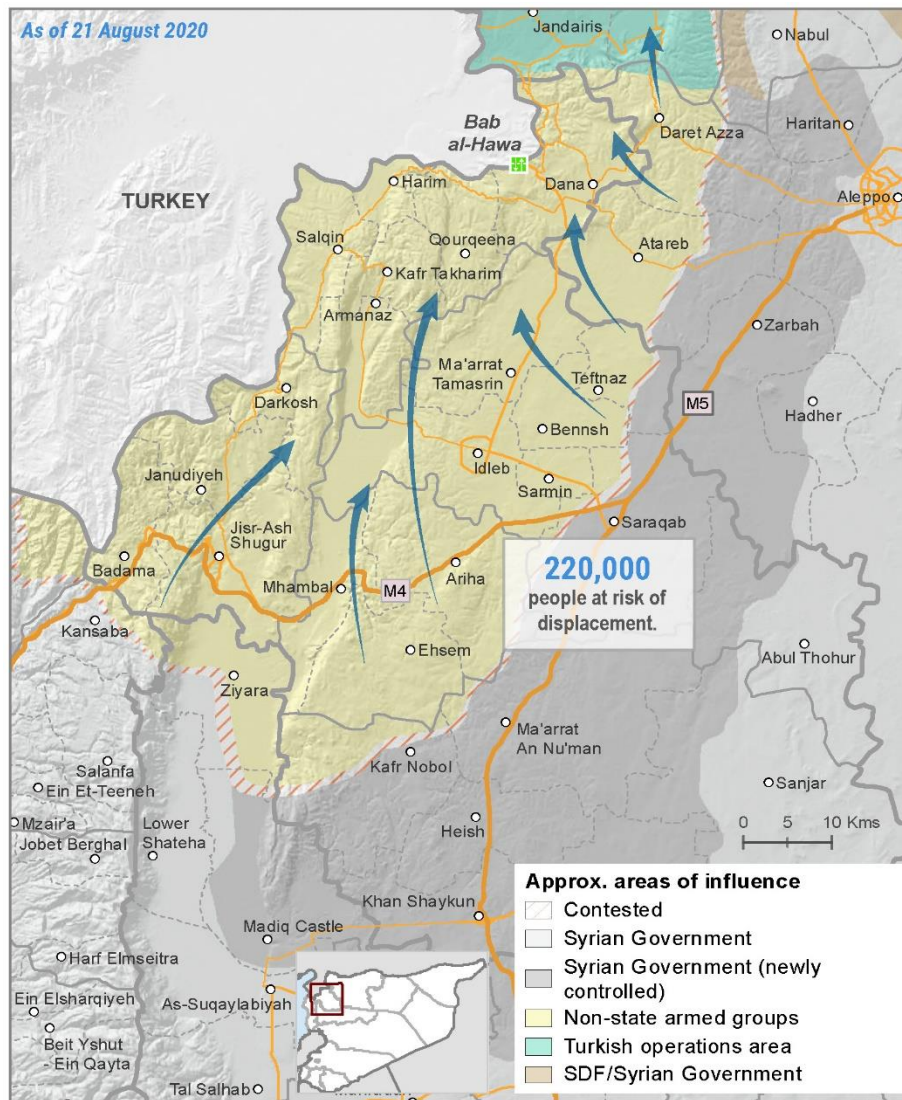


Northwest Syria Humanitarian Readiness and Response Plan

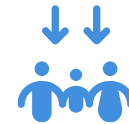
As issued on 4 Sept 2020

This plan focuses on critical gaps in people's humanitarian needs and funding related to possible increased hostilities and new displacement in northwest Syria, projected until the end of 2020. The full scope of the humanitarian response in northwest Syria is detailed in the 2020 Humanitarian Response Plan and its COVID-19 annex.



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

KEY PLANNING FIGURES



220,000

People at imminent risk of displacement



USD 395 million

Funding requirement until the end of 2020



345,000

Estimated population close to frontlines in the Idlib area



2.8 million

People in need of assistance in northwest Syria

SITUATION OVERVIEW

The humanitarian situation remains severe for the 4.1 million people living in northwest Syria, across the Idlib and Afrin and A'zaz to Jarablus areas. While military hostilities have subsided since the ceasefire agreement of 5 March, low but increasing levels of artillery shelling as well as sporadic airstrikes have continued, focused mainly in areas in vicinity of the frontlines south of the M4 highway and west of the M5 highway. Tensions and clashes between armed groups and prevalence of explosive hazards further undermine the security situation in the northwest, while the impact of the COVID-19 pandemic and the rapid devaluation of the Syrian Pound (SYP) place additional strain on the population. An estimated 2.8 million people in northwest Syria rely on humanitarian assistance to meet their basic needs.

Sharp devaluation of the SYP has resulted in significant price increases, further constraining food access and other key supplies in markets. Already in a depreciating trend for the past two years, the SYP experienced accelerated weakening since May 2020, including losing some 76 percent of its value against the US Dollar in the first week of June. At time of publication, the

SYP is worth around one third its value a year earlier. The impact on humanitarian needs is immense. The price of the minimum amount of basic goods that people need for their survival, such as food, water, fuel and hygiene items, which were steadily climbing for months, have increased sharply since May 2020. Between May and June, the cost of the Survival Minimum Expenditure Basket (SMEB) increased by 68 percent in Syrian Pound terms, reaching 224,385 SYP. The SMEB food component alone increased by 67 percent between May and June, and by 122 percent over a six-month period. The Turkish Lira (TRY) is being increasingly mainstreamed across northwest Syria as attempts are made to mitigate against the volatility of the SYP, raising concerns that people without adequate access to certain currencies risk being excluded from markets or facing higher prices for the same goods and services because of exchange rate disparities. Fluctuating exchange rates and multiple currency conversions also interfere with the ability of civilians and humanitarian partners to engage in long-term financial commitments.

The devaluation of the SYP intensifies the precarity of people living in northwest Syria and is worsened by the impacts of the COVID-19 pandemic, which is driving additional humanitarian needs and exacerbating pre-existing needs of the already vulnerable population. Movement restrictions and limitations on commercial activities such as markets, which were introduced as public safety measures to counter the spread of COVID-19, as well as the overall impact of the pandemic on the global economy, intensify civilians' reliance on humanitarian assistance to meet their basic needs. Simultaneously, the pandemic has compelled humanitarian actors to adapt their activities and procedures to mitigate transmission risks, incurring additional costs and in some cases necessitating suboptimal compromises.

Some 2.7 million of the 4.1 million people living in northwest Syria are estimated to be internally displaced. 780,000 of the nearly one million people displaced in northwest Syria between December 2019 and early March 2020 remain in displacement¹, and longer-term needs of displaced persons are increasing. Those who have returned to their host communities continue to face challenges. Communities living near frontlines are extremely vulnerable to the impacts of a potential military escalation, including risk of displacement. Services in these areas remain extremely limited, with humanitarian, health and other service providers having been displaced by hostilities earlier this year.

Food insecurity has become even more critical under the combined brunt of the recent large-scale displacement and the severe downturn of the local economy, which has caused sharp price increases and eroded communities' purchasing power across the northwest. The loss of agricultural land has also placed upward pressure on food prices, due to the reduction in crop production. Between April and May 2020, bread prices increased by some 22 percent, and more than 30 percent of bakeries are no longer operational.

Women, girls and boys, who comprise 76 percent of the population of northwest Syria, continue to be especially affected by the conflict, including the latest economic shocks. The

deteriorating economic situation has increased protection risks, particularly due to the adoption of negative coping mechanisms to meet basic needs. More children, including children with disabilities, are projected to be out of school due to the impact of the economic crisis as families struggle to cover education costs, and are at risk of child labour, begging and child marriage. Increased malnutrition rates for mothers and children are reported. Protection needs for women, boys and girls are increasing, with more reported cases of domestic violence throughout northwest Syria. Persons with disabilities often face disproportionate impacts of these dynamics. As options diminish, more people try to survive by searching for food in rubbish containers or searching landfills for sellable and reusable materials, according to reports from humanitarian partners. More people may need humanitarian assistance across all sectors, due at least in part to reductions in the purchasing power of the affected population. Across communities, beyond military hostilities, the current context may result in widespread losses of major income sources, increasing dependence on humanitarian assistance and increasing tensions between different communities.

OVERALL PRIORITIES

Overall priorities in terms of urgency following displacement are:

- a) Protection of civilians in their areas of origin and areas of displacement, including last-resort relocation support and assistance with transport² for the people most vulnerable, least able to cope, and at highest risk, especially individuals with specific needs, to move away from hostilities and to safe destinations. This includes interventions to prevent and respond to human rights abuses, e.g., child rights violations and gender-based violence.
- b) Limit transmissions of COVID-19 and other communicable diseases.
- c) Safe reception centres and shelters in and out of camps insulated from weather conditions, with appropriate WASH facilities, including adequate drinking water and water and soap provision to mitigate against the potential spread of COVID-19.
- d) Emergency response assistance including food, non-food items, heating and healthcare;
- e) Ensuring roads required to transport humanitarian supplies throughout northwest Syria from the Bab Al-Hawa border crossing are accessible and in good condition, to enable timely and uninterrupted humanitarian shipments.
- f) Scale up regular food assistance (food baskets, cash and voucher transfer modality);
- g) Strengthening livelihood activities including agriculture, livestock, irrigation and support to bakeries and bread production.
- h) Ensuring that any scale-up to meet escalated/transformed needs is done cohesively, supported and informed by NGOs who are critical responders on the ground.
- i) All other support.

¹ As of 19 June 2020. Return movements to southern Idlib and western Aleppo governorates, and renewed displacement of those people who have returned to their communities continue to be reported.

² See [Guiding Protection Principles and Minimum Standards for Emergency Relocation Support in northwest Syria](#)

RESPONSE OBJECTIVES

- Save lives and alleviate suffering while reducing adoption of harmful coping mechanisms by delivering a dynamic multi-sectoral response based on assessed needs, Accountability to Affected Populations (AAP) and Communication with Communities (CwC).
- Mitigate and contain the potential spread of COVID-19.
- Strengthen capacities of affected populations to access education and livelihood options with dignity and respect when the situation stabilises sufficiently.
- Promote cash and voucher modalities where local markets and money transfer arrangements permit.

COVID-19 PREPAREDNESS AND RESPONSE EFFORTS

Since the first laboratory confirmed case was identified on 9 July, the numbers are increasing, and WHO have confirmed community transmission is taking place. Current cases are predominantly in Northern Aleppo while there are still active cases in Idleb area. For updated numbers, please access the health Cluster [NWS COVID-19 Dashboard](#). The COVID-19 Health Task Force for northwest Syria has a COVID-19 Preparedness and Response Plan (PRP) to scale up capacities for prevention, early detection and rapid response to a COVID-19 outbreak. The current plan identified a funding requirement of some US\$ 69.6 million for the health preparedness and response activities until the end of 2020, primarily for infection prevention and control (IPC), case management, risk communication and community engagement (RCCE).

Humanitarian partners across all sectors have nuanced plans to ensure continued delivery of humanitarian assistance while mitigating the risk posed by COVID-19 to staff and communities. This includes developing contextualised sector-specific COVID-19 guidance for northwest Syria and adapting delivery modalities, such as shifting to online or phone-based engagement for interviews and for awareness raising, education and case management services, as well as reducing congregations by consolidating distributions and increasing the number of distribution points for food and other items. Humanitarian organisations are also working to procure and preposition critical relief items, including personal protective equipment (PPE) to further reduce transmission risks.

READINESS EFFORTS WITHIN SYRIA

The humanitarian community in Syria continues to engage to meet the needs of people who are displaced towards Government areas, return to their homes in Government areas, or who remain in areas that come under Government control following frontline shifts. People who move into these areas will be provided for by humanitarian actors within Syria.

FUNDING REQUIREMENTS

The figures represented in this document reflect requirements for emergency responses to the humanitarian needs of people displaced in northwest Syria, projected to 31 December 2020, and consider adjustments required as part of COVID-19 mitigation and response efforts.

As foreseeable needs, this humanitarian operational readiness plan forms part of the Humanitarian Response Plan (HRP) that provides the framework for all humanitarian response for people within Syria. All cluster coordinators and partners involved in the Syria humanitarian operation will work to ensure that programmatic priorities and associated financial requirements identified in this plan inform the current ongoing registration of projects under the 2020 HRP. This will be key to ensure that the 2020 HRP fully captures the scale of needs and funding requirements articulated in this plan.

| Cluster | Funding Requirements (US\$) | | |
|--|-----------------------------|--------------------------------------|--------------------|
| | Current Gap | Increase in case of new displacement | Total Gap |
| Food Security and Livelihoods (FSL) | 91,433,318 | 34,260,000 | 125,693,318 |
| Protection | 49,000,000 | 8,550,000 | 57,550,000 |
| Non-Food Items (NFI) / Winterisation | 30,700,000 | 10,400,000 | 41,100,000 |
| Health | 36,570,000 | 2,250,000 | 38,820,000 |
| Shelter | 29,900,000 | 7,800,000 | 37,700,000 |
| Education | 18,493,312 | 11,113,200 | 29,606,512 |
| Water Sanitation and Hygiene (WASH) | 9,000,000 | 11,000,000 | 20,000,000 |
| Early Recovery and Livelihoods (ERL) | 14,500,000 | 5,000,000 | 19,500,000 |
| Camp Coordination and Camp Management (CCCM) | 15,600,000 | 2,849,000 | 18,449,000 |
| Nutrition | 3,100,000 | 2,200,000 | 5,300,000 |
| Logistics | 1,300,000 | - | 1,300,000 |
| Total | 299,596,630 | 95,422,200 | 395,018,830 |

POTENTIAL AND AGGRAVATING RISKS

| Areas | Risk factors |
|-------------|---|
| Overarching | <ul style="list-style-type: none"> • Collapse of the ceasefire in place since 6 March 2020. • The spread of COVID-19, compounded by high population density, affecting local populations and humanitarian and health workers or causing further restrictions. • Insufficient personal protective equipment (PPE) for humanitarian and health workers and beneficiaries to enable the safe continuation of activities. • Challenges in applying sector-specific COVID-19 measures. • UN dependence on a single crossing point, increasing risks to physical access in northwest Syria, additional transshipment costs, the need to cross supplies between the Idleb and northern Aleppo areas, poor road conditions and other logistical challenges. • Further devaluation of the Syrian Pound; inflation, decreased purchasing power. • Replacement of the Syrian Pound with alternative currencies, such as the Turkish Lira or the US Dollar. • Reduced access to cash, unavailability and limitations in markets. • Renewed hostilities. • Increased risk that local populations and humanitarian workers and organisations lose assets due to security incidents such as theft and looting, exacerbated by the dire economic situation. • Loss of prepositioned goods due to hostilities or shifting frontlines. • Inability of partners to scale up response where needed, including due to access challenges. • Inability of aid pipeline to meet scaled-up needs sufficiently quickly. • Lack of (affordable) fuel. • Increased implementation costs for humanitarian partners due to logistical and transport considerations and the single border crossing for UN transshipments. |

| | |
|------------|--|
| | <ul style="list-style-type: none"> • Increased vulnerability and adoption of harmful coping mechanisms due to multiple instances of displacement and economic downturn affecting host and displaced communities. • Evolving needs of IDPs at different stages of displacement and new vulnerabilities arising in host communities. • Aid diversion. • Interruptions in communications (lack of internet access, jamming of phone lines, etc.). • Lack of services in areas to which people are returning. |
| Protection | <ul style="list-style-type: none"> • Increased risk of killing, maiming and injury to civilians due to hostilities including clashes, shelling and aerial bombardments in populated areas, with some households/individuals unable to reach safety of their own accord. • Increased prevalence of explosive hazards affecting, i.a., the physical safety, freedom of movement and livelihoods of the civilian population. • Severe distress of affected population, particularly children. • Separation of families. • Increase of all forms of gender-based violence (GBV), particularly domestic and sexual violence, resulting from the deteriorating economic situation and loss/reduction of incomes due to home confinement measures applied as a precaution against the spread of COVID-19. • Increased child labour, child marriage and child recruitment. • Movement restrictions and mandatory quarantine measures impeding GBV survivors' access to services. • Closure of specialised protection service delivery centres. • Increased adoption of negative coping mechanisms including early/forced marriage, temporary marriages and forcing young girls to take hormonal medications to accelerate puberty. • Increase scavenging of rubbish containers or landfills for food or sellable/reusable materials as a result of food insecurity and/or loss of income, which is frequently child labour and increases risk of exposure to explosive hazards due to unexploded ordnances (UXOs) being collected as scrap metal. • Increased communal tensions between host communities and IDPs as well as between newly displaced people and previously displaced people. • Stigma against people perceived to have COVID-19. |

| | |
|---------------------------------|---|
| | <ul style="list-style-type: none"> Increased risks, threats and vulnerability, as well as reduced care options, for older persons and persons with disabilities. |
| Shelter / Non-Food Items | <ul style="list-style-type: none"> Insufficient adequate shelters. Increased rent prices and risks of evictions Overcrowding in available shelters, compounding the risk of spreading COVID-19. Populations displaced to areas without shelter capacities. Populations displaced to unfamiliar settings, e.g. urban to rural. Lack of capacity to find suitable land for building new IDP camps. Land disputes between host communities and IDPs. Increased number of people unable to purchase fuel and winter clothing due to the devaluation of the Syrian Pounds. Floods in informal IDP settlements due to lack of drainage and mitigation measures. |
| Health | <ul style="list-style-type: none"> Outbreaks of disease, including COVID-19. Global scarcity of COVID-19 response supplies, as demand continues to exceed available supplies and production. Limited or no healthcare services in areas to which people are returning. Increase in psychosocial and mental health concerns. Lack of gynaecological services and specialised medical staff. Limited availability and increase of prices of essential medicines. Interruption of medical services and potential attacks on health facilities. Potential restrictions on obtaining needed supplies cross-border. Insufficient equipment and trained medical staff to treat COVID-19. COVID-19 precautions curtailing women and girls' access to critical medical services, including deliveries in some instances. Reduced willingness of people to seek basic healthcare due to fears of COVID-19, particularly among older persons and persons with disabilities. Increase in medicine prices, leading i.a. to deterioration of health conditions of pregnant, lactating women and newborns. |

| | |
|---------------------------------------|---|
| Water Sanitation and Hygiene | <ul style="list-style-type: none"> Lack of safe drinking water. Lack of washing facilities. Lack of latrines and solid waste management facilities. Insufficient hygiene and sanitation in local communities, increasing the risk of COVID-19 transmissions. |
| Early Recovery and Livelihoods | <ul style="list-style-type: none"> Rising tensions among communities with regards to access to livelihoods opportunities, jobs and other income opportunities. Overwhelmed service provision with consequent further deterioration in access to basic economic and social services including markets and infrastructure. Further deterioration of roads, which are already in poor condition. This may impede shipment of humanitarian supplies, especially with increased reliance on roads from Bab Al-Hawa to areas previously served by the Bab Al-Salam border crossing. Increase in negative coping mechanisms with grave implications on social cohesion and community safety. |
| Food Security and Livelihoods | <ul style="list-style-type: none"> Food insecurity. Loss of livelihoods. Loss of agricultural crops to fires. Significant deterioration of the local economy. More people in need of food assistance due to increasing food insecurity and hostilities. Decrease in agricultural and livestock production. Reduced cultivated land and arable areas due to changes in areas of control following military escalations. Reduced wheat cultivation in favour of cash crops due to lack of adequate markets and high cost of agriculture inputs. Decreased availability of local flour for bread production. Reduced access to markets and retail shops. |
| Education | <ul style="list-style-type: none"> Interruption of education, which contributes to increased child labour and child marriages. Increase in out-of-school children, with more severe impacts for children with disabilities. Overcrowded classrooms/schools, leading to deterioration of the learning environment, including WASH facilities. Tension between IDP children and host community children. Schools occupied by IDPs, affecting children's education. |

| | |
|---|--|
| | <ul style="list-style-type: none"> Insufficient access to technology required for remote education modalities adopted as COVID-19 precautions. |
| Camp Coordination and Camp Management (CCCM) | <ul style="list-style-type: none"> Increased incidences of fire in IDP sites due to absence of contingency planning and used of unsuitable fuel sources. Aggravated COVID-19 outbreaks in camps due to absence of camp management awareness committees and limited awareness/mitigation measures in camps and reception sites. Establishment of IDP sites not meeting international standards, especially with regards to site selection criteria, housing, land and property (HLP) due diligence, and without establishment of proper camp management systems. Overcrowded reception centres and transit sites. Poorly managed camps with inadequate living conditions. Increased security and protection risks. Vulnerable households living in informal sites/self-settled camps not identified and not assisted. |
| Logistics and physical access | <ul style="list-style-type: none"> Risk of increased access constraints. Internal crossing points and associated routes may be insufficient to meet need, especially during emergencies. Reduced crossing points may increase risk of interference in aid operations. Increased need for prepositioning in case regular routes are inaccessible. Organisations managing warehouses thus assume greater risk and cost. This includes temporary warehousing in case of load breaks or emergencies. Deterioration of road conditions due to frequent use by large or heavy vehicles, exacerbating already poor road conditions. Authorities may not be able to meet new rate of cross-border traffic flow, especially during peak periods. Closures of border or cross-line crossings. Landmines or other explosive hazards along roads. Transport challenges, including increasing fuel and other costs. Shelling and airstrikes impacting in proximity of relocation or transport routes. Checkpoints and traffic congestion resulting in slow movement. Interruptions of crossings due to conflict, civil unrest, COVID-19 restrictions or weather conditions. |
| Nutrition | <ul style="list-style-type: none"> Low dietary diversity. Sub-optimal infant and young child feeding and care practices. |

| | |
|--|---|
| | <ul style="list-style-type: none"> Interruptions in delivery of life-saving nutrition services, increasing the risk of mortality. Elevated levels of maternal and child acute malnutrition. Increased micronutrient deficiencies. Reduced access to health services for children and mothers. |
|--|---|

RISK MONITORING INDICATORS

Risk monitoring indicators enable the status of a situation to be ascertained, including whether it is improving or deteriorating, and facilitate decision-making about if and how to respond to developments, including what should be done where and when by who (4Ws). Tools to monitor and mitigate risk include:

- Multisectoral Service Mapping
- Rapid Needs Assessments (including consistent sourcing of community preferences and information needs)
- Community-based complaint mechanisms
- Health Resources Availability Monitoring System (HeRAMS)
- Early Warning, Alert and Response Network (EWARN)
- COVID-19 Surveillance
- Humanitarian Needs Assessment Program (HNAP)
- Multi-Cluster/Sector Initial Rapid Assessment (MIRA)
- Protection Monitoring Task Force (PMTF)
- Child Protection Monitoring Task Force (CPMTF)
- Protection Cluster Service Suspension Tool
- Surveillance System for Attacks on Healthcare (SSA)
- Risk Management Matrix
- Partners' risk management plans, including commodity tracking
- Third party monitoring
- Media monitoring
- Market monitoring
- Emergency Dashboard on food assistance (FSL)
- Bread and Bakery Dashboard (FSL)
- Regular food assistance and livelihood output (FSL 5Ws)
- Outcome monitoring initiative (FSL)
- Risk Management Package can be accessed through <https://www.humanitarianresponse.info/en/operations/stima/risk-management-approach>

OPERATIONAL PLANNING ASSUMPTIONS

An estimated 345,000 people live in areas adjacent to the frontlines in the southern and eastern Idlib area, of whom 220,000 may be displaced to northwest Idlib and northern Aleppo governorates in the event of significant military escalations. Roughly 205,000 people live along and south of the M4 highway, and 140,000 live north of the M4 and just west of the frontlines near the M5 highway. These are the two areas that are most likely to be affected by conflict from which people would displace. Of the estimated 220,000 who may displace, based on previous displacement patterns and contextual dynamics, it is estimated that up to 140,000 may displace from along and south of the M4 highway, and up to 80,000 north of the M4 and just west of the M5. Such displacement may occur in stages or at once. It is likely that people would displace primarily to areas close to the Turkish border with higher levels of services and perceived safety. Limited numbers would likely displace more locally, to areas just beyond the frontlines, to return when conflict reduces. Limited numbers are likely to displace to northern Aleppo governorate during initial displacement, and secondary displacement may also occur, particularly if services are inadequate in initial locations of displacement, if displacement is expected to be more permanent, or northern Aleppo is perceived to be safer or have more livelihood opportunities. Many people remaining in affected areas are likely to have humanitarian needs.

The humanitarian response in northwest Syria relies heavily on cross-border operations enabled by UN Security Council Resolutions, SCR 2533 (2020):

Assumptions:

- Escalation of hostilities leads to (large-scale) displacement and increased vulnerability.
- Weather conditions may compound vulnerability, e.g., extreme heat and fires in summer and cold and flooding during winter.
- Outbreak of COVID-19 will compound vulnerability of the affected population and limit humanitarian partners' ability to respond.
- Needs of affected population change at different stages of displacement, shifting from immediate concerns such as shelter, food and water to longer-term concerns such as livelihood, health and education, while an inability to cope may result in adoption of harmful coping mechanisms and protection violations.
- Available services difficult to access and/or overwhelmed, and markets unavailable or unable to provide for the increased needs.
- Increased need for psychosocial support (PSS) and mental health support.
- Greater protection risks for vulnerable groups such as children, women, older persons, persons with disabilities and people infected, or perceived to be infected, by COVID-19.
- Adoption of negative coping mechanisms increases among the local population.
- Economic volatility due to decreasing value of the Syrian Pound and COVID-19 precautionary measures exacerbate vulnerability and increase reliance on humanitarian support, heightening affected populations' risk of exploitation and violence, including gender-based violence (GBV) and sexual exploitation and abuse (SEA).

- Prepositioning essential items accelerates response and mitigates pipeline issues.
- Coordination takes place closer to the ground; area-based and between clusters.
- Principled and needs-based services and distribution of assistance.
- Partners have limited ability and resources to respond to all needs and so develop response frameworks based on needs assessments and in coordination with other actors to avoid duplication and ensure added value.
- Communication channels available, incl. alternative comms tools; partners reporting.
- Response frameworks affect recovery and long-term development; preparation and response frameworks incorporate responsible transition/exit strategies.
- Cross-border humanitarian routes open and safely accessible. Challenges arising from the UN's lack of authorisation to use the Bab Al-Salam border crossing will be offset, and UN assistance can cross through Bab Al-Hawa.
- Crossing points between the Idlib area and northern Aleppo will remain adequate and accessible to facilitate the movement of humanitarian assistance.
- Road conditions will remain adequate for the movement of humanitarian goods. This requires rehabilitation of roads throughout northwest Syria, which are generally in poor condition. Particularly vital are roads between Bab Al-Hawa and areas previously served by the Bab Al-Salam border crossing, which need to absorb higher traffic volumes.
- Donors provide flexibility for reprogramming and partners have capacity to reprogram.

COORDINATION STRUCTURE

- Coordination is conducted along existing formal coordination structure. The Turkey-based Humanitarian Liaison Group (HLG) leads strategic coordination for cross-border partners. Operational coordination is led by the Inter-Cluster Coordination Group (ICCG). Access issues affecting the humanitarian community are addressed jointly by the humanitarian community through the Access Working Group (AWG), while the COVID-19 Health Task Force leads the preparedness and response to the pandemic. Dedicated meetings, online groups and other tools will be used within and between clusters to enhance coordination. Specific operational arrangements may be made in relation to key geographic locations or specific events, including clearly defined roles and checklists to follow in the event of incidents such as relocation of people from specific areas.
- Coordination from the Turkey Hub inter-cluster members will continue. Coordination continues with Whole of Syria (WoS)-level interlocutors. Cluster coordinators work with partners on response and gap identification.
- Clusters continue to convene regular and ad hoc meetings with their members, including with specialised sub-groups, coordination groups and technical working groups.
- Coordination with Turkish authorities, such as with the COVID-19 Health Task Force for northwest Syria.

Field Coordination

- Area Coordination Groups (ACGs) have been established in the Idleb and Afrin and A'zaz to Jarabulus areas of northwest Syria at sectorial level. The objective of the ACGs is to strengthen field coordination among humanitarian actors, to improve efficiency and avoid duplication, follow up on partners' interventions and challenges faced by partners, and to exchange knowledge, successes and lessons learnt.
- When necessary informal coordination meetings on the ground will be encouraged, and OCHA will be in the loop. Information from any field coordination will be shared with those doing remote coordination as per the arrangements above.

Displacement Updates

- The HLG agree to use population movement numbers reported by the CCCM Cluster.
- If CCCM numbers are not yet available, the next most reliable source will be used for planning and response.
- Qualitative information pertaining to displacements will be shared by clusters bilaterally and via platforms such as the ICCG.

LIMITATIONS

The security situation as well as COVID-19 and its related restrictions impact the provision of humanitarian assistance to the affected population in northwest Syria. Aerial and artillery bombardments, prevalence of explosive hazards and tensions between armed groups create an untenable situation in affected areas, damaging equipment and facilities, threatening the safety and lives of the people delivering and receiving assistance and potentially displacing humanitarian workers along with their communities. Precautions against COVID-19 transmissions cause reduction or suspension of certain humanitarian activities and alter the efficacy of some other activities. Such conditions affect priorities and requirements and introduce additional complications and delays that affect the humanitarian response.

The large number of people displaced since December 2019, the starkly deteriorating economy and the impact of the COVID-19 pandemic raise demand for humanitarian assistance to support vulnerable people in northwest Syria. In the absence of a permanent ceasefire and a political solution to the conflict, and in light of COVID-19, the ability of humanitarian partners to meet the needs of affected communities continue to be impeded.

Humanitarian assistance for people in this area relies heavily on commodities sent through BAH crossing point from Turkey within the framework of UNSCR 2533 (2020). The projected scale-up identified in this document assumes the continuity of the cross-border aid pipeline, which is contingent upon several factors, including:





- Safety and security at the border crossings, including adequate COVID-19 precautions.
- Capacity at the border crossing to process transshipments.
- Quantity and types of goods permitted through the crossings.
- Safety, security and usability of the routes travelled by trucks carrying the transshipments.

- Availability of drivers.

With the effects of insecurity on humanitarian staff and organisations directly and logistical aspects of operating at scale, the security situation, ongoing pandemic, economic volatility and high levels of need introduce additional challenges to the ability of the humanitarian community to respond. These include:

- The need to deploy additional surge staff, inhibited by global movement restrictions.
- The need for donor flexibility in reprogramming both for project beneficiaries and adjusting allocated funding amounts, and agility to adapt to changing market conditions.
- Ensuring systems are in place to effectively absorb and expend additional resources.
- Ensuring measures are in place to effectively mitigate against COVID-19 transmissions.
- Increased need to import supplies to northwest Syria for regular humanitarian response and for mitigating and treating COVID-19, due to reduced availability in local markets.
- Streamlining administrative processes, such as the rapid processing of visas and work permits for surge staff where travel is possible.
- Potential additional emergency measures such as longer border crossing operating hours, expanding the Bab Al-Hawa border crossing capacity, decontamination of transshipments and additional arrangements for the evacuation of emergency cases across the border.
- Increased implementation costs due to higher transportation costs resulting from the need to transport shipments across further distances within northwest Syria, and to improve the condition of roads vital for the travel of humanitarian transports.
- Gaps in services in frontline areas as humanitarian partners are displaced by hostilities.

CLUSTER PLANS

| | | | | | |
|--|--|------------------|--------------------------------------|--|--------------------------------------|
|  | Camp Coordination and Camp Management (CCCM) | | | Lead agencies: UNHCR; Global Communities | |
|  |  Number of people targeted | | |  Requirements (US\$) | |
| # of cluster members | Current target | Current gap | Increase in case of new displacement | Current Gap | Increase in case of new displacement |
| 77 | 1,479,251 | 1,195,741 | 77,000 | \$ 15,600,000 | \$ 2,849,000 |

Current main response activities

- Provide first response temporary shelters for new arrivals at reception centres until longer term shelter solutions are identified.
- Support establishment of new last resort IDP sites and expand where possible existing IDP sites³ in line with housing, land and property (HLP) and do-no-harm humanitarian principles and international standards.
- Coordinate provision of Protection mainstreamed, multi-sectoral life-saving assistance in last resort IDP sites.
- Disseminate operational information on IDP figures and movements on a timely basis.

Main gaps in current humanitarian response

- Overcrowding in IDP sites and shortage of available space. Improve living conditions and uphold humanitarian standards in camps, reception centres and informal/self-settled camps through the provision of adequate and systematic assistance.
- Multi-sectoral support for existing IDP camps, most of which are self-settled and running over capacity.
- Limited capacity of transit points or reception centres. The current capacity of reception centres has halved due to COVID-19 related risks.
- Lack of capacity and support for camp management of existing and newly established IDP sites, including WASH and community health workers who are mainly responsible for raising awareness about COVID-19 risks.
- Transportation of displaced people in case of camp closures due deterioration in the security situation or change in areas of control.
- Standardised camp management approach across planned camps and reception centres.
- Identification/referral of vulnerable households for assistance delivery in self-settled sites.
- Continued liaison with relevant and local authorities regarding humanitarian camp management, principled access and standards.

Plan for scale-up of humanitarian aid for current population in need

- Support establishment of more last resorts camps and expand existing ones. Preliminary data exists of available lands to provide shelter for more than 54,000 displaced people.
- Support identification of available lands to use as last resort for the establishment of transit and reception sites and camps for the emergency response.
- Ongoing advocacy on gaps and needs identified.
- Improve living conditions in existing camps by upholding international standards.
- Establish new transit points and reception centres to provide protection for displaced people along displacement routes. Transit points will be activated if the displacement is suspended for more than eight hours.
- Provide multi-sectoral support to enable existing IDP sites to accept new arrivals and to support the resilience of people who are already displaced.
- Provide capacity-building support for camp management of existing and newly established IDP site and develop/strengthen a standardised approach to guide local authorities and partners in mainstreaming protection and managing planned camps.
- Provide planned camps and self-settled camps with camp management agency or with governance structures to advocate for people's needs and to address gaps in services.

Priority Readiness Actions in case of new displacement


Given existing widespread displacement, the CCCM preparedness plan includes similar activities as in the ongoing response. The Cluster will continue to mobilise and assess members' capacities and available space. CCCM will continue to provide humanitarian actors with information on the movement of displaced people and first shelter response in reception centres. To be able to respond to the first wave of displacement, CCCM preparedness should start before the crisis. This is a lesson learnt in the last response where sites (mainly planned and/or self-settled sites) were only ready to start receiving newly displaced people after several months of escalations

³ 'IDP sites' refers to planned camps, self-settled camps, transit/reception centres and collective centres.

and emergency situations. The CCCM Cluster will continue to identify and refer self-settled sites that are in need of humanitarian assistance.

Priority Response Activities

- Continue to monitor the movement of displaced persons.
- Continue to identify available public lands to be used for the expansion of existing IDP sites and establishment of new camps, in coordination with OCHA.
- Establish camp management systems in newly established IDP sites.
- Assess and refer gaps in multi-sectoral assistance to other sectors/clusters in the expanded IDP sites and newly established camps.
- Coordinate camp establishment with relevant clusters and among CCCM Cluster members.
- Increase the capacity of existing infrastructure and the management of existing camps to absorb new displacements, especially land preparation and WASH facilities.
- Establish new transit points and reception centres as an emergency response.
- Support camp management partners with capacity building initiatives and guidance to ensure application of camp management standards in camps and reception sites.
- Improve living conditions of affected communities by upgrading standards in existing planned camps.

| | | | | | |
|--|----------------|--|--------------------------------------|--|--------------------------------------|
|  Early Recovery and Livelihoods (ERL) | | | | Lead agency: UNDP | |
|  | |  Number of people targeted | |  Requirements (US\$) | |
| # of cluster members | Current | Current gap | Increase in case of new displacement | Current Gap | Increase in case of new displacement |
| 42 | 450,000 | 200,000 | 120,000⁴ | \$ 14,500,000 | \$ 5,000,000 |

Current main response activities

- From January to June 2020, 27 ERL Cluster partners operating in 18 Aleppo governorate sub-districts reached 416,440 direct beneficiaries, and 29 ERL Cluster partners operating in 15 Idleb governorate sub-districts reached some 1,194,215 direct beneficiaries.
- Rehabilitation of access to basic utilities (electricity, gas, water, sewage) interventions reached 97,694 households.
- 8,618 m³ of debris and waste has been removed in camps, city centres and villages.
- 4,025 people were employed through the creation of short-term work opportunities, in light rehabilitation of social infrastructure, basic infrastructure and cash-for-work activities, e.g., cleaning WASH facilities or manufacturing personal protective equipment (PPE) such as fabric masks and antileishmanial spray.
- Entrepreneurial activities supported 781 entrepreneurs to start a business or service, mostly supporting women and youth.
- Rehabilitation of 57 kilometres of road by eight partners in 11 communities of Idleb and Aleppo governorate has been implemented and is ongoing.

Main gaps in current humanitarian response

- Rehabilitation of access to basic utilities such as electricity, gas, water and sewage. Some 25,000 households are targeted for basic utilities.
- Rehabilitation or repair of basic local economic infrastructure such as markets. Some 17 such infrastructural entities are targeted for this.
- Rehabilitation or repair of other social infrastructure, such as roads. Approximately 100 kilometres of road are targeted.
- Removal of debris and waste. Approximately 34,500 m³ is targeted.
- Creation of short-term work opportunities. Approximately 6,800 persons are targeted.
- Rehabilitation of education facilities; 12 schools are targeted.
- Rehabilitation of health facilities; four clinics are targeted.
- Supporting entrepreneurship. Approximately 4,100 businesses are targeted.

- Integration of displaced persons and returnees. Approximately 618 initiatives are targeted.

Priority Readiness Actions in case of new displacement

- Data and information collection on socioeconomic situations and livelihood opportunities in possible displacement destinations, e.g., access to basic socioeconomic services and infrastructure such as markets, energy provision, water/sanitation systems, health facilities, income generating activities and social cohesion dynamics.
- Update mapping of actors operating in possible displacement destinations, including those planning to relocate activities.
- Ongoing consultations with partners regarding availability of resources, the proportion that could be shifted/relocated to displacement areas, and challenges related to possible activity reprioritisation.
- Ongoing consultations with partners about existing plans and mechanisms for handover of assets and activities to other organisations in case of forced activity interruption.
- Ongoing consultations with partners and key access actors about the conditions and rehabilitation needs of roads used for humanitarian transshipments from Bab Al-Hawa.
- Ongoing consultations with partners regarding possibilities to scale-up local production of PPEs such as fabric masks to mitigate against the spread of COVID-19.

Priority Response Activities

- Restore, rehabilitate and adapt key socioeconomic services and related infrastructure, including electricity and water networks, sanitation systems, markets, health facilities, educational facilities and essential administrative services, including through cash-for-work schemes, business grant schemes supporting entrepreneurial activities, and targeted vocational training linked to cash-for-work/entrepreneurial activities.
- Rehabilitation of critical roads and access ways vital for the transport of humanitarian supplies across northwest Syria, and enhance local economic activity and related livelihood access opportunities.

⁴ The estimation is based on the approximate percentage of IDPs possibly residing in non-camps/collective centers/open areas/tents settings, i.e. host families, unfinished buildings, rented, home (HNAP, 02/2020).

- Continue scaling-up/expanding local production of PPEs such as fabric masks.
- Collection and removal of waste and debris.

- Community engagement and social cohesion initiatives in order to reduce intra/inter-community tensions and social unrest among displaced persons and host communities.

| | | | | | |
|--|---|----------------------------------|--------------------------------------|---|--------------------------------------|
|  | Education | | | Lead agency: UNICEF ; Save the Children | |
|  |  | Number of people targeted | |  | Requirements (US\$) |
| # of cluster members | Current | Current gap | Increase in case of new displacement | Current Gap | Increase in case of new displacement |
| 90 | 182,916 | 154,158 | 70,000 | \$ 18,493,312 | \$ 11,113,200 |

Current main response activities

- Advocating for the provision of shelter for newly displaced people to enable schools used as shelters to return to providing education services.
- Improving, establishing, expanding and furnishing temporary learning spaces and WASH facilities.
- Providing psychosocial support (PSS) and psychological first aid (PFA) activities in coordination with the Child Protection Sub-Cluster. In the context of COVID-19, these are primarily conducted online, and will incorporate COVID-19 mitigation measures when schools reopen.
- Providing teacher incentives and teacher training, including on distance learning.
- Disinfection of schools and temporary learning centres.
- Internet provision both for children and teachers.
- Distribution of textbooks and worksheets.
- Provision of electronic tablets (for reading).
- Engagement with parents through parent-teacher associations (PTA) and small clubs with community members, conducted virtually in the context of COVID-19.
- Distribution of (digital) awareness brochures.
- Adapted teacher kit (kit content includes materials needed for online teaching).
- Adapted student kit (kit content includes materials needed for online learning).
- Provision of PPEs, hygiene materials, promotion and supplies.

Main gaps in current humanitarian response

- Education services need to be relocated to follow displacement patterns and established in displacement destinations. Education materials/supplies that were destroyed or lost while students, teachers and education personnel were fleeing need to be provided again.
- During displacement demands initially relate to frontline emergency needs such as safety, food and shelter. Once these needs are minimally met populations demand education services. Funding is urgently needed now to ensure that services/supplies are in place when they are needed. The inability of education services to meet demand

further risks children dropping out of school and/or remaining out of school, if quality of services (are perceived to) deteriorate.

- New waves of displacement exacerbate existing strain on services in displacement destinations. Additional investment is needed to ensure displaced children continue or restart their learning and to prevent loss of educational gains of host community children. Within a do-no-harm approach investments in education must consider education needs of newly and previously displaced people as well as host communities, to avoid inflaming tensions between different communities.
- Mixed-age mixed-ability classrooms are severely overcrowded. Students and teachers lack basic education supplies/materials and school furniture, school WASH facilities, disinfectant and PPEs. If schools reopen for in-person classes, winterisation will be needed. Despite ongoing safety and security concerns many learning facilities have no basic safety equipment or systems in place.
- Students and education personnel are not receiving the psychosocial support, knowledge and skills they need to promote a safe and productive learning environment.
- Absent or inadequate internet connection in some locations, including some IDP camps, inhibit children's access to online learning or teachers' ability to reach remotely, while offline learning is not always available nor currently as regular as online learning.
- Many children have no access to smartphones or tablets needed to access online platforms used for distance learning. This may be a complete absence of access or partial lack of access due to having to share a single device across multiple family members.
- Increases in fuel prices affect operational support to schools, including with regards to critical activities such as operating generators and winterisation.

Plan for scale-up of humanitarian aid for current population in need

- Increase availability and absorption capacity of formal and informal education systems to meet the needs of newly and previously displaced children as well as host community children. Support community commitment to meet the educational needs of new IDPs, and reduce resource related-tensions. Absorption capacity will be increased through the

provision of mobile or temporary learning spaces with WASH facilities, school furniture, education supplies/materials and incentives for teacher and school personnel.

- In light of the COVID-19 pandemic, provision of sterilisation materials and PPEs as well as increased physical space are needed if in-person classes recommence.
- PSS and PFA will be provided in coordination with the Child Protection Sub-Cluster to better support children and their families.
- Scale up provision of winterisation if schools reopen before or during winter.
- Scale up internet provision for teachers and students to improve teaching and learning.
- Scale up provision of smartphones/tablets to schools for teachers to use in online teaching.
- Scale up mobile teaching solutions to reach students without sufficient access to online learning, while accounting for COVID-19 preventative measures.
- Scale up distribution of education supplies according to distribution guidelines.

Priority Readiness Actions in case of new displacement

- Procurement, re-positioning and distribution of education-related supplies such as tents, school furniture, teaching/learning supplies/materials, recreational supplies, safety/security equipment for learning spaces.
- Advance payment of teachers and education personnel.
- Improvement of permanent learning spaces or establishment/improvement of temporary learning spaces, including WASH facilities and school furniture.
- Purchase and distribution of hygiene and sterilisation materials as well as PPEs in schools in coordination with the WASH and Health clusters.
- Provision of internet for newly displaced students and teachers during online education.
- Teacher and education personnel training on PSS, social and emotional learning (SEL), distance learning and protection against sexual exploitation and abuse (PSEA), in coordination with the Child Protection Sub-Cluster, as well as key pedagogical skills, school/classroom management, etc.
- Establish learning facility safety/security protocols and provide related safety equipment.
- Student, teacher and education personnel training on mine risk awareness in cooperation with the Mine Action Sub-Cluster.
- PSS and PFA for students, teachers and education personnel in cooperation with the Child Protection Sub-Cluster.

Priority Response Activities

| Activity (to end of 2020) | Targeted people | Unit cost (US\$) | Funding requirement (US\$) |
|---|-----------------|------------------|----------------------------|
| Provision of catch-up classes, remedial classes, literacy/numeracy, summer school and homework support (incl. | 70,000 | 60 | 4,200,000 |

| | | | |
|---|--------|------|-------------------|
| incentives, capacity building and integrated PSS/PFA) | | | |
| Establish temporary learning spaces (incl. concrete flooring, school furniture, WASH facilities, safety equipment, running costs) | 70,000 | 40 | 2,800,000 |
| Teaching, leaning, recreation and PSS/PFA related supplies/materials | 72,800 | 15 | 1,092,000 |
| Sterilisation of school materials, hygiene materials, PPEs | 72,800 | 17.5 | 1,274,000 |
| Internet provision for students and teachers | 72,800 | 24 | 1,747,200 |
| Total | | | 11,113,200 |

| Risk Analysis | |
|-------------------------------|--|
| Activity | <ul style="list-style-type: none"> • Establishment and support of temporary learning centres and existing learning facilities. • Provision of catch-up classes, remedial classes, literacy/numeracy, summer school and homework support. |
| Protection Risk/Threat | <ul style="list-style-type: none"> • Risk of bombardment, fire or other hazards. • Risk of sexual exploitation or abuse, including abuse of power, by construction workers, teachers, education personnel or NGO staff. • Increased risk of GBV due to inadequate WASH facilities. • Risk of bullying and violence among children and between children and adults. |
| Mitigating measures | <ul style="list-style-type: none"> • Learning facilities should have feedback mechanisms, safety protocols, child safeguarding and PSEA policies in place and properly implemented and monitored. • Construction and repair personnel should adhere to specific protocol to keep children safe, incl. conducting repairs outside learning hours, consulting students and school personnel on locations and design of WASH facilities. • Decongest rooms, provide recreational activities and PSS/PFA to students, teachers and education personnel. Train teachers and education personnel on positive dripline, child-centred pedagogy, etc. |
| Activity | <ul style="list-style-type: none"> • Hiring and incentive provision to teachers and education personnel. |
| Protection Risk/Threat | <ul style="list-style-type: none"> • Members of the community or local authorities influence selection, hiring or related processes. |

- Tensions within the community or between the organisation and community due to feelings of unfair selection.

Mitigating measures

- Interventions should be designed to be context and conflict sensitive. Possible education support should be discussed with local education and other relevant authorities as well as community members.

| | | | | | | |
|---|---|--|--------------------------------------|---------------|---|---------------------|
|  | | Food Security and Livelihoods (FSL) | | | Lead agencies: WFP; FAO ; GOAL | |
|  |  | Number of people targeted | | |  | Requirements (US\$) |
| # of cluster members | Current | Current gap | Increase in case of new displacement | Current Gap | Increase in case of new displacement | |
| 60 | 900,000 | 708,989 | 200,000 | \$ 91,433,318 | \$ 34,260,000 | |

Current main response activities

- From January to June 2020, FSL partners reached averages of some 673,662 people with emergency food assistance, 1.6 million people with monthly food rations (in-kind, voucher or cash) and 704,648 people with agriculture and livelihoods support.
- Emergency response activities were delivered to an average of 202,555 people in Aleppo governorate each month by 42 FSL partners, and to an average of 470,323 people by 58 FSL partners in the Idleb governorate each month of the first half of 2020.
- Food assistance was delivered to a monthly average of 408,746 people in Aleppo governorate by 27 FSL partners, and to an average of nearly 1.2 million people in Idleb governorate each month by 29 FSL partners, between January and June 2020.
- Livelihoods and agriculture support were provided to 406,080 people in Aleppo governorate by 20 FSL partners over the first six months of 2020, and to 298,568 people in Idleb governorate by 21 FSL partners over the same period.

Main gaps in current humanitarian response

Gaps in the emergency food response expanded due to the intensity and large scale of displacements, with 868,213 people in need of food assistance. Following emergency food response, beneficiaries are assisted with monthly food assistance for at least five months. Gaps in emergency and regular food assistance, along with quick impact livelihood activities (incl. livestock feed):

| Activity | Targeted beneficiaries | Targeted households (beneficiaries/ 5) | Two RTE rounds, three months of food basket distributions and five livelihood rounds | Cost (US\$) |
|-------------------------|------------------------|--|--|-------------|
| Emergency food response | 868,213 | 173,643 | 347,285 | 11,981,339 |

| | | | | |
|--------------------------|---------|---------|---------|-------------------|
| Monthly food assistance | 708,753 | 141,751 | 425,252 | 24,451,979 |
| Quick impact livelihoods | 550,000 | 110,000 | 550,000 | 55,000,000 |
| Total | | | | 91,433,318 |

Plan for scale-up of humanitarian aid for current population in need

Some 220,000 people are at imminent risk of displacement. The following plan ensures the implementation of emergency response, regular food assistance and quick impact livelihood activities until the end of 2020:

| Activity | Targeted beneficiaries | Targeted households (beneficiaries/ 5) | Two RTE rounds, three months of food basket distributions and five livelihood rounds | Cost (US\$) |
|--------------------------|------------------------|--|--|-------------------|
| Emergency food response | 200,000 | 40,000 | 80,000 | 2,760,000 |
| Monthly food assistance | 200,000 | 40,000 | 200,000 | 11,500,000 |
| Quick impact livelihoods | 200,000 | 40,000 | 200,000 | 20,000,000 |
| Total | | | | 34,260,000 |

Priority Readiness Actions in case of new displacement

- Emergency Food Assistance for immediate needs with RTE rations.
- Food assistance through most appropriate modality to meet food needs of the affected population until the end of 2020.

- Quick impact livelihood interventions for ensuring adequate coping mechanisms for displaced and host communities, including livestock feed.

- Ensure access to food distributions and markets.
- Promote cash and voucher mobility / transfer
- Support communities to carry on livelihoods.
- Coordinate targeting with other clusters.

Priority Response Activities

- Emergency food delivery.

| | | | | | |
|---|--|----------------|--------------------------------------|--|--------------------------------------|
|  | Health | | | Lead agency: WHO | |
|  |  Number of people targeted | | |  Requirements (US\$) | |
| # of cluster members | Current | Current gap | Increase in case of new displacement | Current Gap | Increase in case of new displacement |
| 124 | 900,000 | 200,000 | 100,000 | \$ 36,570,000 | \$ 2,250,000 |

Current main response activities

- In May and June 2020, the cross-border delivery of medical equipment, kits and supplies were increased to over 118 tons ahead of the renewal of the UN cross-border resolution. The medicines alone are estimated to provide 1.135 million medical treatment courses in NGO supported health facilities in the northern Aleppo and Idlib governorates.
- Health system strengthening: Primary healthcare networks, referral systems, measures to cope with COVID-19 and improve the quality of care.
- Ongoing expansion of community health workers to enact an effective/selective patient referral system and avoid overwhelming primary healthcare centres (PHCs).
- Supporting PHCs in areas that are underserved and/or with high numbers of displaced people. 85 modified non-communicable disease (NCD) kits will be delivered to 85 PHCs.
- Providing intensive care unit (ICU) kits to 17 general hospitals and 15 ICUs in northern Idlib governorate, covering three months' supply for host and displaced communities.
- Supporting all levels of care from mobile clinics to comprehensive emergency obstetric and new-born care (CEmONC) facilities. Working hours increased due to rising needs.
- The medical referral network mobilised vehicles to support urgent evacuation of people in need, including people with disabilities, older persons and other vulnerable groups.
- Sustain specialised care services, e.g., tuberculosis treatments, haemodialysis and burn management.
- The mental health and psychosocial support (MHPSS) Working Group revived the service helpline with suicide crisis services, incl. COVID-19-specific MHPSS and NCD messages.
- Provision of five mental health mobile clinics (mental health rapid response team) created to provide MHPSS services to isolated areas during the COVID-19 pandemic.
- Continuity of quality care through mental health Gap Action programme (mhGAP) training with six months of supervision for 163 PHC doctors, and NCD and/or package of essential non-communicable diseases (PEN) trainings for 64 PHCs, including NCD

pharmacy management and MHPSS training for psychosocial workers from these 64 PHCs as well as the creation of NCD field monitoring teams for these 64 PHC for six months.

Main gaps in current humanitarian response

- Operational cost support and staff salaries at key priority health facilities, including hospitals (US\$ 3.1 million).
- 15 PHCs and mobile teams (funding gap as of Aug 2020); estimated gap for six months is US\$ 720,000.
- Strengthen and expand surveillance of epidemic-prone diseases and response capacity (US\$ 400,000).
- Referral system in Idlib (US\$ 300,000).
- Essential and specialised medicine, medical supplies and equipment to cope with increased caseload and losses (US\$ 1.5 million).
- Limited qualified health staff in areas of displacement, particularly gynaecologists and midwives, and lack of specialised services for older people and people with disabilities, especially for home-based care for persons with limited healthcare access (US\$ 350,000).
- Capacity building (US\$ 200,000).
- Total gap for the health response to COVID-19 is US\$ 30 million, including US\$ 22 million for supplies (excluding WASH).

Plan for scale-up of humanitarian aid for current population in need

- Expansion of dedicated COVID-19 healthcare facilities and isolation/quarantine centres.
- Launch a PHC network in northern Aleppo governorate.
- Expansion and sustainability of services in existing facilities to cover a larger caseload, filling gaps caused by damaged/evacuated facilities.

- Expansion of community health workers to ensure an effective/selective patient referral system is in place while avoiding overwhelming PHCs.
- Ensure reproductive health referrals 24 hours per day every day of the week.
- Activate more mobile clinics to provide outreach health activities to new and vulnerable displaced persons and returnees.
- Coordinate integrated geographic coverage of health services/referrals in priority places.

Priority readiness actions in case of new displacement

- Replenishing medicine, medical supplies and basic equipment to cope with further increased caseload in the coming four months.
- Reproductive health kits have been repositioned inside northwest Syria to be distributed upon identification of locations with greatest need.
- Expansion of facility infrastructure to allow for additional staff and services.
- Greater reserve fuel storage to allow for fast and adequate response.
- Convert part-time clinics to full-time, to absorb potential increased patient numbers in case of new displacement.
- Increase working hours and number of working days for current clinics in operation areas.
- Liaise and coordinate with relevant entities for emergency preparedness and response.
- Repositioning of existing mental health mobile clinic teams to provide immediate PFA and MHPSS services, and readiness of 119 MHPSS facilities to respond to new displacements.

Priority response activities

- Expansion of COVID-19 dedicated healthcare facilities and isolation/quarantine centres.
- Expansion and sustain the referral system and PHC networks.
- Ensure full geographic coverage of health services in key health facilities.
- Support to lifesaving primary and secondary health services including trauma, emergency obstetric and neonatal care (EmONC) and chronic illnesses, by providing staff with financial remuneration and facilities with operational support.
- Strengthen and expand surveillance of epidemic-prone diseases and response capacity.
- Ensuring continuity of quality of care during the COVID-19 pandemic through the mhGAP and NCD/PEN.

| | | | | | |
|---|--|--------------------|---|--|---|
|  | Nutrition | | | Lead agency: UNICEF | |
|  |  Number of people targeted | | |  Requirements (US\$) | |
| # of cluster members | Current | Current gap | Increase in case of new displacement | Current Gap | Increase in case of new displacement |
| 28 | 851,688 | 103,500 | 66,000 | \$ 3,100,000 | \$ 2,200,000 |

Current main response activities

- Promoting appropriate infant and young child feeding and caring practices through infant and young child feeding screening and one-to-one counselling.
- Prevention of micronutrient deficiencies and anaemia via age-appropriate micronutrient supplementation for mothers and children.
- Treating acute malnutrition in children 0 to 59 months and pregnant or lactating mothers.
- Scaling up integrated nutrition-specific and nutrition-sensitive services through Rapid Response Teams (RRTs), including Health, WASH and Child Protection.
- Strengthening nutrition surveillance at community and health facility levels.

Main gaps in current humanitarian response (incl. funding)

- Scaling up services in targeted areas such as northern rural Aleppo and in IDP camps.
- Capacity of partners to meet needs that are increasing daily.
- Nutrition Cluster was 50% underfunded in 2019. Funding for 2020 may be more limited.
- Need for real-time, sustainable and predictable nutrition supply pipeline for effective nutrition response.
- Need to scale up integration with other clusters, notably WASH, FSL, Health and Protection partners, to prevent root causes of Acute and Chronic Malnutrition and to mitigate lack of funding and stretched capacities of existing partners.
- Increasing costs due to adaptations required because of the COVID-19 pandemic.
- Movement limitations with potential impact on families' access to markets or health services, which negatively impacts the nutrition status of children and mothers.

Plan for scale-up of humanitarian aid for current population in need

- Quarterly repositioning of curative and preventive nutrition commodities inside Syria.
- Integrated nutrition response via rapid response teams (RRT) targeting mainly displaced persons and high severity areas in northwest Syria.
- Scale up early case finding through the family mid-upper arm circumference (MUAC) approach and strengthening referral of malnourished children and pregnant and lactating women to health facilities.
- Addressing moderate acute malnutrition burden at community level, including expanding coverage of targeted/blanket supplementary feeding programs and/or

adoption of using ready-to-use therapeutic food (RUTF) to treat moderate acute malnutrition at the community level.

Priority Readiness Actions in case of new displacement

- On-the-job training of Health and Nutrition partners in nutrition emergency response and building partners' capacity in cluster coordination.
- Quarterly curative and preventive nutrition commodities prepositioning inside Syria.
- Strengthening information systems and monitoring capacities.
- Ensuring functional and high-quality nutrition surveillance and monitoring systems.

Priority Response Activities

- Immediate nutrition screening of children under 5 and pregnant/lactating women (PLW); referral of acutely malnourished cases for treatment to Community-based Management of Acute Malnutrition (CMAM) centres.
- Family MUAC approach to increase early acute malnutrition case detection and referral for treatment.
- Strengthen adherence to operational guidance for response adaptations in the context of COVID-19 to mitigate risk of infection and ensure continuity of life-saving service delivery.
- Regular analysis of nutrition screening data for programmatic decision-making, using RRTs to expand nutrition response especially in areas with high malnutrition or where IDPs are.
- Blanket Supplementary Feeding for children aged 6 to 59 months, to prevent acute malnutrition and micronutrient deficiencies in high malnutrition areas.
- Ensure adherence to the Whole-of-Syria standard operating procedures for breastmilk substitute (BMS) guidelines and address the issue of non-breastfed infants in the appropriate and recommended way.
- Protect, promote and support recommended infant and young child feeding practices including breastfeeding/complementary feeding, mainly via counselling or education and use of additional platforms such as mobile text messages, radio, TV and social media.
- Distribution of micronutrients targeting children aged 6 to 59 months and PLW through micronutrient powder and tablets, in collaboration with the Health sector and using opportunistic approaches such as immunisation campaigns. Distribution of

micronutrients should be holistic and in association with community mobilisation and awareness raising.

- Establishment/delivery of treatment of acute malnutrition services through mobile and fixed facilities in collaboration with the Health sector.
- Strengthen the nutrition monitoring and reporting system, including scaling up nutrition surveillance in all displaced communities and high malnutrition areas for timely information in order to appropriately update the nutrition response.
- Engagement of partners in the post-distribution monitoring of nutrition supplies, including reporting of any untargeted distribution of breastmilk substitute.
- Integrate public awareness and messaging on hygiene, COVID-19 symptoms, and Infection, Prevention and Control (IPC) measures through all nutrition response delivery platforms.
- Strengthen collaboration between Nutrition, Health, WASH and FSL clusters on implementing an integrated response that addresses the immediate and underlying causes of acute and chronic malnutrition.

|  Protection | | Lead agency: UNHCR & IRC | | | |
|--|---|--------------------------|--------------------------------------|---|--------------------------------------|
|  # of cluster members |  Number of people targeted | | |  Requirements (US\$) | |
| | Current | Current gap | Increase in case of new displacement | Current Gap | Increase in case of new displacement |
| 102 | 3,850,000 | 2,730,000 | 220,000 | \$ 49,000,000 | \$ 8,550,000 |

Current main response activities

- Protection Cluster partners – including integrated Child Protection, Gender-Based Violence (GBV) and Mine Action teams – implement the Emergency Response Model (ERM)⁵ in response to the rapid and large-scale displacement, applying COVID-19 recommendations on the criticality of protection activities.⁶ The ERM response aims to reduce immediate threats to safety and wellbeing, including mental health, and to mitigate potential future risks, including those related to coping with displacement and the impact of the economic downturn. The ERM aims to ensure efficient and effective protection responses through district-level operational protection coordination via emergency focal point organisations.
- The ERM builds on availability of specialised protection services as detailed in the Humanitarian Response Plan (HRP) for referrals to interventions such as case management and structured psychosocial support. Specialised interventions focus on those affected by or at risk of protection violations and least able to cope in the current situation.
- As part of the ERM mobile emergency outreach teams will assist recently affected and displaced populations with the following, while applying COVID-19 mitigation measures:
 - PFA to reduce acute distress, through counselling and provision of basic information on humanitarian assistance, including on its free and unconditional nature and PSEA.
 - Provision of basic information, in line with Health Cluster technical guidance, on COVID-19 containment, prevention and response.
 - Referring identified and unassisted individuals and households in need to other humanitarian organisations, notably for shelter, health and food assistance.
 - Referring and when required accompanying individuals and families with specific needs to the appropriate specialised protection service providers.
 - Identifying and seeking solutions for unaccompanied and separated children.
 - Providing newly displaced women and girls of reproductive age with dignity kits.
 - Achieving protection outcomes and mitigating protection risks with emergency cash grants and in-kind assistance through the framework of individual protection

- assistance (IPA), including for transportation support, to mitigate risks of harm and adoption of harmful coping mechanisms due to the economic downturn and the COVID-19 pandemic, and in support of PSS and case management processes.
- Providing Mine Risk Education to displaced individuals and individuals in areas contaminated with explosive hazards.
- Expanding/establishing protection helpdesks in communities and displacement locations to strengthen community participation in the emergency response through establishment of community committees, strengthening referral pathways while also aiding sustainability of the response.
- Protection Cluster partners with sufficient organisational capacity will support affected populations with last-resort emergency relocation support to ensure physical safety. Protection Cluster partners providing this support will apply relevant Guiding Principles and Minimum Standards.⁷
- The Protection Monitoring Task Force continues to engage in regular and ad hoc protection monitoring to guide the response, including in relation to understanding movement intentions of communities and emerging/existing threats in their current location.
- Protection Cluster partners continue to implement regular specialised protection programmes as detailed in the HRP targeting all individuals affected by conflict, the COVID-19 situation, as well as the economic downturn, incl. host community members. All specialised services including case management are adapted in line with COVID-19 guidance, adopting when required alternative modalities, such as follow-up by phone, to ensure continued support.

Main gaps in current humanitarian response

- COVID-19 poses a significant complication in relation to the Protection Cluster emergency response as information dissemination and community engagement is frequently conducted in larger gatherings. During periods of large-scale displacement and severe distress, it may be unfeasible to apply all mitigation measures, including due to communities' inability to adhere to COVID-19 related prevention measures.

5 www.humanitarianresponse.info/en/operations/stima/document/protection-cluster-emergency-response-model

6 www.humanitarianresponse.info/en/operations/stima/document/protection-cluster-recommendations-and-observations-criticality-protection

7 www.humanitarianresponse.info/en/operations/stima/document/guiding-protection-principles-and-minimum-standards-emergency-relocation

- The economic downturn further complicates protection responses in the mid- to long-term due to communities' reduced capacity to address basic needs such as food, water, medicine and shelter increasing the risk of harmful coping mechanisms. An inability to address these needs has resulted in reduced acceptance of protection activities such as awareness-raising and psychosocial support activities unless these are accompanied by basic assistance.
- To ensure a life-saving protection response, sustained support for existing programmes, including on relocation and scale-up, as well as establishment of new specialised centres in areas receiving large numbers of displaced people is required. These services address immediate and medium to long-term protection needs of people who are displaced. This includes funding for community-based protection services, GBV, Child Protection and Mine Action, including via direct funding to Syrian NGOs.
- Delivery of Child Protection services such as parenting programmes and psychosocial support is preconditioned by availability of, and access to, other basic services. Additional resources for financial and in-kind support to the most vulnerable cases, including in the context of case management activities, would support protection outcomes, increase versatility of teams and enable the continuous, predictable and sustained access required for Child Protection interventions.
- GBV specialised services remain unavailable in many communities in northwest Syria, mostly due to limited funding. Additional resources are needed to support GBV prevention and response with a focus on vulnerable groups such as adolescent girls, widows, divorced women, persons with disabilities and men and boys who have experienced sexual violence.
- The procured stock of dignity kits is currently sufficient to meet the needs of 42 percent of the currently displaced women and girls of reproductive age.
- Lifesaving activities such as victim assistance for persons with disabilities, including survivors of explosive hazard accidents, remains underfunded and under-implemented whilst population needs are growing in light of the escalation of conflict.
- During conflict escalations partners may suspend activities. Relocating facilities to areas of relative safety and/or receiving high levels of displacement may be needed.
- Additional funding is required to increase the integration of ad hoc and individual basic needs assistance, either in-kind or cash (IPA), inter alia to avoid rejection of engagement by protection partners, to reduce risks of adoption of negative coping strategies, to achieve protection outcomes, and to support case management processes.
- Due to approaching expiration dates of existing grants between August and October 2020, including for eight projects focusing on the ERM, additional funding is required for protection partners implementing emergency responses as well as regular specialised protection services in order to reduce risks of gaps in the protection response.
- Currently there are 41 functional Women and Girl Safe Spaces (WGSS) across northwest Syria (16 in Aleppo and 25 in Idlib) for a population of 4.1 million individuals. GBV Sub-Cluster members have been struggling to sustain the existing spaces due to lack of

funding. Several GBV projects and WGSS in northwest Syria closed due to lack of funding.

- Restrictions of movements and forced quarantine measures are impeding access to services for survivors of GBV and violence against children. Schools, community centres, Child Friendly Spaces and WGSSs were significantly scaled down due to COVID-19 precaution measures. This has also made it more difficult for women and girls to disclose incidents and seek GBV services as well as for children affected by violence to be identified.
- Additional human and financial resources are required to support the implementation of practical inclusion mechanisms to ensure persons with disabilities are reached.

Plan for scale-up of humanitarian aid for current population in need

Taking into account the compounding factors of the COVID-19 pandemic and the economic downturn, the Protection Cluster plans the expansion of projects and activities as defined in the Emergency Response Model and Humanitarian Response Plan, focusing on:

- Expansion of mobile outreach teams with full COVID-19 precautionary measures to reach displaced individuals, including those in transit and in informal and ad hoc IDP sites.
- Establishment of specialised protection facilities in IDP sites with adequate security of tenure and a population of at least 5,000 people (in collaboration with the CCCM Cluster).
- Support to emergency focal point organisations and others actively responding to ensure operational protection coordination at the local level, including with other sectors.
- Training of emergency response surge staff, utilising the agreed-upon protection emergency response training package (2-3 weeks).
- Training of staff involved in specialised protection service delivery using Protection, Child Protection, disability-inclusion, and GBV focused as well as organisation-specific training materials (4 weeks).
- Procuring and prepositioning dignity kits for distribution to displaced women and girls of reproductive age as well as older displaced persons and host community members with certain vulnerabilities.
- Scale-up of long-term multi-purpose cash assistance for survivors within the framework of GBV case management.
- Expansion of GBV specialised services to the so-called “widow camps”, IDP reception centres and medical facilities.
- Scale-up of online GBV and Child Protection services and enhanced capacity of remote support and supervision.
- Expanding the pool of organisations capable of using cash assistance for individual protection assistance to achieve protection outcomes (IPA).








Priority Readiness Actions in case of new displacement

- The ERM has been developed and agreed upon by partners.
- Outreach teams are equipped with key awareness messages on protection risks related to displacement, incl. on the unconditional nature of humanitarian assistance and PSEA.
- A network of emergency focal point organisations is in place to support field coordination and identify changes in the operational and protection context.
- The Protection Monitoring Task Force assists in identifying and reporting emerging risks.
- Guiding Principles and Minimum Standards for Emergency Relocation Support have been adopted by the Humanitarian Liaison Group (HLG).
- Dignity kits contents have been adjusted to reflect COVID-19 needs.
- Procurement of dignity kits for prepositioning, as well as a scale-up of resources for cash assistance to address specific needs and support in case management processes, remains contingent on funding.
- Strengthening capacity to provide remote support and supervision.
- Guidance has been developed and adopted in relation to COVID-19 to improve risk mitigation during interventions.
- Personal protective equipment (PPE) for protection responders to be prioritised to ensure continuity of safe delivery of services.

Priority Response Activities

Priority and urgent protection-specific support during the current emergency – ongoing and required – will consist of:

- ERM mobile outreach teams (Child Protection, GBV and general protection capacities) and support to the Protection Cluster Emergency Focal Point district-level operational coordination system. This targets 220,000 individuals, including some 130,000 children. Estimated budget required: US\$ 1.1 million.
- Specialised protection interventions, including expansion in capacity and establishment of new static service centres and individual protection assistance such as cash for protection outcomes, case management and psychosocial support. Specialized services and assistance will be provided to around 21,000 individuals with specific needs. Estimated budget required: US\$ 6.35 million.
- Provision of dignity kits to women and girls of reproductive and older ages. This targets some 55,000 newly displaced females, with kits distributed by GBV Sub-Cluster partners. Estimated budget required: US\$ 1.1 million.

|  | | Shelter / Non-Food Items (S/NFI) | | | | Lead agency: UNHCR | |
|---|---|----------------------------------|---|--------------------------------|--------------------------------------|---|--|
|  # of cluster members |  | Shelter |  Number of people targeted | | |  Requirements (US\$) | |
| | | | Current | Current gap | Increase in case of new displacement | Current Gap | Increase in case of new displacement |
| 76 |  | Shelter | 678,000 | 176,000 | 121,000 | \$ 29,900,000 | \$ 7,800,000 |
| |  | NFI | 1,243,000 | 878,000 (for winterisation) | 176,000 | \$ 30,700,000 (for winterisation) | \$ 10,400,000 (core and seasonal NFI) |

Current main response activities

- Provision of core and essential NFIs for 1.24 million displaced people (81 percent done).
- Provision of emergency shelter (tents) for 430,000 displaced people.
- Rehabilitation and establishment of collective centres, damaged and unfinished buildings for 233,000 people (including protracted IDPs).
- Infrastructure upgrades in IDP settlements for 200,000 displaced people.
- Site planning capacity building for SNFI Cluster members.
- Concrete block shelter technical working group.
- Pilot new shelter solutions such as refugee housing units and locally made shelters. A technical working group is preparing recommendations to be published in September.
- Shelter/NFI Assessment in IDP settlements, urban areas and collective centres.

Main gaps in current humanitarian response

- 119,000 displaced people and host community residents live in inadequate buildings requiring shelter rehabilitation (US\$ 15 million).
- Limited funding on infrastructures in IDP sites – up to US\$ 5 million is needed to protect 198,000 displaced people living in IDP settlements at risk of floods during winter.
- Very limited funding to pilot alternative shelter solutions in IDP sites (including market-based intervention).
- Lack of Cash-based interventions including multi-purpose cash to respond to current needs of newly displaced people, e.g. for transport, rent, NFI, fuel and clothing.




- Capacity of SNFI Cluster members to conduct housing, land and property (HLP) due diligence activities to ensure tenure security in IDP settlements and host communities.

Priority Readiness Actions in case of new displacement

- Identify suitable lands and prepare IDP site planning in case of large displacements in northern Aleppo areas, for 77,000 individuals. This includes site analysis and topographic surveys, HLP due diligence and site planning.
- Establishment of planned camps and provision of emergency shelter in IDP settlements for 77,000 people, including infrastructure.
- Continuous replenishment of the Rapid Response Mechanism stock (NFIs and tents).
- Provision of NFI for 176,000 displaced people.
- Identify empty buildings and partners to rehabilitate them to host displaced people.

Winterisation

- Winterisation coordination plan to assist up to 1 million people in need, to be specified based on partner capacity and acquired funding at a later stage. In case of new displacement, the SNFI Cluster would add newly displaced people to the initial target.
- Scale up cash-based interventions during winter including multi-purpose and seasonal cash or voucher assistance as appropriate.
- Improve the timeliness of winter assistance. The objective is to reach 100 percent of people in protracted displacement before the end of December 2020 and newly displaced people within two weeks of their displacement.

| | | | | | | |
|---|----------------|--|-----------------------------|---------------------|--|--|
|  | | Water Sanitation Hygiene (WASH) | | | Lead agency: UNICEF | |
|  | |  Number of people targeted | | |  Requirements (US\$) | |
| # of cluster members | Current | Current gap | In case of new displacement | Current Gap | In case of new displacement | |
| 24 | 590,000 | 370,000 | 220,000 | \$ 9,000,000 | \$ 11,000,000 | |

Current main response activities

- In 2020 to date, at least 3.5 million people in northwest Syria received WASH supplies and services from humanitarian partners. Despite restoration of several water stations and distribution networks, over 50 percent of people in northwest Syria remain dependent on water trucking. Most sewerage systems are unfunctional and about 90 percent of sludge is disposed without the requisite treatment. Most households have their own latrines. Community latrines in formal and informal camps are inadequate, with an average of 89 people depending on one latrine.
- Around one million displaced people in formal and informal camps are receiving lifesaving emergency WASH response from 37 WASH Cluster members. This includes emergency water trucking, drinking water safety management, installation and upkeep of community latrines, desludging of septic tanks, solid waste management, distribution of hygiene kits and hygiene promotion.
- Around half of the displaced people are accommodated within communities, where a mix of both life-sustaining and lifesaving interventions are supported. Life-sustaining activities include restoration, operation and maintenance of existing water supply and sewerage services and WASH in schools, child-friendly spaces and health facilities. While past interventions alleviated pressure in host communities, recently arrived populations share already overstressed WASH services. This further reduces the per capita value of available WASH services and increases risk of communicable diseases, as most people rely on unsafe alternative services to meet their daily water needs, e.g., unprotected water sources.
- All sub-districts have WASH Cluster members present, with a total of 100 active members. At least 24 warehouses are available in key locations within northwest Syria to enable rapid response. 12 WASH Cluster members including the Cluster lead agency have most critical supplies such as water purifying agents, water containers and hygiene kits.
- The WASH Cluster developed guidelines to reduce the spread of COVID-19 and prepare essential services to support people in need. Based on these guidelines, Cluster members are mainstreaming COVID-19 preventive measures such as:

- Community mobilisation to promote social distancing, use of facemasks and hygiene promotion,
- Increasing per capita water supply from 25 to 35 litres per day for residents in informal settlements and camps.
- Adding public latrines in locations with high densities of displaced populations.
- Decentralising water supply to reduce wait times and distance from homes.
- Expanding WASH in health facilities for improved sanitation and hygiene for patients, health personnel and visitors.
- Use of PPE by waterworks and sanitary workers in the field.

Main gaps in current humanitarian response

- More than 370,000 people are in need of a comprehensive WASH response, following the large-scale displacements from December 2019 to March 2020. Response needs include:
 - Operational support to water systems for 280,000 people.
 - Water trucking for 55,000 people.
 - Installation of 1,650 latrines.
 - Desludging of septic tanks for 30,000 people.
 - Awareness raising sessions for 16,000 people.
- With the devaluation of Syrian Pound, the cost of living and purchasing power of people in northwest Syria have been adversely affected. Fuel price increases required WASH Cluster members to undergo contractual revisions. Amongst local communities, reduced income combined with increasing prices and unemployment is increasing dependency on humanitarian assistance including for water supply, hygiene kits and soap.
- To ensure an effective WASH response to increasing needs and to mitigate against outbreaks/spreads of communicable diseases, an additional US\$ 9 million is required.
- Due to insufficient funding, provision of a comprehensive WASH humanitarian response continues to remain a challenge in several IDP sites and host communities.

Plan for scale-up of humanitarian aid for current population in need





- Increase per capita water supply to at least 35 litres per day, preferably to 40 litres per day, especially during summer and in informal settlements and camps. This can be done through small-scale repairs of water systems and water trucking.
- Improve environmental sanitation by restoring sewerage and drainage services in communities and using small-scale sewerage and drainage in informal settlements/camps.
- Increase access to sanitation services with additional public latrines, shower services and handwashing facilities.
- Maintenance/upkeep of waterworks and desludging of septic tanks, as well as solid waste management and landfill rehabilitation/construction services.
- Procurement and distribution of WASH NFIs such as family hygiene kits and replenishment hygiene kits.
- Community mobilisation to mainstream COVID-19 risk mitigation measures such as physical distancing, facemasks, and hygiene promotion. Mainstream Risk Communication and Community Engagement (RCCE) as an integral part of hygiene promotion.
- Emergency WASH supplies and services in camps, informal settlements, transitional shelters and child-friendly spaces.
- The lifesaving hygiene promotion component focuses on increased handwashing against the transmission of COVID-19, in addition to preventive measures against water/vector-borne diseases and effective water use in situations of scarcity.
- Intensify campaign on water safety plan at source, distribution and end-use points.
- Emergency readiness with contingency stocks and long-term agreements (LTAs) with suppliers.
- Enforcing measures to prevent GBV affecting persons securing domestic water demand, using latrines and wash facilities and receiving dignity/hygiene kits.
- Decentralised water distribution to avoid overcrowding and to prevent potential GBV.
- Locating public latrines based on consultation with the people who use it, especially to ensure it is user-friendly, particularly for girls and women.
- Separate queues for men and women during distributions of dignity/hygiene kits.
- Prevent potential GBV and PSEA by enhancing awareness among beneficiaries that no conditions or expectations are attached to receiving any form of WASH assistance.
- Following an exercise to assess the status of water systems, the WASH Cluster will target water systems in key locations to ensure adequate access to safe water in communities north of the M4 and M5 highways in northwest Syria that have high populations of

displaced people, returnees and host communities. This may include identifying water stations that may require operational support or quick rehabilitation.

- With full coverage/access of northwest Syria through its members, the WASH Cluster will work closely with international NGOs and relevant donors to expand the response via partnerships with local NGOs.

Priority Readiness Actions in case of new displacement

- Maintain and improve the WASH emergency daily response tracking dashboard for real-time gap-identification and response planning.
- Follow the CCCM IDP tracking tool to identify settlements and mobilise WASH Cluster members and supportive resources accordingly.
- Effective coordination and collaboration with the CCCM and SNFI clusters for timely needs assessments. Collaborate with these clusters to ensure new camps and extensions of existing camps are equipped with proper WASH facilities.
- Conduct rapid needs assessment through WASH Cluster members and field facilitators.
- Maintain preparedness for deployment of rapid humanitarian response within 24 to 72 hours, in coordination with other sector responses.
- Procure lifesaving supplies such as hygiene kits, jerrycans, water tanks, pool-testers and water purifying agents. Additional soaps will be provided alongside RCCE and hygiene promotion campaigns.
- Restore WASH services and provide operational support to serve both displaced people and host communities. Ensure water supply at a rate of 35 to 40 litres per person per day to support enhanced water use as a preventive measure against COVID-19.
- Improve WASH services in health facilities, schools and child-friendly spaces.
- Carry out gap assessments to ensure delivery of comprehensive WASH packages.
- The WASH Cluster will continue to engage field monitors to assess the effectiveness of WASH supplies and services. WASH Cluster members will be provided with continued orientation to strengthen their accountability to affected populations (AAP).
- Actively mainstream GBV prevention through measures such as determining public latrines and bathing facilities for women and girls in consultation with the facility users, separating queues for men and women to access WASH services and supplies, and raising awareness among beneficiaries that no conditions or expectations are attached to receiving any form of WASH assistance.
- The WASH Cluster estimates a financial need of US\$ 11 Million to respond to 220,000 IDPs for six months.

| | | | | | | |
|---|---------|--|--------------------------------------|--------------|--|--|
|  | | Logistics | | | Lead agency: WFP | |
|  | |  Number of people targeted | | |  Requirements (US\$) | |
| # of cluster members | Current | Current gap | Increase in case of new displacement | Current Gap | Increase in case of new displacement | |
| 46 | (N/A) | (N/A) | (N/A) | \$ 1,300,000 | (N/A) | |

Current main response activities

- The Logistics Cluster facilitates the delivery of UN cargo from Turkey into northwest Syria via the Bab Al-Hawa border crossing, by coordinating transshipment services under UN Security Council Resolution (UNSCR) 2533.
- The Bab Al-Hawa border crossing has a capacity to cross 100 trucks daily. Following the closure of the Bab Al-Salam border crossing in July 2020, staff from the newly closed hub were redeployed to Bab Al-Hawa to provide additional support.
- Expansion of the Bab Al-Hawa transshipment hub is ongoing to increase its physical transshipment capacity and to ensure COVID-19 mitigation measures are fully maintained.
- Mapping important routes and monitoring physical road access inside northwest Syria.
- Monitoring transport and storage costs and advocacy to ensure sufficient funding to meet potential new costs.
- Information on partner storage capacity is continually updated through regular consultations with partners, to facilitate a coordinated approach to storage gaps.
- Regular coordination meetings and communication of logistics information and updates continue to take place.

Main risk assumptions and gaps in current humanitarian response

- Limited access to Afrin and A'zaz, and to the Jarablus area of northern Aleppo will lead to an increase in humanitarian traffic via fewer access points and axes, in turn leading to cost increases and delays.
- Some roads deteriorate significantly in winter or are otherwise already in poor condition, which may be exacerbated by increased use by large vehicles. Road rehabilitation is needed.
- Risk of increased access constraints at internal crossing points and associated routes, especially during emergencies, may limit overall logistics capacity.

Plan for scale-up of humanitarian aid for current population in need

- Road assessments are planned for all road axes connecting the Bab Al-Hawa border crossing to the rest of northwest Syria, i.e., the Idleb and Afrin and A'zaz to Jarablus areas.

Priority Readiness Actions in case of new displacement

- Coordinate among the UN agencies crossing goods into northwest Syria, OCHA, UNMM and customs authorities to ensure all parties take their own necessary preparatory actions for a scale-up in the number of trucks for transshipments via Bab Al-Hawa.
- Timely information sharing and coordination will be key as the context remains volatile and unpredictable. This will ensure all members are kept up to date and informed of logistics developments through information management services.

Priority Response Activities

- Timely information sharing of logistics updates will be especially vital during dynamic periods.
- The Logistics Cluster will coordinate with the authorities and partners to rapidly increase its transshipment capacity to meet humanitarian organisations' programme demands.
- Ad hoc meetings will supplement regular coordination meetings to facilitate rapid effective response to new developments.