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INTRODUCTION

The humanitarian impact of the Syria crisis continues to reverberate across the country and the wider region. Most immediately, the crisis has left millions of people facing a daily struggle to survive amidst pervasive threats to their lives, security and well-being. In this context, the global outbreak of the COVID-19 virus poses serious challenges, with ongoing displacements as well as overcrowded camps and sites exacerbating the risk of infection.

The CCCM Cluster strives to carry out the coordination required to ensure internally displaced persons’ (IDPs) basic needs are addressed to survive and stay in good health. Since insufficient or poorly established services will increase the likelihood of transmitting the virus, effective CCCM activities are essential in planned & self-settled camps, reception & collective centers. Together with the camp management, service providers and local actors (including WASH, Health, Food and Protection partners among others), there is a shared responsibility to create a safe environment to reduce the risk of infection and support the development of contingency plans.

RATIONALE

In most emergencies, external support can take days to months to arrive. Thus, it is vital that there is a plan in place, based on the available capacity, to deal with the initial phase of an emergency with appropriate humanitarian assistance and protection. In view of the protracted nature of the conflict in Syria, lack of resources, as well as donors focusing on controlling the epidemic in their own countries, the need to work together with partners is mandatory.

Therefore, this guidance note will help to enhance and harmonize responses among all CCCM partners, donors and services providers. Feedback from relevant clusters and partners have been incorporated in the preparation of this document, which does not aim to exclude other guidance notes, instead serving as a contextualized tool for camp and camp-like settings specifically in north-west Syria. This geographical area has been specified in line with the responsibility, access and coordination mechanisms of the Syria Cross-Border Operation which is based in Turkey.

This guidance note seeks to provide a practical tool to assist CCCM humanitarian workers and field teams in preparing to respond to potential emergencies, with the specific aims to:

1. Develop a common understanding of camp management and coordination needs and to develop a system for responding to those needs to ensure early action is taken when required.
2. At the site level, when feasible establish a minimum level of multi-sectorial preparedness in coordination with other clusters.
3. Support the development of a contingency plan in the site.
OVERVIEW ON CAMPS, PLANNED & SELF-SETTLED CAMPS, RECEPTION & COLLECTIVE CENTERS IN NORTH-WEST SYRIA

IDP well-being is primarily the responsibility of the local authorities. However, many of the local authorities in north-west Syria (NWS) either lack autonomy, have limited capacity, or operate in areas controlled by armed groups. Moreover, there is a critical need for CCCM knowledge and focus on humanitarian needs in this context. Many IDPs have exhausted nearly all their financial, social, and physical assets; and require multi-sectoral support. To ensure that IDPs have access to a coordinated WASH, Shelter/NFI, FSL, Health and Protection response, the following types of IDP sites are tracked by the CCCM Cluster.

In NWS, the camp IDP communities are settled in:

1. **Self-settled Camps**: These are the majority, including 651 out of 706 sites, providing accommodation to 1,020,990 IDPs. Key gaps include the lack of camp managers, committees or referral systems; as well as insufficient reporting of needs leading to limited service provision.

2. **Planned Camps**: There are 44 planned camps, out of 706 sites, listed in the CCCM Database (ISIMM) providing accommodation to 111,964 IDPs. The IDPs’ living conditions are of a relatively high standard compared to other sites. However, the development of the camp management is still required, as well as clarification on camp management roles and responsibilities (see annex). A main priority is to coordinate the provision of services in the camps, and to enhance the quality of the support provided.

3. **Reception Centers**: There are 3 Reception Centers which are currently running at over their capacity. Most of the IDP families hosted in Receptions Centers have been there for three months already. There is a management system through NGOs and a services monitoring system in place.

4. **Collective Centers**: There are 8 Collective Centers scattered close to and outside cities, providing accommodation to 7,547 IDPs. Limitations in the management system impacts the services provided.

5. Some newly established sites have been recently reported and are pending verification.

In addition, the CCCM Cluster via the Land Identification Task Force has identified land for camp expansion and establishment purposes; with regards to the COVID-19 response, this land may be used for quarantine or decongestion of the most over-crowded IDP sites at risk of an outbreak.
As camp management operations involve direct engagement with IDPs and local communities, it is vital that humanitarian actors take necessary precautionary measures to ensure that their teams do not increase the risk of transmission and exposure to the virus. Therefore, in NWS, personnel working in collective sites need to be well-informed of the risks related to an outbreak of COVID-19 in the site. In case of potential exposure to the virus, personnel should not go to work for 14 days following the exposure; likewise, if COVID-19 symptoms are experienced, they should not be allowed to work. Personnel should be given access to the necessary protective materials, such as sanitizer, gloves and masks. Further information is available from:

- Sphere Standards and Coronavirus Response
- World Health Organization’s Coronavirus Disease (COVID-19) Pandemic
- IASC COVID-19 Outbreak Readiness and Response

### 1- PREVENTION

In preparation for an outbreak of COVID-19, the following measures are advised:

**Site-level planning**

- Camp Management to develop a plan for each camp, Reception Center and Collective Center, in consultation with service providers and camp committees, covering preparedness activities and response if cases are suspected or confirmed.
- Discuss contingency and monitoring planning with service providers and local authorities, possibilities of identifying additional land for relocation and decongestion, and on scaling up WASH and health services, especially for high-risk populations.
- Map, assess, and identify gaps in service provision; whilst prioritizing planned activities in consultation with service providers and camp committees. Share and inform all stakeholders of the prioritization criteria.
- Life-saving activities should be continued as long as it is considered safe for both humanitarian workers and the IDP communities.
- Whenever possible, relocate IDPs in the Reception Centers to permanent settlements in order to decongest the center and minimize the risk.

**Referral pathways**

- Map available services and referral pathways specific to the COVID-19 response, ensuring all field staff and communities have access to relevant contacts and information.
- All stakeholders should be aware of the reporting mechanisms and sharing information with partners working on the site. Any concerns should be reported to the CCCM Cluster and other relevant clusters.

**Community engagement**

- IDP communities’ engagement must continue in assessing risks, monitoring, reporting, planning and implementing prevention measures.
- Use the community leaders and set up monitoring teams as well as those who will follow up with high-risk populations. Support with the provision of training on COVID-19 and key messages.
- Utilize diverse methods to spread messaging, such as Information Education Communication (IEC) materials, radio announcements or digital platforms; rather than door-to-door or mass in-person campaigns.
- The COVID-19 pandemic also heightens risk factors for Sexual Exploitation and Abuse (SEA). Awareness and training materials for humanitarian staff and beneficiaries are available and incidents should be reported via the PSEA hotline (see annex).
Information provision

➢ Key messages developed by Health, WASH and Protection partners should be shared to answer IDPs’ questions and to prevent the spread of rumors. Ensure two-way communication mechanisms, such as WhatsApp or phone hotlines, feedback boxes, or in-person access to humanitarian staff, are in place to be able to receive and respond to community concerns.
➢ As outlined in the Health guidance, minimize large gatherings as much as possible, adapting methods for group activities, distribution and messaging.
➢ Make sure that CCCM staff, partner staff, camp management and administration, and community leaders receive training on COVID-19 self-protection and key messages.

Support Health and WASH activities

➢ To the extent possible, support establishment of Health and WASH activities in line with the respective technical advice, including integrating guidance on new arrivals.
➢ Scale up cleaning and hygienic measures. This includes increasing water facilities and access to handwashing stations, providing cleaning materials such as soap, having more garbage bins especially at reception points, and ensuring their systematic emptying and hygienic disposal to a specified landfill.
➢ In line with Health Cluster advice, identify potential isolation areas and required actions to take in these areas in coordination with the Protection Cluster.
➢ Assess the camp population demographics against the high-risk groups as identified per WHO guidance. Older persons and those with pre-existing medical conditions are more susceptible to severe symptoms of COVID-19. Data on persons with specific needs, such as single-parent households and persons with disabilities, can also inform the response should COVID-19 be found in the camp.

2- RESPONSE AND MITIGATION

When an infected case(s) of COVID-19 is confirmed, the camp management must switch to the response and mitigation phase:

Site-level planning
➢ Maintain all above prevention measures.

Referral pathways
➢ Activate available referral pathways, referring the identified case(s) to the Health actor in the camp. Any health facilities that provide clinical care for COVID-19 need to be identified and coordination established for referral.
➢ Detect and monitor social, economic and protection challenges and needs through multi-sectoral partnerships, including coordination with Child Protection actors in the camp in case of separated families.

Community engagement
➢ IDP communities’ engagement must continue throughout the outbreak in assessing risks, monitoring, reporting, planning and implementing mitigation and response measures.

Information provision
➢ Communicate critical information to all communities to maintain transparency and counter misinformation.
➢ Minimize panic and urge the IDP community to stay home and not to gather.
Support Health and WASH activities

- Implement and follow up on the Health and WASH Clusters’ Guidance Notes (see annex) during outbreak. Pay specific attention to the advice to:
  - Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, preventing transmission amplification events, strengthening health facilities.
  - Refer to health partner for the provision of optimized care early for infected patients.
  - Evacuate the infected family to medical quarantine for treatment and contain the infection to the extent possible. Request families living in the area of the suspected case to remain in their tents.
  - Humanitarian actors and service providers to undertake self-protection measures (hand washing, distancing etc.).

CAMP CONTINGENCY PLAN

The aim of this section is to provide a practical overview of prevention, mitigation and response measures for the purpose of supporting camp management in the development of a Camp Contingency Plan. Camp management will need to consider and tailor these recommendations to their specific context. Suggested measures to incorporate into an updated Camp Contingency Plan include:

- **Contingency plan** should be in line with national and local plans, if available.
- **Scale-up of WASH and health services** with a focus on COVID-19, prioritizing high-risk areas.
- **High-risk population groups** identified and special support measures in place.
- **Prioritized activities and referral pathways** shared with partners and community members.
- **Business continuity plans and access analysis** developed in case of temporary absence of personnel and disruptions related to COVID-19 propagation.
- **CCCM staff** are trained on COVID-19 self-protection and key messages.
- **Suspected cases** reported to the Health and CCCM Cluster.
- **Identification of land** for additional health services, de-congestion, distribution set-up and potential isolation areas.
- **Mass information campaigns** are coordinated between WASH, Health, CCCM, and Protection partners; only approved messages are used.
- **Large gatherings** are stopped, and alternative distribution modalities are ready.
- **Protocol on new arrivals** established, including provision of information on preventative measures, as well as possible quarantine and health screening if feasible.

ANNEXES

**References**

- Sphere Standards and Coronavirus Response
- World Health Organization’s Coronavirus Disease (COVID-19) Pandemic
- Open WHO COVID-19 Response Online Trainings
- WHO local drop-box for the Syria response: https://www.dropbox.com/sh/xu6o8lp7h0e7u5n/AABLGL4rF9NyNjOh2CylUpPmPa?dl=0
- Global WASH Cluster
- IASC COVID-19 Outbreak Readiness and Response

- CCCM Cluster Coronavirus Advisory
- Camp/Site Management Interim Guidance for COVID-10 Readiness and Response
- Camp Management Operational Guidance: IOM.
- CCCM Guidance on IDP Camp Establishment.
- PSEA hotline (+90 530 915 1895 (Arabic); +90 530 915 1897 (English); +90 537 040 7080 (Other Language))
Key Messages for Camp Managers and Focal Points

✓ Scale-up WASH and health services.
✓ Facilitate and promote hygiene practices: regularly washing hands, distancing etc.
✓ Coordinate in-camp humanitarian activities regularly with humanitarian actors and local authorities.
✓ Identify and support high-risk population groups.
✓ Share prioritized activities and referral pathways with partners/community members.
✓ Report suspected cases to the Health and CCCM Cluster.
✓ Identify land for additional health services, de-congestion, distribution and isolation areas.
✓ Use only the approved messages, minimize panic and misinformation.
✓ Conduct access analysis and business continuity/remote monitoring planning.
✓ Minimize large gatherings.
✓ Follow Health Cluster guidance on measures for new arrivals.
✓ Engage community leaders and members in prevention, response and mitigation measures.

CCCM Roles and Responsibilities

Camp Management: (CM)
1. Establish governance structures and community mobilization mechanisms (including committees) at camp/center level.
2. Monitor service provision and maintenance of camp/center infrastructure.
3. Collect and share data at camp/center level, and identify gaps and overlaps in the provision of protection and assistance.
4. Liaise with host communities surrounding the camp/center.
5. Collaborate with the authorities and liaise on behalf of all partners responding in a camp/center setting.

Camp Coordination: (CC)
1. Coordinate the roles and responsibilities in the overall humanitarian response in camps/centers.
2. Provide appropriate support to de facto or relevant authorities, including capacity building, with regard to services and protection.
3. Provide training and guidance to all humanitarian partners in a CCCM response.
4. Ensure situational assessment, operational strategy and planning, and monitor implementation to ensure technical support and overall cluster coordination.
5. Set-up and maintain information management system/s that support inter-camp/center coordination.
6. Identify/designate a CM agencies and service providers.
7. Ensure that international standards are being applied in camps/centers.

Camp Administration: (CA)
1. Decide to open/close a camp or center.
2. Resolve disputes arising from the appropriation of land (camp) or building (center) and occupancy rights.
3. Maintain law and order and the civilian character of camps/centers.
4. Responsible for camps/centers’ security and for maintaining humanitarian access.
5. Provide protection and humanitarian assistance to nationals who are internally displaced.