 days training. The training applied preventive measures against COVID-19.

- On dialysis services, the center in Daret Ezza in western Aleppo governorate resumed its services due to stability of the security situation and the return of IDPs to their areas. Also, the center in Ariha will resume its services soon.
- An integration of non-communicable diseases (NCD) and MHPSS started in April at 16 PHCs for a period of 6 months. The integration consists of creating standards on the diagnosis, management care and follow-up on patients at the PHC, following the Package of Essential NCD (NCD/PEN) protocol of WHO. A total of 59 doctors, nurses, and pharmacists were trained on NCD/PEN and pharmacy management for the last 3 weeks.
- Early April 2020, a health partner conducted a specialized training focusing on indications for caesarian section, managing difficult delivery labor and reducing morbidity and perinatal mortality. The training was attended by 23 participants (5 Male and 18 Female) from over 11 hospitals including obstetricians, midwives and surgeons. The aim of the training is to ensure participants acquire adequate standard knowledge, skills and practices through the 4 days of theoretical and practical training.
- Vaccination is an essential and crucial service to be maintained globally. Emergency Programme on Immunization (EPI) continues in northwest Syria via 131 functional centers serving an estimate of 13,262 children under 1 y/o. The effort is continuous for a wider coverage by strengthening social mobilization activities to improve coverage against vaccine preventable diseases (VPDs) and to reduce dropout rates. The response of EPI centers was adjusted as per preventive protocols for COVID-19 mainly by training all EPI teams (622 participants) on COVID-19's awareness, physical distancing and protective measures.
- On COVID-19, the taskforce is continuing its meetings twice per week to revise the preparedness and response plan (PRP). As a result of challenges and logistic delays due to global procurement shortage, the task-force worked on a contingency plan to ensure receiving patients in the event of confirmed / highly suspected cases.
- Three hospitals with ICUs supported by Health Cluster members have been repurposed and are ready to receive patients, and three additional health facilities are being established as COVID-19 isolation case management centres, in Idleb, Salqin and Daret Azza. One other hospital has been identified in northern Aleppo governorate as a referral hospital as well.
- Idleb laboratory has remained instrumental in testing samples from suspected cases of COVID-19 using PCR. As of 27 April, 218 samples were collected and tested from suspected cases from northwest Syria, and the results came negative for all. The plan has been made to include more than 100 sentinel sites under the active surveillance in northwest Syria.
- In addition, a health cluster member conducted training for 1,337 NGO health care providers (812 males and 525 females) in 79 health facilities on the basics of COVID-19 disease surveillance and diagnosis, collecting specimens for laboratory investigation. Among the trainees, 226 were doctors, 587 nurses, 151 community health worker and 384 were other health professionals.
- The cluster lead followed up with the relevant authorities on the operational plan to establish measures within the points of entry from the Syrian side.
- Coordination with other clusters (WASH, FSL, CCCM, NFI) is also continuous and various modalities are being explored to discuss linkages between awareness teams and inter-sectoral activities.
- On a similar note, the efforts of all the community-based health worker teams focus on the response for COVID-19 and many activities started as per the Preparedness and Response Plan. Awareness sessions continue to be provided, mostly individual or in small groups while keeping physical distancing without distributing brochures, and while wearing protective equipment. Awareness sessions were conducted in Alresala camp, Afrin, and Bulbul sub-districts on prevention of communicable diseases, including COVID-19, and a health cluster member distributed 970 psychosocial support kits in Al Manarah camp/ Babsqa/ in Idleb governorate.
- Also, guidelines for MHPSS Helpline, specific for COVID-19 inside northwest Syria, is now available.

Gaps & Constraints:

- Due to the restrictions of movement between Syria and Turkey and the precautionary measures from the authorities, the integration project between TB and PHC services was postponed. The project was to start in April by training the medical doctors in the PHC centers on how to detect potential TB cases and to refer these suspected cases to TB centers.
- The turn-over of health staff is considerably high in northwest Syria putting a strain on the capacity to manage suspected COVID-19 cases.
- The absence of unified authority decisions in northwest Syria pose a considerable challenge to ensure adherence to physical distancing measures for COVID-19 prevention.

Nutrition

Needs:

- In March 2020, a total of 4,476 children 6-59 months were screened across Idleb through Community Surveillance. 111 of them were moderately malnourished (MAM) and 8 were severely malnourished (SAM). There were no edema cases. The proxy global acute malnutrition (GAM) rate was found to be 3 percent.
- Exclusive breastfeeding was found to be 32 percent while Minimum Acceptable Diet (MAD) was 39 percent.
- Acute malnutrition was highest among children with suboptimal feeding practices, reported fever or whose mothers were married at an early age.
- The proxy prevalence of stunting is currently at 28 percent and it is higher among boys (29%) compared to girls (27%).
- While the prevalence of acute malnutrition in children 6-59 months remains relatively low, the high prevalence of stunting in children 6-59 months and acute malnutrition in pregnant and lactating women (PLW) are of concern. In the first quarter of 2020, one in every five PLW were acutely malnourished compared to only one in every twenty during the first half of 2019.
- The nutrition cluster estimates the burden of acute malnutrition in the accessible locations of northwest Syria to be 50,089 pregnant and lactating women and 20,818 children aged 6-59 months – 1,409 SAM and 19,409 MAM.
- Limited access to livelihood opportunities, food insecurity, deteriorating infant and young child feeding practices and impacts of COVID-19 could cause deterioration in the nutrition situation.

224,475

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

Response:

- Since the start of the last escalation of violence in December 2019 in Idleb and western Aleppo, 224,475 children under the age of five years and PLW have been reached with life-saving nutrition services covering 234 communities in 33 sub-districts.
- The number of children under the age of five years and PLW reached to date represents nearly 71 percent of the population in need of life-saving nutrition services with 7 percent increase in the coverage compared to the last situation update.
- The life-saving nutrition services have covered the following categories of people:
 - 70,575 PLW reached, which represents nearly 78 percent of those in need;
 - 153,900 children under the age of five years reached, which represents 68 percent of those in need.
- Life-saving nutrition services are provided through 86 Rapid Response Teams (RRTs) and mobile teams by 19 Nutrition Cluster members.
- Nutrition Cluster members provided the following services;
 - 24,261 displaced children aged 6-59 months and PLW received high-energy biscuits for prevention of acute malnutrition;
 - 54,963 PLW and children aged 6-59 months received micro-nutrient supplementation;
 - 31,651 children aged 6-36 months received lipid-based nutrition supplements for prevention of acute malnutrition;
 - 65,801 mothers and care givers were reached with infant feeding and caring practices messages and counselling.
- Out of the 224,475 PLW and children aged 6-59 months screened for acute malnutrition:
 - 610 cases of severe acute malnutrition and 2,333 cases of moderate acute malnutrition were identified among displaced children aged 6-59 months and referred for appropriate treatment;
 - 4,333 acutely malnourished PLW identified and referred for appropriate treatment.
- The nutrition response is being implemented under northwest Syria nutrition cluster recommendations that stipulate operational adaptations in the context of COVID-19 in order to mitigate the risk of infection while ensuring continuity of life saving nutrition services.
- Weekly nutrition cluster COVID-19 taskforce meetings are conducted review emerging global evidences and recommendations and discuss northwest Syria experiences and questions raised by partners in relation to the operational guidance.

Gaps & Constraints:

- Low achievements against the number of people in need during the first quarter of 2020 is due to limited access and supply shortages especially Ready-to-Use Supplementary Food (RUSF) for MAM prevention and treatment. Therefore, the shortage of supplies for treatment of MAM impacting coverage.
- A recent nutrition cluster gap analysis for MAM treatment services found that among the accessible sub-districts, 4 do not have MAM treatment services, 20 have mixed UNICEF (POLR)/WFP MAM treatment services, 1 sub-district is supported by WFP while 5 sub-districts are covered by UNICEF (POLR) MAM treatment services
- COVID-19 outbreak could potentially cause a further deterioration of the nutrition situation during the second half of 2020 attributed to dysfunctional markets, limited livelihoods opportunities, inflation, low purchasing power, increasing food insecurity, and disruption of access to health and WASH services.

Protection

Needs:

- The relatively calm security situation, despite large incidents such as explosion in Afrin on 28 April, has resulted in limited return movements, especially to areas close to the M5 highway. While some service delivery has resumed in these areas, populations in these areas reportedly face reduced service delivery. In other areas of Idlib governorate, large numbers of displaced households continue to reside in informal settlements under sub-optimal conditions, with increasing concerns for adoption of negative coping strategies due to limited livelihood options and general distress.
- While no cases have yet been identified in northwest Syria, the COVID-19 pandemic and associated restrictions on movement and gathering have aggravated existing protection concerns.
- Gender-based violence (GBV) partners are reporting increases in reported and observed GBV incidents due to extended quarantine and other social distancing measures which increase household stress combined with forced coexistence in narrow living spaces. Incidents of family and domestic violence as well as emotional abuse and deprivation of resources and services were particularly cited. A new worrying trend has emerged of pregnant women being forced to abort by their husbands who do not wish to have children now due to COVID-19 fears and concerns. Women also shared fears of being infected due to their husbands' spending time out in contact with others and reportedly not taking prevention measures and personal hygiene measures seriously.
- Movement restrictions and forced quarantine measures are reportedly impeding GBV survivors' access to services and significantly impacting GBV survivors' individual safety plans. Schools, community centers, and Women and Girls' Safe Spaces were significantly scaled down, affecting the ability of GBV survivors to cope with stressful situations. The discontinuation and/or altered modalities of certain services that were accessed by women (e.g. recreational and empowerment activities) and the overall precautions linked to COVID-19 measures have also made it more difficult for women and girls to disclose incidents and seek GBV services. GBV services provided in health facilities were also reportedly impacted due to the general reduction of services provided in health facilities as precautionary measures against COVID-19.
- Reports from the field indicate that the closure of schools and child-friendly spaces due to COVID-19 is leading to increased exposure to violence at home, affecting children's physical and psychological wellbeing.
- Older persons are at an increased risk of multiple rights violations in the COVID-19 pandemic, such as discrimination based on age, and must be supported to access services on an equal basis with others.
- With regards to any community-based isolation measures undertaken for infection prevention and control, it is recommended that people must be provided with clear, up-to date, transparent and consistent guidelines and reliable information about isolation measures. Constructive sensitization of communities is essential to further acceptance of such measures. Authorities and partners that oversee isolation facilities should ensure that persons who are isolated are provided with health care, social and psychosocial support, and basic needs including food, water and other essentials. The needs of vulnerable populations are to be prioritized in line with the humanitarian principles. Furthermore, cultural, geographic and economic factors influence the effectiveness of community-based isolation. Rapid assessment of the local context should evaluate both the drivers of success and the potential barriers to community-based isolation and inform the design of the most appropriate and culturally accepted measures.
- For a complete note by protection cluster on Protection Considerations for Community-Based Isolation Centers: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/protection_considerations_for_community-based_isolation_centers_2020-04-29v2.pdf

Response:

- From 13 April until 26 April 2020, 6 Protection Cluster members provided emergency response services for civilians displaced from Idlib and Aleppo due to the ongoing hostilities. Cluster members provided 11,201 protection interventions to IDPs and affected host community members in 14 communities within 9 sub-districts in Idlib and Aleppo reaching 7,373 individuals (3,022 girls, 2,910 boys, 1,102 women, 339 men). The main services protection actors provided are as follows:
 - Psychological First Aid (PFA) and Psychosocial Support (PSS)

- Information sharing about other services
 - Dignity kits distribution
 - Risk education
- Cluster members also referred individuals to other basic services, notably to health and shelter. 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.
 - Despite limitations in an increasingly restrictive operational environment and suspension of Child Friendly Spaces (CFSs), 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, 3,710 individuals (1,609 girls, 2,008 boys, 42 women and 51 men) have been reached with child protection emergency interventions. 1,208 newly reached children (541 girls, and 667 boys) have been provided psychosocial support (structured and sustained) and psychosocial first aid in Afrin district in Aleppo governorate and Idleb, and Jisr-Ash-Shugur districts of Idleb governorates. Additionally, 1,350 children (642 girls, and 780 boys) have benefitted from distribution of psychosocial support and recreational kits. Wrist bands aiming at prevention of family separation have reached 895 children (359 girls and 536 boys) in Idleb district of Idleb governorate. Awareness raising on child protection issues including prevention from separation have been conducted with 257 children (67 girls, 97 boys, 42 women and 51 men). Structured activities in CFS (Child Friendly Spaces) have been suspended by majority of child protection partners. Other activities, despite some limitation on the referral system like Child Protection Case Management and IPA continued.
 - GBV partners have continued embedding COVID-19 prevention and response messaging in their outreach as well as static awareness raising activities. The GBV sub-cluster in partnership with health cluster colleagues has organized two training sessions for GBV partners inside Syria on how to communicate correct messaging about how to prevent and respond to the COVID-19 in ways they can understand. GBV partners have also continued to distribute dignity kits to women and girls in northwest Syria, reaching 62,677 since December.

Gaps & Constraints:

- With regards to COVID-19-related measures and precautions, including limitations on group gatherings and recommendations of physical distancing and reducing personal movements, activities which continued without suspension included specialized services, including case management and referrals for child protection, gender based violence, and mine action, to high-risk and individual cases, individual protection assistance and physical rehabilitation, some psychosocial support, and legal awareness and counseling on housing, land and property, and civil documentation (in centers, by outreach, and in camps). Dignity kit distributions also continued, following SNFI guidelines for COVID precautions. 11 of 13 Cluster members conducting Protection Monitoring reported that they were able to continue this activity, sometimes using teleworking and staff rotation. Organizations conducted remote follow-up for individual high-risk cases and conducted activities in open rather than closed spaces when possible.

Shelter

Needs:

- Since December 2019, over 2.8 million IDPs are living in northwest Syria, including 846,000 people who have been newly displaced as a consequence of the latest escalation in conflict. Shelter options are extremely limited and many IDPs resort to inadequate types of shelter.
- According to the assessment of a UN partner, 44% of IDPs use tents as shelter, around 9% are staying in substandard shelter, most of which are unfinished buildings; and 3% of IDPs have found public buildings, like schools, to be the only shelter option, thereby disrupting the provision of public services.

Response:

- Shelter/Non-Food Item (SNFI) Cluster members continue to actively respond to the needs of the newly displaced population as well as protracted IDPs in northwest Syria. In March, almost 200,000 individuals received NFI kits, which contain kitchen sets, mattresses and blankets, as well as winter items. Shelter needs of around 159,000 people were addressed with activities including emergency and/or seasonal shelter assistance and shelter rehabilitation. Of those, more than 86,000 individuals were assisted with the provision of emergency shelter, which includes family tents or shelter kits.
- Between October 2019 and March 2020, the SNFI Cluster reached close to 818,000 IDPs with winterization activities, almost two months earlier than last year. One of the main activities was in-kind distributions or provision of cash/vouchers specifically for winter clothes. During this winterization response, approximately 494,209 individuals have been reached with winter clothes, 380,772 with stoves, 314,262 with winterized core NFI Kits, 162,122 with fuel and 226,660 with cash or voucher assistance that aims to cover winter needs.

- The SNFI Cluster is actively coordinating with the Health and WASH Clusters to respond to the needs of the IDP population in the context of the COVID-19 pandemic. Hygiene measures, in line with recommended WASH practices specific for COVID-19, are promoted during assistance distributions to reduce the risk of transmission. The SNFI Cluster has encouraged its members to provide hygiene kits together with NFI kits and has recommended to add soap. In addition, the SNFI Cluster identified tents from the contingency stock to be used as isolation units. The SNFI Cluster has also developed and widely shared its recommendations in both English and Arabic to mitigate the risks related to the COVID-19 outbreak for shelter and NFI activities. SNFI cluster members have started to implement the coping mechanisms of prioritizing door to door distribution and minimizing handlings to the extent possible. The cluster assured that all the delivered items have to be sanitized to avoid virus transmission.
- The SNFI Cluster has activated a technical working group (TWiG) focused on Concrete Block Transitional Shelter Construction. The TWiG aims to compile and share best practices, with the aim of producing guidelines on the construction of concrete block shelters in camp or informal settlements within the context of northwest Syria, in order to improve the quality of shelter available to the vulnerable population. On 21 April, together with SNFI Strategic Advisory Group (SAG) members, the cluster allocated focal points to lead the process as well as members to actively participate.

Gaps & Constraints:

- Overcrowding in collective centers and other shelters increase the risk of COVID-19 contamination, with the need to expand the shelters of vulnerable households in order to reduce overcrowding.
- Additional funding to upgrade unfinished building and repair damaged shelters with the objective of improving access to proper water and sanitation facilities.
- The COVID-19 outbreak created additional burdens on the cluster members to mitigate the risk. These specific procedures require additional time, staff, efforts and cost.
- As the situation in Syria is still volatile and the operational areas are shrinking, there are still thousands of families seeking safe and adequate shelters in northwest Syria.

Water, Sanitation and Hygiene

Needs:

- Continued high needs with regards to life-saving WASH supplies and services for people in northwest Syria. Comprehensive WASH services are needed across all WASH services and supplies.
- In both formal and informal camps, there is a huge need to increase safe water supply to mitigate against diarrheal and other communicable diseases, including COVID-19 at all levels.
- 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.
- There is a need to include new IDPs in the ongoing sustained WASH emergency programs to ensure their continued access to all WASH services. However, some returns are witnessed especially in Ariha and Jabal Zawiya area, support is ongoing to provide them with lifesaving activities.

Response:

- The ongoing WASH response has reached to 1.3 million recently displaced people in 1,125 locations through 29 Cluster members (80% of the locations responded to are camps, 15% in communities, 2% in collective centers and 3 % in other locations).
 - 462,456 people received water trucking and continue to receive
 - 588,690 people received solid waste management services
 - 235,380 people received new latrines (most of the existing public/community latrines are overcrowded due to an inadequate number of latrines)
 - 363,548 people benefited from hygiene kits (72,709 actual family hygiene kits)
 - 363,276 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).
- The additional increase of IDPs in communities 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 will reduce the risk of conflict.
- Cluster members are scaling up the response nuanced for COVID-19. These activities have already commenced partially, should be all commencing by mid/end-April.
 - 57,802 people are expected to receive water trucking – as planned by cluster member organizations for IDPs

- 67,623 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)
- 33,786 people are going to be benefit through new latrines under construction
- 23,076 people are going to be benefit with the available hygiene kits (4,615 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 liter jerry cans)

COVID 19 Response:

- The content of hygiene kits has been revised with double the quantity of soap and detergent to support increased handwashing. – however, soap distribution is the absolute priority (see below)
- The WASH Cluster lead agency is pursuing expansion of partnerships with reference to COVID-19, in particular to soap and fast turnaround agreements.
- The Cluster has given guidance to frontload soap to 1 x 175g bar a week/household or 4 x 175g per month.
- WASH Cluster is assisting with risk communication and IPC efforts, in line with the Health Cluster COVID-19 response plan.
- To ensure a timely and effective WASH response to the increasing needs and to mitigate against the potential outbreak of COVID 19, adaptive programming/reprogramming will be made specifically in SCHF projects with the caveat of not undermining ongoing interventions. The analysis has been made among existing projects to that end.

Gaps & Constraints:

- 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 19 sub-districts for approximately 130,000 IDPs are as below:
 - 129,010 IDPs lack water trucking (many more IDPs sharing existing water supply of host communities and other IDPs)
 - 96,673 people need public latrines rehab/construction.
 - 128,830 people need recurrent solid waste management
 - 162,055 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 as well as the situation inside Syria from warehouses to final destination.
- There is a stock of 23,000 hygiene kits inside Syria as of 21 April and another 20,000 was sent into northwest Syria on 22 April.

🚚 Logistics

Needs:

- Organisations 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 outbreak of COVID-19, coordination and timely information sharing with partners will be critical to assist with partner operational decision-making and to ensure bottlenecks or the duplication of efforts are avoided. Particularly vital are:
 - Close monitoring of changes to import procedures and customs regulations relating to COVID-19 items or movement restrictions;
 - Good visibility on UN partner transshipment pipelines to be able to plan; and
 - Good visibility on partner storage needs and capacity inside the northwest.
- Ensuring the safety and health of the staff working at the transshipment points by following WHO guidelines on mitigating COVID-19 risks at transshipment points.
- Advocacy to ensure all critical staff for UN, NGO and subcontractors obtain the approvals required to have the mobility to ensure that all logistics operations continue uninterrupted.

Response:

- In April to date, the Logistics Cluster has coordinated the transshipment of 1,277 trucks: 1,023 through Bab al-Hawa; and 254 through Bab al-Salam, facilitating the delivery of 27,717mt of Food Security, Shelter, WASH and Health sector items.
- Mobile Storage Units (MSUs) are being prepositioned inside Turkey for rapid deployment to actors inside the northwest as and when needs arise.
- Information on rentable storage space as well as partner storage capacity inside northwest Syria is continually being updated to help coordinate any gaps in storage in the area.

- Monitoring and reporting to partners any movement restrictions that have been instated as a result of COVID-19 at Turkish points of entry, inside Turkey and at the Bab al Hawa and Bab al Salama border crossings.
- Monitoring of customs regulations, with a particular focus on COVID-19 related items and sharing lists of prohibited and restricted items for import on a bi-monthly basis.
- 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.
- Workshops on safe use and disposal of PPE and how to keep safe and protected against COVID-19 at transshipment hubs.
- 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.
- Facilitating the delivery and transshipment of a camp donation and all related equipment to raise NGO capacity in northwest Syria.

Gaps/Constraints:

- New movement restrictions pose a challenge to responding humanitarian organizations in continuing to implement their logistics operations both inside Turkey and across the border.
- Potential future increased lead time for in-transit goods and uncertainty over the availability of medical supplies at local and international markets.

COORDINATION

Beyond the normal coordination mechanisms, Emergency Task Force meetings continue each week, focused on the COVID-19-related response and the response to other needs. Coordination with local authorities is occurring to respond to COVID-19 and to ensure normal humanitarian work can continue as well. Links with regional and global planning are also occurring, such as with the global supply chain and the global HRP.

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