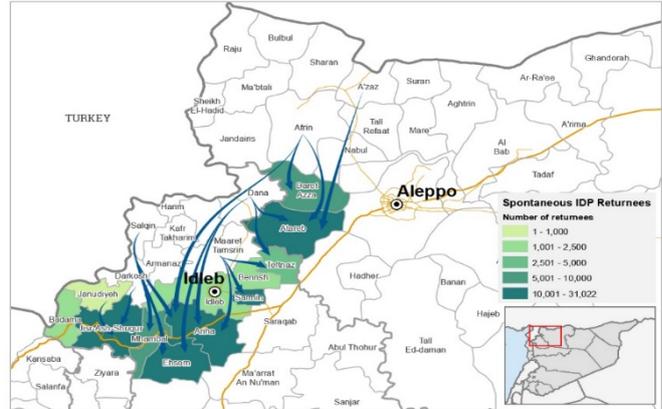


### HIGHLIGHTS

- A dire humanitarian situation persists in northwest Syria as short-term emergency needs are compounded by longer-term needs.
- Civilians are affected by a deteriorating security situation, due to increases in improvised explosive device (IED) incidents and conflicts between NSAGs and between NSAGs and civilians.
- The value of the Syrian Pound continues to reach new lows, exacerbating the economic vulnerability of people in northwest Syria.
- No cases of COVID-19 have been identified in northwest Syria. Movement restrictions imposed as precautions are reportedly contributing to an increase in gender-based violence (GBV) disproportionately affecting women and girls.



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 M**

people in northwest Syria in the Idleb area and northern Aleppo governorate

**840,000**

people displaced since 1 December remain in displacement

**US\$ 500 M**

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

**51%**

CHILDREN (estimated)

**120,000**

people displaced since 1 December returned to their communities of origin

**approximately US\$ 70 M**

funding needed for the Northwest Syria COVID-19 preparedness and response plan

**25%**

WOMEN (estimated)

**20,000**

people displaced since 1 December moved back to areas to which they were previously displaced

### SITUATION OVERVIEW

People living in northwest Syria continue to endure a severe humanitarian situation as their lives remain impacted by the effects of displacement, military operations, the protracted conflict and collapse of the Syrian Pound, as well as the threat of a COVID-19 outbreak. The ceasefire introduced in early March has provided significant respite from airstrikes and there have been fewer artillery bombardments, although increasing IED incidents and reports of clashes between non-state armed groups (NSAGs) indicate mounting insecurity in Idlib and the Afrin and A'zaz to Jarablus areas.

A significant increase in hostilities was observed on 10 May, after a non-state armed group carried out a military operation in the Al Ghab plain area in northern Hama governorate, and communities in the area experienced the most shelling reported since the start of the ceasefire. At least one woman was killed and two men were injured as a result of these hostilities, according to local sources. This occurred after two consecutive days without reported hostilities (7-8 May). Increasing tensions between NSAGs and between NSAGs and civilians have been reported, in some cases leading to violent confrontations, as have cases of arbitrary arrests, abduction and detainment, including by NSAG members. On 8

May, local sources reported a high number of suspected abductions in the Idleb area, with four separate incidents resulting in the abduction of four women, two men, and two children. Many of the victims are reportedly displaced persons. Such abductions are usually for ransom.

Improvised explosive devices (IEDs) continue to pose a threat to civilians. On 10 May, an IED explosion in Al Bab town reportedly resulted in the death of one person and injured 18 others, including four children and one woman, having been left in front of a shop prior to the explosion. At least two other IED incidents were reported in northwest Syria since the last update on 8 May. Local authorities have introduced new regulations and enhanced security measures in attempts to safeguard against these and similar incidents, such as increased checkpoints and new protocols on the registration and movement of vehicles and fuel in locations such as Afrin town, Mare', Salama and Akhtrein in northern Aleppo governorate.

Some 840,000 of the nearly 1 million people displaced in northwest Syria between December 2019 and early March 2020 reportedly remain in displacement, including some 500,000 children and nearly 180,000 women. Longer-term needs are increasing, including for health, nutrition and education services, even as urgent needs for shelter, food, water, sanitation, hygiene and protection remain. At least 140,000 people have moved back to areas in Idleb and western Aleppo governorates from which they were displaced since December 2019, comprising some 20,000 people who moved back to areas to which they were previously displaced and some 120,000 people who returned to their areas of origin. According to a UN partner, Ariha and Atareb recorded the most arrivals with each receiving some 30,000 people, followed by Ehsem with some 14,000 people and Sarmin and Jisr-Ash-Shugur, each receiving some 10,000 people. Humanitarian needs in areas of arrival are increasing, while delivery of assistance is inhibited by a lack of basic services, displacement of humanitarian partners away from these areas, contamination by explosive remnants of war (ERW), and proximity to the frontlines.

The economic situation in northwest Syria is increasingly desperate as the Syrian Pound (SYP) continues to sharply lose value against the USD. Having breached 1,300 SYP per USD for the first time at the start of May, the exchange rate in some areas of Idleb fell as low as 1,600 SYP per USD as of 12 May – some 26 percent weaker than at the end of April, and in stark contrast to rates of some 900 SYP per USD in December 2019 and some 570 SYP per USD one year ago in May 2019. The heavy reliance on imported goods in northwest Syria means that the devaluation of the SYP has severe consequences for the purchasing power of local communities, including for basic necessities such as food, water and hygiene supplies, the prices of which have continually reached new highs since November 2019. This compounds existing vulnerabilities, reduces self-sufficiency and increases dependency on humanitarian assistance. As the cost of living reaches untenable levels, more people will resort to negative and emergency coping strategies to meet their daily needs, such as the sale of assets, child labour and other forms of exploitation.

No cases of COVID-19 have been identified in northwest Syria, with 596 samples tested as of 13 May, of which 594 returned negative results and two results are pending. A laboratory in Idleb with a capacity of 100 tests per day remains instrumental in testing samples of potential cases of COVID-19. In some cases, samples from northwest Syria are sent to laboratories in Turkey for testing. To date, 304 triage tents have been distributed or installed in northwest Syria and 104 hospitals and primary health centres (PHC) have enacted COVID-19 triage systems. Four hospitals with intensive care units are operational to receive severe cases of COVID-19 and two community-based isolation (CBI) centres are operational to isolate mild to moderate cases. A further 28 CBI centres are in the process of establishment, to provide a targeted capacity of over 1,500 beds across 30 locations in northwest Syria. Since the last update on 8 May, 15 more health facilities with triage systems are in place, and an additional 35 ventilators as well as some 7,000 boxes of gloves, 29,000 protective goggles, 100,000 protective gowns, 200,000 N95 masks and 1.3 million surgical masks are in the pipeline. Nonetheless shortages in personal protective equipment remain severe, and a need for more testing kits, laboratory equipment, and other supplies. There is also a shortage of health workers in northwest Syria.

The Bab Al-Hawa and Bab Al-Salam border crossings between Syria and Turkey remain open to humanitarian and commercial traffic, while several other points of entry in northwest Syria are also partially open. Monitoring, infection prevention and control (IPC) and referral measures reportedly continue to be implemented at cross-border and cross-line points. In northwest Syria, humanitarian partners continue to operate under measures intended to mitigate against the potential spread of COVID-19. These include adapted modalities to deliver assistance while minimising face-to-face contact, virtualisation of meetings and activities, and awareness raising efforts on COVID-19 risks and precautions conducted online.

Increased protection concerns have been noted as a result of COVID-19 mitigation measures. As reported by gender-based violence (GBV) partners, these include incidents of family and domestic violence, emotional abuse and deprivation of resources and services, as well as an emerging, worrying trend of women being forced by their husbands to abort pregnancies due to apprehensions about having children while COVID-19 remains a threat. The impact of this is compounded as GBV survivors' ability to access support and to deploy individual safety plans is impeded by movement

restrictions and imposed home quarantine, as well as the scaling down of services at schools, community centres and women and girls' safe spaces due to COVID-19. According to reports from partners, the closure of schools and child-friendly spaces contributes to increased exposure to violence at home, negatively impacting the physical and psychological wellbeing of children, while other vulnerable groups such as the elderly and persons with disabilities are facing an increased risk of rights violations due to COVID-19.

## FUNDING

The Syria Cross-border Fund (SCHF) has launched a US\$ 75 million allocation. The allocation strategy takes into account the fact that needs with longer term impacts are increasing as displacement becomes more protracted, and aims to address all needs through immediate and medium-term interventions. In doing so, the allocation focuses on strengthening elements of preparedness and response to COVID-19 and adapting modalities to ensure the continuation and expansion of the humanitarian response. This allocation is in addition to a separate allocation in response to COVID-19 for more than US\$ 12 million.

The allocation will focus on the continuity of essential lifesaving services and efforts to ensure dignified living conditions for the most vulnerable people in northwest Syria, both in places of displacement and in places to which people have returned. Interventions will be prioritised based on the latest needs assessments while ensuring the integration of do-no-harm principles to mitigate vulnerabilities and build elements of sustainability into services such as WASH and Education. The allocation will also include winterisation plans.

According to an assessment conducted by a UN partner in March, priority needs in northwest Syria are shelter (63 percent), basic services (59 percent) and food (55 percent). This allocation will be designed to meet these needs, prioritising the most vulnerable people, with strong emphasis on protection and on women and girls, persons with disabilities and older persons. The allocation supports integration across all clusters to enable a comprehensive response that better addresses needs, aiming to combine mutually supportive programme elements, either within a single cluster or across clusters.

Proposed interventions are required to complement other ongoing projects, including the SCHF funding allocated at the start of 2020 to support the preparedness and response plan issued in October 2019. The allocation strategy paper is available [here](#), and available [here](#) is the programme manual to support the development of quality interventions to respond to the most urgent and critical humanitarian needs. Partners' training sessions are ongoing.

Current information on funding allocated by the Central Emergency Response Fund (CERF) and the Cash-Based Pooled Fund (CBPF) is available here: [www.pfbi.unocha.org/COVID19](http://www.pfbi.unocha.org/COVID19)

## HUMANITARIAN RESPONSE

### Camp Coordination and Camp Management

#### Needs:

- The COVID-19 pandemic increases the urgency of expanding and establishing camps to decongest overcrowded sites while ensuring that services are available in the new locations. Camp management must be established and reinforced.
- Most of the IDP families hosted in four reception centres have been there for five months without resettlement possibility due to lack of adequate shelter options. Reception centres are of particular concern for COVID-19 transmission as they gather many individuals in single locations. Facilitating the relocation of displaced people from overcrowded reception centres to sites where physical distancing and hygiene practices are more feasible is thus a main priority.
- The CCCM Cluster's monitoring exercise of multisectoral services in IDP sites indicate that key gaps and needs include site management systems, contingency plans, information management, firefighting systems, storage and back-up systems, and more community participation. These needs are particularly needed for countering COVID-19.
- The main needs for recently displaced people include shelter (29 percent), NFIs (21 percent), safety and security (12 percent), cash/voucher assistance (11 percent), food (11 percent), health (9 percent) and water (7 percent), according to the CCCM Cluster's monthly displacement update in April 2020.

#### Response:

- The CCCM Cluster's [guidance note](#) on the COVID-19 outbreak was circulated to Cluster members and is available on the website in both English and Arabic. The [Arabic version](#) of the guidance will be shared with local authorities for their awareness and to strengthen the response on the ground.

- The Land Identification Taskforce continues to prioritise the establishment and expansion of IDP sites, which are essential activities for decongesting overcrowded sites that face heightened risks due to COVID-19. Since the beginning of this exercise in December 2019, the Taskforce has assessed a total of 301 sites with an approximate area of eight million square metres as of 12 May, including identified and verified sites as well as sites currently under proposal.
- The CCCM Cluster tracks and monitors the availability and gaps in services in IDP sites reported in its database. Profiles for 553 sites have been developed based on the data received to date, and further profiles will be created as more data is collected. Through this monitoring of multisectoral services, needs can be more easily identified in individual sites to inform targeted interventions that are essential, including in the COVID-19 context.
- The CCCM Cluster outlined its strategy as part of the SCHF 1st Standard Allocation. Main priorities comprise camp establishment for new sites, involving land identification and verification, housing, land and property (HLP) due diligence and site planning in coordination with relevant clusters. This is in addition to establishing camp management in existing and new sites, through activities such as efficient governance and control systems, arranging camp management offices and the provision of tools for maintenance committees, as well as capacity building.
- On 7 May, a Strategic Advisory Group (SAG) meeting was held to provide a platform for in-depth discussion on planned CCCM activities in the COVID-19 annex of the 2020 Humanitarian Response Plan (HRP) and the SCHF 1st Standard Allocation. The CCCM Cluster is integrating members' feedback to plans, specifically on reinforcing camp management systems, ensuring a decongestion component, and considering distinct approaches that may be required by existing and newly established camps.
- The CCCM Cluster closely monitors 994 IDP sites hosting some 1.4 million displaced people (some 270,000 families). Updated information from the IDP Sites Integrated Monitoring Matrix (ISIMM) database was shared during the Cluster meeting, with 115 new sites added to the CCCM database, and five sites deactivated in the April update.
- To date, four functioning reception centres have responded by hosting 4,364 displaced people (some 867 families), including providing food, shelter and WASH services.
- Incident reports affecting IDP sites were rapidly produced and the response coordinated. One flood incident and one fire incident that injured one person and destroyed six tents were reported to the CCCM Cluster.
- The reported IDP population comprises 2,738,448 displaced people, according to the CCCM Cluster's displacement tracking in April 2020. The number of IDPs who were reported as having returned to their community of origin as of end-April is 113,945 IDPs; with Ariha, Ehsem and Bennsh recorded the top three returnee destinations.
- The CCCM Cluster provides technical guidance to its members on an ongoing basis, 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 information received from different members, a massive data cleaning process and verification is required.
- As 90 percent of IDP sites are self-settled and lacking camp management systems, 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 rapid needs analysis of 461 communities in Idleb and northern Aleppo governorates, produced by a humanitarian initiative in March 2020, key informants in most assessed communities reported that there are no more livelihood opportunities, leaving both displaced and host communities extremely vulnerable, compounding challenges to available services caused by the arrival of large numbers of displaced people to assessed communities in northwest Syria following the escalation of hostilities since December 2019.
- A significant portion of communities reported loss of livelihood assets (51 percent) and insecurity preventing livelihood activities (42 percent) as being among the main effects of the conflict, as well as increased recourse to negative coping mechanisms due to lack of livelihood opportunities (24 percent).
- Child labour is prominent across the region and poses a high risk, especially for displaced populations who experience greater challenges in accessing sustainable livelihoods than host communities, resulting in children being sent to work in order to help provide for their families.
- Key informants in more than a quarter of assessed communities reported that manufacturing and trading have been gravely impacted by conflict. The population of displaced people has become reliant on unproductive livelihood means such as remittances, aid or loans.
- Households reportedly faced barriers to accessing markets in 73 percent of assessed communities. Lack of transportation was identified as the biggest challenge to accessing markets.

- Both displaced people and host communities are reportedly struggling to access healthcare for reasons including lack of transportation, distance to medical facilities and lack of facilities in general.
- Among reported sanitation issues were the absence of sewage systems and sewage flowing into streets. Insufficient garbage collection and the resulting presence of garbage in streets was reported in 33 percent of assessed communities.
- Electricity networks were completely damaged by conflict in 56 percent of assessed communities, while telecommunications and internet coverage networks were completely damaged in 32 percent of assessed communities.
- Nearly all basic socioeconomic services across assessed communities were partially damaged due to conflict, with the most commonly reported across assessed communities being roads (77 percent), schools (64 percent), small drains (63 percent), markets (61 percent), bridges (56 percent) and water supply network (55 percent).
- The most commonly reported rehabilitation needs according to the number of communities in which they were reported were electricity networks, water supply networks, roads, schools, hospitals and health facilities and community-dug wells.
- Vulnerable groups are reportedly present across assessed communities. Female-headed households were reportedly considered most at risk in 60 percent of communities, while children and adults with disabilities were considered most vulnerable in 44 percent and 36 percent of communities respectively.
- Due to the COVID-19 pandemic:
  - Projected further job depletion, resulting in increasing need for support in terms of livelihood opportunities, income and employment;
  - Possible disruption in the supply chain for goods and services, with severe impact on the local economy (consumption patterns, business, service provision, rehabilitation works, etc.)

#### Response:

- 21 ERL partners responded in March, with 10 ERL partners reaching 94,575 people in 10 Aleppo sub-districts and 13 ERL partners reaching 97,447 people in 8 Idlib sub-districts.
- Rehabilitation of access to basic utilities (electricity, gas, water and sewage) interventions reached 37,250 households, mostly in Al Bab and Jandairis in Aleppo governorate and Dana and Maaret Tamsrin in Idlib governorate.
- 1,002 m<sup>3</sup> of debris and waste was removed in camps, city centres and villages.
- 241 persons were 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 were provided with regular employment access in the field of sewing for skilled labour.
- 678 entrepreneurs, mostly women and youth, were supported to start a business or service.
- 927 people benefited from vocational/skills training, primarily English, hairdressing, sewing, computer skills and solar system maintenance.
- 124 people with disabilities benefitted from activities such as short-term employment opportunities, vocational training and entrepreneurship support.
- Two bakeries and 13 shops were rehabilitated in A'zaz in Aleppo governorate.
- Rehabilitation of 15 kilometres of road and six drainage systems in Dana in Idlib governorate was started.
- Recommendations were provided to ERL partners for mitigating the risk of COVID-19 transmissions while implementing ERL activities.
- A specific guidance note on the inclusion of persons with disabilities in the COVID-19 response, in ERL activities and in general was developed by an ERL Cluster partner and shared with other 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 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 reducing the number of participants where appropriate.
  - Most ERL partners rehabilitating basic utilities, local economic infrastructures and health facilities reported continuing as planned before COVID-19 while adapting for curative and preventive health measures.

#### Gaps & Constraints:

At least 500,000 additional people among the displaced population, returnees and host communities are not reachable by ERL partners with the currently available funding. This groups need to be urgently reached with:

- Support to businesses in both urban and rural environments
  - Start-up support through grants or micro-credit;
  - Support for micro-businesses and businesses to contain the impact of the COVID-19 on their activities.

- Creation of short-term work opportunities, particularly through the Cash-for-Work modality and potentially 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, shopkeepers and business owners, to cultivatable lands, and to and from IDPs camps;
  - Markets;
  - Water systems (water pipes, pumping stations, groundwater tanks to ease stress on overburdened services);
  - Rehabilitation of sewage channels and drainage systems to ease stress on overburdened services.
  - Restoration of essential services and basic infrastructure to prioritise activities that would support the preventive and curative health response to COVID-19, including rehabilitation of health centres and facilities, retrofitting of designated quarantine facilities, equipping of isolation centres, waste management, restoration of water and sanitation services and provision of energy to these facilities, in close coordination with other sectors and local governance structures.
  - Collecting daily solid waste in urban areas and inside camps, providing cleaning machines or garbage collections vehicles to local councils, removal of demolitions from roads and sidewalks, and cleaning of main and secondary roads and social infrastructure by removing rubble and garbage.
  - Market-based modalities assistance to vulnerable households, including assisting vulnerable households with transportation to and from markets and health facilities.

## Education

### Needs:

- An estimated 398,000 school-age children (5 to 17 years old) have been displaced in northwest Syria since 1 December 2019.
- Due to the large influx of displaced families, many schools were converted to temporary shelters, preventing them from being used for educational purposes. 23,419 people reside in 277 schools in Afrin, Al Bab and A'zaz districts in Aleppo governorate and Ariha, Harim, Idlib and Jisr-Ash-Shugur districts in Idlib governorate.
- Education activities have been continuously suspended due to insecurity as well as schools being used as shelter. Only five schools remain functional in Ariha sub-district as a result, 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 neighbouring 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.
- Closures of schools due to COVID-19 compound the problem. Schools have been closed since 14 March in the Idlib area and since 16 March in northern Aleppo governorate. Schools in the Afrin and A'zaz to Jarablus area of northern Aleppo are expected to remain closed until the end of May, while schools in the Idlib area are closed until further notice.
- 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 needs:
  - Cleaning of education facilities (as they become accessible to children and/or adults again);
  - Clean WASH facilities in schools (in coordination with WASH cluster);
  - Hygiene and basic health sensitisation at home, printed and/or through social media in coordination with Risk Communication and Community Engagement (RCCE) efforts;
  - Physical re-planning of school infrastructure, especially 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 adjusted 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;
  - Assessment of students', parents' and teachers' access to affordable internet connectivity and internet-enabled devices. Consider paper-based individual home learning assignments based on current curricula as alternative.

# 398,000

school-age children  
displaced in northwest Syria  
since 1 December 2019

- Hold meetings virtually to consult with school governance bodies (PTAs, SMCs) on the proposed approach.
- Provision of Education materials and supplies to children affected by COVID-19, to enable them to continue education through distance learning.
- Provision of exercise sheets to all students, regardless of whether they have access to online platforms.

#### Response:

- The Education Cluster reached at least 267,624 school-age displaced children 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 and textbooks to minimise disruption to children's learning.
  - 11,682 children supported with PSS and PFA in Idleb, Maaret Tamsrin, Harim, Dana, Atareb, Qourqena, Daret Azza and Bennsh;
  - 18,080 children supported with formal and non-formal education in Idleb, Harim, Dana, Atareb, Salqin, Maaret Tamsrin and Qourqena; including children with disabilities;
  - 25,852 children supported with recreational kits, school bags, student kits and textbooks in Idleb and Aleppo.
  - 4,150 children supported for their mid-year exams;
  - 173 children provided with medicine to treat 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 47,286 children benefited from distance learning in Idleb and Aleppo governorates as an alternative way to continue education during the COVID-19 pandemic;
  - In Idleb and Dana sub-districts, 78,051 students and 654 teachers have been provided with awareness raising on COVID-19 and received information, education and communication (IEC) and sterilisation materials;
  - Since February, 228,878 children from displaced and host community populations received textbooks in Idleb and Aleppo governorates;
  - 63 teachers and education personnel were trained on literacy, numeracy and PSS and referral mechanisms;
  - 227 families have been provided with tents by Education partners to support the relocation of displaced people sheltering in schools, in order to enable the resumption of learning activities in the affected areas;
  - At least 36 schools and temporary learning spaces have been sterilised to mitigate against COVID-19.

#### Gaps & Constraints:

- Lack of funds inhibits the ability of Education Cluster members to provide quality education support, particularly in conjunction with security situations in which children are constantly on the move.
- Education services need to be relocated to follow displaced populations and be 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 latest displacement. 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 (RTE) rations. After the first-line 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.

# 145,492

people in need of food assistance

- 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, against Pasteurella, Enterotoxaemia, Peste des Petits Ruminats (PPR).
- According to the Nutrition Cluster, malnutrition is increasing in northwest Syria, with some 30 percent of pregnant and breast-feeding women reportedly malnourished. Malnourishment compromises the human immune system and directly increases COVID-19 related mortality. Regular availability of animal food products such as dairy, eggs and meat plays a crucial role in preventing human malnourishment. Support for animal production significantly contributes towards protecting human health and reducing vulnerability to COVID-19.

#### Response:

- Emergency food assistance is being implemented to provide food access to recently displaced people, via 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.
- 21 FSL Cluster partners delivered emergency food assistance to some 196,718 recently displaced people between 12 April and 12 May:
  - 15 FSL Cluster members distributed 22,900 Emergency Food Baskets to reach 114,700 people;
  - Three FSL Cluster members distributed 1,100 RTE rations to 5,600 people;
  - Two FSL Cluster members distributed US\$ 1.2 million Cash for food to 42,000 people;
  - Nine FSL Cluster members distributed 34,200 Cooked Meals to 34,200 people.
- FSL Cluster members plan to provide further assistance to 721,475 recently displaced people by end-May:
  - Nine FSL Cluster members plan 27,200 Emergency Food Baskets (one-off) to reach 146,600 people;
  - Nine FSL Cluster members plan 41,900 RTEs to assist 165,600 people;
  - Three FSL Cluster members plan US\$ 2.1 million of MPCGs to assist 77,800 people;
  - Four FSL Cluster members plan 562,500 Cooked Meals to assist 275,200 people;
  - Five FSL Cluster members plan US\$ 939,900 Cash-for-Food to assist 57,700 people.
- The Cluster lead agency has repositioned more than 336,000 RTEs with partners in northwest Syria to meet the immediate food needs of more than 1,680,000 people, in addition to the stock of food rations for regular monthly assistance. The Cluster co-lead agency reactivated its one-off emergency assistance response as of 31 March while maintaining monthly regular general food assistance (GFA) combined with RTEs for those in need.
- Under the SCHF 1st Standard Allocation, a total budget of US\$ 15 million has been allocated to the FSL Cluster to target up to 24,000 households. The main FSL Cluster activities will focus on food assistance, agriculture, livestock, irrigation and livelihood activities across some 23 sub-districts in northwest Syria. The main targeted people are displaced people, with a regular food assistance programme; returnees, with either regular or livelihood programmes; displaced and host communities who have just received one-off responses; and host communities, with livelihood activities.
- COVID-19: FSL Cluster members continue to apply the same mitigation measures as previously reported:
  - Conducting door-to-door or tent-to-tent food distributions instead of group distributions;
  - Doubling the quantity of food assistance per distribution to decrease frequency of contact;
  - Shifting modality of assistance from cooked meals to RTEs, to reduce contact time;
  - Shifting from in-kind modality to cash;
  - Asking people to redeem vouchers in one instalment per month;
  - Combining each in-kind distribution with one voucher or cash distribution (to mitigate harming markets);
  - Distributing to focal points in each neighbourhood;
  - Postponing/cancelling distributions;
  - Increasing number of distribution days (prolonging the cycle) to minimise number of people at distribution sites.
  - Adding soap or other sterilisation items with the food items distributed (175 grams of soap per person per week).
- PPR is the most dangerous infection of sheep and goats globally. A PPR vaccination campaign for northwest Syria began on 5 May, implemented by three partners. The campaign covers sheep and goat flocks in all accessible areas of northwest Syria and encompasses a PPR awareness campaign for sheep herders. This is the first ever PPR vaccination campaign in Syria, alongside a similar campaign in areas of Syria controlled by the Government of Syria that will launch in June.

#### Gaps & Constraints:

- Of the some 940,000 people displaced in northwest Syria since December 2019, 461,790 need to shift from emergency to regular assistance programmes and some 140,000 people have moved back to the areas from which they were displaced, requiring support through regular food assistance and livelihood activities. Some 342,210 displaced people remain in an emergency situation; 196,718 were reached through food baskets, RTEs, Cash and Cooked Meals in the

past month, while 145,492 people were not reached with assistance (43 percent). According to an FSL Cluster member, some 23,000 households received only one-off assistance and require additional support.

- The wheat harvest ordinarily takes place during May and June each year, and is thus an important season for farmers, who require buyers to purchase their yields. This is crucial for the income of farmers as well as for their ability to continue cultivating crops, with associated positive effects on livelihood activities related to agriculture, livestock and irrigation.
- 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 due to 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:

- The health system in northwest Syria is overstretched and lacks human resources and sustainable support in terms of essential health packages (EHSP), services and equipment. There is a critical need to ensure continuity of health services to serve the most vulnerable people in northwest Syria in the context of COVID-19 and in view of the forthcoming renewal period for UNSCR 2504. Access to essential health services via existing health facilities, mobile clinics, mental health and psychosocial support (MHPSS), community health workers (CHW) services and a robust referral system must be sustained, especially given that some services will soon be out of funds and others have already suspended or stopped operating due to the escalation of hostilities since December 2019.
- Some 1,083,895 women and girls of reproductive age live in northwest Syria, including some 560,636 adolescent girls, 60,000 pregnant women and 8,230 pregnant women giving birth each month. This population requires essential services such as Emergency Obstetrics and Neo-natal Care (EMONC), anti-natal care (ANC), pre-natal care (PNC), family planning, treatment of sexually transmitted infections (STI) and clinical management of rape (CMR).
- 76 chronic mental health patients need to be transferred back to a hospital in Aleppo city from a hospital in A'zaz.
- Given the threat of a COVID-19 outbreak, there is urgent need for the halting of mass gatherings in northwest Syria, which continue to take place without adherence to physical distancing guidelines despite ongoing awareness raising activities. This requires an intensified response from Health partners and local authorities with regards to awareness raising about the seriousness of COVID-19 and infection prevention and control (IPC) measures.
- Procurement of biomedical equipment, especially ventilators, continues to be a major need for facility preparedness activities as part of COVID-19 response measures. Existing resources have been repurposed to serve as isolation units in hospitals, and new supply is needed to minimise the consequences of disruptions to the delivery of healthcare services unrelated to COVID-19.

### Response:

- The Health Cluster lead agency supported a training to develop the capacity of health partners on medical supply chain management in warehouses and in secondary and primary healthcare facilities. Eight training sessions comprising theoretical and on-the-job training were conducted, moderated by a health partner and attended by 82 participants. The aims of the training were to strengthen access to integrated healthcare for people in need in northwest Syria, improve continuity of the supply line and improve the wellbeing of displaced and host communities.
- An integration strategy was developed to integrate tuberculosis (TB) services within the services of primary healthcare centres (PHC) by linking TB centres across northwest Syria with existing PHCs facilitate referral of suspected TB cases for testing.
- A health partner is securing haemodialysis kits to be used to serve patients in other partners' dialysis centres for three months. Regular maintenance for 81 dialysis machines has been conducted, as well as water treatment in six dialysis centres.
- Since mid-April, some 78 PHC doctors out of some 100 in northwest Syria (68 men and 10 women) benefitted from four-day refresher/roll-out trainings on the updated Mental Health Gap Action Programme (mhGAP) in A'zaz, Dana and Afrin. The training was modified to accommodate the context of COVID-19.
- The northwest Syria MHPSS helpline is functional and provided PSS counselling and referrals to access basic special services and to specialised mental health care. Some 15 calls have been received each day.
- On reproductive health, 150 clean delivery kits were distributed to serve 30,000 pregnant women in labour who are unable to go to health facilities. 96 reproductive health kits were distributed to basic emergency obstetric and new-born care (BEmONC) and comprehensive emergency obstetric and new-born care (CEmONC) facilities in Salqin, Atareb, A'zaz, Dana, Armanaz, Afrin and Jandairis. Additionally, 60 Kit-3 post-rape kits were distributed to reproductive health partners. The Kit-3 is designed for clinical management post-rape, and guidelines on rational use of Kit-3 were developed and shared in Arabic and English.

- Reproductive health partners were provided with a guidance note for healthcare providers on COVID-19 and pregnancy, and 24 personal protective equipment (PPE) kits were distributed to 22 health facilities to ensure staff safety (six BEmONCs, six CEmONCs and 10 mobile clinics providing reproductive healthcare services).
- Expanded Programme on Immunisation (EPI) services continued through all 91 existing centres (131 teams), serving an estimated 13,262 children aged below one year. All EPI centres are applying preventive measures for COVID-19 according to WHO guidelines, following training sessions targeting staff of all EPI implementing partners. Rigorous daily monitoring and reporting is practiced.
- COVID-19 response:
  - The COVID-19 taskforce continues to coordinate with other clusters to consider intersectoral needs and align the health-focused response plan with other COVID-19-related sector activities, such as availability of tents for use as triage stations at health facilities in northwest Syria.
  - The financial requirements for COVID-19 health response activities until the end of 2020 has been estimated at US\$ 69.6 million, mostly for supplies and for recurring activities, including running costs for operations, supplies such as PPE, medicines and consumables, and extension of contracts of implementing partners for information, education and communication (IEC) activities.
  - As of 5 May, supplies delivered in northwest Syria include 10,000 latex gloves, 200 goggles, 10,000 surgical masks, 500 N95 Masks, 900 face shields and 1,400 gowns. With these supplies, one isolation unit and one community-based isolation (CBI) centre have been equipped with 300 N95 Masks, 550 face shields, 925 protective gowns, 130 protective goggles, 6,400 examination gloves and 6,500 surgical masks. Non-communicable diseases (NCD) kits are also to be delivered to PHCs as part of the COVID-19 preparedness and response plan, distributed across up to 35 PHCs in northwest Syria. The Health Cluster lead agency is scaling up procurement of supplies to equip 30 CBI centres, 167 triage points, 167 health facilities, 1,500 CHW and 3,000 EPI and PSS workers with PPE and IPC materials, as well as 90 pre-allocated ventilators that have yet to arrive.
  - As of 13 May, 596 samples have been collected and tested for COVID-19 in northwest Syria. Of these, 594 have returned negative while to results are pending. The sensitivity of surveillance was increased by collecting samples from Influenza-like illness (ILI) cases from areas that did not report any severe acute respiratory infection (SARI) cases. 242 NGO health workers from 14 health facilities were trained on basics of COVID-19 disease surveillance and diagnosis and collecting specimens for laboratory investigation.
  - Health partners continued printing posters without distributing brochures in-person (for safety reasons) based on WHO recommendations and guidelines. Messages were adjusted to address precautions related to gatherings, social activities and feasts in the Ramadan period.
  - Health partners conducted awareness-raising activities during water trucking activities and are planning to initiate messages regarding waste management alongside IEC materials used at distribution points. Messages were distributed to 244 teachers and 4,325 students through WhatsApp, in addition to banners used at distribution points. Two-day psychological first aid (PFA) trainings on COVID-19 and self-care were initiated in northwest Syria for 500 community leaders, Imams, local councils, women and youth leaders. The training sessions are continuous, supported by the Health Cluster lead agency and implemented by a health partner. To date, 61 community leaders in Idleb city and in Bab Al-Hawa have benefited from the training.
  - In the pipeline are deployment of additional vehicles into the referral network to support COVID-19 transportation of people, the provision of a one-day training to 400 staff on basic IPC measures related to COVID-19, and the third round of specialised COVID-19 IPC training targeting 130 health professionals including specialised physicians, residents, medical doctors, ICU technicians, nurses and laboratory technicians working in the seven designated COVID-19 hospitals.

#### **Gaps & Constraints:**

- Despite ongoing support for haemodialysis patients, there remains a persistent gap in availability and sufficiency of dialysis kits, which are essential lifesaving support for highly vulnerable haemodialysis patients.
- There is a lack of capacity among health partners to conduct remote support such as telemedicine for patients in lieu of physical consultation, in order to meet recommendations to minimise in-person contact.
- There is gap in availability of PPE for health staff and hygiene items to be distributed by the CHWs teams.



## Nutrition

**Needs:**

- In April 2020, the proxy prevalence of acute malnutrition in Idleb based on community surveillance was three percent among children aged 6 to 59 months and 17 percent in pregnant and lactating women (PLW).
- The proxy prevalence of chronic (stunting) malnutrition among children aged 6 to 59 months across northwest Syria is 30 percent, according to the April surveillance report. Slightly higher incidences were found among boys (31 percent) than among girls (29 percent).
- Exclusive breastfeeding was found to be 33 percent, minimum dietary diversity 53 percent, and minimum acceptable diet (MAD) was 41 percent.
- Proxy acute malnutrition was higher among displaced communities compared to host communities, and much lower levels of acute malnutrition were found in Aleppo than in Idleb.
- While the prevalence of acute malnutrition in children aged 6 to 59 months remains relatively low, the high prevalence of stunting in children aged 6 to 59 months and acute malnutrition in PLW are of concern.
- The Nutrition Cluster estimates the burden of acute malnutrition in the accessible locations of northwest Syria to be 50,089 PLW and 20,818 children aged 6 to 59 months (1,409 severe acute malnutrition (SAM) and 19,409 moderate acute malnutrition (MAM)).
- The poor nutrition situation is largely attributed to continued exposure of children to unsafe living conditions, diseases, suboptimal infant and young child feeding (IYCF) practices, high maternal malnutrition, poverty, food insecurity, family separations and poor care practices, early marriages, and destruction of infrastructure causing limited access to healthcare, inadequate sanitation and water supply.

# 224,866

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

**Response:**

- 224,866 children aged 6 to 59 months and PLW have been reached with lifesaving nutrition services in 315 communities in 41 sub-districts of northwest Syria since December 2019.
- The number of children aged 6 to 59 months and PLW reached to date represents nearly 71 percent of the population in need, with a 13 percent increase in coverage since the last situation update.
- The following numbers of children aged 6 to 59 months and PLW have been reached with specialised nutritious supplements (Ready-to-Use Foods (RUF), Lipid-based Nutrient Supplements (LNS), High Energy Biscuits (HEB) and micronutrient supplements):
  - 105,832 children aged 6 to 59 months reached, representing 47 percent of those in need;
  - 33,518 PLW reached, representing nearly 37 percent of those in need.
- Lifesaving nutrition services are provided through 115 Rapid Response Teams (RRTs) and mobile teams by 20 Nutrition Cluster partners.
- Nutrition Cluster partners provided the following services:
  - 32,863 displaced children aged 6 to 59 months and PLW received HEB for prevention of acute malnutrition;
  - 65,505 PLW and children aged 6 to 59 months received micronutrient supplementation;
  - 31,851 children aged 6 to 36 months received LNS for prevention of acute and chronic malnutrition;
  - 85,516 mothers and caregivers were reached with infant feeding and caring practices messages and counselling.
- Of the 307,755 PLW and children aged 6 to 59 months screened for acute malnutrition:
  - 769 cases of SAM and 2,949 cases of MAM were identified among displaced children aged 6 to 59 months and referred for appropriate treatment;
  - 5,413 acutely malnourished PLW were identified and referred for appropriate treatment.
- Nutrition Cluster partners are implementing the recommended adaptations to mitigate against COVID-19, including continuity of lifesaving nutrition services, integration of infection prevention and control (IPC) measures for mitigation of COVID-19 infection on all platforms, enhanced communication on IYCF-E in the context of COVID-19, simplified protocol for treatment of acute malnutrition, surveillance, and supply repositioning to avoid stockouts.

**Gaps & Constraints:**

- Nutrition Cluster partners identified several challenges in adjusting operations for the COVID-19 context according to the Nutrition Cluster guidance. Main challenges include lack of personal protective equipment (PPE), lack of infrared forehead digital thermometers to facilitate isolation at facilities, inadequate WASH services and mobility restrictions.
- Several Nutrition Cluster partners have procured light PPE for their non-health staff who are involved in routine mid-upper arm circumference (MUAC) screening to ensure continuity of this activity, as it informs the nutrition situation and impact of COVID-19 on children and PLW. However, the procured quantities are insufficient due to funding constraints.
- The low proportions of people reached with services for treatment of SAM (52 percent), treatment of MAM (12 percent), prevention of acute and chronic malnutrition (18 percent) and micronutrient supplementation (16 percent) are indicative of limited funding, access constraints and supply shortages especially Ready-to-Use Supplementary Food (RUSF) for MAM prevention and treatment.

- A recent Nutrition Cluster gap analysis for MAM treatment services found that among the accessible sub-districts, four do not have MAM treatment services, 20 have mixed MAM treatment services provided by WFP and UNICEF as provider of last resort (POLR), one sub-district is supported by WFP, and five sub-districts are covered by UNICEF (POLR) MAM treatment services.
- A COVID-19 outbreak could potentially cause further deterioration of the nutrition situation during the second half of 2020, as result of dysfunctional markets, limited livelihood opportunities, inflation, low purchasing power, increasing food insecurity and disruption of access to health and WASH services.

## Protection

### Needs:

- Civilians in northwest Syria continue to face security concerns despite the cessation in airstrikes since the start of the ceasefire in early March, including exposure to explosive hazards such as IEDs and unexploded ordnances (UXOs) as well as dangers posed by armed clashes that continue to affect parts of northwest Syria.
- While no cases of COVID-19 have yet been identified in northwest Syria, the pandemic and associated restrictions on movement and gathering are aggravating existing protection concerns.
- Movement restrictions and forced quarantine measures are reportedly impeding the access of survivors of gender-based violence (GBV) to services, significantly impacting GBV survivors' individual safety plans. Schools, community centres 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 made it more difficult for women and girls to disclose incidents and seek GBV services. GBV services provided in health facilities were reportedly impacted due to the general reduction of services provided in health facilities as part of precautionary measures against COVID-19.
- GBV sub-cluster members continue to observe notable increases in reported GBV incidents due to extended quarantine and other physical distancing measures as well as the deteriorating economic situation and the loss/reduction of income resulting from "stay at home" measures. Reported GBV incidents primarily include incidents of intimate partner violence (physical and emotional violence and deprivation of services and resources), which was particularly observed in camps and reception centres.
- IED explosions continue to pose a serious threat to civilian lives in northwest Syria, including to children.
- Older persons experience greater risk of multiple rights violations during the COVID-19 pandemic, such as age-based discrimination, and must be supported to access services on an equal basis with others.

### Response:

- From 27 April to 10 May, four Protection Cluster members provided emergency response services for civilians recently displaced in northwest Syria. 15,922 protection interventions were provided to displaced people and affected host community members in 37 communities within seven sub-districts, reaching 7,268 individuals (2,825 girls, 2,840 boys, 1,411 women and 192 men). The main services provided by protection actors included psychological first aid (PFA) and psychosocial support (PSS), dignity kit distributions, information sharing about other services and risk education.
- Protection Cluster members referred individuals to other basic services, notably for health and shelter. The emergency response activities are in addition to activities included in the HRP and those reported monthly through the 4Ws.
- Child Protection:
  - Despite limitations in an increasingly restrictive operational environment and suspension of Child Friendly Spaces (CFSs), child protection partners have strived to continue delivering assistance while incorporating where possible COVID-19 prevention messages and messages on childcare in times of isolation and unpredictability.
  - The Child Protection Minimum Standards (CPMS) in Humanitarian Action were translated into Arabic, along with a two-page guidance note on how to use the CPMS in the context of COVID-19. An [interactive version of the CPMS in Arabic](#) can be accessed through Sphere.
  - 1,958 individuals (764 girls, 880 boys, 209 women and 105 men) were reached with child protection emergency interventions since the last situation report.
  - 530 newly reached children (250 girls and 280 boys) were provided with PSS (structured and sustained) and PFA in the Harim, Idleb and Jisr-Ash-Shugur districts of Idleb governorate. Additionally, 898 children (399 girls and 499 boys) benefitted from the distribution of PSS and recreational kits.
  - Wristbands aimed at preventing family separation have reached 71 children (41 girls and 30 boys) in Afrin district in Aleppo governorate and in the Idleb district of Idleb governorate.
  - Awareness raising on child protection issues, including on prevention from separation, was conducted with 441 individuals (67 girls, 60 boys, 209 women and 105 men) in the Afrin district of Aleppo governorate and the Harim and Idleb districts of Idleb governorate.

- GBV:
  - GBV partners continued embedding COVID-19 prevention and response messaging in their outreach and static awareness-raising activities. GBV partners continued to distribute dignity kits to displaced women and girls in northwest Syria, reaching 57,066 women and girls of reproductive age with essential sanitary and safety supplies.
  - The GBV sub-cluster COVID-19 taskforce organised an online training session for GBV partners in northwest Syria, focused on COVID-19 prevention measures and GBV risks and key messages linked to COVID-19.
  - The GBV sub-cluster COVID-19 taskforce updated the GBV sub-cluster guidance note on GBV Service Provision in the context of COVID-19, which included updated GBV risks based on actual reports and trends in northwest Syria shared by GBV sub-cluster members, experiences and best practices in GBV programming in the context of COVID-19 and key messages on GBV and inclusion related to COVID-19.

#### Gaps & Constraints:

- Activities that continued with COVID-19 countermeasures included specialised services such as case management for high-risk and individual cases and referrals for child protection, GBV and mine action, individual protection assistance and physical rehabilitation, some PSS, and legal awareness and counseling on HLP and civil documentation (in centres, by outreach and in camps).
- Access to services for people who moved back to areas in the vicinity of the M4 and M5 highway in northwest Syria remain limited due to several factors, including heavy damage to civilian infrastructure in arrival areas and suspension or relocation of humanitarian services due to the unstable security situation.
- Structured activities in Child Friendly Spaces were suspended by most child protection partners. Other activities such as Child Protection Case Management and individual protection assistance (IPA) continued, despite some limitations on the referral system.

## Shelter and Non-Food Items

#### Needs:

- According to the assessment of a UN partner, 44 percent of displaced people use tents as shelter, around nine percent stay in substandard shelter, most of which are unfinished buildings, and three percent of displaced people have resorted to public buildings such as schools as their only shelter option, thereby disrupting the provision of public services.
- The SNFI Cluster and a UN partner conducted an assessment on the [collective shelter situation in northwest Syria](#) in May, intended to support partners and SNFI Cluster members to design and prioritise interventions to improve living standards within collective shelters. 87 collective shelters were assessed to determine the current living conditions and availability of services including water, sanitation, hygiene, cooking facilities, electricity and tenure security. The findings indicate that to date, none of the assessed collective shelters achieve the minimum emergency standards across all relevant sectors, and few collective shelters provide suitable shelter solutions for their inhabitants. The most prevalent issues overall were overcrowding and WASH. For example, 24 collective shelters, home to some 3,436 individuals, are below the minimum standard of 3.5 square metres per person, and 68 percent of collective shelters do not have bathing facilities, compelling some 10,940 displaced people to shower and bathe within their living units, where they sleep.
- The assessment on the collective shelter situation in northwest Syria found that 10 collective shelters have severe inadequacies, 73 shelters have moderate inadequacies and four shelters have minor inadequacies. In terms of geographical distribution, the most severely inadequate collective shelters were found in Dana, followed by Afrin and Mare' sub-districts. The NFI Cluster thus identifies the following interventions as needs:
  - Decongesting overcrowded shelters through the provision of emergency shelters or installation of partitions;
  - Improving or repairing sanitation services;
  - Improving the capacity of existing collective shelters to store sufficient drinking, cooking and bathing water.

#### Response:

- SNFI Cluster members continue to actively respond to the needs of the recently displaced population and people in protracted displacement. In May to date, NFI assistance was provided to some 275,573 individuals and shelter assistance to some 168,518 individuals. Given the stock capacity, Cluster members are able to reach 297,189 additional individuals with NFI assistance and a further 204,368 individuals with shelter assistance.
- The first meeting of the Concrete Block Transitional Shelter Construction TWiG took place on 14 May. This group aims to compile and share best practices, with the objective of producing guidelines on the construction of concrete block shelters in camps or informal settlements within the context of northwest Syria, in order to improve the quality of shelter available to the vulnerable population.
- The SNFI Cluster is continuously coordinating with the Health and WASH Clusters to respond to the needs of the displaced population in northwest Syria in the context of COVID-19. Hygiene measures in line with recommended COVID-19-specific WASH practices are promoted during assistance distributions to reduce the risk of transmission. The SNFI Cluster recommended that its members provide hygiene kits together with NFI kits and add soap. Additionally, the SNFI Cluster supported the release of tents from the contingency stock to be used as COVID-19 isolation units.

308 tents were installed at health facilities in various locations in Aleppo and Idlib governorates to be used as triage stations. SNFI Cluster members will continue providing tents to close the gap, in collaboration with the Health Cluster. In order to ensure an appropriate approach to COVID-19 outbreak, the SNFI Cluster has updated its recommendations in both [English](#) and [Arabic](#) for mitigating risks related to the COVID-19 outbreak for shelter and NFI activities.

#### Gaps & Constraints:

- Shelter inadequacies require significant capacity and budget to address, particularly inadequacies in collective shelters.
- More funding is required to expand shelters for vulnerable groups.
- Nearly 37,000 tents were provided between January and March 2020. However, SNFI Cluster members did not always receive funding for important associated infrastructure such as drainage, lights and roads. Upgrading existing camps is among the priorities identified by partners.
- The COVID-19 outbreak created additional burdens on SNFI Cluster members due to countermeasures required to mitigate the risk of transmission. These specific procedures require additional time, staff and effort, and thus extra cost.
- As the situation in northwest Syria remains volatile and operational areas have been shrinking, thousands of families are still in need of safe and adequate shelters.

## 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, including hygiene kits, jerry cans and water storage capacity.
- In both formal and informal camps, there is vital need to increase safe water supply to mitigate against diarrheal and other communicable diseases, including COVID-19.
- 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. Some returns are reportedly being observed especially in Ariha and Jabal Alzawayah; support is ongoing to provide them with lifesaving WASH support.
- The increased demand due to the increased presence of displaced people in communities is reducing the access of host communities to adequate safe water, leading to conflict between displaced and host communities. Increased operational support and system rehabilitation is needed to reduce the risk of conflict.

#### Response:

- The ongoing WASH response has reached 1.3 million recently displaced people in 1,125 locations through 29 Cluster members. 80 percent of the locations responded to are camps, 15 percent are communities, 2 percent are collective centres and 3 percent are other locations.
  - 500,069 people received and continue to receive water trucking;
  - 604,323 people received solid waste management services;
  - 248,963 people received new latrines (most of the existing public/community latrines are overcrowded due to an inadequate number of latrines);
  - 512,755 people benefited from hygiene kits (102,551 family hygiene kits intended for five people per kit);
  - 363,276 people benefited from water purifying agents (Aqua tablets);
  - 456,740 people benefited from the distribution of jerry cans (91,348 jerry cans distributed, two 10 litre jerry cans per household).
- Cluster members are scaling up the response for COVID-19. These activities have already commenced partially and are all expected to commence as by end-May.
  - 69,184 people are expected to receive water trucking, based on Cluster members' plans for displaced people;
  - 88,405 people are expected to receive solid waste management services, especially in locations with large populations of displaced people. This will benefit both displaced and host communities (50 percent host community, 50 percent IDPs);
  - 54,568 people will benefit from new latrines currently under construction;
  - 163,600 people will benefit from the available hygiene kits (32,720 actual family hygiene kits);
  - 125,784 people will benefit from available jerry cans (25,156 jerry cans available, each household usually receives two 10 litre 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. Soap distribution is the absolute priority.

- 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 lead agency transferred 300,000 bar soaps to the FSL Cluster lead agency for delivery with food parcels by the FSL Cluster lead agency and members in April.
- The WASH Cluster provided guidance to frontload soap to one 175-gram bar a week per household (or four 175-gram bars of soap per month).
- The WASH Cluster coordinated with the Health Cluster to provide inputs for risk communication and community engagement (RCCE, Pillar 2) and infection prevention and control (IPC, Pillar 7) of the COVID-19 preparedness and response plan for northwest Syria.
- 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 has been made specifically in SCHF projects with the caveat of not undermining ongoing interventions. Analysis was conducted among existing projects to that end. Additionally, 19 WASH Cluster members in 452 locations applied changes to their ongoing programme as mitigation against COVID-19. Activities changed include increasing water quantities, doubling quantities of soap and detergents and conducting information, education and communication (IEC) activities via mass media.

### 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 some 143,000 displaced people are as follows:
  - 142,897 displaced people lack water trucking (many more displaced people share existing water supply of host communities and other displaced people);
  - 137,584 people need public latrines rehabilitation or construction;
  - 142,307 people need recurrent solid waste management;
  - 171,520 people need hygiene kits.
- Challenges with regards to transshipments due to COVID-19 have not yet materialised but will be continually monitored, as well as the situation in Syria from warehouses to final destinations. A stock of 27,000 hygiene kits is currently in northwest Syria.

## Logistics

### Needs:

- With the outbreak of COVID-19, coordination and timely information sharing with partners is critical to assist with partner operational decision-making and to ensure bottlenecks and duplications are avoided. Particularly vital are:
  - Good visibility of UN transshipment pipelines to facilitate planning;
  - Good visibility of overall humanitarian transshipment truck figures;
  - Close monitoring of movement restrictions and changes in import procedures and customs regulations relating to COVID-19 items; and
  - Good visibility of partner storage needs and capacity in northwest Syria.
- 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.
- 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.

### Response:

- Between 1 and 13 May, the Logistics Cluster coordinated the transshipment of 601 Syrian trucks: 469 through Bab Al-Hawa and 132 through Bab Al-Salam, facilitating the delivery of 13,235 metric tonnes of Food Security, Shelter, WASH, Nutrition, Health and Education sector items.
- Information is being compiled on NGO transshipment figures into northwest Syria.
- The Logistics Cluster is monitoring and reporting to partners any movement restriction instated at Turkish points of entry, in Turkey and at the Bab Al-Hawa and Bab Al-Salam border crossings as a result of COVID-19.
- The Logistics Cluster is monitoring customs regulations, with 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 enacted measures at the transshipment hubs to mitigate the risks of COVID-19 to teams on the ground, including new handwashing facilities for

drivers and workers, promoting physical distancing, raising awareness through visibility items and a staff rotation system.

- Information on rentable storage space and partner storage capacity in northwest Syria is continually updated by the Logistics Cluster to help coordinate storage gaps in the area.
- The Logistic Cluster conducts workshops on an ongoing basis on safe use and disposal of PPE and how to stay protected against COVID-19 at transshipment hubs.

**Gaps/Constraints:**

- New movement restrictions inhibit the ability of responding humanitarian organisations to continue implementing their logistics operations both in Turkey and in northwest Syria.
- Potential future increased lead time for in-transit goods and uncertainty over the availability of medical supplies at local and international markets due to COVID-19.

## COORDINATION

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Emergency Task Force meetings continue to be held each week, focused on the humanitarian response to COVID-19 as well as the response to other humanitarian needs. Coordination with relevant authorities remains ongoing to ensure a comprehensive response to COVID-19 and to ensure the continuation of regular humanitarian work.

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