The Syrian Arab Red Crescent's Preparedness and Response Plan for COVID-19

13 MAY 2020

Operating time period: March to December 2020

1. CONTEXT OVERVIEW

Syria is entering into the 10th year of the conflict which has devastated the country compounded by multiple displacement and economic hardship. Ongoing population movement especially in north and western Syria continues including Idlib, northern Hama and western Aleppo and Since 1st December2019, nearly 1 million people fled from their homes making them extremely vulnerable. The Government of Syria has regained control over most disputed governorates. However, the remaining disputed areas are vast with large populations. The sheer scale of this crisis has led to an unprecedented strain for the host communities and the displaced people. Even in areas that are now more stable, large-scale vulnerabilities, limited services, as well as lost and damaged infrastructure and productive assets are common. Children bear the psychological consequences of years of violence and displacement. The humanitarian situation still remains dire across Syria. Against this backdrop, the spread of COVID-19 is having catastrophic impacts on a population that already struggles to access basic needs such as shelter, food, health services, education and livelihoods opportunities both in urban and rural communities.

Based on the current epidemiological situation in the Middle East, and with the rapid spread of cases in neighbouring countries, including those bordering Syria, the threat to Syria is **very high**, with additional risk factors that include:

- A population already in need of humanitarian assistance of 11 million, of which 4.5 million are in acute need.
- A large number of vulnerable persons, including 6 million internally displaced persons, refugees and returnees.
- Ongoing large-scale population movements especially in the North West.
- Fall out of the critical infrastructure nation-wide resulted in a fragile public health system and its limited moderate response capacity of 2/5[1].
- A recent survey conducted by SARC shows there is water shortages and lack of hand wash facilities (66%) or availability of soaps (67%) which is critical to prevent spread of the virus.

Markets have been heavily impacted by the conflict, crisis and the Lebanese banking crisis and COVID-19 has stressed markets in Syria further by the increased prices of essential commodities including bread, rice, oil and fuel. The increase in food prices due to COVID-19-related factors very quickly turned into a food security crisis - with the average food parcel price has already increased by nearly 60% since October2019 (and the start of the Lebanese banking crisis). Since mid-March2020, significant price increases and some shortages in basic goods (as much as 40-50 per cent in food staples) and personal sterilization items (face masks, hand sanitizers, chlorine for sterilization) – up to 5,000 per cent increase has been reported across Syria. With public transportation being stopped and curfews and lockdowns being put in place, daily workers cannot get to work, disrupted supply routes and panic buying is likely to increase vulnerabilities. This is exacerbated by a steep rise in inflation with a near on doubling of the Syrian Pound since December 2019 (from SYP700 to the USD to SYP 1,400 to the USD). The GoS announced some items would be banned from export such as eggs, milk, cheese, legumes due to scarcity in Syria and imposed stricter measures to ensure retailers only sell some specified basic goods at official price limits; reports indicate some shops have been shut down for violating official limit.

[1] Based on the 2019 IHR Annual Report and OCHA Syria in collaboration with WHO Syria and humanitarian partners report 11 March 2020

The food prices are likely to continue to increase as demand grows with prevention measures being extended as the threat from a COVID-19 outbreak remains real. The percentage of population that is primarily dependent upon food assistance will increase by up to 50% and yet there is little sign of a reciprocal increase in funding support. SARC being the leading humanitarian actor in the country will continue to strive to meet the needs of Syrian people and the health and economic impact of the pandemic, its food support will more than ever be needed until normalcy of public activities ensured across the country.

These factors, in turn, severely undermine the ability of communities to recover or to combat such epidemics as COVID-19. Since the first confirmed case of COVID-19 announced on 22 March 2020, preparedness and prevention in this context is absolutely critical and the only way to ensure lives are saved. As part of its preparedness and to stop or slow down the spread of a highly contagious disease like COVID-19, the Government of Syria (GoS) implemented a number of preventive measures since 14th of March 2020. The precautions include suspension of schools and universities, reduction of working hours of government agencies from 9am to 2pm, closure of broader entry, citizen service centres in all governorates, markets, public parks, cinemas, theatres, nightclubs, etc. except for suppliers of essential products, pharmacies and hospitals. Recently, government has decided to ease off the restrictions to allow some of the economic activities and ensure general public access to the market. Recently as part of the new precautions taken by the government, public institutions started to resume its work gradually. People now can access food, markets and factories will remain open for certain specific times of the day. Government also indicated precautionary activities such as use of PPEs and mass sterilization will continue and but there is a need for some of the restrictions to stay in place to negate the potential for a second or even third waves of infections.

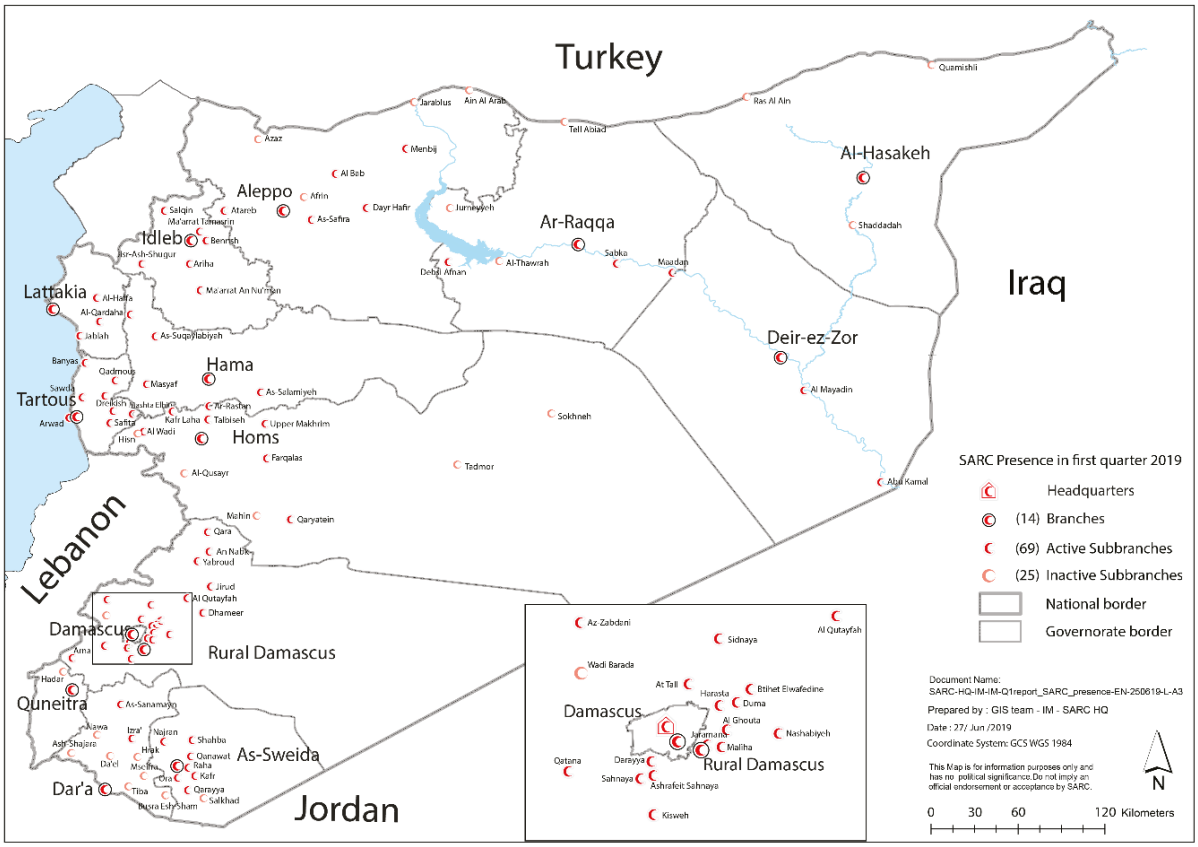
2. SARC RESPONSE STRATEGY AND PRIORITIES

The Syrian Arab Red Crescent (SARC) being the leading humanitarian actor in Syria through its network of staff and volunteers carried out specific COVID-19 preparedness work, in particular with a mass sterilisation campaign of the streets and public areas of Damascus, Al-Hassekeh, Aleppo, Homs, Deir-Ez-Zour and Dara'a as well as a mass awareness raising campaign using existing bill boards. SARC's COVID response strategy focusing on three phases: 1) preparedness, 2) containment, and 3) mitigation - primarily **using its existing programmes** that have been implemented throughout the Syrian conflict such as providing medical and food assistance to those most in need.

Through its extended COVID-19 response strategy, SARC intervention will focus on following thematic areas:

1. Health and care (including PPE kits for staff and volunteers and first aid)
2. Psychosocial support (PSS)
3. Disaster management (Food Security)
4. Water, sanitation and hygiene promotion (WASH)
5. Coordination with internal and external agencies

With 14 branches covering the 14 governorates of Syria, and 65 active sub-branches, SARC has more than 10,000 staff and active volunteers working across the entire country and continues to be the main humanitarian actor in Syria. Through its network of staff and volunteers and with SARC's assigned coordination mandate and its presence across most of the country, it is the largest organization delivering humanitarian services in Syria. SARC is the focal point to facilitate international humanitarian assistance, with formal coordination and cooperation with 29 partners including the International Red Cross Red Crescent Movement, UN agencies and international non-governmental organisations. SARC presence in the country is shown in the map below.



SARC staff and volunteers are in the frontline, assisting the government and local authorities in transporting suspected cases, raising awareness, delivering messages on social distance, psychosocial support (PSS) and hygiene promotion activities. Additionally, PPE and IPC procedures along with PSS awareness materials have been distributed to all of its branches, pre-hospital facilities and first aid centres as well as IPC trainings underway. All information shared by the Ministry of Health (MoH) has been and will continue to be disseminated by email to all staff and volunteers.

SARC's 52 health facilities, 45 first aid centres and 112 ambulances have been provided with guidance on how to immediately report any suspected cases through the existing EWEA system. Risk awareness campaigns are already underway through increased support to hygiene promotion teams, CBHFA programmes and SARC's social media channels (with over 550,000 followers). SOPs are being developed for transportation of suspected patients with a reduction of volunteers per ambulance from four to three and from four to two in suspected cases to minimise exposure. Also, to cope with the situation, SARC have adopted flexible work arrangements such as staff rotation and working from home. SARC ensuring safety and to protect all medical staff, volunteers as well as general staff involved in community services and other regular programmes will be provided with personal protective

equipment (PPE) kits. Furthermore, SARC along with the support of IFRC, in-country PNSs, ICRC and other agencies adopted the following approach to respond to COVID-19 outbreak in the country:

- SARC is implementing its business continuity plan and undertaking contingency planning for all existing SARC programmes, prioritization of essential lifesaving programmes including health services, water services, relief distributions, community services and training staff and volunteers will be continued accordingly. SARC is working on to develop necessary guidance for the readjustment of relief distribution procedures taking into consideration WFP's recent Recommendations for Adjusting Food Distributions SOPs in the context of COVID-19, noting that this will require further discussions with key partners such as WFP and ICRC (and requisite resource allocation).
- Maintaining cooperation and coordination with the MoH, WHO and sectorial agencies in disease surveillance and implementation of prevention measures, including surveillance of suspected cases of COVID-19 within SARC's health services (Mobile Health Units, Emergency Health Points and Primary health care clinics), according to the standard case definition of suspected cases.
- Putting extra effort to risk awareness communication activities (including PSS awareness) in order to ensure that communities have access to accurate information to keep themselves and their loved ones safe. The nation-wide sterilization is being complimented by a mass risk awareness campaign has been launched through the use of billboards as well as posters placed in strategic places throughout the country. Door to door hygiene promotion activities continue through 19 Community Based Health and First Aid (CBHFA) teams, 29 mobile medical teams as well as awareness raising measures by staff within health facilities themselves**.** SARC continues to work closely with the MoH to train volunteers on risk communication and community engagement techniques related to COVID-19. Furthermore, providing Psychosocial support to affected populations, responders, including SARC's volunteers and staff.
- Medical transportation to anyone who calls the emergency number, including people displaying COVID-19 symptoms. SARC has had the mandate from the Government since its inception 77 years ago to transport patients. SARC now has a network of 110 ambulances and 95 first aid centres and a variety of mobile health support aimed at reaching the most inaccessible areas.
- Launched a nationwide sterilization campaign to prevent the spread of the virus, targeting health facilities, public transportation, streets, official institutions, schools and residential areas across 14 governorates. In Aleppo, volunteers have disinfected public places as well as the SARC run children's hospital, clinics and medical centers. Volunteers have disinfected all city districts and shelters in Homs. The entire cities of Deir Ezzor and Deraa have been disinfected by SARC volunteers. In Hama Governorate, volunteers disinfected all streets, public facilities and shelters. Now, government is leading the sterilization activities across the country and SARC sterilization activities will focus on its own facilities and assets.
- Procuring and distributing supplies of occasional treatment and prevention, such as antipyretic medicine, sterilizers and disinfectants to SARC HQ, all branches and sub-branches, warehouses, relief distribution points, health facilities and community centres. Additional protective equipment and safety measures have been put in place to ensure the safety of both patients and health workers by procuring and distributing PPE kits, disinfection materials and medical waste collection bags etc. to medical centres and health workers who are in contact with suspected cases and paramedics dedicated to transporting suspected cases in ambulances as well as staff and volunteers who could be in contact with suspected cases through their work in PSS and relief distributions.
- With COVID-19 cases beginning to mount SARC is making adaptions to their health facilities to ensure that patients and visitors are well protected – no gatherings of people, ensuring safe distances are maintained, hand washing facilities are provided, regular and consistent cleaning

and disinfection of all buildings. In a step to increase the level of preparedness, SARC first-aid teams have received specialized training courses on COVID19 infection prevention and control technics and how to deal with people who need medical transportation and might be affected by the virus.

- In addition to the health programmes that SARC has underway, SARC is the main humanitarian actor that provides food and NFIs to those most in need, it is the main implementing agency for WFP in the provision of food and has 950 distribution points across the country. Owing to COVID preventative measures put in place by the Government – public transportation has been stopped, curfews imposed as well as minimising the risk of transmission, SARC is now working on different delivery modalities including house to house distribution which will be reflected as part of the next revision. Additionally, SARC working closely with IFRC to continue NFI pipeline through the Complex Emergency Appeal.

3. PREPAREDNESS AND RESPONSE PLAN

Phase 1 Preparedness:

On 11 March 2020, WHO officially declared COVID-19 a pandemic. In Syria, the first case was tested positive for COVID-19 on 22 March. The Government of Syria is leading COVID-19 preparedness and response in collaboration with all ministries, sectors, UN agencies, WHO and non-governmental organizations in enhancing health preparedness and response to COVID-19. To date there has been 47 confirmed case in Syria including three associated deaths, while 29 of them have recovered. SARC is preparing for a rapid response should further cases be detected as well as raising health and hygiene awareness across the country through its existing programmes, branches and sub-branches, social media channels as well as additional measures through mass sterilisation campaigns of public areas in cities such as Damascus and Al-Hassekeh and in areas of Dara'a and Rural Damascus.

SARC is currently undertaking following activities in this phase:

- Cooperation and coordination with the MoH in disease surveillance, reporting and implementation of prevention measures, including surveillance of suspected cases of COVID-19 within SARC's health services (Mobile Health Units, Emergency Health Points and Primary health care clinics), according to the standard case definition of suspected cases.
- Adapting existing IPC measures for COVID-19.
- Developing SOPs and conducting training courses, with support from WHO, for all ambulance teams to deal with the transfer of suspected cases and individual prevention methods and infection prevention. It should be noted that SARC have identified two ambulances per Governorate that will carry out such transportation.
- Exchange of information and diagnosis about any patient requiring transportation through border crossings by contacting border health centres and take the approval of the Ministry of Health before transportation
- Implementation of SARC's business continuity plan and undertaking contingency planning for all existing SARC programmes, prioritization of essential lifesaving programmes including health services, water services, relief distributions, community services and training staff and volunteers accordingly.
- Development of SARC's guidance for the readjustment of relief distributions procedures taking into consideration WFP's recent Recommendations for Adjusting Food Distributions SOPs in the context

of COVID-19, noting that this will require further discussions with key partners such as WFP and ICRC (and requisite resource allocation).

- Creation of a SARC COVID-19 Taskforce (ToR to be developed) to include all relevant departments and in particular health services, disaster management, communications, water and rehabilitation, community services, branch support, logistics and procurement, finance and HR.
- Risk awareness communication activities (including PSS awareness) carried out on several levels:
    - Volunteers and staff of SARC
    - Communities
    - IDPs in formal and informal shelters
    - Health facilities
    - Schools
- Such communications to include information about the disease, transmission, prevention, epidemiology and the potential psychosocial impact through online trainings, email communication and distribution of Information, Education and Communication (IEC) materials on the disease, its transmission and prevention. As well as raising awareness in the communities through existing methods such as community committees, CBHFA and health and hygiene promoters, home visits and group meetings (that do not exceed ten people) awareness bulletins on the disease, prevention and psychosocial support (PSS) in social media through the communications department of SARC .
- Clarification and coordination with the MoH and WHO around the possibilities of 'home' quarantine and what support SARC can provide in these instances especially around communication, raising awareness and additional support such as food and NFIs especially for those vulnerable groups such as IDPs, returnees, pregnant women etc.
- Clarification for SARC's role in supporting the Government's Quarantine Centres through the provision of food and NFIs and appropriate coordination mechanisms put in place with the relevant authorities.
- Procuring and distributing supplies of occasional treatment and prevention, such as antipyretic medicine, sterilizers and disinfectants to SARC HQ, all branches and sub-branches, warehouses, relief distribution points, health facilities and community centres.
- Procuring and distributing PPE kits, disinfection materials and medical waste collection bags etc. to medical centres and health workers who are in contact with suspected cases and paramedics dedicated to transporting suspected cases in ambulances as well as staff and volunteers who could be in contact with suspected cases through their work in PSS and relief distributions.
- Support for sterilization of public transportation vehicles at key public transport exchange hubs, mass campaigns of sterilisation of public areas in cities and spraying any other areas as needed for instance community centres, distribution points for SARC to continue to support those most in need as well as SARC's buildings and non-medical vehicles.
- Cooperation and coordination with other relevant line ministries, authorities and partners especially in disease surveillance and management to apply preventive and control measures.

Phase 2 Containment:

From the beginning, the COVID response strategy is focused on preparedness activities to save lives and minimise overall impacts on people's health. Most of the preparedness activities have been applied as per plan. Now, SARC is focusing on containment activities in which the economic impact is also being addressed through the provision of food parcel added as a new component. Although the number of confirmed cases is not very high the pandemic has already resulted in huge economic effects on people's livelihood across communities and created new vulnerable groups. This health emergency has turned in to a food crisis in many parts of the country with some SARC branches recording a 50% increase in assistance and food security remains a major concern across the country with food prices increasing rapidly. As part of its containment strategy, SARC will extend its support to provide food parcels to additional families in order to ensure food security especially in conflict affected areas and emerging new vulnerable groups until end of 2020.

Other, activities that will be undertaken by SARC, should there be continued increase in confirmed cases. Such multisectoral activities will aim to stop the transmission of the virus amongst the general population or will contain it within a known group of people, by rapidly detecting and isolating cases. SARC's activities that will be carried out should a case be confirmed are:

- Ongoing risk communication, community engagement through established and trusted methods and health and hygiene promotion as per the activities outlined in the Preparedness phase. With an increased focus on enhancing understanding and acceptance of key containment actions.
- Intensifying and modifying procedures developed in the preparedness phase above especially for health services and ambulance transportation, ensuring alignment with those developed and modified by the Ministry of Health.
- Assessing the increased demand for food security in affected areas and identify most vulnerable families.
- Making provision of food parcels for 30-50% more people (this is in addition to SARC's regular distribution)
- Coordinating with branches and host communities for distribution of food parcels
- Continued monitoring of the global epidemiological situation of the disease and control measures to be implemented.
- Coordination and exchange of information with international organizations such as WHO and UNICEF as well as the Ministry of Health on the epidemiological situation in Syria and the required control measures.
- In line with the MoH and WHO's surveillance strategy, inform the Ministry of Health about suspected cases in the EWARS system in addition to informing the health coordinator in the branch.
- Allocate two (or more) ambulances with their trained teams in each branch in coordination with the Ministry of Health
- Reduce the burden of disease by avoiding the shortage of basic resources (individual means of prevention - disinfectants – Antipyretic etc.) as well as reinforcing existing IPC measures.
- Sustain awareness activities to SARC health care providers and the public.
- Psychosocial support to affected populations, responders, including SARC's volunteers and staff.

Phase 3 Mitigation:

Multi-sectoral approach seeking to limit the impacts of the outbreak, especially for vulnerable groups, but recognizing that transmission will occur in the community. Signs that it may be time to shift from containment to mitigation activities.

- Intensification of risk communication, community engagement and health and hygiene promotion
- Continued epidemiological surveillance including infection, prevention and control.
- Continued follow up and coordination with the global epidemiological situation of the disease and control measures required to be implemented by the Ministry of Health.
- Identification of additional reserves of basic resources (individual means of prevention, food, water etc.) and procurement to avoid shortages.
- Continued implementation of preventive measures to prevent the re-emergence of the disease (such as surveillance and community awareness).
- Psychosocial support to affected populations, responders, including SARC's volunteers and staff.

3. RISK AND SCENARIO PLANNING

The operational risks which are possible are identified below. This table includes a description of these impacts and proposed mitigation measures.

Risk	Description	Probability	Mitigating Action
Virus spreads across a very broad geographical area	COVID-19 transmitted rapidly to new communities	High	Preparedness and engagement of communities in response
Some of SARC staff or volunteers infected by COVID-19	In the pre-hospital health facilities and through ongoing programmes, including relief distributions, SARC's staff and volunteers may acquire the virus	High	Risk awareness campaigns amongst staff and volunteers and provision of PPE kits
Financial difficulties/challenges	The economic sanctions, inflation as well as the ongoing crisis in Lebanon, may continue to negatively impact financial transfers as well as provide for unpredictable pricing in local markets	High	Consider local procurement where possible. Request for flexible funding from donors with extended timeframes
Security situation limits access in certain areas	The ongoing conflict especially in the North West may limit the access of SARC's volunteers to implement activities in certain situations to affected communities.	High	SARC will rely on branch volunteers and local communities, to facilitate access and movement of SARC's staff and volunteers. Coordination with the ICRC and local authorities for safer access.

Institutional	Lack of clarity from the Ministry of Health as to Government preparedness and response plan may lead to a greater reliance on SARC than is currently expected	Medium	Continue to advocate with UN partners and Movement partners for enhanced coordination with and between Government line ministries
Adverse weather events	Heavy rains that may result in floods	Medium	SARC and IFRC to monitor weather forecasting, and direct operations accordingly
Reputational	Increased focus on COVID-19 may detract and prevent ongoing work that communities rely upon from SARC is in response to the conflict	Medium	SARC to develop a communications plan to explain why they may be required to place certain non-lifesaving programmes on hold.

Scenario planning

	Best Case	Most Likely	Worst case
1. Overall	Sporadic cases are imported	Some localised community transmission due to uncontained imported cases	Sustained community-level transmission in multiple locations, containment no longer possible.
2. Number of people affected	Less than 500	500 - 10,000	More than 10,000
3. Extent of geographical area affected	Limited to a defined or small geographical area, accessible by a Branch	Moderate to large geographical area Moderate to large urban centre Possible impact on other governorates	Large geographical area or multiple governorates Large urban centre ie Damascus, Aleppo or Idlib
4. Population density	Low population density (<5,000)	High population density (e.g. 5,000-15,000 / km2)	Very high population density (e.g. > 15,000 / km2)
5. Level of media attention	Local-media Limited International media	International media attention	Major global headline
6.Government response	None or possible emergency declaration at Governorate level	Declared a national emergency International assistance requested	Declared a national emergency International assistance requested
7. Engagement of other humanitarian actors	Local	Local International	Local International

4. COORDINATION

With SARC's presence across most of the country. SARC is the main national facilitator to international humanitarian assistance, with formal coordination and cooperation with 29 partners between the International Red Cross Red Crescent Movement, UN agencies and international non-governmental organizations. SARC, IFRC and ICRC participate as observers in the Humanitarian Country Team meetings and in technical sector meetings. In the preparedness phase SARC is meeting on a regular basis with WHO and UNICEF as well as attending meetings of the health sector.

SARC has established a steering committee for COVID-19, with all heads of departments meeting with the President once a week. IFRC is co-chairing with SARC a regular COVID-19 Movement partners meeting with ICRC and PNSs, the frequency of which is fortnightly at present but may be reviewed if circumstances change. This is in addition to the support provided (along with Danish RC and German RC) with creating a mobilisation table to ensure a coordinated approach for partners (RCRC and non RCRC).

More generally, SARC is supported by and coordinates with the IFRC (present in Syria since the mid-1990s with a permanent representation office since 2007). Currently the IFRC has a dedicated team based in Syria and is supported by the regional office in Beirut which provides additional assistance to the response operation and capacity development initiatives. Also present in Syria are nine partner National Societies all of which have delegates in Syria: the British, Canadian, Danish, Finnish, French, German, Norwegian, Swedish and Swiss Red Cross Societies.

The ICRC is also present in Syria, since 1967, and is a key operational partner with SARC. The ICRC has five offices in Syria, employing international staff and resident staff. The main areas of support to SARC are emergency assistance, economic security, health (First Aid, PRP, mental health, and PHC), water and habitat, risk education (WEC), restoring family links, forensic, promoting humanitarian values and strengthening SARC capacities.

SARC works with many other international organizations and agencies present in-country, such as UN agencies including FAO, UNDP, UN OCHA, UNFPA, UNHCR, UNICEF, WHO, WFP, and INGOs such as Action Contre Faim, ADRA, MedAir, Danish Refugee Council, IMC, PU, Secours Islamique France, Terre des Hommes and Armadilla.

5. QUALITY AND ACCOUNTABILITY

As is usual practice in ongoing operational response, SARC will comply with and maintain global standards, such as the Sphere Guidelines, and the Minimum Standards in Humanitarian Response, the Code of Conduct for RCRC Movement and NGOs in Disaster Relief.

For the specific COVID-19 response, SARC will utilise the specific global guidance being developed, for instance the WFP Guidance on Food Programming during COVID-19 (March 2020) and the IASC Interim Guidance on Scaling-Up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings (March 2020) as well as all relevant WHO guidelines and procedures and Ministry of Health protocols.

SARC established a cross departmental COVID-19 taskforce to oversee the implementation and supervision of the operation. Additionally, with the support of IFRC is in the process to put in place an M&E plan for the COVID response.

6. ACTION PLAN AND IMPLEMENTATION

This initial plan was developed for a four-month period so that, where possible, focus and attention can return as quickly as possible to the delivery of existing programmes. However, due to the continued risks from the pandemic and it complex mix of health and economic stresses the plan has been extended until the end of 2020.

SARC aims to undertake the following approaches over the next months:

1. **Continuity of SARC's health facilities.**

Ensure that all SARC's existing health facilities (mobile health units, emergency health points, primary healthcare services, first aid centres and ambulances) continue to support the communities that these services support.

2. Risk Prevention in Existing Programmes

Given the large role which SARC has in the delivery of existing programmes and operations to support those already in need from the ongoing conflict, SARC, with its partners, will identify non critical programmes which can be put on hold so as to ensure the protection of both staff and volunteers and those that are being assisted.

For those operations which are considered critical, preventative measures will be taken and modified procedures put in place to ensure the risk of infection is minimised. This will require a considered approach as well as clear and continuous communication and consultation with those who may be impacted by such decisions. Additionally, communication must be ongoing with existing donors who are requested to show understanding and flexibility, where possible, with existing Grants.

3. **Risk Awareness and Community Engagement**

SARC recognises the importance of, and need for, proper risk communication and awareness as well community engagement to ensure proper preparedness at the community level and reduce the risk of heightened sensitivities and panic.

SARC will implement awareness sessions and conduct a nationwide risk awareness campaign by:

- Making use of its broad volunteer network as well as SARC's popular social media channels (with over 600,000 followers) and the trust in which SARC is held by communities.
- Limiting the number of key messages being conveyed to the public and ensuring that these messages are scientific, credible and consistent with WHO, MoH and RCRC messaging.
- Using adequate methods to deliver the key messages in a manner that encourages behaviour change (building on knowledge developed through ongoing programmes such hygiene promotion, community services and PSS as well as CBHFA).
- Ensuring the usage of age appropriate tools to deliver the awareness as well as protection, gender and inclusion (PGI) appropriate messaging.
- Coordinating and collaborating with WHO and UNICEF to unify awareness messages (ie the global UNICEF, WHO and IFRC guidance for schools).
- Where possible given Government prevention measures, conducting awareness campaigns for local communities specifically through CBHFA, Mobile Medical Team (MMT) and community services volunteers to prevent the transaction and the spread of the disease.

4. Infection Prevention and Control (IPC)

SARC operates 52 pre-hospital health facilities, 45 first aid centres and 112 ambulances, and where possible, all will continue to be operational throughout any epidemic. Consequently, IPC is absolutely

critical to ensure the safety of staff and volunteers as well as patients and visitors. PPE SOP's have been shared with all health facilities for protection procedures especially for staff who are in direct contact with patients and associated trainings will be carried out. Additionally, all SARC medical staff are following IPC procedures to limit the spread of the COVID-19 and any further awareness materials received from WHO and/or MoH are shared electronically with the health facilities.

IPC measures are not just for those in contact with medical services, everyone should be undertaking some form of IPC. SARC's volunteers will also be trained in the prevention and protection of people in their communities.

5. Case identification in pre-hospital medical services as well as by the first aid dispatch centres and surveillance

Guidance and SOPs are being developed in line with MoH/WHO's surveillance strategy to ensure that all patients presenting with, and any calls received reporting fever and/or respiratory symptoms undergo additional screening to identify cases that fulfil the case definition of COVID-19 to identify suspected cases. Trainings from WHO are ongoing and staff will use the EWAR system. Upon the identification of a suspected case the respective SARC Branch health coordinator will be informed immediately and the Ministry of Health in the relevant Governorate (DoH) will be informed through the dedicated phone number which has been shared with all facilities.

6. Safe transportation of suspected cases

To ensure safe and efficient transportation of suspected COVID-19 cases, SARC has selected two ambulances per Governorate, removing unnecessary equipment and ensuring that only one communication device is in each vehicle to reduce risk of contamination along with more stringent sterilisation and disinfection procedures following each transfer process. Additionally, the numbers of volunteers per ambulances overall has been reduced from four to three while transferring normal cases and to two while transferring suspected cases. Volunteers are being trained in increased infection, protection and control procedures as well as provided with personal protective equipment as well as appropriate donning and doffing procedures. SOPs for the different stages of transportation are being developed in conjunction with WHO.

Food Security

The impact on the wellbeing of Syrians from the COVID_19 pandemic goes much further than the immediate risk of the virus and as mentioned earlier has seen a rapid increase in the vulnerability of Syrians due to economic impacts. SARCs review of the current situations estimate a growth of food insecurity of 50% on already supported families and this plan includes those figures of need in its calculations of an extra **246,340** food parcel distributions due to the current effects on the economy. It is expected that the majority of the food parcels will be provided as in-kind through the major partners already involved in the food security project but other partners are encouraged to support this important intervention in the face of the growing needs.

Annex 1: Overall Activities

Phase 1 – Preparedness

	ACTIVITIES	March	April	May	June	July	August	Sept	Oct.	Nov.	Dec.
1	Regular meetings of SARC's cross-departmental COVID-19 Task Force (develop and agree ToRs) as well as implementation of SARC's business continuity plan										
2	Contingency planning for all existing SARC programmes, to include prioritization of essential lifesaving programmes including health services, WASH services, community services, PSS and relief distributions - training staff and volunteers accordingly.										
3	Identify high-risk health activities with risk of exposure and plan for adaptation to reduce risk, or provide protection where exposure cannot be eliminated (eg First Aid Centres, Ambulances, Mobile Health Units, Emergency Health Points, Primary Healthcare Units)										
4	Identify the role of SARC within the government's national plan in terms of transportation of suspected and confirmed case of COVID 19 as well as provision of support (food and relief items) to the Government's quarantine centres										
5	Strengthen the coordination with MoH and the referral services and coordination with key partners such as WHO and UNICEF										
6	Clarification and coordination with the MoH and WHO around the possibilities of 'home' quarantine and what support SARC can provide in these instances especially around awareness raising and additional support such as food and NFIs especially for those vulnerable groups such as IDPs, returnees, pregnant women, elderly, persons with disabilities etc.										
7	Procure and preposition strategic stock such as PPE, disinfectant solutions etc (including replenishment)										

8	Participate in and contribute to risk communication and community engagement coordination structures (local and national)										
9	Develop a comprehensive risk communication and community engagement plan for the three phases with a focus on vulnerable groups: the elderly, women, migrants, IDPs, returnees, persons with disabilities										
10	Conduct trainings (online if required) on risk communication and awareness for SARC staff, volunteers and health and hygiene promoters										
11	Conduct risk awareness communication activities based on community information needs, concerns and perceptions (through mass media – bill boards, SARC's social media channels and other channels used to communicate with/to large audiences), to share timely and trustworthy information, address misinformation and build knowledge, acceptance and intention about signs and symptoms, transmission modes, preventive actions (handwashing, social distancing, cough etiquette, self isolation, quarantine) and care-seeking behaviours by people experiencing respiratory symptoms										
12	Promotion of general health and hygiene behaviours by SARC's volunteers who will also address mistrust, misinformation and rumours with actionable and verified information										
13	Preposition and update risk awareness materials for rapid use by volunteers in at risk/affected areas (i.e. posters)										
14	Develop required TORs, guidance and SOPs for the different stages of the intervention: recognition, identification, transport, isolation of the suspected cases, assuring the safety of the medical workers and volunteers, disinfection of the ambulances and proper disposal of the medical wastes in line with the WHO and MoH recommendations including the IPC protocols										
15	Sterilization of public spaces (in towns and cities) as well as transportation vehicles at key public exchange hubs and spraying										

	any other areas as needed, including SARC offices, health facilities, community centres, and relief distribution points										

Phase 2: Containment

	ACTIVITIES	March	April	May	June	July	Aug.	Sept.	Oct	Nov.	Dec.
1	Intensify Risk Communication and Community Engagement (RCCE) coordination with key stakeholders										
2	Intensify RCCE activities from preparedness phase with focus on targeted public engagement (through traditional and social media), volunteers' dialogue and community level activities (through/with key influencers) to address fear, enhance trust and promote early treatment and community participation in the response										
3	Review existing research/collect community data (social science data) to identify knowledge gaps, understand risky behaviors in affected areas										
4	Systematically collect and analyse community feedback to inform risk communication and community engagement approaches and response activities										
5	Promote acceptance and social cohesion, by addressing perceptions, rumours, anxiety and fears, stigmatisation of those experiencing respiratory symptoms, people who have been cured of the disease, people who have completed quarantine, and people seeking healthcare in general.										
6	Communicate about relevant available services (i.e. psychosocial support etc.), based on community questions and concerns share information about relevant										
7	Enhance understanding and acceptance of key containment actions (i.e. IPC, community-based surveillance, quarantine, point of control screening, isolation and treatment)										

8	Influence government and partner approaches to quarantine, isolation, treatment and other response approaches through community feedback.										
9	Targeted community health programming (e.g. CBHFA) adapted as "rapid" response may be required (coordinated with RCCE approaches and PSS activities)										
10	In collaboration with WHO and MoH, carry out screening, contact tracing and other services related to surveillance and case detection										
11	Psychosocial support to those affected through existing mechanisms such as social media, in health facilities and through the mobile PSS teams										
12	Psychosocial support to responders, including SARC's volunteers and staff ·										

Phase 3: Mitigation

	ACTIVITIES	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec
1	Intensify risk communication and community engagement (from containment phase), with focus on strengthening community-led solutions to prevent and control the outbreak (closely linking to health and PSS approaches)										
2	Scale community engagement approaches that allow community voices, priorities and perspectives to be heard and responded to by the broader outbreak response partners										
3	Motivate acceptance and adherence to community-based protection and potentially provide home care (where feasible) for COVID-19, and other activities to mitigate the health and social impacts of the outbreak.										
4	Provide psychosocial support to affected communities										
5	Provide psychosocial support to first responders, including SARC's volunteers and staff										

Annex 2: Activity list broken-down by SARC Departments

Activities		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Health Interventions											
MHU	Disinfection of MHUs in ten branches of Aleppo, Hassakeh, Hama, Latakia, Tartous, Homs, Sweida, Dara, Rural Damascus and Quinetra.										
	PPE distribution comprising of surgical masks, gloves, hand gel sanitizers, alcohol disinfectant for surfaces, soap, tissues and bags for medical waste										
	Awareness sessions for beneficiaries covering hand washing, hand-hygiene and social distance.										
	Training of staff and volunteers on Covid 19 (symptoms and prevention)										
	Referral to SARC clinics										
	Provide ongoing PHC services to most vulnerable populations and distribute PPE to staff and volunteers										
CBHFA	Referral to SARC clinics										
	Conduct awareness sessions on COVID-19 for beneficiaries covering hand washing, hand-hygiene and social distance.										
	Training of staff and volunteers on Covid 19 (symptoms and prevention)										
	cooperate with WASH to conduct street sterilization and public facilities										
	Sterilization + measuring body temperature										
	Distribution of awareness materials										
	Distribution of Hygiene items										
Clinics	Sterilization of SARC health facilities in ten branches of Aleppo, Hassakeh, Hama, Latakia, Tartous, Homs, Sweida, Dara, Rural Damascus and Deir-ez-zor.										
	Distribution of PPE (glasses + gowns)										
	Conduct awareness sessions on COVID-19 for beneficiaries covering hand washing, hand-hygiene and social distance.										
	Training of staff and volunteers on Covid 19 (symptoms and prevention)										
	Referrals for suspected cases of Covid 19										

	Provide ongoing PHC services to most vulnerable populations and distribute PPE to staff and volunteers.											
EHP	Disinfection of EHPs in SARC branches i.e Aleppo, Homs Dara and Rural Damascus.											
	PPE distribution											
	Conduct awareness sessions on COVID-19 for beneficiaries covering hand washing, hand-hygiene and social distance.											
	Training of staff and volunteers on Covid 19 (symptoms and prevention)											
	Referral to SARC clinics											
	Ongoing EHP Services											
MMT	Disinfection of inside of the units used by MMT in Rural Damascus, Hama, Homs, Latakia, Tartus, Aleppo and Dara.											
	PPE distribution comprising of surgical masks, gloves, hand gel sanitizers, alcohol disinfectant for surfaces, soap, tissues and bags for medical waste to staff and volunteers in MMTs											
	Conduct awareness sessions for beneficiaries covering hand washing, hand-hygiene and social distance.											
	Referral to SARC clinics											
	Training of staff and volunteers on COVID 19 (symptoms and prevention)											
MNCH	Awareness sessions (individual and group sessions) on COVID19 symptoms, hand washing, cough etiquette and social distancing, at SARC Aleppo and Homs hospitals											
	Training for hospitals staff on (safe protection, case detection and COVID19 symptoms)											
	Sterilization for all the hospitals departments and facilities											
	Referrals for suspected cases of COVID-19											
First Aid	Medical transportation of patients in SARC ambulances											
	Medical transportation for suspected or positive COVID-19 cases in SARC ambulances											
	Training of new volunteers on advanced First Aid											

	Training of SARC first-aid teams on COVID-19 infection prevention and control including techniques of handling suspected cases requiring medical transportation.										
PSS Interventions											
	Provision of PFA for affected people (medical teams, first responders, patients, relatives, people who lose their jobs, people who under lockdown/isolation/quarantine)										
	Conduct awareness sessions on COVID-19 for beneficiaries covering hand washing, hand-hygiene and social distance.										
	Provide recreational/creative initiatives/activities for the target beneficiaries.										
	PPE Kits For PSS/Community Services										
	Communication Materials i.e posters + For community services										
	Referral (by Case managers to many services)										
	Training of staff and volunteers on COVID 19 (symptoms and prevention)										
Disaster Management Interventions (Livelihoods and Food security)											
	Distribution of food parcels from SARC branches of Aleppo, Hassakeh, Hama, Latakia, Tartous, Raqqa, Homs, Sweida, Dara, Deir-ez-zor, Rural Damascus and Quinetra.										
WASH Interventions											
	Hygiene promotion, Information materials - posters										
	Hygiene promotion, information materials - bill boards										
	Hygiene promotion, distributions hygiene kits										
	Infection control, spraying and cleaning campaign										
	Infection control, PPE, infection materials and sterilization devices										
	Infection control, Kit - Sterilization of Service Centers & Branches & Buildings										

P.S. The completed activities are in Yellow and the planned activities in Green.

Annex 3: Budget (TBC)

Budget Requirements to support all 14 Branches (including all health facilities) for COVID-19:

Budget line Description	Total SYP	Total USD
PPE kits	15,803,230,000	12,642,584
Medical Equipment	1,437,500,000	1,150,000
Hygiene kits	13,167,200,000	10,533,760
Food Items	320,242,000,000	256,193,600
Food Parcels Distribution	2,019,988,000	1,615,990
Transportation & Distribution Cost of PPE kits & Hygiene kits	1,231,700,000	985,360
WatCon Response	2,636,940,109	2,109,552
SARC other Running cost (Fuel, vehicle maintenance, Communication)	300,000,000	240,000
SARC Staff & Volunteers doubled shifts (over time)	100,000,000	80,000
Total needed Budget	**356,938,558,109**	**285,550,846**

1- **WatCon Response**

Description	Timeframe	Activity location	Qty	Purchase/in-kind	Unit Cost SYP	Total Cost SYP
Information Material - Posters designs	One month	All governorates except Idlib	1	Purchased by SARC	700,000	700,000
Covid19 guideline (handbook) for distribution and dissemination to SARC volunteers	One month	All governorates except Idlib	1,000	Purchased by SARC	5,000,000	5,000,000
Infection Control - Spraying and cleaning campaign (modified tanker)	Three months	All governorates except Idlib	1	Purchased by SARC	5,000,000	15,000,000
PPE and disinfection materials (HQ)	One month	Damascus & Damascus	1	Purchased by SARC	15,686,400	156,864,000
PPE and disinfection materials (WatRehab Teams)	One month	All governorates except Idlib	13	Purchased by SARC	4,238,000	42,380,000
Disinfection device in public places	One month	Damascus & Damascus	3	Purchased by SARC	30,000,000	30,000,000
Kit 3 - Building disinfection tools and materials	One month	All governorates except Idlib	30	Purchased by SARC	18,060,000	180,600,000
Meals for SARC volunteers involved in disinfection campaign in DAM & R.DAM - 110 meals in one day	One month	Damascus & Damascus	3,300	Purchased by SARC	6,600,000	19,800,000
List of monthly needs for SARC teams (consumables)	Three months	All governorates except Idlib	1	Purchased by SARC	31,926,250	95,778,750
Spare parts and regular maintenance of water truck	Three months	Damascus & Damascus	1	Purchased by SARC	7,000,000	21,000,000
Kit 1 - Environmental cleaning tools	Three months	All governorates except Idlib	48	In-kind	203,159,664	406,319,327
Kit 2- Personal protection tools	Three months	All governorates except Idlib	930	In-kind	232,582,603	465,165,207

Kit 3 - Building disinfection tools and materials	Three months	All governorates except Idlib	800	In-kind	410,318,913	820,637,825
Sodium Hypochlorite (255MT) to be supplied and distributed directly to the SRAC branches warehouses on a monthly basis.	Three months	All governorates	225	In-kind	92,565,000	277,695,000
Awareness material (videos)	One month	HQ	1	Purchased by SARC	10,000,000	100,000,000
Total					1,072,836,830	2,636,940,109

2- Procurement of PPE-Medical Equip

Description	Unit	Total / month	Unit price	Total amount for one month	Total Quantity Required (4 Months)	10 months needs Cost SYP	10 months needs Cost USD
Medical Consumable:							
Mask, surgical	Pack	8,000	17,500	140,000,000	32,000	1,400,000,000	1,120,000
Mask, respirator N95 or FFP2	Piece	30,000	8,000	240,000,000	120,000	2,400,000,000	1,920,000
Gloves, surgical	Pack	15,000	10,000	150,000,000	60,000	1,500,000,000	1,200,000
Gown single use	Piece	25,000	8,500	212,500,000	100,000	2,125,000,000	1,700,000
Coveralls & head cover single use	Piece	3,037	8,000	24,296,000	12,148	242,960,000	194,368
Medical Alcohol steriliser 1 litre/95%	Litre	10,000	19,500	195,000,000	40,000	1,950,000,000	1,560,000
Medical Chlorine 5m steriliser	Litre	10,000	15,000	150,000,000	40,000	1,500,000,000	1,200,000
Hand sanitiser (Gel + 70 % Alcohol)	Liter	10,000	8,000	80,000,000	40,000	800,000,000	640,000
Surface sanitizer	Liter	8,062	8,500	68,527,000	32,248	685,270,000	548,216
Concentrated surface sanitiser	Liter	1,000	24,000	24,000,000	4,000	240,000,000	192,000
disposal paper bed sheets (50 M)	Roll	1,000	9,000	9,000,000	4,000	90,000,000	72,000

disposal paper bed sheets (100 M)	Roll	1,000	12,000	12,000,000	4,000	120,000,000	96,000
Alcohol spray 250 ml	Piece	50,000	2,500	125,000,000	200,000	1,250,000,000	1,000,000
Cleaning materials for all SARC buildings	Lumpsum	-		150,000,000		1,500,000,000	1,200,000
Sub-Total				**1,580,323,000**		**15,803,230,000**	**12,642,584**
Medical Equipment:							
Infrared medical thermometer	Piece	340	150,000	51,000,000		51,000,000	40,800
Sterilizer Uniform (Contain Overall, Gloves, Mask, Goggles and Boots)	Piece	2,000	35,000	70,000,000		70,000,000	56,000
Goggles	Piece	1,000	15,000	15,000,000		15,000,000	12,000
Sprinklers 20 L	Piece	500	125,000	62,500,000		62,500,000	50,000
Spray pump working on Gas	Piece	100	650,000	65,000,000		65,000,000	52,000
Spray pump 2 L (Italian made)	Piece	150	10,000	1,500,000		1,500,000	1,200
PCR Device	Piece	10	15,000,000	150,000,000		150,000,000	120,000
Ventilator	Piece	15	40,500,000	607,500,000		607,500,000	486,000
Oxygen concentrator	Piece	50	6,500,000	325,000,000		325,000,000	260,000
Ventilator (Home Usage)	Piece	50	1,000,000	50,000,000		50,000,000	40,000
Individual sterilization device	Piece	200	200,000	40,000,000		40,000,000	32,000
Sub-Total		-		**1,437,500,000**		**1,437,500,000**	**1,150,000**
Printing posters and brochures	Lumpsum			**10,000,000**		**100,000,000**	**80,000**
Transport and Distribution Costs	Lumpsum					**20,000,000**	**16,000**
Total						**17,360,730,000**	**13,888,584**

3- **Distribution of Food Parcels cost:**

Total distributed materials Monthly	Total needed materials (50% of the materials distributed monthly)	# of distributions depend on the approved standard by SARC during the response of COVID-19	# of Volunteer needed shifts in every distribution	Indemnification Volunteer in every distribution (Estimate in SYP)	Costs of loading and uploading materials and secondary transportation in the same distribution process (Cost per one parcel is 320 SYP)	Costs of transportation in one distribution if it is Door to Door (Cost per one parcel is 300 SYP)
492,680	**246,340**	**985**	**17**	**85,000**	**80,000**	**75,000**

Costs of one Parcel		
1	Indemnification for Volunteer	350
2	Costs of secondary transportation and loading and uploading materials.	320
3	Costs of transportation Door to Door	300
Total Estimate in SYP		**970**
Total Distribution cost per Distribution - Door to Door		1,194,749,000
Total Distribution cost per Distribution – Non-Door to Door		825,239,000
Total cost		**2,019,988,000**
Assumptions: **- 50% of the needed materials will be distributed door to door.** **- One distribution process includes distributing 250 parcels.**		

Cost of Food Parcels	**130,000**	**This cost covers the unit price of the food & packing & transportation from the suppliers' warehouse to SARC' warehouse**
Total Cost	320,242,000,000 **SYP**	256,193,600 **USD**
Transportation **No. Transportation Times during the year**	8,211	
Cost	1,231,700,000 **SYP**	

4- Hygiene kits:

ITEM	SEPCIFICATIONS	UNIT	UNIT COST SYP	Total	UNIT COST USD
Washing Powder 3 bags of 1 kg	3 bags of 1 kg	3	1,650	4,950	3.96
Toilet paper 4 roll	10 rolls	3	1,557	4,671	3.74
Soap of 100 g	20 pcs of 100 g	20	420	8,400	0.34
Shampoo bottle 500 ml	3 bottle 500 ml	3	1,620	4,860	1.30
Cotton hand towel pcs 40x60cm	5 pcs 40x60cm	5	2,150	10,750	1.72
Cleaning fluid bottle 500 ml	5 bottle 500 ml	5	1,950	9,750	1.56
Sponge 4 pcs	10 pcs	10	275	2,750	0.22
Tissues	2 packs of 150g each	2	665	1,330	0.53
Kitchen/ Heavy duty gloves	2 pairs	2	1,500	3,000	1.20
Cleaning Surfaces	2 bottle 1000 ml	2	4,300	8,600	3.44
cloth 50x50	5 pcs	5	395	1,975	0.32
Bucket	1 pcs / 25L	1	4,800	4,800	3.84
				65,836	22.16
Hygiene kits QTY		**200,000**			