

Situation Overview

- As of 18 March there have been 0 reported cases of COVID-19 in NES and 0 alerts processed through the Early Warning Alert and Response System (EWARS) from NES- the WHO/ MoH supervised system for registering and investigating suspected cases of COVID-19. To date, the Ministry of Health Central Reference Lab has tested more than 100 samples all of which have been found negative for COVID-19. The Ministry of Health has confirmed that the surveillance system, including rapid response is active in NES.
- Based on the current epidemiological situation in the region, with the rapid spread of cases in neighboring countries including those that border Syria, the risk of transmission in NES is considered very high. Risk factors include:
 - The large number of vulnerable people, including IDPs and refugees with over 118,879 people in 10 formal/informal camps and 41,165 people in over 200 Collective Centres (both of which are populations of concern)
 - Dense urban centers with connections to countries in the region with ongoing person-to-person transmission of the virus
 - The capacity of the health system in NES is extremely limited, even relative to other areas of Syria. Of 279 recorded public health centres in NES only 26 are fully functioning, while according to the Health Resources and Services Availability Mapping (HeRAMs) no district in NES meet the emergency thresholds of at least ten beds per 10,000 people and just one district is home to sufficient doctors, nurses and midwives to meet emergency thresholds of at least 22 health care workers per 10,000 people
- The Semelka-Fishkabout border-crossing remains closed (as it has been since 27 February), although the Self-Administration (SA) continue to permit the movement of humanitarian workers and supplies across the border every Tuesday. Emergency movements are permitted at all times.
- Following the drastic increase in cases globally and consistent with measures implemented in neighboring countries, on 14 March the SA issued a directive announcing the cancellation of all gatherings in NES (over 20 persons); the suspension of all schools, universities and institutes in NES and; the continued closure of all border-crossings (although the exemption for once per week humanitarian movements is not affected). These measures are expected to remain in place for the foreseeable future.
- On 15 March the Hassakeh Humanitarian Affairs Officer issued a directive suspending all non-essential activities in Hassakeh Governorate. This covers all activities excluding those related to COVID-19 Preparedness and Response and other essential activities specifically health, WASH and Food Security. In addition, across camps in NES all education facilities and the majority of protection facilities have been closed, while humanitarian partners decided to postpone food distributions for two days to enable training of partners on distribution SOPs/ guidelines. Further information on the measures adopted to minimize transmission risks, disruption to programmes and approaches being implemented to minimize this disruption can be found below. *Note that at the time of publication on 19 March a directive had been issued by the SA limiting restrictions on movement in NES. Humanitarian organizations are reportedly exempt. Further information will be provided in due course.*
- Due to the disruptions and restrictions caused by the Covid-19 outbreak, organisations have reported challenges around the functionality of IMTAs in NES since 17 March. Low IMTA functionality is currently affecting at least ten organisations to different degrees, with a further four organisations not yet affected, but expecting disruptions in the near future. At least three hawala agencies have been reported as closed, and others have given notice to NGOs that they are concerned about continued liquidity and their ability to commit to continuation of services in the coming days and months. Already partners have reported the suspension of distributions due to the closure of hawala services. More generally, bank and hawala suspensions will make it more difficult to transfer cash into the country which, in the longer-term, could impact the ability of partners to pay vendors in a timely manner and cover staff salaries.

Preparedness and Response

NES NGO partners continue to scale-up COVID-19 preparedness and response efforts across, framed by the priority actions and activities elaborated under the [WHO 8 preparedness and response pillars for COVID-19](#).

PILLAR 1: Coordination and Monitoring

- At the NES level a multi-sectoral Task Force (TF) has been established, under the joint chairmanship of the NES Health Working Group and NES Forum. The TF had its first meeting on the 12 March and defined its responsibility to draft a Preparedness and Response Plan (PRP) for NES partners and ensure follow-up and execution of critical actions under this plan- these include issues requiring enhanced multi-sectoral engagement (IPC measures in health/ public facilities, referral pathways and risk communication).
- At an inter-hub level, weekly operational calls have been established between the relevant technical and coordination counterparts within Syria at field and capital level. These calls aim to ensure greater visibility over

respective coverage plans, monitoring of capacities and gaps, and supporting coordination on key issues requiring joint approaches (e.g. engagement with authorities, standardization of training packages/ messaging, development of referral pathways and division of responsibilities).

- As part of an overall country PRP for Syria, a sub-plan has been developed for NES by WHO. This plan frames the strategic priorities in relation to COVID-19 preparedness and response, underpinned by the 8 pillar outlined by WHO. Further actions are needed to support the operationalization of this plan and to establish a clearer understanding of collective capacities, coverage plans and gaps (including funding gaps).
- Both WHO and the NES TF are actively working to strengthen linkages with the authorities, including through the SA COVID-19 TF (comprising personnel from the Health and Interior Committee). Over the last week there have been two dedicated meetings with the authorities, while the Health Committee also participate in the NES TF.

PILLAR 2: Risk Communication and Community Engagement

- Community outreach and awareness material has been circulated widely across all sectors and consolidated through a dedicated [Syria COVID-19 Resources](#) dropbox folder (accessible to all partners, and also including the latest situation updates and sector-specific guidance).
- Over the past week core IEC material (i.e. foundational WHO material on COVID-19 related hygiene promotion and hygiene awareness) has been translated into Kurdish in latin-script (following piloting and feedback provided to the Education Working Group during Focus Group Discussions.)
- Posters and brochures have been posted widely in camps and supported facilities, and have been shared with the authorities for wider circulation.
- Hygiene promotion and outreach activities have been scaled-up in camps, with outreach workers being trained on new materials. Dedicated campaigns have been launched on safe hand-washing, hygiene etiquette and corona awareness, while block leaders have also been targeted separately in most camps and provided with the contact details of camp-level focal points overseeing referrals.
- As outlined further below partners have adapted their activities to minimize the risk of COVID-19 transmission. For instance, sensitization on safe hand washing has been conducted tent-by-tent with the WASH WG instructing all partners to undertake hygiene promotion at HH level to avoid large public gatherings.
- Moving forward, priorities including establishing clarity around gaps and coverage plans in collective centres and to the population outside the immediate areas of operation of humanitarian actors where it may be necessary to launch mass outreach campaigns, harnessing social and conventional media (in coordination with WHO and the SA).
- In addition, there remains a need for greater clarity around cross-cutting messaging on COVID-19 to address basic questions such as “What is corona”, “What should I do if I get ill?” and “Should I go to the hospital”. NES actors are seeking to link up with the joint efforts of WHO and UNICEF to leverage their work in social mobilization.

PILLAR 3: Surveillance, Rapid Response Teams (RRTs) and Case Investigation

- The EWARS surveillance network in NES comprises 257 sentinel sites (including public and private health facilities), supported by WHO and the Ministry of Health (MOH). There are ongoing efforts to strengthen reporting and alert pathways for information received from EWARS sites, with three designated EWARS focal points identified at governorate level who should be contacted in case of suspected cases of COVID-19 – contact numbers have been widely circulated to NES partners. These focal points are responsible for notifying the Rapid Response Teams (RRTs), who are tasked with investigating suspected cases and collecting samples for referral to the testing laboratory (see below). For further information on the surveillance network and case investigation process please see the NES COVID-19 Update No.1
- WHO reports that there is currently at least one RRT per governorate in NES. Over the last week, RRT personnel have been receiving dedicated training on COVID-19 case investigation in Damascus, including safe sample collection. In addition, at the NES level cascaded training for EWARS teams, focal points and sentinel sites on reporting pathways/ process and identification of COVID-19 cases is planned to follow this centralized workshop. Focal points in mobile teams which provide health services within collective centers will also be included. has begun.
- WHO has also established a plan for active surveillance throughout Syria, including NES, through a network of surveillance officers. As well as providing further capacity-building support to RRTs, these surveillance officers will be in regular contact with and actively visit private and public health facilities to monitor admissions, in particular cases of Severe Acute Respiratory Infection (SARI).
- There remains little identified capacity to support contact tracing in NES. In addition, there are likely to be numerous challenges hampering effective contact tracing in NES including the lack of testing capacity (and subsequent likelihood that cases would go undetected) and recognition that in case of a larger outbreak any capacity to support contact tracing will likely be quickly overwhelmed.

PILLAR 4: POINTS OF ENTRY

- There remains a lack of clarity around coverage plans for Points of Entry (PoE) in NES. At present, limited support (in terms of equipment and training) has been provided to staff at the Semelka crossing point. In addition, a local NGO is reportedly providing limited screening support to the local authorities at other international border crossing points. Furthermore, at least two NES NGOs are assessing possible support to screening at formal/ informal crossing points between GoS and SDF areas of control in Deir-ez-Zor and Tabqa respectively.
- It is likely that additional support, particularly in terms of training and equipping of PoE staff will be required. At present, health staff from static facilities are reportedly being redirected to support screening at PoEs; this is unsustainable in the longer-term and will negatively impact already sub-optimal health system capacity during a period when demand is likely to increase substantially.
- Despite the official directive around the closure of the borders, it is understood that there are still sporadic movements, with some level of screening still required at PoEs (particularly informal crossing points between GoS and SDF areas where daily movements are reportedly occurring)

PILLAR 5: LABORATORY TESTING

- As previously reported, there is no testing capacity in NES at present. Currently the only testing capacity is through the Central Reference Laboratory in Damascus (with samples from suspected cases collected by RRTs transported twice-weekly from Qamishil to Damascus- for further information please see Situation Update No.1).
- Conversations are ongoing with WHO in Damascus to strengthen visibility and coverage of surveillance and testing of suspected cases in NES.

PILLAR 6: INFECTION PREVENTION AND CONTROL

- Infection Prevention and Control (IPC) measures are in desperate need of enhancement across public spaces, supported health facilities and broader humanitarian programmes.
- Over the past week, health actors have continued to undertake health facility assessments to identify gaps and needs – including IPC capacity. The Health and WASH WGs are coordinating closely on this effort, mapping both the assessment status of each supported health facility and IPC gaps to enable WASH partners to prioritize support to health facilities (i.e. in terms of installation of additional hand-washing stations, disinfection/ deep cleaning and waste management). Most health actors have already taken a number of steps to reinforce IPC capacity, including by establishing a distance of at least one meter between patients in waiting areas, maintaining cross-ventilation, mandating hand-washing/disinfection upon entry, and upgrading triage areas.
- Camps and collective centres are an immediate priority in terms of IPC interventions (particularly as schools are currently closed), considering over-crowded conditions (with up to 5 or 6 families living in one room in many collective centres). During the past week, WASH partners have undertaken assessments in camps to identify gaps in hand-washing facilities. WASH partners are also aiming to scale-up water provision from 20 litres per person per day to 40 litres per person per day to account for increased hand-washing. The WASH WG is seeking to mobilize additional capacity to support IPC enhancements in collective centres, specifically increased hand-washing coverage and deep cleaning and disinfection.
- In addition, steps have been taken by the Sites and Settlement and Food Security working groups to establish SOPs (based on the Global FSL Guidelines) to mitigate transmission risks arising from distributions. A training of trainers targeting designated COVID-19 focal points among partner organizations was undertaken on 18 March. Planned mitigation measures include approaches to reduce crowding (e.g. increasing the number of distribution days and social distancing), enhancing hygiene measures at distribution points (e.g. cleaning/ disinfection of distribution points, hand-washing stations) and temperature screening.
- While partners have undertaken trainings on IPC, establishing a common/ standardized training package remains a priority. It has been reported that partners are using different materials/ standards, which could contribute to inconsistent implementation of IPC measures and confusion among staff who may work in more than one facility. The following [link](#) provides minimum SOPs on IPC in health facilities- health/ WASH partners are encouraged to follow these SOPs when supporting IPC in health facilities. Additional IPC resources can be found within the Syria COVID-19 Resources Dropbox folder.
- Concerns have been expressed around the inconsistent use of PPEs in camps. Staff from humanitarian organizations have been observed wearing face masks as they go about their normal work which has the potential to cause panic or unrest in the camp, may contribute to a false sense of security (i.e. WHO guidance suggests that face masks have limited effectiveness- unless sick or a frontline health worker- and may be implemented at expense of more effective mitigation measures such as hand-washing or social distancing) and is contrary to guidance on [rational use of PPEs](#) (noting global shortages)

PILLAR 7: CASE MANAGEMENT

- Over the past week, trainings on case definition and identification have been ongoing in health facilities supported by NES partners (with case definition circulated to all health centres). Several partners have indicated capacity to support trainings on case identification should this be required.

- In terms of in-patient capacity, Hassakeh National, Qamishli National and Raqqa National Hospital have been designated as the main referral hospitals for COVID-19 cases and are currently the only public hospitals still operational in NES with Intensive Care Unit capacity, including ventilators and other respiratory equipment. According WHO's NES preparedness and response plan, overall capacity in the 3 designated referral hospitals is extremely low with no more than 30 ICU beds across NES and only 10 ventilators and 4 oxygen concentrators recorded across these facilities. Given the lack of ICU capacity and individual isolation rooms, there are concerns about the potential catastrophic impact of a COVID-19 outbreak on ICU capacity for non-COVID-19 cases i.e. inadvertent introduction of a COVID-19 case could render the ICU out of service until sterilization activities occur or overflow of isolation capacity would require immediate interruption of services for non-COVID-19 cases. There are also concerns around the lack of a designated isolation space in IDP camps – particularly Al Hol, given the high risk of transmission, existing challenges with medical referral outside of the camp, and limited isolation capacity in Hassakeh National Hospital which is the designated referral point for Al Hol (particularly if there is a major outbreak in the camp).
- Noting capacity limitations, one NES NGO has plans to establish additional isolation spaces in Tabqa, Menbij and Malakiyeh hospitals (funding and staffing permitting). SA are exploring potential for additional 7 isolation centres across NES for mild-to-moderate COVID-19 cases (i.e. those which are unlikely to require ventilators). Currently none of these facilities are operational and gaps remain in equipment/ supplies and capacity – with urgent need for training of health workers on case management.
- WHO and health partners agree that, given the logistical burden of establishing/ constructing new facilities, the immediate priority should be the identification and enhancement of existing isolation facilities within hospitals.
- Priorities over the coming period include i) clarifying roles responsibilities for enhancing capacity within the designated referral hospitals ii) implementing a more joined-up approach linking ICU and non-ICU care (i.e. clarifying capacity, ensuring referral and triage mechanisms etc) and iii) activating a functional referral mechanism with clarity around command and control, referral pathways, and ambulance capacity.

PILLAR 8: OPERATIONAL SUPPORT AND LOGISTICS

- The Health WG is currently consolidating information on PPE stocks from partners. Most partners report having between 1-3 months of PPEs in stock (to cover health workers in supported facilities). Enhanced analysis around projected caseloads and reinforcing rational use are also priorities to establish greater clarity around PPE needs and gaps.
- Sectors continue to explore ways to support critical functions/ activities and mitigate risk, as with the example of food distribution referenced above. For the Education sector, partners are exploring home-based learning modalities and utilizing existing whats-app learning groups to share lesson plans and convene discussions

Sector Updates- Programme Continuity, Mitigation Measures and Key Challenges

Activity Status	Challenges
WASH	
<p>Suspended Activities:</p> <ul style="list-style-type: none"> - Distribution of HKs <p>Maintained Activities</p> <ul style="list-style-type: none"> - WASH services in camps, CCs and informal settlements - HK distributions in CCs (with mitigation measures (see below) - Water station rehabilitation <p>Mitigation Measures</p> <ul style="list-style-type: none"> - Social distancing (i.e. distance of 2m during HP) - Hand-washing facilities at DPs - Disinfection of water tanks/ containers - Increase soap by 2 bars per family per week - Increase water provision. - Chlorine monitoring of water - Provision of additional cleaning resources to volunteers - Double bags for rubbish disposal - CC cleaning campaign/ deep clean <p>COVID-19 related activities:</p> <ul style="list-style-type: none"> - Training of frontline WASH staff on messaging/ awareness- raising - Upgrading/ installation of handwashing facilities - Provision of hand sterilizer 	<ul style="list-style-type: none"> - Hygiene promoters from outside camp reluctant to continue activities due to limited access to camps (following movement restrictions - No capacity for upgrading or provision of additional handwashing stations (funding gap)

Food Security	
<p>Suspended Activities:</p> <ul style="list-style-type: none"> - Cash for work (Hassakeh SD) - Business training (Hassakeh SD) - Farmer field training/ school (Tal Brak, Jawadiyeh, Maabada, Qahtaniyeh) - Food voucher distributions to 3,188 and 3,283 HHs in Menbij and Raqqa respectively. - Cash for food activities in Raqqa city delayed due to interruption to Hawala system - Fodder distribution delayed in Hassakeh - RTE distribution in Washokani for 100 HHs delayed - Suspension of CFW in Raqqa <p>Maintained Activities</p> <ul style="list-style-type: none"> - Bread distributions - Emergency food basket distribution in CCs and Hassakeh - Food basket distributions in all camps (excluding Menbij) - Cash for food/ food voucher distribution in Raqqa city Zone 1,2,3 and 5 - Supplementary food items in DeZ - Provision of bakeries with wheat flour, yeast and free bread distribution to informal camps/ - Income generation activities for small and medium sized businesses in Raqqa <p>Mitigation Measures</p> <ul style="list-style-type: none"> - Crowd reduction measures - Provision of hand-washing facilities at distribution points - Temperature training <p>COVID-19 related activities:</p> <ul style="list-style-type: none"> - Assigning COVID-19 FPs and training for FSS FPs on distribution SOPs 	<ul style="list-style-type: none"> - Hawala interruption, resulting in delays to certain cash for food and cash for fodders distributins, food voucher distributions (as partners need to pay vendors in advance) - Lack of temperature devices in NES - Restrictions from HAO dealying some distributions
Shelter-NFI	
<p>Suspended Activities:</p> <ul style="list-style-type: none"> - Distribution of New Arrival Kits and Core NFIs (out of camo) - Shelter repairs for hospitals and facilities (however ongoing discussion among technical shelter WG to resume) <p>Maintained Activities</p> <ul style="list-style-type: none"> - Distribution of fuel for winterization (camps) - Distribution of NAK and Core NFIs in camps. Distribution plans to be reviewed on day-to-day basis/ - Current tent installations ongoing in Twaihina, Roj and Abu Khashab. <p>Mitigation Measures</p> <ul style="list-style-type: none"> - Implementation of SNFI distribution SOPs (similar to other sectors) <p>COVID-19 related activities:</p> <ul style="list-style-type: none"> - Ensuring availability of NFI stocks incase of prolonged self-quarantine - Exploring provision of emergency shelter for camps/ HHs requiring isolation. 	<ul style="list-style-type: none"> - Impact on summer response likely ot be impacted by movement resrictions.
Sites and Settlements (relating to CCCM activities only)	
<p>Suspended/ Adapted Activities:</p> <ul style="list-style-type: none"> - All camp-level meetings have shifted to skype/webex - Community governance meetings have been suspended, with only critical meetings held and rooms sanitized in advance and after. - In Roj Camp, CA has ordered the complete suspension of all activities - In terms of community mobilization activities, CM shifting from FGDs to house-to-house engagement. Community awareness campaigns <p>Maintained Activities:</p> <ul style="list-style-type: none"> - CCCM staff/ outreach staff presence maintained at normal levels <p>Mitigation Measure:</p> <ul style="list-style-type: none"> - Restrict community gatherings and community mobilization activities that involve large groups (20+ people) - Limited meetings and/or move to skype 	<ul style="list-style-type: none"> - Different standards being applied in formal and informal camps on movement restrictions and screening points - Lack of clarity on rreferral pathways and CwC.

<ul style="list-style-type: none"> - Exploring non face-to-face measures for community engagement (e.g. megaphones, texts etc) and limit any FGDs to 10 people or less - Visitor restrictions in some formal camps. - Temperature screening points at the entrance of some planned camps <p>COVID-19 related activities:</p> <ul style="list-style-type: none"> - Community outreach and awareness on COVID-19 - Training of CCCM staff on distribution SOPs, outreach messaging and preparedness - Coordination of COVID-19 distribution guidelines - CCCM activities continuity planning - Assessment of high risk HHs (to be prioritized under camp activities and distributions) 	
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Education	
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<p>Suspended/ Adapted Activities:</p> <ul style="list-style-type: none"> - All centre-based education activities, both formal and non-formal. This includes ECCD, primary, secondary and vocational training activities. <p>Maintained Activities:</p> <ul style="list-style-type: none"> - School rehabilitation activities are continuing for some partners in Raqqa and Deir Ez Zor - Apprenticeship activities are continuing for some vocational training programs <p>Mitigation Measure:</p> <ul style="list-style-type: none"> - Education partners are exploring home-based learning modalities with a view to implement these over the coming weeks - Existing Whatsapp-based learning groups are being utilised to share lesson plans and discussions <p>COVID-19 related activities:</p> <ul style="list-style-type: none"> - Awareness and outreach, dissemination of IECs - Deep cleaning/ disinfection of schools (before reopened) - Alternative remote programming modalities (as explained above) 	<ul style="list-style-type: none"> - Home-based learning modalities require a) caregiver engagement, b) access to children/caregivers for distributions, and c) funding for printing and additional materials. None of these can be confirmed at the moment. A position paper outlining the impacts of extended school closures and advocating for flexibility in access to children and caregivers is under development. - Discussions to be had at camp/community level regarding distribution approach for learning materials
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Protection	
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<p>Suspended/ Adapted Activities:</p> <ul style="list-style-type: none"> - Two partners have completely shut down all support protection activities, while 11 partners are continuing operations but with reduced scope (both in geographic coverage and programmatic scope). - Awareness raising programs, risk education, community capacity building, Child Friendly Spaces and psychosocial activities have been suspended for both camps and communities. <p>Maintained Activities:</p> <ul style="list-style-type: none"> - Critical case management of unaccompanied and separated children and GBV survivors - Interim care facilities - Cash assistance - Distribution of dignity kits - Legal assistance <p>Mitigation Measure:</p> <ul style="list-style-type: none"> - Follow-up case to be done remotely where possible - Distribution activities to comply with SOPs <p>COVID-19 related activities:</p> <ul style="list-style-type: none"> - Virtual PFA provision to support families in case family member affected. - Case management guidelines 	<ul style="list-style-type: none"> - PPE availability and panic among population (potentially exacerbated by use of face masks by some NGO staff) - Reluctance of some staff to work given perceived transmission risks. - Protection implications relating to distribution SOPs e.g. social stigma if people extracted from distribution line if temperature, ensuring access to assistance for people who may fall ill.
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Health and Nutrition	
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<p>Suspended/ Adapted Activities:</p> <ul style="list-style-type: none"> - Some group sessions for psychoeducation and health education programmes at health facilities and community level. - Suspension of all PHC consultation of all facilities supported by one NGO in Hassakeh and Kobane to enable disinfection. Consultations expected to resume by 22 March - GBV and MHPSS outreach activities of 1 NGO - 2 NGOs reported suspension of a total of 3 MMUs. - Prosthetic referrals from Deir-ez-Zor suspended - All group IYCF awareness sessions suspended; exploring options to do HH level outreach <p>Maintained Activities:</p> <ul style="list-style-type: none"> - The majority of NES NGO supported primary and secondary healthcare facilities, as well as MMUs continue to be operational, including across all camps. - A number of facilities are closed for a short period while disinfection undertaken <p>Mitigation Measure:</p> <ul style="list-style-type: none"> - Restricting visitors to supported hospitals - Installation of additional hand-washing stations at supported facilities/ and hand sanitizer at entrance to facilities - Establishment of temperature screening points at entrance to facilities - Ensuring distance of at least 1 M in waiting areas. - Disinfection of facilities. - Sensitization and IEC <p>COVID-19 related activities:</p> <ul style="list-style-type: none"> - Trainings for medical and cleaning staff - Risk communication and public engagement - Support to referral system, including through expansion of ambulance capacity - Training on IPC, community outreach, case identification and case management 	<ul style="list-style-type: none"> - Shortages in some PPEs (e.g. masks, gowns, boots, goggles) and non-availability of PPEs for PLWs - Shortages of thermal screening devices/ infrared thermometers
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Funding

As of 17 March, NES NGOs estimate overall funding needs of close to 10 million USD to scale-up COVID-19 preparedness and response interventions. A *preliminary* working budget has been compiled to cover multiple pillars of the “NES Preparedness and Response Plan” and covers interventions under 4 sectors. This funding is indicative and not reflective of funding gaps, but rather immediate funding requested by partners based on initial gaps analysis and their ability to scale-up/ absorb additional funding. Actual funding gaps, particularly in terms of essential equipment and supplies – including PPEs and support to clinical management – are likely to be much higher than reflected in this initial budget and will be reflected in subsequent updates. For further information (including if interested to fund any of these individual interventions) please contact Tim Young from the NES Forum (tyoung.nesforum@gmail.com).