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FIGURES

People in need of humanitarian assistance	11.06 M
People in acute need of humanitarian assistance	4.65M
Internally displaced people (as of September 2019)	6.1M
Population Movements (January-December 2019)	1.8M
Returnees (January-December 2019)	386K

Source 2020 HNO

HRP 2019 FUNDING

3.29 billion requested (US\$)

2.14 billion received (US\$)

64.9% funded

Source OCHA FTS in 16 April 2020

Working to address COVID-19 in Syria

On 22 March, the Syrian Ministry of Health (MoH) in Damascus announced the first laboratory-confirmed case of COVID-19. As is the case in the more than 200 countries and territories already affected by the pandemic, the situation in Syria continues to evolve rapidly. As of 16 April, 33 cases have been announced, including two fatalities and five recoveries.



Credit: ©WHO/HIH/FAD/Majd Okla

All countries are struggling to meet the manifold challenges posed by COVID-19, but the situation in Syria is particularly acute. Nine years of crisis has deeply impacted some of the most important services essential to combating COVID-19, including health, water and sanitation. Amongst health, only 57 public hospitals are functioning and there are significant shortages of trained health workers. The central public health laboratory in Damascus is currently the only facility able to test for COVID-19 in the country.

Compounding matters further, millions of vulnerable Syrians are reliant on humanitarian assistance; difficulties persist in accessing certain areas of the country; and with new border and movement restrictions in place, supply chains are disrupted, and essential personnel face difficulties moving freely.

For example, local NGO Al-Bir and Al-Ihsan, who operate Syrian Humanitarian Fund-supported mobile health clinics in rural Aleppo, has recently been unable to operate since the 29 March ban on travel between urban and rural areas. "We are obtaining exemption approvals available for humanitarian workers and we will resume our operations – essential health services to vulnerable people in rural areas – hopefully soon," said Ahmed, a project manager.

Despite these challenges, the UN and humanitarian partners in Syria have been working overtime to coordinate and support measures to mitigate COVID-19 impacts, while at the same time adapting existing humanitarian programming to ensure that life-saving aid can continue.

Guided by the eight pillars of WHO's global [Strategic Preparedness and Response Plan](#), as well as the ninth pillar on socio-economic impacts, WHO in Syria has been leading the multi-sectoral response in close coordination with the relevant authorities.

"WHO continues to provide technical guidance and support to the Ministry of Health in its readiness and response to COVID-19, focusing on four main priorities. This includes enhancing surveillance and lab capacity, protecting health workers by providing protective equipment (PPE), case management, isolation and contact tracing, as well as risk communication," Dr Nima Abid, WHO Representative in Syria, said.

In practical terms, this has included WHO support in upgrading and rehabilitating the central laboratory, procurement of essential testing equipment and kits – the first shipment of testing kits arrived in Syria in early February – and distribution of thousands of PPE, including more than 610,000 face masks to date. Further support includes the procurement of five polymerase chain reaction (PCR) machines, to enable more laboratories to be set up across the country.

At the time of writing, training of laboratory technicians was ongoing and equipment had been shipped to set up laboratories in Aleppo, Lattakia and Homs. While active surveillance and sample collection for testing have begun, the UN's support to further expand laboratories, including in the north-east, is a priority.

WHO's further broad response includes supporting active surveillance planning inclusive of north-east Syria, and specialized technical and information trainings. Of note, WHO, UNICEF, and health and WASH partners are also working intensively with relevant authorities to bolster infection prevention and control, including through mapping and upgrading water and sanitation facilities in health clinics, quarantine and isolation sites and IDP camps.

UN agencies and sectoral leads are also adapting existing humanitarian programs to meet evolving needs as a result of COVID-19. Nutrition partners are, for example, supporting authorities to produce COVID-19 nutrition-related informational material for pregnant women and breastfeeding mothers, and on foods that boost the immune system. Shelter partners are conducting assessments with relevant authorities to determine repairs needed to reduce risks in collective shelters, particularly concerning overcrowding and inadequate sanitation facilities. The protection sector is also training more than 3,000 outreach and community volunteers across the country for awareness raising.

At the same time, UN agencies and humanitarian partners are incorporating necessary precautionary measures to protect humanitarian workers and the communities they serve. While some programmes have been necessarily suspended, notably education projects, albeit some projects have been able to continue, essential health, WASH, nutrition, protection, other education, food security, and logistics activities are largely resuming after critical modification have been put in place.

Measures adopted include combining distributions, for example: including sanitation and NFIs distributions with food; installation of hand washing facilities at distribution points; and ensuring front-line workers have the necessary PPE to safely undertake their work.

COVID-19 mitigation measures underway in north-west



The World Health Organization (WHO) and its partners are deeply concerned about the potential impact COVID-19 will have in north-west Syria, where some of the most vulnerable populations in the country reside. WHO has mobilized all possible resources and engaged international partners, donors, implementation agencies and stakeholders.

As of 16 April, there have been no confirmed cases of the virus in

north-west Syria, while all neighboring countries and territories, and government-controlled areas of Syria, have reported cases.

In the beginning of March, the Health Cluster established a task force which consists of 14 UN agencies and expert partners, to launch a preparedness and response plan with an estimated budget of US\$ 30 million, prioritizing critical, life-saving interventions with maximum impact. The response falls under eight different technical pillars; while community awareness, protection of health workers, surveillance of entry points, provision of personal protective equipment and community/facility isolation are key priorities.

To date, WHO has shipped over 5,000 tests to a lab in Idleb city which has been equipped to process samples from suspected cases, with a capacity of 20 tests per day, with two additional labs to be prepared in Afrin and Jarabulus. WHO has prepositioned stocks of medical supplies and personal protection equipment (PPE) on both sides of the border and is currently accelerating cross-border shipments in case of restrictions or disruptions to the supply line in coming weeks.

From Turkey, all seven entry points have infection prevention and control measures in place on the Turkish side, while two do on the Syrian side. The majority of fixed health facilities across the north-west now have established COVID-19 triage systems. Five hospitals have been identified to serve as isolation units and communities are to be isolated as a whole while civilian movement has been restricted.

Meanwhile, Health Cluster members are running an extensive community awareness campaign on how to protect oneself from COVID-19 across the north-west, through household visits, mosques, communities and social and traditional media. WHO is also preparing to procure an additional 90 ventilators in addition to the current number of 203.

For advocacy, WHO echoed the appeal of the Secretary General for waiving sanctions that undermine the capacity to respond and also advocated for a global response that includes refugees and IDPs.

Despite those efforts, the challenges are numerous. As with COVID-19 operations around the world, the operation in north-west Syria has also been impacted by global shortages in terms of testing kits and PPE. Similarly, due to border closures, customs procedures and travel restrictions, WHO's surge capacity is somewhat impacted.

A health system in ruins, weak disease surveillance, population density, low levels of sanitation services, poor response capacity and suboptimal levels of public health preparedness; are all factors that are likely to trigger a rapid transmission of the virus in the region. Efforts to prevent, detect and respond are impeded by population movement and practical difficulties of implementing isolation and protective measures. The capacity to isolate, test, treat and trace is extremely limited, considering living conditions of IDPs, shortages of staff and medical equipment.

In north-west Syria, there are currently 306 functional health facilities or approximately half of the pre-war figure; and 62 hospitals and 347 intensive care unit beds, managed by 57 health partners. As of 9 April, out of 67 samples from Idlib and Aleppo governorates tested for COVID-19; 62 proved negative, with five more pending.

Humanitarian needs dire in north-west

Humanitarian needs for people across north-west Syria continue to remain dire, despite a general respite in military hostilities following an announced ceasefire on 6 March, and a cessation of airstrikes and limited instances of artillery shelling.

People are experiencing immense humanitarian needs which are higher than at any other point in the conflict, given the prolonged effects of violence and displacement and the heavy toll prior to the ceasefire.

In locations where displaced people moved in the north-west, longer-term needs in health, education and nutrition are coming to the fore, alongside the acutely pressing needs of shelter, water, sanitation and hygiene (WASH), food and protection grow.

According to OCHA, needs are particularly acute for the estimated 940,000 people displaced by violence in north-west Syria since 1 December 2019 – including over 194,000 women and nearly 566,000 children.

Nearly a third of displaced children aged below five years are stunted, and of the recently displaced children, almost 400,000 need support to access education. The availability of food in markets is diminishing and prices are rising as a result of the continued devaluation of the Syrian Pound, which has fallen to 1,250 SYP per USD in the north-west as of 30 March. As time unfolds, the availability of food is likely to further suffer from the loss of access to 150,000 hectares of arable land due to the recent displacements.

Humanitarian assistance continues to prove a vital lifeline for some 2.8 million people living in northwest Syria. These are vulnerable people who already live with the effects of military operations and displacement, and who are among 4 million people in the greater Idlib area and northern Aleppo Governorate whose lives are also now being impacted by the COVID-19 pandemic.



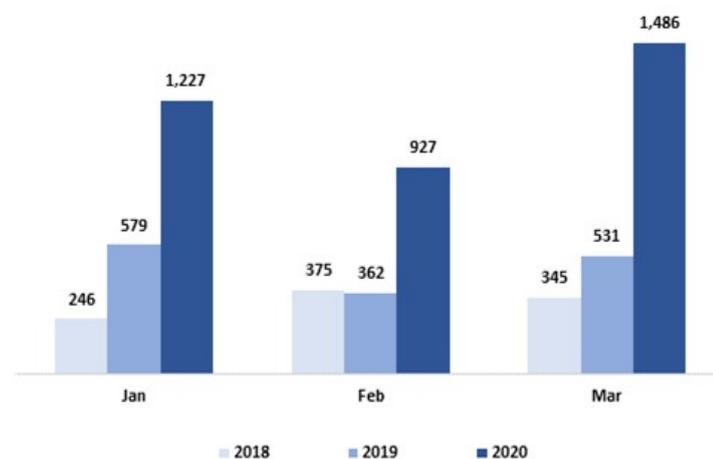
Cross-border assistance from Turkey increasing

Cross border transshipments from Turkey into north-west Syria continue to rise, providing a critical humanitarian lifeline for millions of people in need in north-west Syria.

Over 9.9 million women, children and men were reached by 3,640 trucks of humanitarian assistance in the first three months of 2020, compared to 1,472 trucks for over 5 million people and 966 trucks for some 6.3 million people over the same period in 2019 and 2018 respectively.

March this year saw the highest numbers in a single month since [Security Council Resolution 2165](#) was passed in 2014, with NGO assistance commencing before that. In total, 1,486 trucks transporting humanitarian assistance for over 4.4 million people passed into the north-west in March. During this time, even more humanitarian assistance was shipped across the border by NGOs.

The pressing need for these cross-border shipments is illustrated by the trucking figures, which have reached record levels this year.



Number of trucks carrying UN assistance across the Bab Al-Hawa and Bab Al-Salam border crossings in January, February and March 2018 – 2020

Some three million women, children and men in the north-west in need of humanitarian assistance rely on aid coming from across the border from Turkey. NGOs provide the majority of these supplies through a variety of border crossings, and conduct all of the activities on the ground. Commodities provided by the United Nations to NGOs on the Syrian side of the border are sent through two crossings - Bab Al-Hawa and Bab Al-Salam. Essential shipments of food, health, nutrition, shelter, education, non-food items and water, sanitation and hygiene commodities, as well as COVID-19 testing material by WHO, are brought to where they are most needed, and where they can be accessed by the some 2.8 million people who rely on it in the Idleb area and northern Aleppo Governorate.

The importance of cross-border assistance continues to grow as the humanitarian situation in north-west Syria has become increasingly dire following successive intense military operations, large-scale displacements and the deterioration of the Syrian economy.

The substantial increase in cross-border shipments this year highlights the importance of these to people in north-west Syria, especially as needs increase in times of emergency, such as that created by the recent escalation of military hostilities that began in December 2019 that resulted in the displacement of over 900,000 people, including some 760,000 children and women.

For the millions of other people in north-west Syria in need of humanitarian assistance, it is crucial that this operation not only continue but be supported to scale up, both when the UN Security Council Resolution (UNSCR 2504) on which it depends is next up for renewal, in July 2020, and in the face of challenges such as the COVID-19 pandemic.

Update on Rukban returnees



Since March 2019, nearly 20,000 people have left Rukban, located in a desert region in southern Syria near the Jordanian border. While in September 2019, the UN and SARC were able to support the voluntary departure of a number of families during a period of rare access to the settlement, the vast majority have left spontaneously. For those still living inside Rukban, humanitarian conditions remain enormously challenging, including as a result the recent border closures with Jordan due to

COVID-19, meaning that residents cannot readily access emergency health services.

This year, a UN inter-agency team visited former Rukban residents in several locations in Homs Governorate, where the majority - an estimated 3,230 families – have settled. From 21 – 28 January, four missions occurred, visiting seven locations: Al Zohouryeh and Deir Baalba neighbourhood (north Homs); Shamsin village and Industrial Hassya city (south Homs); Mahin and Qaryatein villages (southeast Homs); and Foruqlus (eastern Homs).

In all locations, the UN team, accompanied by SARC Homs, conducted an inter-sector needs assessment, for which families were interviewed by representatives from the Food, Health, Nutrition, Education, WASH, Protection, NFI and Shelter sectors.

The assessment revealed that typically, the families had not settled in the areas of origin; rather, those interviewed stated they preferred to live in the chosen area due to better income-generating opportunities, often daily labour work, scrap collection and through their livestock.

A number of critical gaps were noted across the seven locations. In particular, many of the children and adolescents had not attended school nor were registered. In some areas, the nearest school was too far away to be accessible, with transport costs a concern, or adolescents were working to supplement their families' income. The team also observed a concerning prevalence of early marriage and childbirth.

Most of the families were also living in tents or one room, often sub-standard shelters, including damaged houses without doors and windows. Some areas also lacked adequate water and sanitation facilities, including sewage networks, and there was usually no electricity available, raising increased protection risks in particular for female-headed households and girls.

While there were often functional markets, poor nutrition emerged as an issue, particularly with a lack of local bakeries. Many families reported that while basic food staples were readily available, as they had often sold household assets during their displacement or to fund the

transport costs of their departure from Rukban, they were not able to afford to purchase sufficient quantities. More regular access to mobile medical clinics and regular vaccinations was also needed, and many interviewees also raised legal assistance as a priority, including for civil documentation, such as to register births and marriages.

Following these important visits, an inter-sectoral response plan under development, with targets to reach approximately 20,000 to 25,000 people in Homs (around 19,400 individuals) and Hama (1,100 individuals) governorates.

In the coming months, with necessary adjustment made to adapt to new health challenges posed by the coronavirus pandemic, priority activities to areas of second destination for Rukban families will include primary health care across most of the locations, and in addition rehabilitation of water networks, schools and damaged residences, electronic vouchers for food, and protection activities.

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