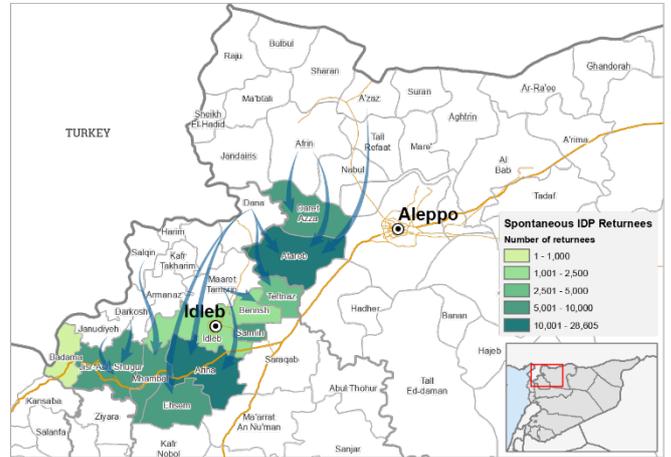


HIGHLIGHTS

- Immense humanitarian needs remain for people in northwest Syria despite a relatively calm security situation under the current ceasefire. Further scale-up is needed as the COVID-19 pandemic intensifies people's needs and hampers response efforts. Urgent emergency needs are increasingly being exacerbated by needs associated with those of people in longer-term displacement.
- Some 126,000 people displaced in northwest Syria have moved to areas in Idlib and western Aleppo governorates from which they were displaced since 1 December 2019. This includes some 106,000 people who returned to their areas of origin and some 20,000 people who arrived back to areas to which they were previously displaced prior to the latest displacement. Nearly three quarters went back in the first half of April.
- To date, no cases of COVID-19 have been identified in northwest Syria. Humanitarian response efforts continue to focus on preparedness and response planning to minimise potential impact of COVID-19 on communities and on humanitarian partners.



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

4 MILLION
people in northwest Syria
(comprising the Idlib area and
northern Aleppo governorate)

approximately
960,000
people displaced since 1 December
(incl. 106,000 spontaneous IDP returnees)

US\$ 500 MILLION
emergency funding required to provide
humanitarian assistance to 1.1 million
people in northwest Syria until July 2020

51%
of them are children

60%
of them are children

25%
of them are women

21%
of them are women

approximately
US\$ 31 MILLION
emergency funding estimated to be needed
for the northwest Syria COVID-19 response

SITUATION OVERVIEW

The humanitarian situation for people 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 affect the lives of civilians. Of the nearly 1 million people in the area who fled their homes to escape from hostilities between December and early March, some 854,000 people reportedly remain in displacement, a figure comprising many vulnerable groups such as the elderly, persons with disabilities, and female- or child-headed households. Though displacement has largely stopped, the humanitarian needs of the people who have been displaced and the pre-existing needs of the wider community remain extremely high.

Humanitarian needs are increasing for some people in some parts of western Aleppo governorate and southern Idlib governorate as thousands of families reportedly return to areas from which they fled, compounded as many services in these locations were suspended or moved elsewhere as a result of recent hostilities. According to an assessment conducted by a UN partner on 16 April, 106,000 people displaced since 1 December 2019 have voluntarily returned to their areas of origin in Idlib and western Aleppo governorates. An additional 20,000 who had been previously displaced to these areas from other parts of northwest Syria due to hostilities prior to December 2019 also reportedly arrived back to their former place of displacement. Some 71 percent of all who returned – nearly 90,000 people – did so in the first half of April, while 29 percent reportedly returned in March. Nearly 60 percent departed from Dana in Idlib governorate and A'zaz and Afrin in Aleppo governorate. 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 126,000 people who returned to where they lived before the latest displacement are women and children, corresponding with the proportion of women and children among the overall population of those recently displaced in northwest Syria.

The most urgent needs of the recently displaced individuals continue to be shelter, water, sanitation and hygiene, food and protection. Concurrently, as the displaced population begins to settle in, needs with longer term impacts are increasing in prominence, such as health, nutrition and education services. Additional needs have also arisen in light of the potential impact of the COVID-19 pandemic on people living in northwest Syria, on local health systems, and on the humanitarian partners delivering assistance.

As of 17 April, there are no known cases of COVID-19 in northwest Syria, while 38 cases have been confirmed in other parts of Syria, including two fatalities. Current impacts on the humanitarian situation of people in northwest Syria are due to countermeasures taken to mitigate the potential spread of COVID-19. Precautions introduced by local authorities reportedly include closure of schools, private clinics 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, although both crossings remain open for humanitarian and commercial shipments, with similar restrictions in place at crossing points between Idlib and northern Aleppo. At the border, infection prevention and control (IPC) measures are in place at all entry points, with monitoring on both sides of the border as well as cross-line points in northwest Syria coordinated by Turkish authorities and supported by Health Cluster partners.

The current humanitarian response to COVID-19 in northwest Syria is focused on two areas: (i) prevention of, and preparedness for, potential cases, and (ii) ensuring that humanitarian assistance continues while mitigating the risk posed by COVID-19 to communities and to humanitarian workers. A revised COVID-19 preparedness and response plan for northwest Syria was issued on 5 April, concentrating on scaling up capacities for prevention, early detection and rapid response to COVID-19 in Idlib and the Afrin and A'zaz to Jarablus area of northern Aleppo. Covering a minimum period of three months, from April to June 2020, the plan identifies a funding requirement of US\$ 31 million for coordination and planning, risk communication and community engagement, surveillance, rapid response and case investigation, readying points of entry, capacitating laboratories, case management, IPC, and operational support and logistics.

A laboratory in Idlib has been equipped to test for COVID-19 samples from the Idlib area since 24 March. In some instances, samples from the Afrin and A'zaz to Jarablus area of northern Aleppo are sent to laboratories in Turkey for testing. The laboratory in Idlib has a testing capacity of some 5,000 samples; of the 160 tests conducted as of 16 April, all have returned negative results. WHO and humanitarian partners have begun the process of capacitating two additional laboratories in northwest Syria to test for COVID-19. 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.

To treat confirmed cases, three hospitals supported by Health Cluster partners are ready to receive patients in the coming weeks, and three additional hospitals with ICUs are being modified and repurposed as COVID-19 isolation case management centres, in Idlib, Salqin and Daret Azza. Each of these will have a 70-bed capacity comprising 30 ICU beds for severe cases requiring ventilators, 30 beds for cases requiring close follow-up and treatment for underlying conditions, and 10 beds for patients pending discharge. One other hospital has been identified in northern Aleppo governorate to potentially be similarly repurposed. 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. Six humanitarian partners have begun installing CBI centres with a total capacity of 260 beds in six locations in Idlib governorate.

Humanitarian partners are nuancing 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. Critical enabling factors for new ways of working are being analysed to address associated vulnerabilities and opportunities. 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

In recent weeks, many donors have endeavoured to ensure rapid and early payment of their contributions to support both the ongoing response to humanitarian needs in northwest Syria and the scaling-up of funding for the response to the COVID-19 pandemic. 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. A separate COVID-19 preparedness and response plan which focuses on health support for people in northwest Syria identified the need for an additional US\$ 31 million to adequately respond to COVID-19 for a three-month period. To date only a limited fraction of this funding has been secured. Overall, predictable and speedy contributions are essential to allow informed planning and management of the humanitarian response. Mobilisation of additional resources to fund COVID-19 related activities are ongoing, including through the Syria Cross-border Humanitarian Fund (SCHF).

Efforts by the humanitarian community to adapt operational modalities to enable the continuation of operations and the provision of life-saving activities continue, and more needs to be done rapidly. Several measures are being introduced by many donors and UN agencies to support flexible reprogramming to facilitate the COVID-19 response or review and adapt current activities that may be impacted by such operational modalities. Partners are encouraged to continue informing their respective donors of any change in their ways of working and if the current situation is impacting the efficiency and timeliness of delivery or if adaptations are required.

This week, at the SCHF Advisory Board meeting the global guidelines developed to introduce flexibility measures to support the COVID-19 response were discussed. The guidelines were shared with partners, and a review is underway to contextualise them for northwest Syria. The adapted guidelines are expected to be finalised and disseminated to partners within the next week. A reserve allocation with funding allocated to limited partners is ongoing to support the COVID-19 response, while preparations for a larger and broader standard allocation are also taking place.

HUMANITARIAN RESPONSE

Camp Coordination and Camp Management

Needs:

- The existing reception centres and IDP sites are currently overcapacity. The shelter needs of the most vulnerable displaced population must be addressed by expanding existing/establishing new IDP sites and reception centres (RCs), as part of the response plan for the current influx.
- Some 17,589 IDP families are using public buildings as collective centres, including some 3,750 in schools that need to be evacuated to enable resumption of educational activities.
- Most of the displaced families hosted in three reception centres have been there for four months, with no possibility of relocation to permanent locations due to the lack of alternative shelter options.

Response:

- Three functioning RCs have responded by hosting 5,440 displaced people or 971 families, including with the provision of food, shelter and WASH services.
- The CCCM Cluster continues to provide technical support to the review board concerning the 12 SCHF project proposals approved by the Deputy Regional Humanitarian Coordinator (DRHC).
- The CCCM Cluster Land Taskforce (TF) continue to focus on the land identification and verification. Since the beginning of the activity a total of 301 expandable camps/lands were identified with an approximate maximum area of 8 million square metres. 147 locations were excluded for reasons including proximity to the frontlines, existing usage, sloped or too small land, or proximity to a military base. 107 locations with an area of 1 million square metres are currently undergoing verification. 47 locations with area of 677,500 square metres have been successfully verified. The total area of the already established camps is 3 million square metres, accommodating 124,288 individuals.

- Ongoing provision of technical guidance to cluster members on international standards in site selection, site planning, HLP, and due diligence, as well as other camp management related activities.
- In collaboration with partners, CCCM held a meeting focused on developing a coverage plan for a new round of IDP site assessment using the simplified ISIMM Plus tool. A key point of discussion was on including COVID-19-specific questions, to be added as a separate section in the questionnaire focused on the current pandemic. For example, on awareness sessions conducted on COVID-19 preparedness, measures and awareness on physical distancing, health screening conducted by health partners and referral pathways established for COVID-19 in the site. It is important to ensure that these suggested additions would feed into the broader multi-sectoral response and to avoid duplication.
- The CCCM Cluster continued the production of IDP figures, infographics, and dashboards based on the data received from various cluster members and partners. The CCCM Cluster in cooperation with 10 Cluster members also received updated information on services provided in the 449 camps and camplike settings; all sites should be covered by the end of April. The data analysis includes the needs and gaps in the sites that must be considered to develop the COVID-19 prevention and response plan.
- The CCCM Cluster is closely monitoring 706 IDP sites hosting 1,148,228 IDPs, and incident reports affecting IDP sites are rapidly produced, with the response coordinated. The Cluster shares updates, including on number of sites listed in the CCCM database (ISIMM) and the IDP population in camps and camps like settings. The latest update covers March 2020.
- As a member of the Rapid Response Mechanism, the CCCM Cluster provides technical expertise and recommendations regarding contingency stocks for the response prepositioned in Syria and in Turkey, as well as those in the pipelines. The CCCM Cluster is also reviewing the proposed site plan for a new site in Aleppo for approximately 3,000 IDP families, to ensure international standards are applied and protection principles have been considered.
- The [CCCM Guidance Note on COVID-19 outbreak in northwest Syria](#) was finalised. Feedback from relevant Clusters and partners was incorporated in developing this document, which is intended to be complementary to other guidance notes and serves as a contextualised tool for camp and camplike settings in northwest Syria.
- CCCM and SMT have completed the verification of ad hoc information received from the field on potential unmet needs, and all verified needs have been shared with the relevant Clusters. The CCCM Cluster provided support to the SNFI cluster and its members to develop the coverage plan required to coordinate the response.

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.
- There are reportedly 2,396 displaced people in open areas in urgent need of shelter.
- As part of COVID-19 mitigation measures, A'zaz, Al Bab, and Maaret Elekhwān reception centres stopped receiving new arrivals. Only three new families have been received in Maaret Elekhwān, following a medical check and implementation of isolation measures in separate tents that had been prepared to accommodate urgent cases.

Early Recovery

Needs:

- According to the most recent Multi-Sectoral Rapid Needs Assessment (RNA) (REACH, March 2020), the high number of IDP arrivals to assessed communities in northwest Syria within recent months has posed several challenges to available services and livelihood opportunities within the region.
- In most assessed communities of northern Aleppo and Idlib (total of 461 communities assessed), key informants (KIs) reported that there are no more livelihood opportunities, leaving both host community and IDP households extremely vulnerable.
- KIs in more than a quarter of communities reported that manufacturing and trading have been gravely impacted by conflict. The displaced population has become significantly reliant on non-productive means of livelihoods such as remittances, aid or loans.
- KIs in 337 assessed communities (73 percent) reported that households faced barriers to accessing market. The biggest challenge to accessing markets was a lack of transportation, as reported in 224 communities, accounting for 68 percent of communities which reported barriers
- 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.
- According to KIs, in 32 assessed communities (7 percent) accessibility for people with disabilities to latrines was reported as one of the most common barriers (47 percent). Among the widely reported sanitation issues was absence

57,736

households reached by rehabilitation of access to basic utilities.

of sewage systems and sewage flowing into streets. Insufficient garbage collection and resulting presence of garbage in the streets was reported by KIs in 33 percent of assessed communities.

- According to KIs, child labour is prominent across the region and poses a higher risk for displaced people. As displaced people face greater challenges accessing sustainable livelihoods than host community households, they are more likely to send their children to work in order to provide for their families.
- Key Informants in 56 percent of assessed communities reported that electricity networks had been completely damaged by conflict whilst KIs reported that telecommunications and internet coverage networks had been completely damaged in 32 percent of assessed communities. Nearly all basic services across assessed communities have been partially damaged due to conflict, KIs reported that hospitals had been partially damaged in 27% communities.
- Most commonly reported rehabilitation needs (by number of communities where reported):
 - Electricity networks
 - Water supply networks
 - Roads/streets
 - Schools
 - Hospitals/health facilities
 - Community dug wells

Response:

- 19 ERL partners responded during March 2020. Nine ERL partners operated in seven Aleppo sub-districts reaching 193,685 direct beneficiaries, and 13 ERL partners operated in eight Idleb sub-districts reaching 97,447 displaced people.
- Rehabilitation of access to basic utilities (electricity, gas, water, sewage) interventions reached 57,736 households mostly in Al Bab and Jandairis in northern Aleppo governorate and Dana and Maaret Tamsrin in Idleb governorate.
- 1,002 m³ of debris and waste was removed in camps, city centres and villages.
- 173 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 labour.
- Entrepreneurial activities supported 98 entrepreneurs to start a business or service, mostly women and youth.
- 927 benefited from vocational and skills trainings, mainly English, hairdressing, sewing, computer skills and solar system maintenance.
- 124 persons with disabilities benefitted from activities such as short-term work opportunities, vocational training and entrepreneurship support.
- Two bakeries and 13 shops were rehabilitated in A'zaz, northern Aleppo governorate.
- Rehabilitation has begun for 15 km of road and six drainage systems in Dana, Idleb governorate.
- According to the latest indications from the ERL partners following COVID-19-related adjustments:
 - Vocational and skills training activities, community initiatives and social cohesion activities including support to civic engagement activities have been and will be affected. To date, received information is that partners are abandoning or halting such activities for an indefinite period. Few partners are reporting exploring/implementing online modules. The opportunity to scale up this format is currently being analysed according to information provided by partners.
 - Support to entrepreneurship, short-term work opportunities and regular employment: partners' activities have been adjusted and take into account curative and preventive health measures (distribution of brochures, leaflets, posters on prevention measures, possible reduction of participants).
 - Majority of ERL partners rehabilitating basic utilities, local economic infrastructures, health facilities and other social infrastructures are continuing as planned before the COVID-19 pandemic and have adjusted to take into account curative and preventive health measures.

Gaps & Constraints:

At least 500,000 additional beneficiaries are not reachable by ERL partners with currently available funding. This population needs to be urgently reached with:

- Creation of short-term work opportunities, particularly through cash-for-work and, where possible, linked to rehabilitation works.
- Support to micro-businesses both in urban and rural environments to start up market-demanded activities for goods and services and to contain the impact of the COVID-19 pandemic on existing businesses.
- 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 shopkeepers/business owners, to cultivatable lands, to and from camps.
- Markets.
- Water systems (water pipes, pumping stations and groundwater tanks to ease stress on burdened service).
- Rehabilitation of sewage channels and drainage systems to ease stress on burdened service.
- Restoration of essential services and basic infrastructure to prioritise activities that would support the preventive and curative health response to COVID-19, including rehabilitating health centres/facilities, retrofitting designated quarantine facilities, equipping isolation centres, waste management, restoring water and sanitation services and providing energy to these facilities, in close coordination with other sectors and local governance structure.
- Collecting daily solid waste in urban areas and inside camps, cleaning of main and secondary roads and social infrastructures by removing rubble and garbage.
- Market-based modalities assistance to vulnerable households, including 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, and are expected to remain closed until the end of April.
- 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 (should they be accessible to children and/or adults);
 - 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 UNICEF Risk Communication and Community Engagement (RCCE);
 - 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;
 - Assess if students, parents and teachers have access to affordable internet connectivity and internet-enabled devices. If not, consider paper-based individual home learning assignments based on the current curricula.
 - Hold meetings virtually to consult with school governance bodies (PTAs, SMCs) on the proposed approach.

398,000

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

Response:

- The Education Cluster reached 81,016 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 and Atareb, Qourqeena, Daret Azza and Bennsh.
- 18,080 children supported with formal and non-formal education in Idleb, Harim, Dana, Atareb, Salqin, Maaret Tamsrin, Qourqeena; including children with disabilities.
- 825 children supported with winter clothes in Maaret Tamsrin and Atareb; 4,174 children benefitted from fuel for heating in schools in Jisr Ash Shugur, Idlib and Harem.
- 4,159 children supported with recreational kits, school bags, student kits and textbooks in Ariha, Idleb, Harim, Dana, Armanaz, Salqin, Kafr Takharim, Idleb City, Marat Tamsrin and Qourqeena.
- 4,150 children supported for their mid-year exams.
- 173 children provided with medicine 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.
- 9,589 children benefitted from distance learning in Idleb, Dana, Jandairis, Raju, Sharan, Atareb and Afrin as an alternative way to continue education during the COVID-19 pandemic.
- An additional 15,200 children, of whom at least some 50% are IDPs, will soon start distance learning in Aleppo and Idleb governorates.
- In Idleb and Dana sub-districts, 3,351 students and 96 teachers have been provided with awareness raising on COVID-19 and received information, education and communication (IEC) and sterilisation materials
- During February, 148,878 children from displaced and host community populations received textbooks in 23 sub-districts of Idleb and Aleppo governorates.
- 51 teachers and education personnel have been trained on literacy and numeracy and on 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.

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 and Livelihoods

- 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 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.

571,000

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 partners delivered food assistance to some 368,400 recently displaced people between 14 March and 14 April, comprising 292,600 food baskets, 24,000 cooked meals, 35,000 RTE rations and 16,500 cash disbursements:
 - Nine FSL Cluster members distributed Emergency Food Baskets to 292,600 beneficiaries;
 - Three FSL Cluster members distributed RTE rations to 35,000 beneficiaries;
 - One FSL Cluster member distributed Cash (US\$) for food to 16,500 beneficiaries;
 - Two FSL Cluster members distributed Cooked Meals to 24,000 beneficiaries.
- FSL Cluster members plan to provide further assistance reaching 307,035 recently displaced people by end-April:
 - Four FSL Cluster members planned 12,900 Emergency Food Baskets (one-off) to reach 74,725 beneficiaries;
 - Four FSL Cluster members planned 23,681 RTEs to assist 128,720 beneficiaries;
 - Two FSL Cluster members planned US\$ 2,027,450 of MPCGs to assist 71,890 beneficiaries;
 - Two FSL Cluster members planned 77,500 Cooked Meals to assist 11,900 beneficiaries;
 - Two FSL Cluster members planned US\$ 216,050 Cash-for-Food to assist 19,800 beneficiaries.
- COVID-19: FSL Cluster members are applying the following up mitigation measures:
 - 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 beneficiaries 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).
- Actions taken by the FSL Cluster:
 - Engaged 40 focal points and created a Skype group for coordination between the FSL cluster and FSL partners. The Cluster has conducted two rounds of training on prevention and mitigation measures related to COVID-19.
 - A workshop with FSL partners was held on 9 April to set out FSL Cluster priorities in northwest Syria for 2020. Main priorities were identified in the following thematic areas of work: (1) food assistance, including food baskets, and RTE rations, either in-kind, voucher or cash modalities considering COVID-19 mitigation measures; (2) agriculture, including wheat, olive, legume, vegetable value chains, and intercropping agriculture systems; (3) livestock, including training, fodder, vaccination and dairy value chain; (4) irrigation, including rehabilitation of canals and supporting the participatory irrigation; and (5) livelihoods, including income-generating activities such as cash for work, food processing and small grants.

Gaps & Constraints:

- The latest gap in food assistance amounts to 571,000 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 related to Strategic Objectives 2 and 3; around 1,596 people are planned to be trained (150 beneficiaries, 32 agriculture engineers, 1,014 beneficiaries and local councils, 200 beneficiaries and 200 beneficiaries 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:

- Shortages of COVID-19 testing kits have impacted the response in northwest Syria similarly to elsewhere across the globe. Procurement at both local and international level is a major challenge.

- 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.
- Travel restrictions, sanctions and customs procedures are impacting and delaying Health Cluster partners' surge capacities and supply lines.

Response:

- Non-communicable disease (NCD) drugs and supplies were provided for 16 primary healthcare centres (PHCs) for six months. Another 65 NCD Kits for 65 PHCs were provided to serve over 85,000 NCD patients for three months.
- In northern Aleppo governorate, the Health Cluster lead agency began supporting three PHCs, in Shamarekh, Ra'el and Al Bab, as well as one mobile team for the communities of Hazwan, Alkrizat, Noman and Abu Alzndin.
- A total of 79 expanded programme on immunisation (EPI) centres are serving 13,262 children under one year of age and 852,142 children under five year of age in northwest Syria. This includes resuming work in three EPI centres, two in Aleppo governorate and one in Idlib governorate.
- EPI teams (644 participants) were trained on COVID-19 awareness, physical distancing & protective measures.
- The 3 tuberculosis (TB) centres are still operating and providing services in northwest Syria. One health partner, in collaboration with the local authorities, began supporting an additional TB centre in Jarablus city. As a preventive measure against COVID-19 and to mitigate against potential further restrictions in cross-border movements, an eight months' supply of medicines were provided.
- As TB patients have heightened vulnerability to COVID-19, the TB programme focal point in Syria conducted training sessions in the three TB centres on COVID-19 and precautions measures to be taken in the centres.
- Medical supplies, including specialised emergency health kits, essential medicines for mental health conditions, medicines for TB treatments providing 95,000 treatment courses were delivered to northwest Syria.
- There are 150 mental health and psychosocial support (MHPSS) facilities across northwest Syria providing MHPSS services with 329 psychosocial workers, 114 Mental Health Gap Action Programme (mhGAP)-trained doctors, 24 psychologists and 23 mhGAP-trained midwives ready for the response in northwest Syria.
- A total of 70,000 leaflets and brochures were distributed in northwest Syria to cope with IDPs' movements and to mitigate the risk of COVID-19 in crowded communities. The brochures and leaflets include psychosocial and mental health topics in addition to referrals to MHPSS care in the Idlib and Afrin and A'zaz to Jarablus area.
- Infection prevention and control (IPC) kits were procured by the Cluster lead agency to cover all the dialysis centres for five months. Information, education and communication (IEC) materials on COVID-19 were distributed and awareness sessions were conducted for dialysis centres in Idlib governorate.
- Some health partners provided NCD patients with two months' supply of NCD medication in order to reduce visits to PHCs, to limit the risk of COVID-19 transmissions.
- Standard surveillance guidelines and tools including case definitions, investigation, line listing, data dictionary etc. for COVID-19 were provided by the Cluster lead agency, translated to Arabic by a health partner and disseminated at the district and sub-district levels in northwest Syria.
- A Health Cluster partner conducted two-day virtual training-of-trainers for 26 district level officers on surveillance and response for COVID-19 as well as on influenza. Training sessions on the same topic were subsequently conducted for 200 EWARNS staff. Another partner provided COVID-19-specific IPC training to 29 health partners covering 519 managers of health facilities and senior health professional staff, of which 117 are female and 402 male.
- Ongoing work of the COVID-19 Health Task Force for northwest Syria includes the installation of community-based isolation (CBI) centres and securing funds for three COVID-19 isolation hospitals, each with 30 Intensive Care Unit (ICU) beds, 30 beds for moderate cases, and 10 beds for patients pending discharge, as well as for 90 ventilators.

Gaps & Constraints:

- As a precaution against the spread of COVID-19 and to avoid overcrowding during vaccination sessions, vaccination activities in EPI centres were suspended but remain ongoing in delivery hospitals. The polio campaign has been postponed to beyond June 2020 due to COVID-19.
- Despite the efforts made by the COVID-19 Health Task Force for northwest Syria and the active response pillars, many factors are impeding the implementation of activities on the ground. These include the global shortage of supplies, mainly PPEs, a lack of awareness/sensibilisation within communities, the lack of a single authority and absence of a unified decisionmaker in northwest Syria, and bureaucratic formalities.
- While some donors have stepped up to support the humanitarian response set out in the COVID-19 preparedness and response plan for northwest Syria, the funding gap remains, especially to support the needed 28 CBI centres and three isolation hospitals, and to procure necessary ICU equipment.

- The dissemination of information pamphlets/brochures is impeded by the risk of contact and potential transmission of COVID-19. Alternative modalities are being considered, including placing banners/posters in fixed facilities, on social media channels and washable flipcharts during household/community visits.

Nutrition

Needs:

- The COVID-19 pandemic threatens to disrupt the nutrition response and aggravate an already poor nutrition situation where three in every 10 children under the age of five years are stunted and acute malnutrition among pregnant and lactating women (PLW) remains persistently high.
- The proxy prevalence of acute and chronic (stunting) malnutrition among children aged 6-59 months are estimated to be three percent and 28 percent according to the most recent surveillance data. Three in every 10 PLW are acutely malnourished compared to one in every 20 during the first half of 2019.
- An estimated 13,500 acutely malnourished children aged 6-59 months and 22,600 PLW among IDPs across northwest Syria have a compromised immune system and therefore an elevated risk of mortality in the context of a COVID-19 outbreak.
- Need to scale up nutrition response to reach all displaced mothers and children within the accessible geographic areas.
- Multi-sectoral responses to address Acute Malnutrition among displaced pregnant and lactating mothers and Chronic Malnutrition among displaced children 6-59 months.

172,282

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

Response:

- 172,282 children under the age of five years and PLW have been reached with life-saving nutrition services covering 222 communities in 33 sub-districts in northwest Syria since 1 December 2019.
- The number of children under the age of five years and PLW reached to date represents nearly 64 percent of the population in need of life-saving nutrition services – a 14 percent increase in coverage since the last situation update.
- The life-saving nutrition services have covered the following categories of beneficiaries:
 - 53,453 PLW reached, representing nearly 70 percent of those in need;
 - 118,829 children under the age of five years reached, representing 62 percent of those in need.
- Life-saving nutrition services are provided through 78 Rapid Response Teams (RRTs) and mobile teams by 18 Nutrition Cluster partners.
- Nutrition Cluster partners provided the following services:
 - 19,536 displaced children under the age of 5 years, pregnant and lactating mothers received high-energy biscuits for prevention of acute malnutrition;
 - 47,312 pregnant and lactating mothers and children aged 6-59 months age received micro-nutrient supplementation;
 - 30,909 children aged 6-36 months received high calories lipid-based nutrition supplements for prevention of acute malnutrition;
 - 51,538 mothers and caregivers were reached with infant feeding and caring practices messages and counselling.
- Out of the 172,282 PLW and children under the age of 5 years screened for Acute Malnutrition:
 - 490 cases of severe acute malnutrition and 1,885 cases of moderate acute malnutrition were identified among displaced children aged 6-59 months and referred for appropriate treatment, with the highest number of cases found in Afrin and camps in northern Idlib governorate;
 - 3,529 acutely malnourished mothers were identified and referred for appropriate treatment.
- The Nutrition Cluster and the Cluster lead agency developed operational guidance for nutrition partners on nutrition response adaptations in northwest Syria in light of COVID-19, based on global recommendations. This guidance aims to mitigate the risk of COVID-19 transmissions while ensuring continuity of life-saving nutrition services.
- A taskforce within the Nutrition Cluster was formulated to provide a forum for coordination, technical oversight and streamlining of the Nutrition Cluster response adaptations during the COVID-19 pandemic. The taskforce also represents the Nutrition Cluster in pillars 2 (RCCE) and 7 (IPC) under the COVID-19 preparedness and response plan for northwest Syria.
- Nutrition Cluster partners have temporarily suspended group Infant and Young Child Feeding in Emergencies (IYCF-E) counselling sessions to minimise exposure of staff and participants to COVID-19. One-on-one sessions are continuing with mitigation measures in place. Other adaptations in service delivery include reduced frequency of follow-ups, conducting mid-upper arm circumference (MUAC) and/or oedema screening only at admission and discharge, and simplified treatment protocols, etc.

Gaps & Constraints:

- The availability and access to health and nutrition services particularly for those displaced in northwest Syria will most likely deteriorate due to fear of COVID-19 and a disruption of the health system. Those at risk of missing services include an estimated 172,282 children under five years of age and PLW currently receiving various nutrition services such as treatment of severe/moderate acute malnutrition, IYCF-E counselling, micronutrient supplementation, etc.
- A shortage of supplies for treatment of moderate acute malnutrition (MAM) limits coverage of targeted supplementary feeding programme services, especially among PLW where the burden is highest, and could result in increased caseload of severe acute malnutrition (SAM).
- Management of chronic malnutrition among children under five years of age and acute malnutrition among PLW requires a comprehensive maternal health and nutrition response in close coordination with Food Security, Health, WASH and Shelter clusters. The disruption caused by the COVID-19 pandemic across all sectors will likely present medium to long-term impacts on the nutrition situation.

Protection

Needs:

- The relative calm security situation since the start of the current ceasefire in early March 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 that 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 women being forced to abort pregnancies by their husbands who do not wish to have children now due to COVID-19 fears and concerns. Women 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 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 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.
- Persons with disabilities are known to be at increased risk from the COVID-19 pandemic due to the need for close contact with personal assistants/caregivers, as well as an increased risk of infection and complications due to underlying health conditions and socio-economic inequalities, including poor access to healthcare. These risks are compounded by numerous barriers to family crisis preparedness due to displacement and drastic changes in living conditions, a lack of access or obstructed access to public health and protection messaging, risks of increased stigma on the basis of disability, inaccessibility of WASH infrastructure, potentially discriminatory attitudes and procedures of the health workforce and systems, and potentially disrupted protection and social support mechanisms. The Technical Working Group on Inclusion has produced a complete [note on a Disability-inclusive COVID-19 response](#).
- 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 during the COVID-19 pandemic, such as age-based discrimination, 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 sensitisation 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 healthcare, social and psychosocial support, and basic needs including food, water and other essentials. The needs of vulnerable populations are to be prioritised 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.

Response:

- From 30 March to 12 April 2020, 11 Protection Cluster members provided emergency response services for civilians displaced from Idleb and Aleppo areas due to the ongoing hostilities. Cluster members provided 29,666 protection interventions to IDPs and affected host community members in 43 communities within 16 sub-districts in Idleb and Aleppo reaching 18,548 individuals (5,924 girls, 5,181 boys, 4,836 women and 2,607 men). The main services protection actors provided included psychological first aid (PFA) and psychosocial support (PSS), information sharing about other services, Dignity kit distribution, and mine action risk education. Cluster members also referred individuals to other basic services, notably to health and shelter, and provided Individual Protection Assistance (cash grants for protection purposes). It should be noted that the above emergency response activities are in addition to activities included in the HRP and monthly reported through the 4Ws.
- 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-19 prevention messages and messages on childcare in times of isolation and unpredictability. During the reporting period, 23,014 individuals (11,144 girls, 11,880 boys and 10 women) were reached with child protection emergency interventions. 2,739 newly reached children (1,255 girls and 1,484 boys) were provided with psychosocial support (structured and sustained) and psychosocial first aid in Afrin district in Aleppo governorate and Jisr-Ash-Shugur district in Idleb governorate. Additionally, 4,161 children (1,975 girls and 2,186 boys) benefitted from distribution of psychosocial support and recreational kits. Wristbands aimed at prevention of family separation reached 15,738 children (7,764 girls and 7,974 boys) in Idleb district. Additionally, child protection case management including referrals reached 22 new children (15 girls and seven boys). Awareness raising on child protection issues including prevention from separation was conducted with 333 children (103 girls and 203 boys).
- 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 organised two training sessions for GBV partners in Syria on how to accessibly communicate correct messaging on preventing and responding to COVID-19. GBV partners also continued to distribute dignity kits in northwest Syria, reaching 54,516 to women and girls since December 2019.

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 that continued without suspension included specialised services, including case management and referrals for Child Protection (CP), GBV, and Mine Action, to high-risk and individual cases, individual protection assistance and physical rehabilitation, some psychosocial support, and legal awareness and counselling on HLP and civil documentation (in centres, by outreach and in camps). Dignity kit distributions also continued, following SNFI guidelines for COVID-19 precautions. 11 of 13 partners conducting Protection Monitoring reported that they were able to continue this activity, sometimes using teleworking and staff rotation. Organisations conducted remote follow-up for individual high-risk cases and conducted activities in open rather than closed spaces when possible.
- Activities which organisations were usually able to continue, by applying some precautions, included awareness raising and information sessions, and some recreational activities and structured and sustained PSS group activities, with smaller groups of beneficiaries. Organisations are beginning to explore alternative modalities for such sessions, including online delivery. Organisations also continued to provide PFA. Structured group activities were reduced and focus increased on individual PSS services and information sharing in limited groups. Particularly services requiring the gathering of groups were postponed, including empowerment and life skills activities. Activities such as GBV Case Management and Individual Protection Assistance continue despite some limitation to the referral systems.
- Organisations continued these activities by taking precautionary measures including sanitisation of physical facilities; increased hand washing; equipping staff with protective gear like masks, gloves and hand sanitiser; and maintaining distance while communicating. Outreach teams conducted more household visits to compensate for restrictions on group activities.
- Completely or almost completely suspended activities included recreational activities, safety audits, life skills activities, vocational training, structured PSS and capacity-building trainings of staff and stakeholders on protection concepts and services. Those organisations that did continue recreational activities decreased the numbers of beneficiaries in every session to avoid congestion and practiced increased sanitisation of facilities and hand washing.

Shelter and Non-Food Items

Needs:

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

Response:

- Shelter/NFI continues to actively respond to the needs of newly displaced and protracted displacement of people, with approximately 360,000 individuals, including both IDPs and host community members, assisted with NFI and/or shelter in March. More specifically, almost 200,000 individuals received NFI kits in March, containing a kitchen set, mattresses and blankets, and winter items. The shelter needs of some 159,000 people were addressed over the course of the month with activities including emergency/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.
- In collaboration with the CCCM Cluster, Shelter/NFI Cluster and its members are focused on identifying more land suitable to extend camps. The Shelter/NFI Cluster has also created a site planning group to improve the capacity of the Cluster members setting up new camps. The shelter response is set to increase due to additional funding received through SCHF and CERF.
- To support members implementing camp extension and new camp establishment activities, the SNFI Cluster actively participated with OCHA, Access Working Group and CCCM and WASH clusters in the SCHF RA 2020 ongoing projects, focused on discussing the status of projects, challenges and the impact of COVID-19 on ongoing activities.
- As part of the Shelter/NFI Cluster response to the COVID-19 outbreak, the SNFI Cluster focal point is coordinating the response with the Health and WASH Clusters. Coordination with other clusters on the response has commenced, including with WASH, CCCM and Health; in parallel with the Strategic Advisory Group (SAG) members.
- On 8 April, the Shelter/NFI Cluster held its regular monthly meeting using an online platform. The meeting ran smoothly, with 84 participants attending and the option of simultaneous Arabic translation provided in a specified channel.
- The Shelter/NFI Cluster shared the Arabic version of its [recommendations for activities in the context of the COVID-19 outbreak](#) on 1 April. The target audience includes Cluster members, staff, IDPs and host communities, as well as providing recommendations for donors. The Cluster also held a Shelter/NFI COVID-19 session in Arabic and English on 9 April to engage with Cluster members, other clusters and OCHA. All discussions and recommendations were shared and will be consolidated in the Cluster's updated guidance, which will be published online and shared with Cluster members. The session mainly focused on provision of NFI assistance to the affected population through specific mitigation measures, with discussions on mitigating risk of transmission in overcrowded shelters, collective centres, tents, and any other shelters at risk.
- The Shelter/NFI Cluster is encouraging strong coordination with the WASH Cluster, particularly for hygiene promotion carried out by WASH actors during NFI distributions, the provision of hygiene kits when distributing NFI kits, and improving access to water and sanitation facilities in collective centres and other IDPs sites. The Shelter/NFI Cluster recommended its members to add soap to all NFI distributions in northwest Syria. The Shelter/NFI Cluster is further coordinating with its members and the Health Cluster to provide family tents to serve as triage stations at health facilities in Idleb and northern Aleppo governorates. The contingency stock is utilised in this response to ensure that the gap is completely covered.
- In coordination with HNAP, the Shelter/NFI Cluster is designing an assessment to be conducted in collective centres with the objective to:
 - Develop the understanding of the present situation and basic needs.
 - Identify overcrowded collective centres and follow up with partners to facilitate solutions.

Gaps & Constraints:

- Thousands of families are seeking safe places to shelter across a wide geographical area that has suffered from inclement winter weather in the last few months.
- Finding land and obtaining authorisation to extend or establish new camps is a key challenge faced by humanitarian actors in the current situation.
- Access to some locations in northwest Syria that are close to the frontlines is an ongoing challenge. Some partners reported limited access to these locations especially in western Aleppo and southern Idleb governorates.
- Responding to the SNFI need in overcrowded shelters in the context of COVID-19 and taking into account mitigation measures is an additional burden on Cluster members.

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 immense need to increase safe water supply to mitigate against diarrheal and other communicable diseases at all levels, 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 activities.

Response:

- The ongoing WASH response has reached 870,699 recently displaced people in 788 locations through 29 Cluster members (75 percent of the locations responded to are camps, 18 percent in communities, 3 percent in collective centres and 4 percent in other locations).
 - 348,859 people received water trucking and continue to receive;
 - 402,508 people received solid waste management services;
 - 170,999 people received new latrines (most of the existing public/community latrines are overcrowded due to an inadequate number of latrines);
 - 275,592 people benefited from hygiene kits (55,118 actual family hygiene kits);
 - 214,492 people benefited from water purifying agents (Aqua tablets);
 - 456,740 people benefited from the distribution of jerry cans (91,348 cans distributed, two 10 litre jerry cans per household).
- The additional increase of displaced people in communities is reducing the adequate access of host communities to safe water, causing conflict between host and displaced communities. Increasing operational support and rehabilitation of systems will reduce the risk of conflict.
- Cluster members are scaling up the response to meet at least the needs of newly displaced people in their areas of operation in anticipation of availability of additional funding and supplies. Approximately US\$ 19 million has been secured and is in the pipeline to deliver supplies and services such as water distribution via water trucking, provision of hygiene kits, construction and maintenance of latrines and solid waste management. These activities have already commenced partially and are all expected to commence as of mid-April.
 - 53,342 people are expected to receive water trucking, as planned for IDPs by Cluster member organisations;
 - 63,163 people are expected to receive solid waste management services, especially in locations with high numbers of displaced people. This will benefit host communities (50 percent host community, 50 percent IDPs);
 - 29,326 people will benefit from new latrines under construction;
 - 275,592 people will benefit from the available hygiene kits (13,886 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:

- Hygiene communication materials have been printed and distributed to selected implementing partners. Softcopy of the IEC material has been made available to all Cluster members through the Cluster dashboard, to support further printing and dissemination. Feedback is coming in with reference to the IEC materials and will be taken into account against the timeline for prevention.
- Guidance note and repository for COVID-19-specific documents for WASH partners in northwest Syria was set up.
- At both Cluster and programme levels, humanitarian agencies were advised to enhance water supply in informal settlements and camps to 30-35 litres per capita per day, against the usual cluster norm of 25 litres per capita per day. All Cluster lead agency and SCHF partners were asked to adhere to the revised norm.
- The content of hygiene kits was revised with double the quantity of soap and detergent to support increased handwashing. Soap distribution is the absolute priority.
- The Cluster lead agency purchased 300,000 bars of soap to be included in food parcels distributed by FSL Cluster.
- 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 pillars 2 (RCCE) and 7 (IPC) of the COVID-19 preparedness and response plan for northwest Syria. The Health Cluster lead agency has provided a mapping of

Health facilities dedicated to triage for COVID-19, which was mapped against WASH partner presence by WASH Cluster information management officers. A checklist for said health facilities will be drafted and piloted through the existing WASH Cluster Field Monitors.

- The WASH Cluster inputted into an overview and analysis of beyond-health impacts of COVID-19 on humanitarian operations in northwest Syria.

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 16 sub-districts for some 113,600 IDPs are as follows:
 - 69,241 IDPs lack water trucking (many more IDPs share existing water supply of host communities/other IDPs);
 - 37,200 people need public latrines rehab/construction;
 - 69,486 people need recurrent solid waste management;
 - 113,600 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.
- To ensure a timely and effective WASH response to the increasing needs and to mitigate against the potential outbreak of communicable diseases, additional financial resources are urgently required for the aforementioned activities. Notably, with reference to COVID-19 and the IPC pillar, the existing responses funded by CERF Rapid Response and CERF Underfunded Emergencies allocations as well as the recent reserve allocation of SCHF do not contain the necessary percentage of funding for WASH in Health facilities. Further dialogue will be held with SCHF to nuance existing projects prior to the recent allocation to support institutional WASH.

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 the duplication of effort is avoided.
- Ensuring the safety and health of the staff working at the transshipment points by following WHO guidelines on mitigating COVID-19 risks at transshipment points.
- Visibility on UN partner transshipment pipelines are necessary for the Logistics Cluster to be able to make the appropriate plans.
- Increased storage capacity inside the northwest will be vital as organisations begin to preposition supplies.
- Monitoring the status of UNSCR border crossings between Turkey and Syria on a daily basis to ensure timely reporting of any changes due to COVID-19.
- 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:

- Transshipment operations may be undertaken at the dedicated transshipment hub in Kilis if insurance for the trucks can be provided. Solutions to this are currently being explored.
- Between 1 and 15 April, the Logistics Cluster coordinated the transshipment of 841 Syrian trucks: 683 through the Bab Al-Hawa border crossing and 158 through the Bab Al-Salam border crossing, facilitating the delivery of 17,597 metric tonnes of Food Security, Shelter, WASH and Health sector items.
- Information on rentable storage space and partner storage capacity inside northwest Syria is continually being updated to enable coordination of any gaps in storage in the area.
- 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 physical distancing, raising awareness through visibility items and introducing a staff rotation system.
- As countries are restricting the movement of people to respond to the recent COVID-19 pandemic, the Logistics Cluster has started to monitor daily the status of the UNSCR border crossings.
- To promote physical distancing, the Logistics Cluster is developing procedures for the continuation of coordination meetings online. Regular communication of logistics information and updates through a dedicated mailing list continue to be provided.

Constraints:

- New movement restrictions pose a challenge for humanitarian organisations to continue implementing their logistics operations both inside Turkey and across the border.

COORDINATION

Under the overarching leadership of the Humanitarian Liaison Group (HLG), an Emergency Task Force meets each week to address both the COVID-19-related response and the response to other needs. Dedicated inter-cluster meetings and operational coordination have been occurring between clusters and through the Inter-Cluster Coordination Group. In relation to COVID-19, the humanitarian community operating cross-border from Turkey is linking into Syria-wide, regional, and global plans, including the Global Humanitarian Response Plan for COVID-19, on both the health and non-health aspects of the pandemic. Sector-specific coordination is also occurring, with specific task forces and other bodies established as needed.

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